# **DENTAL COUNCIL OF INDIA**

# **BDS COURSE REGULATIONS 2007**



# **DENTAL COUNCIL OF INDIA**

Temple Lane, Kotla Road New Delhi – 110 002

# PREFACE

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## **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.

### CONTENTS

#### S.No. 1. Admission, Selection and Migration

- I. Eligibility Criteria
- Selection of Students II.
- III. Duration of the course
- IV Migration
- V. Attendance requirement, Progress and conduct
- VI. Subject of Study
- VII. Examination

#### VIII. Qualification and experience to be eligible for examinership

- Goals and objectives
  - Goals  $\triangleright$

2.

6.

- ≻ Objectives
- ⊳ : General Recommendations
- ⊳ Recommendations : Specific
- Competencies
- Minimum working hours for each subject of study  $\triangleright$
- **Recommended Books**

#### Infrastructural, Functional & Equipment Requirements 3.

- **General Facilities**
- General Hospital
- Dental Hospital

#### 4. **Equipment Requirements**

- Department : Oral Medicine and Radiology
- : Oral Pathology and Oral Microbiology : Public Health Dentistry Department
- Department •
- : Paediatric and Preventive Dentistry Department
- : Orthodontics & Dentofacial Orthopaedics Department
- Department : Periodontology
- Department : Conservative Dentistry and Endodontics
- : Oral & Maxillofacial Surgery Department
- : Prosthodontics and Crown & Bridge Department

#### 5. Minimum basic qualification & teaching experience required for teachers for undergraduate dental studies

- Dental Staff
- Medical Staff

### Staffing Pattern – Teaching & Non-Teaching Staff

- Minimum Staffing for UG Dental Studies for 50 Admissions
- Minimum Staffing for UG Dental Studies for 100 Admissions
- Medical Teaching Staff in a Dental College
- Other Staff Pattern for 50 Admissions
- Other Staff Pattern for 100 Admissions

#### Syllabus of Study 7.

- Human Anatomy, Embryology, Histology & Medical Genetics 1.
- 2 Human Physiology & Biochemistry, Nutrition & Diatics
- 3. Dental Anatomy, Embryology and Oral Histology
- 4. General Pathology & Microbiology
- 5. General and Dental Pharmacology and Therapeutics
- 6. **Dental Materials**
- 7. Pre Clinical Conservative Dentistry Laboratory Exercisesz
- 8. Oral Pathology & Oral Microbiology
- 9. General Medicine
- 10. General Surgery
- 11. Conservative Dentistry and Endodontics
- 12. Oral & Maxillofacial Surgery
- 13. Oral Medicine and Radiology
- 14. Orthodontics & Dentofacial Orthopaedics
- 15. Paediatric & Preventive Dentistry
- Public Health Dentistry 16.
- 17. Periodontology
- 18. Prosthodontics and Crown & Bridge
- 19. Aesthetic Dentistry
- 20. Forensic Odontology
- 21. Oral Implantology
- 22. **Behavioural Science**
- 23. Ethics

# DENTAL COUNCIL OF INDIA NOTIFICATION New Delhi, the 25<sup>th</sup> July, 2007

3

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

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 (8<sup>th</sup> 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:

 He/she shall complete the age of 17 years on or before 31<sup>st</sup> 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 (5<sup>th</sup> Amendment) notification published on  $31^{st}$  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 (5<sup>th</sup> 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 preprofessional 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

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;

- 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 30<sup>th</sup> of September."

# The following has been deleted in terms of (5<sup>th</sup> 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 (5<sup>th</sup> Amendment) notification published on 1<sup>st</sup> 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;
- 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 (5<sup>th</sup> Amendment) notification published on 1<sup>st</sup> 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 29<sup>th</sup> 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 of 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 that 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 50<sup>th</sup> 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 40<sup>th</sup> percentile. In respect of candidates with locomotory disability of lower amendments, the minimum marks shall be at 45<sup>th</sup> 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 Eligibilitycum-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 1 above, the minimum marks 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 Eligibilitycum-Entrance Test for admission to BDS course.

# The following has been added under clause II 'Selection of Students', in terms of (8<sup>th</sup> Amendment) notification published on 27<sup>th</sup> 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  $(3^{rd}$  Amendment) notification published on  $25^{th}$  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, <u>plus</u> 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 (4<sup>th</sup> 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 5<sup>th</sup> 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 (6<sup>th</sup> 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  $4\frac{1}{2} + 6$  months Paid Rotatory Internship <u>or</u> 5-year duration course, as the case may be, as per Revised BDS Course (4<sup>th</sup> 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 5<sup>th</sup> year subjects have been deleted in terms of (3rd Amendment) notification published on **25<sup>th</sup> 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  $\mathbf{3}$  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 25<sup>th</sup> 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 1<sup>st</sup> B.D.S. examination at the end of the first academic year, 2<sup>nd</sup> B.D.S. examination at the end of second year, 3<sup>rd</sup> B.D.S. examination at the end of third, 4<sup>th</sup> BDS at the end of 4<sup>th</sup> and final B.D.S at the end of 5<sup>th</sup> year. 240 days minimum teaching in each academic year is mandatory.

The Scheme of Examination for BDS Course shall be divided into 1<sup>st</sup> BDS examination at the end of the first academic year, 2<sup>nd</sup> BDS examination at the end of second year, 3<sup>rd</sup> BDS examination at the end of third, 4<sup>th</sup> and final BDS at the end of 4<sup>th</sup> 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 1<sup>st</sup> line of 2<sup>nd</sup> 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 25<sup>th</sup> 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  $1^{st}$  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 25<sup>th</sup> 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 2<sup>nd</sup> 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 **25<sup>th</sup> 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 (2<sup>nd</sup> 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 **25<sup>th</sup> August,2011** in the Gazette of India and the same is as under:-

### Final BDS (Fourth Year):

- Public Health Destistry
- Periodontology
- Orthodontics and Dentofacial Orthopaetic
- 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 Dentogacial Orthopaetic
- 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 4<sup>th</sup> BDS final year.
- 2. If any University opt for the part examination system then any candidate who fails in any subject in 4<sup>th</sup> (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 25<sup>th</sup> 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. **<u>Records/ Log Books</u>**: 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. **<u>Viva Voce:</u>** 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		Practicals/ clinicals - 100	
University written exam	70	University Exam	90
Viva Voce	20		
Internal assessment (Written)	10	Internal assessment (Written)	10
Total	100		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. **<u>Re-totaling</u>**: 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. **<u>Re-evaluation</u>**: 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 wise versa
- 3. Incase of Pathology and Microbiology if Internal is examiner is from Pathology, External examiner should be from Microbiology or wise versa
- 4. In case of Dental Materials, if internal is from Prosthodontics, external should be from Conservative Dentistry and wise 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-onexperience 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 Dentistrty & 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 Implantolgy, 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 intra-venous 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  $\triangleright$ 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.
- $\triangleright$ Pinpoint oberrations in growth process both dental and skeletal and plan necessary treatment ≻ Diagnose the various malocclusion categories
- $\triangleright$ Able to motivate and explain to the patient (and parent) about the necessity of treatment
- $\triangleright$ Plan and execute preventive orthodontics (space maintainces or space regaines)
- $\triangleright$ 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  $\triangleright$

### **PROSTHODONTICS AND CROWN & BRIDGE**

- Able to understand and use various dental materials
- $\triangleright$ 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
- $\triangleright$ 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  $\geq$ 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 inpatient management

### PUBLIC HEALTH DENTISTRY

- Apply the principles of health promotion and disease prevention
- $\triangleright$ 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  $\triangleright$
- $\triangleright$ Have knowledge of the social, cultural and env. Factors which contribute to health or illness.
- $\triangleright$
- Administer and hygiene instructions, topical fluoride therapy and fissure sealing. Educate patients concerning the aetiology and prevention of oral disease and encourage them to 2 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 25<sup>th</sup> August,2011 in the Gazette of India and the same is as under:-

Subjects	Lecture	<b>Practical</b>	Clinical	Total Hours
·	Hours	Hours	Hours	
General Human Anatomy Including	100	<del>175</del>		275
Embryology, Osteology and Histology.				
General Human Physiology	120	<del>60</del>		180
Biochemistry	70	<del>60</del>		<del>130</del>
Dental Materials	80	<del>240</del>		320
Dental Anatomy Embryology,	<del>105</del>	<del>250</del>		355
and Oral Histology				
Dental Pharmacology & Therapeutics	<del>70</del>	<del>20</del>		<del>90</del>
General Pathology	55	<del>55</del>		<del>110</del>
Microbiology	<del>65</del>	<del>50</del>		<del>115</del>
General Medicine	<del>60</del>		9	<del>150</del>
General Surgery	60		<del>90</del>	<del>-150</del>
<del>Oral Pathology &amp; Microbiology</del>	<del>145</del>	<del>130</del>		<del>275</del>
Oral Medicine & Radiology	<del>65</del>		<del>200</del>	<del>265</del>
Paediatric & Preventive Dentistry	<del>65</del>		<del>200</del>	<del>265</del>
Orthodontics & dental orthopaedics	<del>50</del>		<del>200</del>	250
Periodontology	80		<del>200</del>	280
Oral & Maxillofacial Surgery	70		<del>360</del>	430
Conservative Dentistry &	<del>135</del>	<del>200</del>	460	795
Endodontics				
Prosthodontics & Crown & Bridge	<del>135</del>	<del>300</del>	<del>460</del>	<del>895</del>
Public Health Dentistry	60		<del>290</del>	350
Total	<del>1590</del>	<del>1540</del>	<del>2550</del>	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	Practical	Clinical	Total Hours
	Hours	Hours	Hours	
General Human Anatomy Including	100	175		275
Embryology, Osteology and Histology.				
General Human Physiology	120	60		180
Biochemistry	70	60		130
Dental Materials	80	240		320
Dental Anatomy Embryology, and Oral	105	250		355
Histology				
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	60		200	260
Lectures on Tobacco Control & Habit				
Cessation				
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,	100	175		275
Osteology and Histology				
General Human Physiology	120	60		180
Biochemistry.	70	60		130
Dental Anatomy Embryology,	105	250		355
and Oral Histology				
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		

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 25<sup>th</sup> August,2011 in the Gazette of India and the same is as under:-

Subject	<del>Lecture</del> <del>Hours</del>	Practical Hours	<del>Clinical</del> <del>Hours</del>	<del>Total</del> <del>Hours</del>
Oral Medicine and Radiology	4 <del>5</del>		<del>-130</del>	<del>175</del>
Paediatric and Preventive Dentistry	4 <del>5</del>		<del>-130</del>	<del>175</del>
Orthodontics & Dentofacial Orthopaedics	<del>30</del>		<del>-130</del>	<del>160</del>
Periodontology	<del>50</del>		<del>-130</del>	<del>-180</del>
Oral & Maxillofacial Surgery.	<del>20</del>		<del>90</del>	110
Conservative Dentistry & Endodontics.	<del>30</del>		<del>90</del>	120
Prostodontics and Crown & Bridge	<del>30</del>		<del>90</del>	<del>-120</del>
Public Health Dentistry	<del>30</del>		<del>90</del>	120
Total	<del>280</del>		<del>880</del>	<del>1160</del>

Subjects	Lecture	Practical	Clinical	Total Hours
	Hours	Hours	Hours	
Prosthodontics	80		300	380
Oral Medicine	45		100	145
Periodontics	50		100	150
Public Heatlh	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 4<sup>th</sup> year BDS Course who fails in any one or more subjects of 1<sup>st</sup> semester will carry over those subjects to the 2<sup>nd</sup> Semester and will appear in those subjects together with the subjects of the 2<sup>nd</sup> semester. A pass in all the eight subjects is mandatory for completion of the 4<sup>th</sup> 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 **25<sup>th</sup> August,2011** in the Gazette of India.

	<del>ү в.р.з</del>			
Subject	<del>Lecture</del> <del>Hours</del>	<del>Practical</del> <del>Hours</del>	<del>Clinical</del> <del>Hours</del>	<del>Total</del> <del>Hours</del>
Oral & Maxillofacial Surgery.	<del>30</del>		<del>200</del>	<del>230</del>

V B.D.S

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

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

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

Thereafter this 3<sup>rd</sup> 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 25<sup>th</sup> 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 ustilised 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, Llittle 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, 9<sup>th</sup> edition.
- 2. Ganong; Review of Medical Physiology, 19th edition
- 3. Vander; Human physiology, 5th edition
- 4. Choudhari; Concise Medical Physiology, 2nd edition
- 5. Chaterjee; Human Physiology, 10th edition
- 6. A.K. Jain; Human Physiology for BDS students, 1st edition
- Berne & Levey; Physiology, 2<sup>nd</sup> edition
   West-Best & Taylor's, Physiological basis of Medical Practise, 11<sup>th</sup> edition

### **EXPERIMENTAL PHYSIOLOGY:**

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

#### 3. **Biochemistry**

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

### **REFERENCE BOOKS:**

- Text book of Biochemistry with clinical correlations 1997, T.N. Devlin
   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
- Anderson's Pathology Vol 1 & 2 Editors Ivan Damjanov & James Linder 2.
- 3. Wintrobe's clinical Haematolog Lee, Bithell, Foerster, Athens, Lukens

#### 6. Microbiology

- Text book of Microbiology R.Ananthanarayan & C.K.Jayaram Paniker.
   Medical Microbiology David Greenwood et al.
- 3. Microbiology Prescott, et al.
- 4. Microbiology Bernard D. Davis, et al.
- Clinical & Pathogenic Microbiology Barbara J Howard, et al.
   Mechanisms of Microbial diseases Moselio Schaechter, et al.
- 7. Immunology an Introduction Tizard
- 8. Immunology 3<sup>rd</sup> 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
- Prep. Manual for undergraduates Dental Materials Dr. M.S. Koudi & Dr. SanjayGouda 4. B. Patil

#### General and dental pharmacology and therapeutics 8.

- R.S.Satoskar, Kale Bhandarkar's Pharmacology and Pharmacolherapentics, 10th Edition, 1. Bombay Popular Prakashan 1991.
- Bertam G Katzung, Basic and Clinical pharmacology 6th ed. Appleton & Lange 1997 2.
- Lauerence D.R. Clinical Pharmacology 8th ed. Churchill Livingstone 1997 3
- 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.

#### **General Medicine** 9.

Textbook of Medicine Davidson Textbook of Medicine Hutchinson

#### **General Surgery** 10.

Short practice of Surgery Baily & Love

#### 11. **Oral Pathology & Oral Microbiology**

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

#### 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 Wrigth and sons Bristol, 1980
- 7. Oral Health Surveys- Basic Methods, 4<sup>th</sup> 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 Bristoli, 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

) 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
  - Derek H.Clark Practical Forensic Odontology Butterworth-Heinemann (1992)
     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 Salzmann

# 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 3<sup>rd</sup> 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.

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

#### 18. Periodontology

Glickman's Clinical Periodontology - Carranza 1.

### **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.
- Preventive Periodontics Young and Stiffler Public Health Dentistry Slack 6.
- 7
- 8. Advanced Periodontal Disease - John Prichard
- Q Preventive Dentistry – Forrest
- 10. Clinical Periodontology - Jan Lindhe
- Periodontics Baer & Morris. 11.

#### 19. **Conservative Dentistry and Endodontics**

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

#### 20. **Aesthetic Dentistry**

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

#### 21. **Forensic Odontology**

Practical Forensic odontology - Derek Clark 1.

#### 22. **Oral Implantology**

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

#### 23. **Behaviourial Science**

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

#### 24. **Ethics**

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

# Note:

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

### LIST OF JOURNALS:

- Journal of Dentistry 1.
- 2. British Dental Journal
- 3. International Dental Journal
- 4. **Dental Abstracts**
- 5. Journal of American Dental Association
- British Journal of Oral and Maxillofacial Surgery 6.
- 7. Oral Surgery, Oral Pathology and Oral Medicine
- 8. Journal of Periodontolgy
- Journal of Endodontics 9.
- 10. American journal of Orthodontics and Dentofacial Orthopedics
- 11. Journal of Prosthetic Dentistry
- 12. Journal of Public Health Dentistry
- 13. Endodontics and Dental Traumatology
- Journal of Dental Education 14.
- Dental Update 15.
- Journal of Dental Material 16.
- 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.
- 400 sq.ft. 4. Central stores:
- 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 incernation plant, sewage water treatment plant, landscaping of the campus etc.

# 11. Cafetaria: 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 7<sup>th</sup> 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 7<sup>th</sup> 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 7<sup>th</sup> 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 7<sup>th</sup> 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 7<sup>th</sup> 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 3<sup>rd</sup> Year as per DCI Regulations, 2006."

### General:

### **100 ADMISSIONS**

### 1. Administrative block: 3000 sq.ft.

- consisting of
  - (e) Dean's room,
  - (f) Administrative officer's room
  - (g) Meeting room
  - (h) Office

- Office stores
- (i) Office store(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.
- 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
- 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. **Cafetaria:** 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  $1500 \ \text{sq.ft.}$

**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 7<sup>th</sup> 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 7<sup>th</sup> 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 then 60.000 sq. ft. in 1<sup>st</sup> Year and 1,00,000 sq. ft. in 3<sup>rd</sup> 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:-

#### T. MEDICAL PROGRAMME A)

- Medical & Allied Disciplines
- General Medicine
- General Surgery \_
- Obstetrics and Gynaecology
- Orthopaedics
- Critical Medicine
- **Emergency Medicine**
- Otrohino 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 Sterlic 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

#### **Administration and Ancillary Services** D)

- 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).

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

- 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 2 2
-	Paediatrics	-	2
-	Anaesthesia	-	2
_	Orthopaedics	_	2
_	Pharmacologist	_	1
_	Radiologist	_	1
_	G. DMO	_	1
_	Community Medicine	_	1
-	Hospital Administration	-	1
<u>Ν</u> ι	JRSING STAFF		
-	Matron	-	1
-	Sister in-charge	-	6
-	O. T. Nurses	-	6
-	General Nurses	-	20
-	Labour Room Nurses	-	4
н	EALTH STAFF		
-	Female Health Assistant	_	1
_	Extension Educator	_	1
	Paramedical Staff		-
_	Lab Technician/Blood Bank Te	ch -	4
_	ECG Technician	-	1
_	Pharmacist	_	4
_	Sr. Radiographer	_	1
_	CSSD		2
_	Medical Records	_	1
			1
Er	IGINEERING STAFF		0
-	Civil	-	2
-	Mechanical	-	2
-	Electrical	-	2 2 4
-	Engineering aid	-	4
<u>0</u>	THER STAFF		_
-	Drivers	-	2
-	Carpenter	-	1
-	Cooks	-	2
-	Barber	-	1
-	Class IV including chowkidars	-	55
AI	DMINISTRAIVE 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 1<sup>st</sup> and 2<sup>nd</sup> 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):

<u>Department</u>	50 admissions	<u>100 admissions</u>
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 (10	0 admissions)	– 25,000 sq.ft

# EQUIPMENT REQUIREMENTS

# Department : ORAL MEDICINE AND RADIOLOGY

NAME	SPECIFICATION	QUAN 50 Admns.	100
	(Space allocation for each Dental chair 100		
Dental Chairs and Units	Sq Ft in all the Departments) 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/Dark Room		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
Lead Screen		1	1
Biopsy Kit		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

IAME SPECIFICATION		QUANTITY	
		50	100
		Admns.	Admns.
Dental Chairs and Units	With shadowless lamp, spittoon, 3 way	1	2
	syringe, instrument tray and suction		
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	QUAN 50 Admns.	FITY 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, airotor, 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, airrotor, 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 airrotor, 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 50 100	
			Admns.
Dental Chairs and Units	Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, high power motorized evacuation system, Air rotor with miniature, Airrotor 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	QUAN	QUANTITY	
		50	100	
		Admns.	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	ME SPECIFICATION		NTITY
		50	100
		Admns.	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	1	2
	bucket		
Electro surgical cautery		1	1
Needle burner with syringe		4	6
cutter			
LASER	Soft tissue laser	1	1
Surgical motor with physio		1	1
dispenser			

## **Department : CONSERVATIVE DENTISTRY AND ENDODONTICS**

NAME	SPECIFICATION		TITY 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
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 <u>(not to use extracted or cadaver teeth).</u>	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	100
		Admns.	Admns.
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,	3	5
	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,		

### Department : PROSTHODONTICS AND CROWN & BRIDGE

NAME	AME SPECIFICATION		TITY
		50	100
		Admns.	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, 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

39	

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		1	1
Carborandum Disc			
Model Trimmer with Diamond		1	2
Disc			
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 & bunson 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	ſ		III Yea	r	Total Posts in position from the beginning of 3 <sup>rd</sup> 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 Oal 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 Yea	r	Total Posts in position from the beginning of 3 <sup>rd</sup> year onwards			
	Prof.	Reader	Lecturer/	Prof.	Reader	Lecturer/	Prof.	Reader	Lecturer/	Prof.	Reader	Lecturer/	
			Tutor			Tutor			Tutor			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 l	Designation							
			50 Admissions			100 Admissions						
		Prof	Reader	Lecturer	Prof	Reader	Lecturer					
Ι	Anatomy	-	1	2	-	1	4					
Ι	Physiology	-	1	2	-	1	2					
Ι	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 Secretary to Dean Public Relation officer

1

1

1

Designation	Receptionis t	Establishm ent	Accounts	Admissions	Exams	Stores	Library	Maintenanc e	Security	Illustration	Clinical Depts.	Computer	Laboratorie s	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 Secretary to Dean Public Relation officer

1

1

1

Designation	Receptionis t	Establishme nt	Accounts	Admissions	Exams	Stores	Library	Maintenanc e	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

36	

	-		1	-	1	1	-	1	1		1			-	
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

#### HUMAN ANATOMY, EMBRYOLOGY, HISTOLOGY & MEDICAL GENETICS 1.

### 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 1<sup>st</sup> 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

- To locate various structures of the body and to mark the topography of the living anatomy.
   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

- 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.
- General disposition of thoracic, abdominal & pelvic organs.
   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 gastroinstenstinal, 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, oesphagus, stomach, ,duodenum ,ileum, colon, vermiform appendix Liver, Pancreas, Lung, Trachea ,Epiglottis, Thyroid gland , para thyroid gland , supra renal gland and pituitary gland, Kidney, Ureter, Urninary 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, Llittle 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) <u>GOAL</u>

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) <u>KNOWLEDGE</u>

- 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) <u>SKILLS</u>

- At the end of the course, the student shall be able to :
- 1. Conduct experiments designed for the study of physiological phenomena.
- 2. Interprete 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.

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

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

Haemostatsis - 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 endotrelial 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 filteration 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 miturition & abonrmalities.

### 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, hypothamic 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.

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.

### **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
- 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
- Determination of Haemoglobin
   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 gastrocneminus 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, 19<sup>th</sup> edition Vander; Human physiology, 5<sup>th</sup> edition Choudhari; Concise Medical Physiology, 2<sup>nd</sup> edition Chaterjee; Human Physiology, 10<sup>th</sup> edition A.K. Jain; Human Physiology for BDS students, 1<sup>st</sup> edition

BOOKS FOR REFERENCE:

i) Berne & Levey; Physiology, 2<sup>nd</sup> edition

ii) West-Best & Taylor's, Physiological basis of Medical Practise, 11<sup>th</sup> edition

EXPERIMENTAL PHYSIOLOGY:

- i) Rannade; Practical Physiology, 4<sup>th</sup> 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 antivitamins, 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.
- Need not know about urea or cretinine 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 prolylhydroxylase.
- 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, Thiolesters, Enol phosphates.

#### 2. MACRONUTERIENTS 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 phosphyorylation. 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.

4

#### PRACTICALS: Contact hours 50

1. Qualitative analysis of carbohydrates

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 hypothyrodisim and hyperthyrodisim	1
17. Profiles of hyper and hypoparathyrodism	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

### **RECOMMEDED 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 & microscopiuc 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
- 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 Apoptasis 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
  - Granulomations inflammation
  - Healing

6

- 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 neoplesia
  - 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 Tetrology

- Infective Endocarditis
- Atherosclerosis
- Ischaemic heart Disease
- 29. Haemorrhagic Disorders
  - Coagulation cascade
  - Coagulation disorders
    - Platelet funtion
    - Platelet disorders
- Practicals
- 1.Urine Abnormal constitutients
- Sugar, albumin, ketone bodies 2. Urine – Abnormal consittuents
- Blood, bile salts, bile pigments
- 3. Haemoglobin (Hb) estimation
- 4. Total WBC count
- 5. Differential WBC Count
- 6. Packed cell volume(PCV,) rythrocyte 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, Actionomycosis, 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 Haematolog 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.
- 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. <u>GENERAL MICROBIOLOGY:</u>

- 1. History, Introduction, Scope, Aims and Objectives.
- 2. Morphology and Physiology of bacteria.
- 3. Detail account of Sterlisation 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:

- 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.
   Commende activities - mode of spread, important clinical footures - Laboratory - diagnosis
- 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 3<sup>rd</sup> edition Evan Roitt , etal.

### 5. GENERAL AND DENTAL PHARMACOLOGY AND THERAPEUTICS

#### GOAL:

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, analgescis psychotropic drugs, anti epileptics, muscle relaxants, local anaesthetics, Implications of these drugs in clinical dentistry.
- 3. Autonomic drugs; sympathomimetics, antiadrenergic drugs parasympothomimetics 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.
- 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 Pharmacolherapentics, 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 4<sup>th</sup> 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-effecting pulp, polymers causing chemical irritation, mercury toxicity, etc. Microleakage, Thermal changes, Galvanism, toxic effect of materials. Biological evaluation for systemic toxicity, skin irritation, mutagenecity 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

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. Biocompatability - 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, biocompatability, 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 veners, 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 polishin 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 chisles, 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 forglass ionmers	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, Euginol cements.
- 10. Identification and manipulation of various matrices, tooth separators and materials like composites and modified glassionomer 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. Cornal access cavity preparation on extracted. Upper central incisiors
  - 3. Determination of working length.
  - 4. Biomechanical preparation of root canal space of central incisor
  - 5. Obfuration of root canal spaces. Absens of cornal access cavity.
  - 6. Closure of acess 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. <u>INTRODUCTION:</u>

• 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.
  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, histopathogy 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. Apthous 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.

- 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.
- a) ORAL PRECANCER CANCER; Epidemiology, aetiology, clinical and histopatholotgical features, TNM classification. Recent advances in diagnosis, management and prevention.
   b) Bionsy : Types of bionsy value of bionsy cytology bisto chemistry & frozen sections in
  - 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
- 2. Oral Pathology Clinical Pathologic correlations
- 3. Oral Pathology
- 4. Oral Pathology in the Tropics
- 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. <u>2. Infections.</u>

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

COLLATERAL TOPICS (Desirable to Know)

Infectious mononucleosis mumps, measles, rubella, malaria.

- Shafer, Hine & Levy.

- Regezi & Sciubba.
- Soames & Southam.
- Prabhu, Wilson, Johnson & Daftary

<u>3. G.I.T.</u> Stomatitis, gingival hyperplasia, dysphagia, acid peptic disease, jaundice, acute and chronic hepatitis, cirrhosis of liver ascites. 4. CVS	Diarrhea Dysentery Amoebiasis Malabsorhtion
Acute rheumatic fever rheumatic valvular heart disease, hypertension, ischemic heart disease, infective endocarditis, common arrhythmias, congenital heart disease, congestive cardiac failure. <u>5. RS</u> Pneumonia, COPD, Pulmonary TB, Bronehial asthma	Lung Abscess Pleural effusion Pneumothorax Bronchiectasis Lung cancers.
<u>6. Hematology</u> Anemias, bleeding & clotting disorders, leukemias, lymphomas, agranulocytosis, splenomegaly, oral manifestations of hematologic disorders, generalized Lymphadenopathy.	
7. Renal System Acute nephritis Nephrotic syndrome	Renal failure
<u>8, Nutrition</u> Avitaminosis	Balanced diet PEM Avitaminosis
<ul> <li><u>9. CNS</u></li> <li>Facial palsy, facial pain including trigeminal neuralgia, epilepsy, headache including migraine.</li> <li><u>10. Endocrines</u></li> <li>Diabetes Mellitus Acromegaly, Hypothyroidism,</li> </ul>	<ul> <li>Meningitis</li> <li>Examination of comatose patient</li> <li>Examination of cranial nerves.</li> <li>Addison's disease, Cushing's syndrome.</li> </ul>
Thyrotoxicosis, Calcium metabolism and parathyroids. <u>11. Critical care</u> 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 erysepelas. Specific infections such as tetanus, gangrene, syphilis, gonorrhoea, tuberculosis, Actinomycosis, Vincents angina, cancrum oris. Pyaemia, toxaemia and septicaemia.

6. TRNSMISSABLE 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 tracheostmy.
- 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 luexation 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) Poses 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 emphasise 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.
  Dental Caries :
- 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. Aramamentarium 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 Filed: Light source sterilisation field of operation control of moisture, rubber dam in detail, cotton rolls and anti sialogagues.
- 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 :

10. Anterior Restorations :

Selection of cases, selection of material, step wise procedures for using restorations , silicate ( theory only) glass inomers, composites, including sand witch 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, Pitand 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.

Liners, varnishes and bases, Zinc phosphate, zinc polycarboxylate, zinc oxide eugenol and glass inomer cements.

- 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.
  - . 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. Apexogenisis 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.
- Understand the principles of in-patient management.
   Understanding of the management of major oral surgical procedures and principles involved in
- patient management.
- 7. Should know ethical issues and communication ability.
- b)
- 1. A graduate should have acquired the skill to examine any patient with an oral surgical problem in Be able to understand requisition of various clinical and laboratory an orderly manner. 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
    - Sterilisation of instruments various methods of sterilisation etc.
       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.
  - Drainage & Debridement
- e) 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.

   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, Frenoctemies 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 osseo integration 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, actiology, 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 augustal precedures – Batianals of the techniques
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 occuring in oral cavity - fibroma, papilloma,
lipoma, ossifying fibroma, mynoma 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.
management. mandibular fractures - Applied anatomy, classification.
Diagnosis - Clinical and radiological
Management - Reduction closed and open
Kivation and immobilization methods
Fixation and immobilisation methods
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18. Medical Emergencies in dental practice –

Primary care of medical emergencies in dental practice particularly -<br/>(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. Interior 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 Medozolam. 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 3<sup>rd</sup> 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, osteogenisis imperfecta, Marfans syndrome, osteopetrosis. Inflamation – Injury, infection and sperad 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) Temparomandibular 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, Chandrosarcoma, Central giant cell rumor, and Central haemangioma

Odontogenic: Enameloma, Ameloblastoma, Calcifying Epithelial Odontogenic tumor, Adenomatoid Odontogenic tumor, Periapical cemental dysphasia 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, renduosler-weber disease

SECTION (C): ORAL MEDICINE AND THERAPEUTICS.

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

(1) Infections of oral and paraoral structures:

Bacterial: Streptococcal, tuberculosis, syphillis, vincents, 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, leukodema, leukoplakia, fordyce spots, stomatitis nicotina palatinus, white sponge nevus, candidiasis, lichenplanus, discoid lupus erythematosis

Veiculo-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, trotter'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 disordeers:
  - (a) Porphyria
  - (b) Haemochromatosis
  - (c) Histocytosis X diseases
  - (ii) Endocrine disorders:
  - (a) Pituitary: Gigantism, acromegaly, hypopitutarism
  - (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, chrismas 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 periodont0opathy (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 (I) 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 compromised 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) Neurotemesis (c) Neuritis (d) Facial nerve paralysis including Bell's palsy, Heerfordt's syndrome, Melkerson Rosenthel syndrome and ramsay hunt syndrome (e) Neuroma (f) Neurofibromatosis (g) Frey'syndrome

(ii) Muscles: (a) Myositis ossificans (b) Myofascial pain dysfunction syndrome (c) Trismus

- (16)Forensic odontology:
  - Medicolegal aspects of orofacial injuries (a)
  - Identification of bite marks (b)
  - (c) Determination of age and sex
  - Identification of cadavers by dental appliances, Restorations and tissue remanants (d)
- (17)Therapeutics: General therapeutic measures drugs commonly used in oral medicine viz., antibiotics, chemotherapeutic agents, anti-inflammatory and analgesic drugs, astringents, mouth washes, styptics, demelucents, 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 (1)
- Physics of radiation: (a) Nature and types of radiations (b) Source of radiations (c) Production of X-(2)rays (d) Properties of X-rays (e) Compton effect (f) Photoelectric effect (g) Radiation measuring units (3) Biological effects of radiation
- (4) Radiation safety and protection measures
- Principles of image production (5)
- Radiographic techniques: (6)
  - (i)Intra-Oral: (a) Periapical radiographs (Bisecting and parallel technics) (b) Bite wing radiographs (c) Occlusal radiographs
  - Extra-oral: (a) Lateral projections of skull and jaw bones and paranasal sinuses (c) (ii) Cephalograms (d) Orthopantomograph (e) Projections of temperomandibular joint and condyle of mandible (f) Projections for Zygomatic arches
  - Specialised techniques: (a) Sialography (b) Xeroradiography (c) Tomography (iii)
- (7)Factors in production of good radiographs:
  - K.V.P. and mA.of X-ray machine (b) Filters (c) Collimations (d) Intensifying screens (e) (a) Grids (f) X-ray films (g) Exposure time (h) Techniques (i) Dark room (j) Developer and fixer solutions (k) Film processing
- (8) Radiographic normal anatomical landmarks
- Faculty radiographs and artefacts in radiographs (9)
- (10) Interpretation of radiographs in various abnormalities of teeth, bones and other orofacial tissues
- (11) Principles of radiotherapy of oro-facial malignancies and complications of radiotherapy
- (12) Cantrast radiography and basic knowledge of radio-active isotopes
- (13)Radiography in Forensic Odontoloy Radiographic age estimation and post-mortem radiographic methods

# **PRACTICALS / CLINICALS:**

- Student is trained to arrive at proper diagnosis by following a scientific and systematic proceedure 1. 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 proceedures and interpretation of radiographs.
- 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 of prescribed work for recording
  - (a) Recording of detailed case histories of interesting cases ....... 10

  - (c) Saliva diagnostic check as routine procedure

# **BOOKS RECOMMENDED:**

- Oral Diagnosis, Oral Medicine & Oral Pathology a)
- 1. Burkit Oral Medicine J.B. Lippincott Company
- Coleman Principles of Oral Diagnosis Mosby Year Book 2.
- 3. Jones Oral Manifestations of Systemic Diseases W.B. Saunders company
- Mitchell Oral Diagnosis & Oral Medicine 4.
- 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
- Weahrman Dental Radiology C.V. Mosby Company 2.
- 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)

# 14. ORTHODONTICS & DENTAL ORTHOPAEDICS

# COURSE 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.
  - Growth And Development: In General
    - a. Definition

2.

3.

4

7

8.

- 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.
- Functional Development Of Dental Arches And Occlusioin
  - 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 forces5. 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.
  - Classification of Malocclusion
  - Principle, description, advantages and disadvantages of classification of malocclusion by Angle's, Simon's, Lischer's and Ackerman and Proffitt's.
    - 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, disad vantages 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 othodontics
- 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
- **Preventive Orthodontics** 
  - a. Definition
  - b. Different procedures undertaken in preventive orthodontics and their limitations.
- Interceptive Orthodontics
- a. Definition

14.

15.

16.

- 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
- **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 Orthdodontics indications and selection of teeth for extraction.
- 17. Orthodontic Appliances: General
  - a. Requisites for orthodontic appliances
  - b. Classification, indications of Removable and Functional Appliancesc. 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 antifluxes.
  - e. Preliminary knowledge of acid etching and direct bonding.
- 18. Ethics
- REMOVABLE ORTHODONTIC APPLIANCES
- Components of removable appliances 1)
- 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:
  - Principles i)
  - 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
- Component parts and their uses 2.
- 3. Basic principles of different techniques: Edgewise, Begg's, straight wire.

# EXTRAORAL APPLIANCES

- 1. Headgears
- 2. chincup

19.

- 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
  - 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
- Principle, Differential Diagnosis & Methods Of Treatment Of: 20.
  - 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 Psuedo 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
- Lower inclined plane/Catalan's Appliance
   Upper Expansion plate with Expansion Screw
- RECOMMENDED AND REFERENCE BOOKS
- 1. CONTEMPORARY ORTHODONTICS
- 2. ORTHODONTICS FOR DENTAL STUDENTS
- 3. HANDBOOK OF ORTHODONTICS
- 4. ORTHODONTICS PRINCIPLES AND PRACTICE
- 5. DESIGN, CONSTRUCTION AND USE OF REMOVABLE
- 6. ORTHODONTIC APPLIANCES
- 7. CLINICAL ORTHODONTICS: VOL1 & 2

#### 15. **PAEDIATRIC & PREVENTIVE DENTISTRY** THEORY:

- INTRODUCTION TO PEDODONTICS & PREVENTIVE DENTISTRY. 1.
  - Definition, Scope, Objectives and Importance.
- 2. GROWTH & DEVELOPMENT:

3.

5.

8.

- 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.
- DEVELOPMENT OF OCCLUSION FROM BIRTH THROUGH ADOLESCENCE.
- Study of variations and abnormalities.
- DENTAL ANATOMY AND HISTOLOGY: 4.
  - 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.
  - DENTAL RADIOLOGY RELATED TO PEDODONTICS.
- ORAL SURGICAL PROCEDURES IN CHILDREN. 6.
  - 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.
  - 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.

WHITE and GARDINER MOYERS GRABER

WILLIAM R. PROFFIT

C. PHILIP ADAMS SALZMANN

# **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, Actiology & 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.

В. 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
- Preventive measures e.g. Oral Prophylaxis 20.
   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 Adolescences) 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.

- 6. Pediatric Medical Emergencies P. S. whatt.
- Understanding of Dental Caries Niki Foruk.
   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 Orhtodontics 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.

#### PUBLIC HEALTH DENTISTRY **16**.

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

Dental Public Health:

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

- b) Oral hygiene indices simplified- Green and Vermilion
- c) Silness and Loe index for Plaque
- d) Loe and Silness index for gingival
- CPI e)
- f) DMF: T and S, df:t and s
- g) Deans fluoride index
- II. Health Education

III.

- 1. Make one Audio visual aid
  - 2. Make a health talk
  - Practical work
  - Pit and fissure sealant
     Topical fluoride application

# BOOKS RECOMMENDED & REFERENCE:

- Dentistry Dental Practice and Community by David F. Striffler and Brain A. Burt, Edn. -1983, W. 1. B. Saunders Company
- 2. Principles of Dental Public Health by James Morse Dunning, IVth Edition, 1986, Harward University Press.
- Dental Public Health and Community Dentistry Ed by Anthony Jong Publication by The C. V. 3 Mosby Company 1981
- Community Oral Health-A system approach by Patricia P. Cormier and Joyce I. Levy published by 4. 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 Wrigth 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 Bristoli, 1980.
- 10. Preventive Dentistry by Murray, 1997.
- 11. Text Book of Preventive and Social Medicine by Park and park, 14th edition.
- Community Dentistry by Dr. Soben Peter. 12.
- 13. Introduction to Bio-statistics by B. K. Mahajan
- 14. Research methodology and Bio-statistics by
- 15. Introduction to Statistical Methods by Grewal

#### 17. PERIODONTOLOGY

# **OBJECTIVES:**

The student shall acquire the skill to perform dental scaling ,diagnostic tests of periodontal diseases; to use the instruments for periodontal therapy and maintenance of the same.

The student shall develop attitude to impart the preventive measures namely, the prevention of periodontal diseases and prevention of the progress of the disease. The student shall also develop an attitude to perform the treatment with full aseptic precautions; shall develop an attitude to prevent iatrogenic diseases; to conserve the tooth to the maximum possible time by maintaining periodontal health and to refer the patients who require specialist's care.

- 1. Introduction: Definition of Periodontology, Periodontics, Periodontia, Brief historical background, Scope of Periodontics
- 2. Development of perio-dontal tissues, micro-structural anatomy and biology of periodontal tissues in detail Gingiva. Junctional epithelium in detail, Epithelial-Mesenchymal interaction, Periodontal, ligament Cementum, Alveolar bone.
- Defensive mechanisms in the oral cavity: Role of-Epithelium, Gingival fluid, Saliva and other 3 defensive mechanisms in the oral environment.

4.	Age changes in periodontal structures and their significance in Geriatric dentistry	Age changes in teeth and periodontal structures and their association with periodontal diseases	1
5.	Classification of periodontal diseases	Need for classification, Scientific basis of classification Classification of gingival and periodontal diseases as described in World Workshop1989 Gingivitis:	1

associated,ANUG,steroid Plaque hormone influenced, Medication influenced, Desquamative gingivitis, other forms of gingivitis as in nutritional deficiency, bacterial and viral infections etc.

		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 6 diffuse gingivitis	
		<ul> <li>Etiology, pathogenesis, clinical signs, symptoms and management of <ul> <li>i) Plaque associated gingivitis</li> <li>ii) Systemically aggravated gingivitis(sex hormones, drugs and systemic diseases)</li> </ul> </li> </ul>	
-		<ul> <li>iii) ANUG</li> <li>iv) Desquamative gingivitis-Gingivitis associated with lichen planus, pemphigoid, pemphigus, and other vesiculobullous lesions</li> <li>v) Allergic gingivitis</li> <li>vi) Infective gingivitis-Herpetic, bacterial and candidial</li> <li>vii) Pericoronitis</li> <li>viii) Gingival enlargement (classification and differential diagnosis)</li> </ul>	
7	Epidemiology of periodontal diseases	<ul> <li>Definition of index, incidence, 2 prevalence,epidemiology,endemic, epidemic, and pandemic</li> <li>Classification of indices(Irreversible and reversible)</li> <li>Deficiencies of earlier indices used in Periodontics</li> <li>Detailed understanding of Silness &amp;Loe Plaque Index ,Loe&amp;Silness Gingival Index, CPITN &amp;CPI.</li> <li>Prevalence of periodontal diseases in India and other countries.</li> <li>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</li> </ul>	
8.	Extension of inflammation from	from the topics for examination Mechanism of spread of inflammation from gingival area to 1 deeper periodontal structures	
9.	gingiva Pocket	Factors that modify the spread Definition, signs and symptoms, classification, pathogenesis, 2 histopathology, root surface changes and contents of the pocket	
10.	Etiology	<ul> <li>Dental Plaque (Biofilm) 5</li> <li>Definition, New concept of biofilm</li> <li>Types, composition, bacterial colonization, growth, maturation &amp; disclosing agents</li> <li>Role of dental plaque in periodontal diseases</li> <li>Plaque microorganisms in detail and bacteria associated with periodontal diseases</li> <li>Plaque retentive factors</li> <li>Materia alba</li> <li>Food debris</li> <li>Calculus</li> <li>Definition</li> <li>Types, composition, attachment, theories of formation</li> <li>Role of calculus in disease</li> <li>Food Impaction</li> <li>Definition</li> <li>Types, Etiology</li> </ul>	

- -
- 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

76

**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
- diseases, \_ Hemorrhagic Leukemia, clotting factor disorders, PMN disorders
- Definition. Risk factors for periodontal diseases
- Mechanism of initiation and progression of periodontal diseases
- 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
- Etiology ,histopathology, clinical signs & symptoms, 6 diagnosis and treatment of adult periodontitis
  - definition, classification, Periodontal abscess; 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
- Routine procedures, methods of probing, types of 2 probes, (According to case history)
- Halitosis: Etiology and treatment. Mention advanced diagnostic aids and their role in brief.
- Definition, types, purpose and factors to be taken into 1 consideration 1
- Factors to be considered
- 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
- Mechanical tooth brushes, interdental cleaning aids, i. dentifrices
- Chemical; classification and mechanism of action of each ii. & pocket irrigation
- Scaling and root planing:
- 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

18 Pocket eradication procedures

11.

12.

13.

14.

15.

16.

17.

**Risk** factors

Host response

Periodontitis

Diagnosis

Prognosis

Treatment plan

Periodontal therapy

5

1

3

		- 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	
		<ul> <li>Other regenerative procedures; root conditioning</li> </ul>	
		- Guided tissue regeneration	
20.	Mucogingival surgery	Definition	3
	&periodontal plastic	Mucogingival problems: etiology, classification of gingival	
	surgeries	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	- Aims, objectives, and principles	1
	(SPT)	- Importance	
		- Procedures	
~ -		- Maintenance of implants	~
25.	Pharmaco-therapy	- Periodontal dressings	2
		- Antibiotics & anti-inflammatory drugs	
26	5 1 1 1	- Local drug delivery systems	
26.	Periodontal management	Topics concerning periodontal management of medically	1
	of medically	compromised patients	
~ -	compromised patients		
27.	Inter-disciplinary care	- Pulpo-periodontal involvement	1
		- Routes of spread of infection	
		- Simons' classification	
20		- Management	
28.	Systemic effects of	Cardiovascular diseases, Low birth weight babies etc.	1
	periodontal diseases in		
00	brief		-
29. 20	Infection control protocol	Sterilization and various aseptic procedures	1
30.	Ethics		
		DOCTING.	
1010	RIALS DURING CLINICAL	<u>ruətinu;</u>	

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:**

- Diagnosis, treatment planning and discussion and total periodontal treatment 25 cases 1.
- 2. Dental scaling, oral hygiene instructions - 50 complete cases/ equivalent
- 3 Assistance in periodontal surgery - 5 cases
- A work record should be maintained by all the students and should be submitted at the time 4. 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
- Public Health Dentistry- Slack 7.
- 8. Advanced Periodontal Disease- John Prichard
- 9 Preventive Dentistry-Forrest
- 10. Clinical Periodontology- Jan Lindhe
- 11. Periodontics- Baer & Morris.

#### **PROSTHODONTICS AND CROWN & BRIDGE** 18.

# **Complete Dentures**

A.

B.

Н

- Applied Anatomy and Physiology.
  - 1. Introduction
  - Biomechanics of the edentulous state. 2.
  - 3. Residual ridge resorption.
- Communicating with the patient
- 1. Understanding the patients.
  - Mental attitude.
  - Instructing the patient. 2
- C. Diagnosis and treatment planning for patients-
  - With some teeth remaining.
     With no teeth remaining.

  - a) Systemic status.
  - b) Local factor.
  - The geriatric patient. c)
  - 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.
    - Secondary hard & soft tissue procedure. c)
    - d) Implant procedure.
    - Congenital deformities. e)
  - Postoperative procedure. f)
- 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.
    - Impression techniques. e)
    - Maxillary and mandibular impression procedures. f
    - Preliminary impressions. i.
    - ii. Final impressions.
  - Laboratory procedures involved with impression making (Beading & Boxing, and cast g) preparation).
  - 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.
  - Concept of occlusion- discuss in brief. c)
- J. Relating the patient to the articulator.
  - a) Face bow types & uses- discuss in brief.
  - b) Face bow transfer procedure discuss in brief.
  - 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.
    - Relating inclination of teeth to concept of occlusion- in brief.
      - a) Neutrocentric concept.
    - b) Balanced occlusal concept.
- N. Trial dentures. О.

Κ.

Μ.

- Laboratory procedures.
  - a) Wax contouring.
    - b) Investing of dentures.
    - c) Preparing of mold.
    - d) Preparing & packing acrylic resin.
    - e) Processing of dentures.
    - Recovery of dentures. f)
    - Lab remount procedures. g)
    - h) Recovering the complete denture from the cast.
    - Finishing and polishing the complete denture. i)
    - Plaster cast for clinical denture remount procedure. j)
- P. Denture insertion.
  - a) Insertion procedures.
  - b) Clinical errors.
  - Correcting occlusal disharmony. c)
  - d) Selective grinding procedures.
- Treating problems with associated denture use discuss in brief (tabulation/flow-chart form). R.
- Treating abused tissues discuss in brief. S.
- 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.
- Overdentures denture- discuss in brief. Χ.
- 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)
- Types / Classification 3.
- 4. Materials
- 5. Methodology - Lab / Clinical
- 6. Advantages & disadvantages
- 7. Indications, contraindications
- 8. Maintenance Phase
- 9. Oral Implantology
- 10. Ethics

5.

# **Removable Flexible Dentures**

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

- <u>Topics To Be Covered In Detail -</u> 1. Introduction
- Introduction
   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 Partials Denture

Note : It is suggested that the above mentioned topics be dealt with wherever appropriate in the following order so as to cover –  $% \left( \frac{1}{2}\right) =0$ 

- 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.
- Boucher's "Prosthodontic treatment for edentulous patients"
   Essentials of complete denture prosthodontics by Sheldon Winkler.
- 4. Maxillofacial prosthetics by Willam R.Laney.
- 5. McCraken's Removable partial prosthodontics
- 6. Removable partial prosthdontics 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)
- Bleaching of teeth 5
- Veneers with various materials 6.
- 7. Prevedntive and interceptive esthetics
- 8. Ceramics
- Simple gingival contouring to enhance the appearance 9.
- 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)
- Esthetic & the treatment of facial form, Vol 28; Mc Namara (JA) 3.

#### 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 International (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
     Modical inviound etch
  - 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 in	struction)

# 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) <u>KNOWLEDGE & UNDERSTANDING</u>:

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.
- Recognise difference between normal and abnormal behaviour. 2)
- 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.

of

# PSYCHOLOGY:

- Definition & Need of Behavioural Science. Determinants of Behaviour. 1. Hrs 1 Scope 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. Definition - Laws of learning 5.
- 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. <u>Thinking -</u> Definition: Types of thinking, delusions, problem solving
- Motivation Definition: Motive, drive, needs classification of motives 8.
- Emotions Definition differentiation from feelings Role of hypothalamus, Cerebral cortex, 9. 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
- General psychology -- Hans Raj, Bhatia General psychology -- Munn 2.
- 3.
- 4. Behavioural Sciences in Medical practise -- Manju Mehta
- 5. Sciences basic to psychiatry -- Basanth Puri & Peter J Tyrer

#### ETHICS (20 hrs. of instruction) 23.

# 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.

# **Annexure-A**

# 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:**

С

- 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.
  - 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

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

		iter i e e e e e e e e e e e e e e e e e e	
	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
Β.	The Ir	nterness 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) trigemminal neuralgia; (iii) Bleeding from mouth due to trauma, post extraction, bleeding disorder or haemophylia; (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:-

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

# 4. <u>Periodontics</u>

A. The dental graduates shall perform the following procedures

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

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

# 5. Conservative Dentistry

6.

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.	
Pede	odontics and Preventive Dentistry	
Durir	ng their posting in Pedodontics the Dental graduates shall p	erform:
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

1 Case

2

4

1

1

1

<u>Ora</u>	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**

6.

7.

- A. The interns shall observe the following procedures during their posting in Orthodontics:
  - Detailed diagnostic procedures for 5 patients 1.

Oral habit breaking appliances

- Laboratory techniques including wire-bending for removable appliances, soldering 2. and processing of myo-functional appliances.
- 3. Treatment planning options and decisions.
- Making of bands, bonding procedures and wire insertions. 4.
- Use of extra oral anchorage and observation of force values. 5.
- 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 weldoing 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

#### **Public Health Dentistry** 9.

- The internss shall conduct health education sessions for individuals and groups on 1. oral health public health nutrition, behavioral sciences, environmental health, preventive dentistry and epidemiology.
- They shall conduct a short term epidemiological survey in the community, or I n 2. the alternate, participate in the planning and methodology. 3.
  - They shall arrange effective demonstrations of:
    - Preventive and interceptive procedures for prevalent dental diseases. a)
    - b) Mouth-rinsing and other oral hygiene demonstrations 5 Cases 5 Cases
    - Tooth brushing techniques c)
- Conduction of oral health education programmes at 4.
  - School setting A)
  - Community setting B)
  - Adult education programmes C)
- Preparation of Health Education materials 5.

Exposure to team concept and National Health Care systems: 6.

- Observation of functioning of health infrastructure. a)
  - b) Observation of functioning of health casre team including multipurpose workers male and female, health educators and other workers.

2

2

2

5

- Observation of atleast one National Health Programme:c)
- Observation of interlinkages of delivery of oral health care with Primary d) 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.

1 Case

# **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 seding 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 internss during their internship posting should be done. The objective ius that asll 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 internss. This will not only provide a demonstrable evidence; of the processes of training but more importantly, of the interns own acquisition of competencies as rolated 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 supervious 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-

- Community Health Monitoring programmes and services which include Preventive, 1. Diagnostic and corrective procedures
- 2. To create educational awareness about dental hygiene and diseases.
- Conduction of Oral Health Education Programmes at -3
  - (a) School Setting
  - 5 (b) community Setting 5 2 (c) Adult Education Programme 5
- compulsory setup of satellite clinics in remote areas 1 4
- Lectures to create awareness and education in public forums about the harmful 5 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 1/2 months
4	Periodontics		1 month
5	Conservative Dentistry	-	1 month
6	Pedodontics	-	1 month
7	Oral Pathology and Microbiology	-	15 days

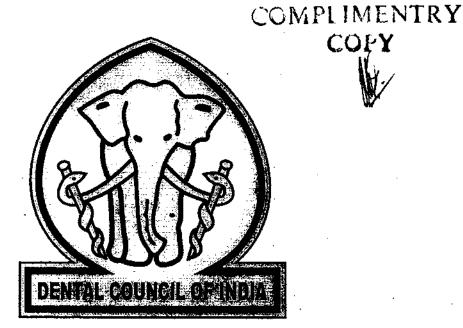
- Orthodontics Community Dentistry/ Rural Services Elective
- 8 9 10

- 1 month 3 months 15 days -

# **DENTAL COUNCIL OF INDIA REVISED MDS COURSE REGULATION,** 2007

(As Modified upto 12th October 2007)

COPY



# BY AUTHORITY

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# PREFACE

# REVISED MDS COURSE REGULATIONS, 2007 (As Modified upto 12.10.2007)

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.12012/1/2001-DE dated 12.10.2007.

> Sd/-Maj. Gen. (Retd.) P.N. Awasthi, Secretary, Dental Council of India

[PART III-SEC.4]



असाधारण

EXTRAORDINARY

भाग III—खण्ड 4

PART--III--Section 4

प्राधिकार से प्रकाशित PUBLISHED BY AUTHORITY

# नई दिल्ली, बुधवार, नवम्बर 21, 2007 / कार्तिक 30, 1929 NEW DELHI, WEDNESDAY, NOVEMBER 21, 2007/KARTIKA 30, 1929

### DENTAL COUNCIL OF INDIA

NOTIFICATION

### New Delhi, the 20th November, 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 MDS Course Regulations :-

**1. Short title and commencement.**—(i) These Regulations may be called the Dental Council of India Revised MDS Course Regulations, 2007.

(ii) They shall come into force on the date of their publication in the Official Gazette.

### SECTION-I

### **REGULATIONS FOR THE MDS DEGREE**

In view of the increase in demand for speciality training, the Dental Council of India desires that, all Dental institutions with proper infrastructural facilities, faculty and adequate clinical material shall start postgraduate courses. However, no institution shall start postgraduate courses without prior approval of Government of India as per the provision of the Dentists (Amendment) Act, 1993 and regulations framed thereunder. Before considering the P.G. application, DCI shall conduct the Periodical Inspection of the Institution to verify the availability of infrastructural facilities up to BDS level.

### ELIGIBILITY:

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A candidate for admission to the MDS course (Master of Dental Surgery) must have a. recognised degree of BDS (Bachelor of Dental Surgery) awarded by an Indian University in respect of recognised 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 the State Dental Council. Candidates not possessing a recognized Dental qualification for the above purpose should secure the prior approval of his qualifications by the Dental Council of India before he can be admitted to the MDS Course of any University in India. qualification for the above purpose should secure the prior approval of his qualifications by the Dental Council of India before he can be admitted to the MDS Course of any University in India.

Candidates who possess PG Diploma recognised by the DCI with the duration of 2 years (proposed) in particular speciality is eligible for admission in MDS in the same speciality and the duration will be 2 years. The syllabus of two years programme will be as per the concerned university guidelines.

Provided that in the case of a foreign national, the Dental Council of India may, on payment of the prescribed fee for registration, grant temporary registration for the duration of the postgraduate training restricted to the dental college/institution to which he is admitted for the time being exclusively for postgraduate studies;

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

# SELECTION OF POSTGRADUATE STUDENTS:

- (1) Students for postgraduate dental courses (MDS) shall be selected strictly on the basis of their academic merit.
- (2) For determining the academic merit, the university/institution may adopt any one of the following procedures both for P.G. Diploma and MDS degree courses:
  - (i) On the basis of merit as determined by a competitive test conducted by the State Government or by the competent authority appointed by the State Government or by the University/group of universities in the same state; or
  - (ii) On the basis of merit as determined by a centralised competitive test held at the national level; or
  - (iii) On the basis of the individual cumulative performance at the first, second, third & Final B.D.S. examinations, if such examinations have been passed from the same university; or
  - (iv) Combination of (i) and (iii);

Provided that wherever entrance test for Postgraduate admissions is held by a State Government or a university or any other authorized examining body, the minimum percentage of marks for eligibility for admission to postgraduate Dental courses shall be 50% for general category candidates and 40% for the candidates belonging to Scheduled Castes and Scheduled Tribes.

Provided further that in non-Governmental institutions fifty percent of the total seats shall be filled by the competent authority and the remaining fifty percent, by the management of the institution on the basis of merit.

### PERIOD OF TRAINING:

The Course shall be of three years duration.

All the candidates for the degree of MDS are required to pursue the prescribed course for at least three academic years course as full time candidates in a BDS *recognised* and MDS approved/recognised Institution under the direction of the Head of the Department, who has to be a recognized postgraduate teacher in that speciality.

### **GENERAL:**

(1) The institutions recognised by the Dental Council of India for running Postgraduate courses prior to the commencement of the Dentists (Amendment) Act, 1993 and those dental colleges recognised for running Bachelor of Dental Surgery (BDS) course or institutions established by the Central Government for the purpose of imparting postgraduate dental education shall be eligible for starting any postgraduate degree or diploma and higher

2

3

speciality course after a periodic inspection to ascertain the BDS requirement by DCI in all aspects.

(2) The maximum number of students for a postgraduate dental course, who can be registered in any recognised department, for training for the award of postgraduate 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 3 P.G. Students will be permitted.

Every student, selected for admission to a postgraduate dental course in any of the dental institutions in the country, shall posses recognised BDS degree or equivalent qualification and should have obtained Registration with any of the State Dental Councils or should obtain the same within one month from the date of his admission, failing which the admission of the candidate shall be cancelled;

Provided that in the case of a foreign national, the Dental Council of India may, on payment of the prescribed fee for registration, allow temporary registration for the duration of the postgraduate training restricted to the dental college/institution to which he is admitted for the time being exclusively for postgraduate studies;

Provided further that temporary registration to such foreign national shall be subject to the condition that such person is duly registered as dental practitioner in his own country from which he has obtained his basic dental qualification and that his degree is recognised by the Dental Council of India and corresponding dental Council or concerned authority and concerned university and M's of External/Home Affairs have no objection for granting admission in India.

# (4) The students undergoing postgraduate courses shall be exposed to the following:-

- (a) Basics of statistics to understand and critically evaluate published research papers.
- (b) Few lectures on other type of exposure to human behaviour studies.
- (c) Basic understanding of pharmaco-economics.
- (d) Introduction to the non-linear mathematics.

### STAFFING PATTERN FOR POSTGRADUATE DEGREE PROGRAMME

### STAFF:

a). To strengthen and maintain the standards of postgraduate training, the council recommends the following minimum faculty requirements for starting and continuation of postgraduate training programmes. Department with one Professor, two Readers, One Lecturer will make a unit and permitted to have three MDS admissions. For each seat of P.G. Diploma course one additional reader is required. Any increase of admissions will be based on the same pattern. Taking into consideration the training requirements in terms of infrastructure and clinical material the Council recommends a maximum of three units in any postgraduate degree department. At a time, maximum 9 P.G. Students in one speciality can be enrolled in all 3 years.

b) A Department, which does not have the above staff pattern, shall not start a postgraduate course in that speciality.

### QUALIFICATIONS FOR A PROFESSOR AND HEAD OF THE POSTGRADUATE DEPARTMENT:

### HEAD OF THE POSTGRADUATE DEPARTMENT:

A BDS Degree of an Indian University or an equivalent qualification with Post-graduate qualification/Diplomat of National Board in the subject and with one year as Professor and 5 years teaching experience as Reader. Shall have published atleast three papers as first author in his speciality in any National/International journal.

### PROFESOOR:

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

(3)

4

Reader. Shall have published atleast two papers as first author in his speciality in any National/International journal.

# **READER:**

A BDS Degree of an Indian University or an equivalent qualification with Post-graduate qualification/Diplomat of National Board in the subject and with 4 year's teaching experience after post-graduation. Shall have published atleast one paper as first author in his speciality in any national/international journal.

# PART-TIME TEACHERS:

Part-time post-graduate teaching faculty (Professors/Readers) are also eligible provided they put in 4 (four) hours a day and can have only one PG student under them.

When the full complement of staff recommended for undergraduate training programme does not exist, the deficiency must be made good before starting of the postgraduate course in that Department.

### Note:

- 1. All the teaching faculty should be full time. However part-time faculty can also be accepted as stated above.
- 2. Faculty who is accepted as PG teacher in a dental institution starting PG Courses will not be accepted for next one year in any other dental institution.
- 3. Teaching Experience gained in Medical College will not be accepted for PG Dental Teaching. In exceptional cases, the teaching experience, gained in Govt. Dental Colleges, may be considered for further promotion on the basis of total teaching experience.
- 4. Dental faculty with PG qualification in dentistry, shifting from the Dental Department of a Medical College should complete minimum of 3 years of teaching experience in a Dental College/Institution before being accepted as P.G. faculty.

### **EXAMINATIONS**

### ELIGIBILITY:

The following requirements should be fulfilled by every candidate to become eligible to appear for the final examination.

### ATTENDANCE:

Every candidate should have fulfilled the minimum attendance prescribed by Dental Council of India and respective University (80% of the attendance during each academic year of the postgraduate course).

**Progress and conduct:** Every candidate should have participated in seminars, journal review meetings, symposia, conferences, case presentations, clinics and didactic lectures during each year as designed by the concerned department.

Work diary and log book: Every candidate shall maintain a work diary and log book for recording his/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 and Head of the institution. The certification of satisfactory progress is based on the work diary and log book.

### DISSERTATION:

The dissertation work should have been accepted by the University who appointing the examiners.

# UNIVERSITY EXAMINATION:

There shall be one examination at the end of 3 years.

# DISSERTATION:

Every candidate appearing for the MDS degree examination for the first time shall submit with his application for the admission to the Examination, four typewritten copies of a dissertation of a

research topic undertaken by the candidate and prepared under the direction and guidance and to the satisfaction of his University teacher. The dissertation should be submitted 3 months prior to the MDS Examination. The dissertation shall be referred to the Examiners for the MDS examination and acceptance of it by the examiners shall be a precondition to the admission of the candidate to the written part of the examination.

A candidate whose dissertation has been accepted by the examiners, but who is declared to have failed at the examination will be permitted to reappear at the subsequent MDS examination without having to prepare a new dissertation, if, however, the dissertation is rejected, the authorities shall give reasons thereof and suggestion for the improvement of the same and the dissertation thus improved will have to be resubmitted to the examiners and accepted before appearing in MDS Examination.

# WRITTEN EXAMINATION:

The written examination shall consist of four papers, out of which two shall be pertaining to the speciality; one in Applied Basic Sciences and one shall be an Essay. Each paper shall be of three hours duration.

### CLINICAL/PRACTICAL EXAMINATION:

It should aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. The actual format of clinical examination in various specialities could be worked out by various universities making sure that the candidate is given ample opportunity to perform various clinical procedures. The council desires that the actual format is made known to the students prior to the examination well in advance by the respective universities.

# VIVA VOCE EXAMINATION:

Viva voce examination shall aim at assessing depth of knowledge, logical reasoning, confidence and verbal communication skills.

The Council desires that only two examiners shall conduct the viva voce at a time as two teams, each team for 20 minutes. When one examiner is conducting the viva, the other examiner could make a note of the questions asked and the performance level to enable proper assessment and award of marks.

# DISTRIBUTION OF MARKS AT THE UNIVERSITY EXAMINATION:

# THEORY;

Paper-I	75 marks
Paper-II	75 marks
Paper-III	75 marks
Paper-IV	75 marks

Total 300 marks

Practical & Clinical Examination :200 marksViva-voce:100 marks

A candidate who wishes to study for MDS in a second speciality shall have to take the full course of 3 years in that speciality.

### EXAMINERS:

There shall be at least four examiners in each subject. Out of them two shall be external examiners. The qualification and teaching experience for appointment of an examiner shall be as laid down by the Dental Council of India and the respective university.

### **EXAMINATION CENTRE:**

When the PG university exam is being conducted in the same city/town having more than one PG institution under the same university, one central examination centre shall be fixed by the

5

concerned university and all the PG students from all the PG institutions of the city will take the examination in that centre only. Centres can be rotated as per the direction of the university.

### VALUATION OF ANSWER BOOKS:

All the answer books shall be valued by four examiners, two internal and two external and the average marks will be computed.

### CRITERIA FOR DECLARING AS PASS:

To pass in the University examination, a candidate shall secure in both theory examination and in practical/clinical including viva voce independently an aggregate of 50% of total marks allotted (150 marks out of 300 allotted for theory and 150 out of 200 for clinical + 100 for viva voce together). A candidate securing less marks as described above shall be declared to have failed in the examination.

A candidate who is declared successful in the MDS Examination shall be granted a Degree of Master of Dental Surgery in the respective speciality

## **QUALIFICATION & EXPERIENCE FOR EXAMINERS:**

- 1. He should possess qualification and experience not less than that recommended for a teacher for postgraduate degree programme.
- 2. No person who is not an active postgraduate teacher in the subject can be appointed as examiner.
- 3. 50% of the external examiners shall be from outside the State.
- 4. Reciprocal arrangement of Examiners should be discouraged, in that, the Internal Examiner in a subject should not accepted External Examinership for a College from which External Examiner is appointed in his subject.
- 5. No person shall be 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.

# SYLLABUS DISTRIBUTION AMONG 4 PAPERS IN VARIOUS SPECIALITIES:

## Prosthodontics and Crown & Bridge

Paper-I	-	Applied Anatomy, physiology, pathology and Dental Materials
Paper-II		Removable Prosthodontics and Oral Implantology
Paper-III	-	Fixed Prosthodontics
Paper-IV	-	Essay
Periodonto	logy	
Paper-I	-	Applied Anatomy, Physiology, Biochemistry, Pathology and pharmacology
Paper-II	-	Etiopathogenesis
Donos III		

Paper-III - Clinical Periodontology and Oral Implantology

Paper-IV – Essay

### Oral & Maxillofacial Surgery

Paper-I	-	Applied Anatomy, Physiology and Pathology
Paper-II	-	Minor oral Surgery and Trauma
Paper-III	-	Maxillofacial Surgery and Oral Implantology
Paper-IV	_	Resav

## Conservative and Endodontics

Paper-I	-	Applied Anatomy, Physiology, Pathology and dental materials
Paper-II		Conservative dentistry & Aesthetic Dentistry
Paper-III	÷	Endodontics
Paper-IV		Essay

### Orthodontics & Dentofacial Orthopaedics

Paper-I	-		anatomy naterial	, p	hysio	logy,	patho	logy,	genetics	physical	anthropol	ogy &
		WATE FOR A										

- Paper-II Diagnosis and treatment planning.
- Paper-III Clinical Orthodontics and Mechanotherapy
- Paper-IV Essay

### Oral Pathology & Microbiology and Forensic Odontology

Paper-I	-	Applied Anatomy, Physiology, Pathology and Research Methodology
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- Paper-II Oral pathology, Microbiology and Oncology
- Paper-III Laboratory Techniques and Diagnosis
- Paper-IV Essay

### Public Health Dentistry

Paper-I	- '	Applied anatomy, physiology, pathology	& research methodology
Paper-II	_ ·	Public Health	
Paper-III	_	Dental Public Health	

raper-III – Dental Put Paper-IV – Essay

### Paediatric & Preventive Dentistry

Paper-I		Applied Anatomy, Physiology, Pathology, Microbiology, Nutrition and Dietics
Paper-II	-	Chinical pediatric dentistry
Paper-III	· _	Preventive and community dentistry as applied to pediatric dentistry
Paper-IV	-	Essay

### Oral Medicine and Radiology

Paper-I	-	Applied anatomy, physiology, pathology and pharmacology.
Paper-II	-	Diagnosis, diagnostic methods and imageology and Applied Oral Pathology
Paper-III	-	Oral medicine, therapeutics and laboratory investigations
Paper-IV	-	Essay

### 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.
  - a. A separate clinical area for postgraduate students. Minimum Area 600 sq feet
  - b. A seminar room furnished with proper seating arrangement and audio-visual 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 all 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. In case, the central library is shared with the medical college, there shall be provision for additional space and separate budget allocation for the Dental College.

All the journals of relevant speciality and allied subjects shall be made available.

Minimum 10-15 titles of renowned authors and 6-8 International Journals should be available alongwith 8-10 volume of back issues in each speciality of MDS Course.

Note: The Council recommends that all the existing dental institutions shall comply with the new regulations except the land requirement of five acres within a period of *three* years from the date of notification.

## MINIMUM REQUIREMENTS TO START MDS COURSE FOR INSTITUTIONS OTHER THAN DENTAL COLLEGES

Rules and Regulations for Institution where the BDS programme does not exist but which wishes to start a MDS Course in a speciality.

Medical Institutions wanting to start MDS Courses should satisfy the following requirements in addition to what has been recommended already for Dental Colleges:

- 1. The Institution must be running medical postgraduate courses.
- 2. The Department should have qualified and experienced teachers following the three tier system as recommended under the BDS programme viz.:
  - a. Professors
  - b. Readers
  - c. Lecturers

The Professor and Reader should have requisite postgraduate qualification and teaching experience as recommended under the MDS Courses in a Dental College/Dental Wing. Further, that the Professors/Readers must have a minimum of three years BDS/MDS teaching experience in a Dental College.

- 3. All physical facilities including equipment, department library and journals as prescribed under MDS Courses in a Dental College should be available.
- 4. Training facilities for all Applied Basic Science subjects should be available.

Any of the Institutions, which are not Dental colleges, but want to start a MDS Course, should make an application to the Dental Council of India, which will send out not less than two inspectors, who would inspect the Institution and report to the Council the feasibility of giving such permission to start an MDS Course in the speciality applied for.

(The above statement is made with the full knowledge that there are many Institutions, not being Dental colleges, have excellent facilities and expertise in certain subjects of Dental specialities far better than those at many Dental colleges, which could be made use for the betterment of the Profession. This Council is of the opinion that such institutions which are not Dental Colleges, should be encouraged and helped to develop MDS Curses in the speciality of Dentistry in which they have expertise).

However, such Institutions will not be considered as Dental Colleges/Dental Wings.

### SECTION-II

## **GOALS & OBJECTIVES OF THE CURRICULUM**

#### GOALS:

The goals of postgraduate training in various specialities is to train B.D.S. graduate who will -

- Practice respective speciality efficiently and effectively, backed by scientific knowledge and skill.
- Exercise empathy and a caring attitude and maintain high ethical standards.
   Continue to evince loss interest to the standards.
- Continue to evince keen interest in continuing professional education in the speciality and allied specialities irrespective of whether in teaching or practice.
- Willing to share the knowledge and skills with any learner, junior or a colleague.
- To 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 speciality 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 speciality.
- Describe etiology, pathophysiology, principles of diagnosis and management of common problems within the speciality in adults and children.
- Identify social, economic, environmental and emotional determinants in a given case and take them into account for planning treatment.
- Recognise conditions that may be outside the area of speciality/competence and to refer them to an appropriate specialist.
- Update knowledge by self study and by attending courses, conferences and seminars relevant to speciality.
- Undertake audit, use information technology and carryout research both basic and clinical with the aim of publishing or presenting the work at various scientific gatherings.

#### SKILLS:

- Take a proper clinical history, examine the patient, perform essential diagnostic procedures and order relevant tests and inter prêt them to come to a reasonable diagnosis about the condition.
- Acquire adequate skills and competence in performing various procedures as required in the speciality.

# 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.

## SPECIALITIES FOR THE MDS DEGREE:

- i) Prosthodontics and Crown & Bridge
- ii) Periodontology
- iii) Oral & Maxillofacial Surgery
- iv) Conservative Dentistry and Endodontics
- v) Orthodontics & Dentofacial Orthopedics
- vi) Oral Pathology & Microbiology
- vii) Public Health Dentistry
- viii) Paedodontics & Preventive Dentistry
- ix) Oral Medicine & Radiology

### DEFINITIONS OF VARIOUS SPECIALITIES:

## 1. Prosthodontics and Crown & Bridge

Prosthodontics and Crown & Bridge and Oral Implantology is that branch of Dental art and science pertaining to the restoration and maintenance of oral function, health, comfort and appearance by the replacement of mission or lost natural teeth and associated tissues either by fixed or removable artificial substitutes.

### 2. Periodontology

Periodotology 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 b health through organized community efforts.

## 8. Paedodontics 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 speciality 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.

#### SECTION-III

## TEACHING AND LEARNING ACTIVITIES

All the candidates registered for MDS course in various specialities shall pursue the course for a period of three years as fulltime students. During this period each student shall take part actively in learning and teaching activities designed by the institution / university. The council desires the following teaching and learning activities in each speciality.

#### 1. LECTURES:

There shall be some didactic lectures 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 journals of selected articles at least 5 times in a year.

### 3. SEMINARS:

The seminars shall be held at least twice a week in each postgraduate department. All trainees 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.

#### 5. 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.

#### 6. CLINICO PATHOLOGICAL CONFERENCE:

The clinico pathological conferences should be held once in a month involving the faculties of oral medicine and radiology, oral pathology and concerned clinical department. The trainees should be encouraged to present the clinical details, radiological and histo-pathological interpretations and participation in the discussions.

#### 7. 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.

#### 8. TEACHING SKILLS:

All the trainees shall be encouraged to take part in undergraduate teaching programmes either in the form of lectures or group discussions.

#### 9. 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.

#### 10. 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 meetings during their training period.

### 11. ROTATION & POSTING IN OTHER DEPARTMENTS:

To bring in more integration between the speciality and allied fields each postgraduate department shall workout a programme to rotate the trainees in related disciplines.

#### 12. DISSERTATION/THESIS:

The council appreciates- the importance of research activities for the growth of the profession. Trainees shall prepare a dissertation based on the clinical or experimental work or any

# other study conducted by them under the supervision of the postgraduate guide. CHECKLISTS AND LOGBOOKS:

### CHECKLIST - 1

# MODEL CHECK LIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS.

Name of the Traince : N

Date :

Name	of	the	Faculty	1	Observer	:	
------	----	-----	---------	---	----------	---	--

SI. No.	Items for observation during presentation	Poor	Below Average	Average 2	Good 3	Very Good
1	Article chosen was	<u> </u>				4
2	Extent of understanding of scope & objectives of the paper by the candidate.					
3	Whether cross-references have been consulted.					· <u>···</u> ····
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.			<u> </u>	· · · · · · · · · · · · · · · · · · ·	·
8	Clarity of presentation.		·			
9	Any other observation.					
	Total Score					
·						

### CHECKLIST - 2

# MODEL CHECK LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Traince : Name of the Faculty / Observer :

### Date :

Sl. No.	Items for observation during presentation	Poor	Below Average	Average	Good	Very Good
ļ		0	1	2	3	
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.	1			·	·
7	Time scheduling.	┟╼───┟	· · · · · · · · · · · · · · · · · · ·			
8	Appropriate use of Audio - Visual aids.					·
9	Overall performance.	┟┈╶╼╴╶╼╁				·
10	Any other observation.	┞╼┈╶╼╴╏				·

- 1			
1		•	
- 6			1
F	1	Total Score	_ <b>I</b> _
- 1			
			1

### CHECKLIST - 3

# MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN OPD

(To be completed once a month by respective Unit Heads including posting in other department)

Name of the Trainee : Name of the Unit Head :

**S1**. Items for observation during Poor Below Average Good Very No. presentation Average Good 0 1 2 3 4 Regularity of attendance. 1 2 Punctuality. Interaction with colleagues and 3 supportive staff. 4 Maintenance of case records. Presentation of cases. 5 6 Investigations work up. 7 Chair-side manners. -8 Rapport with patients. 9 Over all quality of clinical work. **Total Score** 

### <u>CHECKLIST - 4</u>

# EVALUATION FROM THE CLINICAL CASE PRESENTATION

Name of the Trainee :

Date :

Date :

Name of the Faculty / Observer :

81. No.	Items for observation during presentation	Poor	Below Average	Average 2	Good	Very Good
1	Completeness of history.		<u> </u>	<b></b>	3	4
2	Whether all relevant points elicited.	· · · · · · · · · · · · · · · · · · ·				
3	Clarity of presentation.			·	L	
4	Logical order.	<del></del>		·		
5	Mentioned all positive and negative.			· · · · · · · · · · · · · · · · · · ·		
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.					<u>-</u>
10	Ability to defend diagnosis.		+	·		
11	Ability to justify differential diagnosis.	— <u>—</u> ·ł·				

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# THE GAZETTE OF INDIA : EXTRAORDINARY

12 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 Traince : Name of the Faculty / Observer :

Date :

SI. 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	Asks questions.		
10	Answers questions asked by the audience.		·
11	Rapport of speaker with his audience.		
12	Effectiveness of the talk.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
13	Uses AV aids appropriately.		·

### CHECKLIST - 6

# MODEL CHECKLIST FOR DISSERTATION PRESENTATION

Name of the Trainee : Name of the Faculty / Observer :

Date :

81. No.	Prints to be considered.	Poor 0	Below Average	Average 2	Good	Very Good
1	Interest shown in selecting topic.				3	4
2	Appropriate review.	·				· · ·
3	Discussion with guide and other faculty.	_				
4	Quality of protocol.			·····		
5	Preparation of Proforma		···			
	Total Score					

### CHECKLIST - 7

# CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO-GUIDE

Name of the Trainee : Name of the Faculty / Observer :

Date :

81. No.	Items for observation during presentation	Poor O	Below Average 1	Average	Good	Very Good
1	Periodic consultation with guide / co- guide.					······
2	Regular collection of case material			·	<u> </u>	
3	Depth of analysis / Discussion.				<u> </u>	<b></b>

4	Department presentation of findings.			
5	Quality of final output.			
6	Others		 	
	Total Score			

#### CHECKLIST - 8

### **OVERALL ASSESSMENT SHEET**

Date :

SI.			Name of trainee and Mean Score								
No.	Member	A	B	С	D	E	F	G	H	Ι	J
1		I									
2											
3											
4											
5	· · · · · · · · · · · · · · · · · · ·										
6											

### 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.

KEY:

Faculty member : Name of the faculty doing the assessment.

Mean score : Is the sum of all the scores of checklists 1 to 7.

**A. B....**: Name of the trainees.

### LOG BOOK

### TABLE 1

#### ACADEMIC ACTIVITIES ATTENDED

Name : College :	Admission Year:						
Date	Type of activity Specify Seminar, Journal club, presentation, UG teaching	Particulars					
		-					
		· · · · · · · · · · · · · · · · · · ·					
······							

### TABLE 2

### ACADEMIC PRESENTATIONS MADE BY THE TRAINEE

Name :

Admission Year:

Date	Topic	Type of activity Specify Seminar, Journal club, presentation, UG teaching etc.

# THE GAZETTE OF INDIA : EXTRAORDINARY

### TABLE 3

# DIAGNOSTIC AND OPERATIVE PROCEDURES PERFORMED

Date	Name	OP No	Procedure	Category O, A, PA, Pl
•				
<del></del>	•			
···				
<del></del>				

Kev:

Name:

O-Washed up and observed-Initial 6 months of admission

A-Assisted a more 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

### SECTION-IV

# LIBRARY & EQUIPMENT REQUIREMENTS

# MINIMUM REQUIREMENT OF THE BOOKS AND JOURNALS:

Books constitute an important component of postgraduate training programmes. The council recommends that all the institutions training postgraduate students should procure all essential books pertaining to the speciality and allied fields. The council recommends that all the institutions update books with new editions from time to time and procure new volumes as and when they are published.

In addition to books and journals in the library, Internet, CDs, Audio Visual facilities should be

# EQUIPMENT REQUIREMENTS (SPECIALITY WISE):

The Council recognizes the importance of proper equipments in the training programmes particularly at postgraduate studies and recommends that all postgraduate departments in Dental Institutions possess standard equipments available in the market preferably approved by competent agencies like ISI etc.

## All requirements given are for minimum two admissions. The equipment requirements shall increase corresponding to the number of increase in admissions.

# DEPARTMENT: Prosthodontics and Crown & Bridge

NAME	SPECIFICATION		
		QTY.	

16

Admination Ver-

### THE GAZETTE OF INDIA : EXTRAORDINARY

Electrical Dental Chairs and Units -	With shadowless lamp, spittoon, 3 way syringe, instrument tray and suction, micromotor, airotor	6.
Articulators - Semi adjustable/ Adjustable (2 of	With Face-bow	6
different make)	will Face-oow	0
Hightorque Airotor & Airmotor Handpieces	· · · · · · · · · · · · · · · · · · ·	6
Micromotor – (Lab Type)/C Can be attached	(One per 2 chairs)	2
(fixed) to wall like marathon	(one per 2 chans,	<b>2</b>
Ultrasonic Scaler :- Atlest 3-4 no. of chairs C	· · · · · · · · · · · · · · · · · · ·	2
Scales attached		-
Light Cure:- One/Two students		2
Sterilization:-		1+1
Autoclave, Bite Register Wax.		1+1
Surveyor		2+1
Refrigerator, Post System		1
X-ray viewer one with each chair	· · · · · · · · · · · · · · · · · · ·	1
Pneumatic, Crown bridge remove		2
Needle destroyer		2
Dental Cements: GIC, ZOE, Resin		
Crown prep kit - 6	Curing	
Composite Kit	Silicone for Max for Prosthesic	
Polishing Kit	I/O Magnets	
CLINICAL LAB FOR		
Plaster Dispenser		2
Model Trimmer with Carborandum Disc		1
Model Trimmer with Diamond Disc		1
Speed Controlled Lathe		2
Vibrator		1+1
Acrylizer - Program. for diff. curing Cycle		1+2
Dewaxing Unit		1+2
Hydraulic Press		1
Mechanical Press	Equipment for microwave curing	1
· · ·	(CD or RPD)	
Vacuum Mixing machine		1
Micro motor lab type		2
Curing pressure pot		1+2
Pressure molding machine		1
Denture Base Resin of different color & impact		
streth Dentive teeth		
Chrome – Cobalt L		
Duplicator	Sprne Wax of diff. Sizes	1+1
Pindex System	Metal (Alloy) for Castings	1+2
Burn-out furnace	Proth. (PFM) All metal 'M' Cast Partial 'D'	2
Welder	Ring Linure	1
Sandblaster (micro & macro)	Casting Ring of diff. Size	2
Electro – Polisher	Crucible fan	. 1
Model Trimmer with Carborandum Disc	Investment mat for ring 'n' ringless system	1
Model Trimmer with Diamond Disc		1
Model Trimmer with Double disc one		1
Carborandum and one Diamond Disc		
Casting Machine Motor Cast with the safety door		1
closure Gas blow torch with Regulator	•	

Dewaxing Furnace		
Induction Continue Market		1
Induction Casting Machine with Vacuum pump,		- + - +
capable of casting Titanium Chrome Cobait		
precision Metal		
Fully Programmable Porcelain Furnace with		··· + ···
vacuum pump (for ceramic lab)		1
Spot Welder with Soldering, attachment of Cable		
Metal Polisning Kit		1
Vacuum Mixing Machine		1
Steam Cleaner		1
Spindle Grinder 24,000 ROM with Vacuum		1
Suction		1
Wax Heater		
Wax Carver (Fully PKT Set)		2
Curing Pressure Pot		2+1
Pressure Moulding Machine		1
Milling Machine		
Stereo Microscope		1 1
Magnifying Work Lamp		<u> </u>
Heaving work Lamp		- <del>i</del>
Heavy duty lathe with suction C denture polishing attachment		1 1
attactificit		
Preheating furnace		
Dry model Trimmer		1
Die cutting machine/pindex system already		1
mentioned	,	2
Ultrasonic cleaner		
Composite curing unit		1
Surveyor	· · · · · · · · · · · · · · · · · · ·	1
Ceramic Lab Eq		2
Ceramic Furnace - fully programmable		
Ceramic Kit (instruments)	One All Ceramic System	2
Ceramic Materials	·····	6
Ceramic Polishing Kit	-	
		·
Implant Kit/Physio dispenser	pment	
Implants/Implant Software of all sizes		2
Prosthetic Components		25
Unit Mount Light Cure		25
Pneumatic / Electrical Crown remover		2
X-ray Viewer	· · · · · · · · · · · · · · · · · · ·	2
		2
Needle Destroyer		1 1
Ultrasonic Cleaner		
Micro Surveyor	· · · · · · · · · · · · · · · · · · ·	
Autoclave/Programmable for all recommended		
Sycies		1
Camera		<u></u>
Slectrical Dental chairs and Units		
Strengthen Unit		2
K-ray Machine/One chair RVG equipped		1
Refrigerator		1
Surgical Kit/Prosthetic Kit		1
Sinus lift instruments		2
ducating Models.		1
mplant Removing instrument		
		ł

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# THE GAZETTE OF INDIA : EXTRAORDINARY

I/O Camera	
Airotan HP/umotor	

# **DEPARTMENT:** Periodontology

NAME	SPECIFICATION	QTY.
Dental Chairs and Units		
	Electrically operated with	6
	shadowless lamp, spittoon, 3	
}	way syringe. Instrument troub	
	allo SUCTION micromoton	
Sterilization Instruments	ultrasonic scaler	
Klave (Front Loading)		········
Auto Clave (Fully Automatic)		1
Steel bin		1
Diagnostic instruments		4
W.H.O Probe		
Nabers Probe		
Williams Probe		<u> </u>
Newman's Probe		- <u>1</u> 1
Gold Man Fox Probe		$\frac{1}{1}$
Marquis color coded Probe		1
Oral prophylaxis Instruments		1
Supra gingival scalars		
Sub gingival scalars	set	2
Surgical Instruments	set	$\frac{2}{2}$
Routine Surgical In the		
Routine Surgical Instrument kit Surgery Trolleys	set	·
Fleetro		2
Electro surgery unit		6
Special surgical Instruments		_ <u>    1                                </u>
Kirkland's Knife		
Bucks Knife		1
Orban Knife		1
Paquette Blade Handle		1
Pocket Marker Krane Koplan		1
Mc calls universal curettes		1
Braceys curettes		1
lissue Nipper		1
Lumine Scalar		1
Osseous Surgical Instruments		1
lallet		
Schenbain Chisel		1
chluger Bone File		1
Sone File		1
one regenerative materials		1
	Bone graft and GTR membra-	
licrosurgical Instruments	nes Depending on need	
licro Needle Holder		
licro Scissor		1
lagnifying Glass		1
		1

19

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Miscellaneous Instruments	
Composite Gun	
Iontophoretic Unit	
Prophy JET	
Fibre Splint	
Pulp Tester	······
Implant Kit	
Physiodesperor	······
Airrotar Handpiece	
St & Contraongle Micranote, Gandpece	
Computer	4
Ultrasonic Cleaner	
X-Ray Viewer	

# DEPARTMENT: Oral & Maxillofacial Surgery

NAME	SPECIFICATION	QTY.
Dental Chairs and Units	Electrically operated with	6
	shadowless lamp, spittoon, 3	v
	way syringe, instrument tray	
	and high vacuum suction,	
	micromotor / Air motor	
Autoclave	Front loading	2
Fumigators		1
Oscillating saw	With all hand pieces	1
Surgical instruments	in the stand pieces	<b>1</b>
a. General surgery kit including		2
tracheotomy kit		4
b. Minor oral surgery kit		Ę
c. Osteotomy kit		5
d. Cleft surgery kit		1
e. Bone grafting kit		1
f. Emergency kit		1
g. Trauma set including bone plating kit	<u> </u>	2
h. Implant logy kit		1
Distraction osteogenesis kit (desirable)		1
Operating microscope and		
Microsurgery kit (desirable)		-
Dermatomes	, , , , , , , , , , , , , , , , , , , ,	2
formalin chamber		1
ulse oxymeter		<u>1</u>
/entilator		<u>↓</u>
Major operation theatre with all facilities		····· <u>1</u> ·····
Recovery & I.C.U. with all necessary life support		1
quipments		2beds
ibrooptic light		
npatient beds	· · · · · · · · · · · · · · · · · · ·	1
		20

# **DEPARTMENT : Conservative Dentistry and Endodontics**

NAME	SPECIFICATION	QTY
Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3	6
	way syringe, instrument tray and	

20

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# THE GAZETTE OF INDIA : EXTRAORDINARY

1

	suction, micromotor, airotor,	
	lightcure, Scaler Ultrasonic	
ENDOSONIC HANDPIECES – Physiosaline equipments, Micro Endosonic Tips, Retro Treatment		2
Mechanized rotary instruments including hand		3
pieces and hand instruments various systems		
Glass bead sterilizers for each chair		3
Autoclaves for bulk instrument sterilization Vacuum (Front Loading + Fully Automatic)		2
Autoclaves for hand piece sterilization		2
Apex locators 4th generation + upwards		2
Equipments for injectable thermoplasticized gutta percha – 2		2
Pressurized local anaesthesia system		2
Operating microscopes - Steroscopic Distance (22-25 mm)	Inclinablinent	2
Pickling kits		2
Surgical endo kits (Microsurgery)		2
Low speed high torque motors		2
Torque control hand pieces		2
torque control hand pieces		2
Hu Freidy set of hand instruments (FDA Approved quality)		2
Hu Freidy sterilizer trays		4
Variable Intensity Polymerization equipments VLC units, build quality & technical performance ase confarable to eg		2
Conventional VLC units		1
LCD projector with computer – basic system with printer and scanner (TMA attachment)		1
Over head projector		1
Slide projector		2
Clinical micro motors		2
High speed hand pieces		2
Composite kits with different shades and polishing kits		3
Ceramic finishing kits, Metalfinishing kits		2
Amalgam finishing kits	· · · · · · · · · · · · · · · · · · ·	2
X-ray Machine & RVG with all size sensors (0,1,2) FDA approved	· · · ·	

LABORATORY EQUIPMENT		
Equipments for casting procedures	1	
Equipments for ceramics including induction	1	
casting machines/ burnout preheat furnaces/	Ŧ	
wax elimination furnaces		
Lab micro motor/ metal grinders / sand blasters/	1 Set	
polishing lathes/ duplicator equipment/ vacuum	1 501	
investment equipments		
Stielgitz pliers set, microscope arssted surgery kits		
Operating microscopes to be fitted with line		

21

22

surgery relay options occurding options	
Instrument retrival kits	

# **DEPARTMENT : Orthodontics and Dentofacial Orthopedics**

NAME	SPECIFICATION	QTY.
Dental Chairs and Unit	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction	6
Vacuum Moulding/Pressure Moulding Unit		1
Hydrogen Soldering Unit		1
Lab Micromotor		4
Spot Welders		4
Model Trimmer (Double Disc)		2
Light Curing Unit		2
Polishing Lathes		2
Tracing Tables		3
Digital Camera		<u> </u>
Computers with all accessories		<u>1</u>
Scanner with transparency adapter		1
X-ray Viewer		5
O,H.P.		
Slide Projector (35 mm) / LCD Projector		1
Autoclave - microprocess based		1
High & Low Cycle, Dry Heat Sterilizer		<u> </u>
Ultrasonic Scaler		
Sets of Orthodontic Pliers		<u>1</u> 3 Sets
Orthodontic Impression trays		
Ultrasonic tray cleaner		4 Sets
Typodonts with full teeth set		<u>1</u> 6
Anatomical Articulator with face bow		1
attachments		1
Three Plane Articulators		- 1
Hinge Articulators		1
Computer Software for Cephalomatries		<u> </u>

# DEPARTMENT : Oral Pathology & Microbiology

NAME	SPECIFICATION	QTY
Essential Equipment		•
Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction	1
Adequate laboratory glassware's as required for processing of biopsy specimens & staining.		
Tissue capsules / Tissue embedding cassettes		<u> </u>
Paraffin wax bath (thermostatically controlled)		
Leuchart pieces, Block holders		
Semi automatic microtome		

Automatic Microtme knife Sharpner	
Tissue floatation water bath (thermostatically	1
controlled)	1 ·
Slide warming table	1.1
Steel slide racks for staining	1+1
Diamond glass marker	1+2
	2
Research microscope with phase contrast, dark field, polarization,	1
CCTV & photomicrography attachments	
Binocular Compound Microscope	4
Electronic dispensing machine	1
Aluminum slide trays	4
Wooden/Plastic slide boxes	4
Wax block storing cabinet	1+2
Slide storing cabinet	1+2
Refrigerator	1
Micropipettes	
DESIRABLE EQUIPMENT	
Cryostat	1
Fluorescent Microscope	1
Computer with printer	1
Image analysis software	1
Automatic processing equipment	1
Hard tissue microtome	1
Stereo microscope	1
Tissue storing cabinet (Frozen state)	1
Microwave	1

## **DEPARTMENT : Public Health Dentistry**

NAME	SPECIFICATION	QTY.	
Instruments in the department for comprehensive oral health care programme			
Dental chairs	Electrically operated with shadowless lamp, spittoon, 3 way syringe, Micro motor, Aerator, scalar, light cure unit instrument tray and suction	6	
Extraction forceps		6 sets	
Filling instruments		6 sets	
Scaling instruments	Super gingival scaling	6 sets	
Prosthetic instruments		б sets	
Amalgamator		2	
Pulp tester		2	
Autoclave		2	
Sterilizer		2	
X-ray viewer		1	
Instrument cabinet		1	
Overhead Projector		1	
Slide projector		2	
LCD or DLP multimedia projector		1	
Computer, Printer and UPS instruments.		2	
For peripheral Dental ca	re or Field programme		
Staff bus		1	

Mobile dental clinic fitted with at least 2 dental	
chairs with complete dental unit	
Ultrasonic scalar, compressor	
Generator	1
Public address system, audio-visual aids	
Television	
VCR	
Instrument cabinet, emergency medicine kits, BP	
Apparatus	1
Portable oxygen cylinder portable chair	·

# **DEPARTMENT : Paedodontics and Preventive Dentistry**

NAME	SPECIFICATION	QTY.
Dental Chairs and Units	With shadowless lamp, spittoon, 3 way syringe, instrument tray and suction, micromotor, airotor, lightcure	6
Pedo extraction forceps sets		4
Autoclave	Front loading	
Intra oral X-ray		<u>1</u>
Automatic developer		1
Pulp Tester		2
Apex Locator		<u> </u>
Rubber Dam Kit		<u> </u>
Glass bead sterilizer		<u>6</u> 3
Orthodontic Welder		3
Ultrasonic Scalars		
Needle Destroyer		2
Ultrasonic Cleaner		2
X-ray Viewer		2
Amalgamator		2
Plaster Dispenser		2
Dental Lathe		- 4
Vibrator		<u>1</u>
Frassico Typodonts		<u> </u>
Minor oral surgery instruments		0
Soldering unit		1 .
Band benching peek pliers		
Countering pliers		2 Sets
Crown crimping pliers		2
Double beak pliers Anterior and posterior on		2

# **DEPARTMENT: Oral Medicine and Radiology**

NAME	SPECIFICATION	QTY.
Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction	6
Intra Oral Radiography Machine (FDA Approved)	55-70 kVp with Digital Compatibility	1
Extra Oral Radiography machine	100 kVp	1
Panoramic Radiography (OPG) Machine with TMJ,	Digital Compatibility	1

······································		
MAX.S.N.U.S, Implants view		
Intra-Oral Camera		1 2
Pulp Tester		
Autoclave		2
Punch Biopsy Tool		2
-Biopsy Equipment	· · · · · · · · · · · · · · · · · · ·	2
Surgical Trolley		2
Emergency Medicines Kit		4
Extra Oral Cassettes with Intensifying Screens		4
(Conventional &Rare Earth)		
Lead Screens		2+1
Lead Aprons	······································	$\frac{2}{2}$
Lead Gloves		2
Radiographic Filters (Conventional & Rare Earth)		1
Dark Room with Safe light facility		1
Automatic Radiographic Film Processors		2
Radiographic Film storage Lead Containers		1
Radio Viosograph, RVG System, Sensor – all sizes		
(0,1,2)		
Thyroid Collars		
Digital Sphygmamo meter	· · · · · · · · · · · · · · · · · · ·	
Digital Printer (X-Ray)		
Digital Blood Glucose tester		
Digital Camera		
X-ray Viewer boxes	· · · · · · · · · · · · · · · · · · ·	2
Lacrimal Probes		2 sets
Sialography Cannula	· · · · · · · · · · · · · · · · · · ·	2 sets
Computer with color printer	·····	
Illuminated Mouth Mirror & Probe		2

### SECTION-V

## SYALLBUS FOR M.D.S. IN VARIOUS SPECIALTIES

## APPLIED BASIC SCIENCES:

The MDS Course 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.

### **Applied Basic Sciences optional subjects:**

- (i) Applied Anatomy
- (ii) Applied Physiology
- (iii) Applied Pathology

## Subjects related to different specialities:

- 1. Bio-statistics
- 2. Nutrition and Dietetics
- Teaching and Testing Methodology
- Research Methodology
- Psychology and Practice Management
- 6. Comparative Anatomy
- 7. Genetics Growth and Development
- 8. Applied Chemistry including Metallurgy, Dental Materials.

# 1. PROSTHODONTICS AND CROWN & BRIDGE

### AIM:

To train dental graduates so as to ensure higher competence in both general and special areas 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 Prosthetic 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, educational and environmental background of the society.
- To have acquired adequate knowledge and understanding of applied basic and systemic medical science, knowledge in general and particularly of 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 specialities, to demonstrate evaluative and judgment skills in making appropriate decisions regarding prevention, treatment, after care and referral 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 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 applications to Dental material science.
- • Ability to diagnose and planned treatment for patients requiring a Prosthodontic therapy
- Ability to read and interpret a radiograph and other investigations for the purpose of diagnosis and treatment plan.

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 esthetic, and biomaterials, craniofacial disorders, problems of psychogenic origin.

- Age changes and Prosthodontic Therapy for the 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 speciality/ competence and refer them to appropriate specialists.
- Advice regarding case management involving surgical, interim treatment etc.
- Competent specialization in team management of craniofacial design.
- To have acquired adequate knowledge and understanding of applied basic and systematic medical science knowledge in general and particular to head and neck.
- Should attend continuing education programmes, seminars and conferences related to Prosthodontics, thus updating himself.
- Teach and guide his/her team, colleague and other students.
- Should be able to use information technology tools and carry out research both 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, prevention of cross infection and safe disposal of waste, keeping in view the risks of transmission of Hepatitis and HIV.
- Should have an ability to plan to establish Prosthodontics clinic/hospital teaching department and practice management.
- Should have a sound knowledge for the application of pharmacology. Effects of drugs on oral tissue and systems of a body and for medically compromised patients.
- 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 specialities to demonstrate, evaluative and judgment skills in making appropriate decisions regarding prevention, treatment after care and referral to deliver comprehensive care to patients.

### SKILLS:

- The candidate should be able to examine the patients requiring Prosthodontics 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 lost functions of stomatognathic system namely mastication, speech, appearance and psychological comforts. By understanding biological, biomedical, bioengineering principles and systemic condition of the patient to provide a quality health care of the craniofacial region.
- The candidate should be able to interact with other speciality including 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, maxillofacial, TMJ and esthetics Prosthodontics.
- Laboratory technique management based on skills and knowledge of Dental Materials and dental equipment and instrument management.
- To understand demographic distribution and target diseases of Cranio mandibular region related to Prosthodontics.

### 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.

### COMMUNICATIVE 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 under go training for 3 academic years with satisfactory attendance of 80% for

- The course includes epidemiology and demographic studies, research and teaching skills. ٠
- 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 out line 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, Prosthodontics including Crown and Bridge Implantology and Material Science.

## APPLIED BASIC SCIENCES:

- A thorough knowledge on the applied aspects of Anatomy, Embryology, Histology . particularly to 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 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

# 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 with relation to the Vth cranial nerve. General consideration 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, Esophagus, Functional Anatomy of mastication, 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 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 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 – planti gradee and ortho gradee 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 Inter cellular 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 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, etc. general composition of the body, intermediary metabolism, Carbohydrates, proteins, liquids and their metabolism, Enzymes, Vitamins, and minerals, Hormones, Blood and other body fluids, Metabolism of inorganic elements, Detoxication in the body, Anti metabolites

### APPLIED PHARMACOLOGY AND THERAPEUTICS:

Definition of terminologies used – Dosage and mode of administration of drugs. Action and fafe 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.

### ROENTGENOGRAPHIC 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, premaliation, inhibition, monitoring, extubalin, 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 includes honorable 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 material 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 waster 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.

Complete Denture Prosthesis – Definitions, terminology, G.P.T., Boucher's clinical dental terminology

Scope of Prosthodontic – 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) Sequalae 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 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 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 - mucose membrane, alveolar ridges, palate and vestibular sulcus and dental health.

Data collection and recording, visual observation, radiography, palpātion, measurement - 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: - non surgical methods – rest for the denture supporting tissues, occlusal 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 maxiliary 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.
- 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.

- o) 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.
- p) 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.
- q) 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.
- r) 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.
- s) 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.

- t) 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.
- u) 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
  - Radiological interpretation for selection of fixtures
  - Splints for guidance fort 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, extracoronal 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 rests, canine rests, continuous bar retainers and linguoplates, modification areas, rugae support, direct – indirect retention.

Principles of removable partial Denture design – bio mechanic considerations, and the factors influence 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, essential of partial denture design, components of partial denture design, tooth support, ridge 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 partial 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 placement, factors that determine path of placement and removal, Recording relation of cast to surveyor, measuring retention, 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 restoration< 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 for obtaining functional support for the distal extension base.
- 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, types 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 record

q. Management of failed restorations and work authorization.

### **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 – 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, Esophageal prosthesis, Vaginal radiation carrier, Burn stents, Nasal stents, Auditory inserts, trismus appliances, mouth controlled devices for assisting the handicapped, custom prosthesis for lagophthalomos 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.

### 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, 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.

### 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 mastication and comprehensive planning and prognosis.

- Management of Carious teeth caries in aged, caries control, removal carious, 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, gingival/periodontal prosthesis, radiographic interpretations of Periodontia, intraoral, 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, fronional half, radicular 7/8, telescopic, pin-ledge, laminates, inlays, onlays and 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 – 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 restorations.
- Resins, Gold and gold alloys, glass lonomer, restorations.
- Restorations of endodontically treated teeth, Stomatognathic Dysfunction and management
- Management of failed restorations

**Osseo integrated supported fixed Prosthodontics** – Osseo integrated supported and tooth supported fixed 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, Osteoarthrosis/Osteoarthritis, Hyper mobility and dislocation, infectious arthritis, inflammatory diseases, Eagle's syndrome (Styloid – stylohyoid syndrome), Synovial chondromatosis, Osteochondrrosis disease, Ostonecrosis, 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 - psycho logic, 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.

### VI. AESTHETIC

### 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.

### **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 teaching and learning activities in each speciality.

Prosthodontic treatment should be practiced by developing skills by teaching various and more number of patients to establish skill for diagnose 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

- 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 trainces are expected to participate actively and enter relevant details in logbook. Each 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 teaching 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, radiological and histo-pathological interpretations and participation in the discussions.
- 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 atleast once a month.
- 9. **Rural oriented prosthodontics health care** To carry out a prosthodontic therapy interacting with rural centers and the institution.
- 10. Teaching skills: All the trainces 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 enhance their 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 trainces shall also be encouraged to attend such programmes conducted elsewhere.
- Conferences/Workshops/Advanced courses: The trainees shall be encouraged not only to attend conference/workshops/advance courses but also to present atleast two papers at state/national speciality meeting during their training period.
- 14. Rotational 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: Trainces 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 Prosthodontics 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 published books, journals 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 material in laboratory and clinics including testing methods for dental materials.
- Participation and presentation in seminars, didactic lectures
- Evaluation Internal Assessment examinations on Applied subjects

### II YEAR M.D.S.

- Acquiring confidence in obtaining various phases and techniques for providing Prosthodontic therapy.
- Acquiring confidence by clinical practice with sufficient numbers 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 the dental surveyor and its application in diagnosis and treatment plan in R.P.D.
- Adequate numbers of R.P.D. covering all partially edentulous situation
- Adequate number of Crowns, Inlays, Iaminates F.P.D. covering all clinical situation.
- Selection of cases and principles in treatment of partially or complete edentulous patients by implant supported prosthesis.
- Treating single edentulous arch situation by implant supported prosthesis.
- Diagnosis and treatment planning for implant prosthesis.
- Ist stage and IInd stage implant surgery
- Understanding the maxillofacial Prosthodontics
- Treating craniofacial defects
- Management of orofacial defects
- Prosthetic management of TMJ syndrome
- Occlusal rehabilitation
- Management of failed restoration
- Prosthodontics Management of patient with psychogenic disorder.
- 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 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 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
  - > Partial crowns 3/4 th, 4/5th, 7/8th, ½ crowns
  - > Pin-ledge
  - > Radicular crowns
  - > Full crowns

### 3. Tooth replacements

- PARTIAL
- Tooth supported
- Tissue supported
- Tooth and tissue
   Supported
- Implant supported
- Tooth and implant Supported

Fixed partial denture Interim partial denture Intermediate partial denture

Cast partial denture Precision attachment

Cement retained Screw retained Clip attachment Screw retained Cement retained

#### COMPLETE

Overdenture Complete denture Immediate denture Immediate complete denture Overdenture

Bar attachment Ball attachment

Root supported

Dowel and core Pin retained Overdenture

- 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 microsomia
- e. Anodontia
- f. Oligodontia
- g. Malformed teeth

#### **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
- 1. 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 plate
- d. Posterior bite plate
- 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

cast partial denture implant supported dentures complete dentures

cast partial dentures

implant supported prosthesis

complete dentures

fixed partial dentiures

- 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 clinical work starts during the first year of the MDS Course

#### I. Complete dentures

- 1. Arrangements in adjustable articulator for
- Class I
- Class II
- Class III
- 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**

- 1. Preparation in ivory teeth / natural teeth
  - FVC for metal
  - FVC for ceramic
  - Porcelain jacket crown
  - Acrylic jacket crown
  - PFM crown
  - 3/4<sup>th</sup> (canine, premolar and central)

44

- 7/8<sup>th</sup> 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
  - Wax additive technique
  - 3-unit wax pattern (maxillary and Mandibular)
  - Full mouth
- 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
  - 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. Maxiliofacial prosthesis**

- 1. Eye
- 2. Ear
- 3. Nose
- 4. Face

45

- 5. Body
- Cranial б.
- Maxillectomy 7.
- Hemimandibulectomy 8.
- Finger prosthesis 9.
- 10. Guiding flange
- Obturator 11.

# V. Implant supported prosthesis

1. Step by step procedures - laboratory phase

# VI. Other exercises

- TMJ splints stabilization appliances, maxillary and Mandibular repositioning appliances 1.
- Anterior disclusion appliances 2.
- Chrome cobalt and acrylic resin stabilization appliances 3.
- Modification in accommodation in irregularities in dentures 4.
- Occlusal splint 5.
- Periodontal splint б.
- Precision attachments custom made 7.
- Over denture coping 8.
- Full mouth rehabilitation (by drop wax technique, ceramic build up) 9.
- TMJ appliances stabilization appliances 10.

# 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

PROCEDURE	CATEGORY			-
	0	A	PA	· PI
Tooth and tooth surface restoration		~		10
a) Composites – fillings, laminates, inlay, onlay	2	2	2	10
b) Ceramics – laminates, inlays, onlays	2	2	2	10
c) Glass Ionomer	1		1	1 10
CROWNS			<u> </u>	
TTIO fee metal	1	2	2	10
FVC for metal	1	2	- 2	10
FVC for ceramic	1	-	1	5
Precious metal crown	-	-	1	1
Galvanoformed crown	1	-	-	5
3/4 <sup>th</sup> crowns (premolars, canines and centrals)	1		-	5
7/8th posterior crown	1			5
Proximal half crown	1	-	-	5
Pinledge and pinhole crowns	1	-		5
Telescopic crowns Intraradicular crowns (central, lateral, canine, premolar,	]	-		5
Intraradicular crowns (central, lateral, calific, premiers)	-		l	
and molar)	1	-	1	5
Crown as implant supported prosthesis		<u></u>	<u> </u>	
FIXED PARTIAL DENTURES			· · · · · · · · · · · · · · · · · · ·	5
Cast porcelain (3 unit)	1			5
Cast metal - precious and non precious (3 unit posterior)	1	<u> </u>		
Develoin 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 ready made precision	1	. 1	1	4
joint or attachments	<u> </u>			

# THE GAZETTE OF INDIA : EXTRAORDINARY

		<u> </u>	T	
Adhesive bridge for anterior/posterior	1			<u>10</u> 5
Metal fused to resin anterior FPD			_1	5 10
Interim provisional restorations (crowns and FPDs)	1		1	
Immediate fixed partial dentures (interim)	1			5
Fixed prosthesis as a retention and rehabilitation for	1	1	1	5
acquired and congenital defects - maxillofacial		- ]		
prosthetics				
Implant supported prosthesis	1		1	
Implant - tooth supported prosthesis	1		1	
REMOVABLE PARTIAL DENTURE				1
	1	1	1	10
Provisional partial denture prosthesis Cast removable partial denture (for Kennedy's Applegate	1	1	1	6
classification with modification)	-	-	_	
Removable bridge with precision attachments and	1	1	2	4
telescopic crowns for anterior and posterior	-			1
	1	1	1	5
Immediate RPD Partial denture for medically compromised and	1	1	1	5
Taldat dentale for interest, see p	•	-	. –	_
handicapped patients	L	<u> </u>		
COMPLETE DENTURES		·····	F	
Neurocentric occlusion & characterized prosthesis	-	-	1	5
Anatomic characterized prosthesis (by using semi	2 <b>-</b>	-	1	25
adjustable articulator)				
Single dentures	-	-	1	5
Overlay dentures	-	-	1	5
Interim complete dentures as a treatment prosthesis for	-	-	1 .	5
abused denture supporting tissues	· ·			
Complete denture prosthesis (for abnormal ridge			1	5
relation, ridge form and ridge size)				
Complete dentures for patients with TMJsyndromes	-	-	1	5
Complete dentures for medically compromised and			1	-5
handicapped patients	·	· .		
GERIATRIC PATIENTS				
	1	····· -	1	5
Tooth and tooth surface restorations, crowns, fixed	-	-		Ŭ
prosthesis, removable prosthesis	J	_i	1	·
IMPLANT SUPPORTED COMPLETE PROSTHESIS		· · · · · · · · · · · · · · · · · · ·	. <u></u>	
Implant supported complete prosthesis (maxillary and	-	-	1	1
Mandibular)			<u>L</u>	
MAXILLOFACIAL PROSTHESIS		(		
	1	- 1	1	4
Guiding flange and obturators			1	2
Speech and palatal lift prosthesis			1	2
Eye prosthesis			1	2
Ear prosthesis			$\frac{1}{1}$	2
Nose prosthesis		+	<u>+</u>	1
Face prosthesis	<u> </u>		1	2
Maxillectomy			$\frac{1}{1}$	2
Hemimandibulectomy			$\frac{1}{1}$	1
Cranioplasty			1	2
Finger/ hand, foot				
Body prosthesis			1	1
Management of burns, scars	<u> </u>	-		1

46

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		<u>.                                    </u>	<u> </u>	
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		A	<u> </u>	
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	-	<u> </u>	<u> </u>	5
Maxillofacial prosthesis	-	<u> </u>	-	2
Implant supported prosthesis	-	-	-	1
Occlusal rehabilitation and TMJ syndrome	-	-	-	2
Restoration failure of psychogenic origin	-		-	5
Restoration failure to age changes	-	-	-	2

## SCHEME OF EXAMINATION:

## A. Theory : 300 Marks

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consist of two long questions carrying 20 marks each and 6 short essay questions each carrying 10 marks. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

Paper 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.

PaperII : Removable Prosthodontics and Implant supported prosthosis(Implantology), Geriatric dentistry and Cranio facial Prosthodontics

Paper III : Fixed Prosthodontics, occlusion, TMJ and esthetics.

Paper IV : Essay

\*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

Examination shall be for three days. If there are more than 6 cndidates, 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	a. b.	ntation of treated patients and records during Marks C.D. R. P.D.	- 1 ma	ark		training	period
	u. e. f. g.	F.P.D. including single tooth and surface restoration I.S.P. Occlusal rehabilitation T.M.J. Maxillofacial Prosthesis	- 5 ma - 5 ma - 5 ma - 5 ma	arks arks arks arks arks	3		
4	. Presei	at actual treated patients C.D. Prosthesis and Inserti	on – 90	0 M	arks		
	1. 2. 3. 4. 5.	Discussion on treatment plan and patient review Tentative jaw relation records Face Bow – transfer Transferring it on articulators Extra oral tracing and securing centric protrusive/lateral, record	and		- 10 m - 5 ma - 5 ma - 5 ma - 25 ma	urks urks urks	
	6. 7. 8. 9. 10.	Transfer in on articulator. Selection of teeth Arrangement of teeth Waxedup denture trial Fit, insertion and instruction of previously proce charaterised, anatomic complete denture prosthesis	ssed		- 5 ma - 5 ma - 15 ma - 10 ma - 5 ma	rks urks urks	• • • • •
<b>A1</b>	i steps w	Il include chairside, lab and viva voce					
		artial Denture ~ 50 Marks					
	a. Cas b. Abu c. Gin	e discussion and selection of patients for F.P.D. tment preparation isolation and fluid control gival retraction and impressions	- 5 mai - 25 ma - 10 ma - 10 ma	ark: ark:	3		
ŀ.		ble Partial Denture – 35 Marks			•		
	0. Dist		- 10 ma - 15 ma	_			

# 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.

# 2. PERIODONTOLOGY

# **OBJECTIVES:**

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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.

49

- 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 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 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

#### SKILLS:

- Take a proper clinical history, thorough examination of 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 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 and 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, 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 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:**

# PAPER-I

# 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

50

- 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. Nerves of Periodontics
- 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
  - 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

#### **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. Herpes, Hepatitis, virus, HIV virus
- 5. Mycology

- a. Candidasis
- 6. Applied microbiology
- 7. Diagnostic microbiology and immunology, hospital infections and management

# PHARMACOLOGY:

- General pharmacology
  - a. Definitions Pharmcokinetics 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 opiod and nonopoid
  - 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. Antypsychotics
  - 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:**

- 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 and variability
- Tests of significance (chi square test't'test and Z-test)

• Null hypothesis

#### PAPER-II

#### **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

#### PAPER-III

#### **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 in periodontal therapy

#### **III. TREATMENT OF PERIODONTAL DISEASES**

A. History, examination, diagnosis, prognosis and treatment planning

- 1. Clinical diagnosis
- Radiographic and other aids in the diagnosis of periodontal diseases
- 3. Advanced diagnostic techniques
- 4. Risk assessment

## THE GAZETTE OF INDIA : EXTRAORDINARY

- 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
  - 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 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 (Atleast 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 1 seminar in an Interdepartmental meeting during the P.G. course. Such meetings may be 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 Library Assignment – to be submitted at the end of the I year

## II Year

Scientific Paper presentation at the conferences

#### 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 of 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.	Gingivoplasty	10 CASES
Secon	d Year	

- 1. 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 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:

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 2<sup>nd</sup> 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 doneby 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:

#### 300 Marks : A. Theory

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consist of two long questions carrying 20 marks each and 6 short essay questions each carrying 10 marks. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

- Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Paper I : Microbiology, Pharmacology, Research Methodology and Biostatistics. Shoud Epidmiology comes under Paper II?
- Normal Periodontal structure, Etiology & Pathogenesis of Periodontal diseases, Paper II: epidemiology as related to Periodontics
- Periodontal diagnosis, therapy & Oral implantology Paper III:

Essay (with emphasis on recent advances in periodontics) Paper IV:

\*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

#### 200 Marks **B. Practical / Clinical Examination** 1

The clinical examination shall be of two days duration

#### 1st day

#### Case discussion

- One Long case

- One Short case

Periodontal surgery - Periodontal flap surgery on a previously prepared case in one quadrant of the mouth after getting approval from the examiners

10 CASES 10 CASES

## 2<sup>nd</sup> 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
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 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 four 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 (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.
- Wiling 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 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:-

- Basic sciences
- Oral and Maxillofacial surgery
- Allied specialties

#### APPLIED BASIC SCIENCES:

A thorough knowledge both on theory and principles in general and particularly 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 and facial bones and its surrounding soft tissues, cranial nerves tongue, temporal 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 function of brain and applied anatomy of intracranial venous sinuses; cavernous sinus and superior sagital sinus, Brief consideration of autonomous nervous system of head and neck, Functional anatomy of mastication, deglutition, speech, respiration and circulation. Histology of skin, oral mucosa, connective tissue bone, cartilage cellular elements of blood vessels, lymphatic, nerves, muscles, tongue, tooth and its surrounding structures.

#### 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, entrails nutrition, roots of access to GI tract, Parenteral nutrition, Access to central veins, Nutritional support; Fluid and Electrolytic balance/Acid Base metabolism-body fluid compartment, metabolism of water and electrolytes, factors maintaining hemostasis, causes & 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 – classification of tumors, Carcinogenes 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 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 pharmadynamic dosage and mode of administration of drugs, action and fate in the body, drug addiction, tolerance and hypersensitivity 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 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

[PART III-SEC.4]

- 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 kin, 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

# 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
- Anesthesia: Evaluation of patients for GA technique 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/her work or participation in all activities such as journal clubs, seminars, CDE programs etc. This work shall be scrutinized and certified by the head of the department and head of the institution and presented to the university every year

#### YEAR BY YEAR PROGRAMME:

#### I Year

#### First term:

Dissection, basic sciences, basic computer sciences, exodontia, seminars on basic topics, selection of dissertation topic, library assignment topic, attending O.T and ward rounds, preparation of synopsis and its submission within the six months after admission to the university as per calendar of events.

Second term (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
Orthopedic	- 15 days

Examination of basic sciences - one paper of three hours duration to be conducted by the college

#### 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 year.

Sl.No	Procedure	Category	Year	Number
1	Injection I.M. and I.V.	PI	<u>I,II</u>	50, 20
2	Minor suturing and removal of sutures	PI	I .	N,A
3	Incision & drainage of an abscess	PI	I	10
4	Surgical extraction	PI	I	15
5	Impacted teeth	PI, PA	I, II	. 20,10
6	Pre prosthetic surgery- a) corrective procedures b) ridge extension	PI PI PA	I . I, II	15 3
	c) ridge reconstruction	A	<u>п, пі</u>	3
7	OAF closure	PI, PA	Ι, Π	3,2
8	Cyst enuleation	PI,PA	<u>I, II</u>	5,5
9	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, II	N,A
13	Removal of salivary calculi	PA	I, II	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	<u>II, III</u>	5,5 ·
17	Tracheotomy	PA,A	11, III	2,2
.18	Skin grafts	PA	III	3,5

10	Orthognathic surgery	PA,A	<b>II</b> , III	3
<u>19</u> 20	Harvesting bone & cartilage grafts a) Iliac crest b) Rib c) Calvarial d) Fibula	PA A A A,O		3,5 3 2 2
21	T.M. Joint surgery	PA, A	<u>II, I,</u>	
	Jaw resections	PA, A	<u>Ш, П</u>	3,3
22 23	Onco surgery	A,O	Ш, ПІ	3,3
24	Micro vascular anastomosis	A,O	Ш	5,10
25	Cleft lip & palate	PA,A	н, ш	10,15
	Distraction osteogenesis	A,0	П, Ш	2,3
26		A,0	m	3,5
27	Rhinoplasty	A,O	- III	1,3
28	Access osteotomies and base of skull surgeries	A,U		

# ORAL AND MAXILLOFACIAL SURGERY

#### PAPER-I

APPLIED BASIC SCIENCES: Applied Anatomy, Physiology, Biochemistry, General and Oral Pathology and Microbiology and Pharmacology

## APPLIED ANATOMY:

- Surgical anatomy of the scalp, temple and face 1.
- Anatomy of the triangles of neck and deep structures of the neck 2.
- Cranial and facial bones and its surrounding soft tissues with its applied aspects in 3. maxillofacial injuries.
- Muscles of head and neck 4.
- Arterial supply, venous drainage and lymphatics of head and neck 5.
- Congenital abnormalities of the head and neck б.
- Surgical anatomy of the cranial nerves 7.
- Anatomy of the tongue and its applied aspects 8.
- Surgical anatomy of the temporal and infratemporal regions 9.
- 10. Anatomy and its applied aspects of salivary glands, pharynx, thyroid and parathyroid gland, larynx, trachea esophagus
- Tooth eruption, morphology, and occlusion. 11.
- Surgical anatomy of the nose. 12.
- The structure and function of the brain including surgical anatomy of intra cranial venous 13. sinuses.
- Autonomous nervous system of head and neck 14.
- Functional anatomy of mastication, deglutition, speech, respiration and circulation 15.
- Development of face, paranasal sinuses and associated structures and their anomalies 16.
- TMJ: surgical anatomy and function 17.

## 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 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 agammaglobulinemia.
- AIDS
- Management of immun deficiency patients requiring surgical procedures
- De George Syndrome
- 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 to 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 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

# PAPER-II : Minor Oral Surgery and 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 1. laboratory diagnosis, oral manifestations of systemic diseases, implications of systemic diseases in surgical patients.
- HAEMORRHAGE AND SHOCK: applied physiology, clinical abnormalities of coagulation, 2. extra vascular hemorrhage, and hemorrhagic lesions, management of secondary hemorrhage, shock.
- EXODONTIA: principles of extraction, indications and contraindications, types of extraction, 3. complications and their management, principles of elevators and elevators used in oral surgery.
- IMPACTION: surgical anatomy, classification, indications and contraindications, diagnosis, 4. procedures, complications and their management.
- SURGICAL AIDS TO ERUPTION OF TEETH: surgical exposure of unerupted teeth, surgical 5. repositioning of partially erupted teeth.
- TRANSPLANTATION OF TEETH 6.
- SURGICAL ENDODONTICS: indications and contraindications, diagnosis, procedures of 7. periradicular surgery
- PREPROSTHETIC SURGERY: requirements, types (alvoloplasty, tuberosity reduction, 8. mylohyoid ridge reduction, genial reduction, removal of exostosis, vestibuloplasty)
- PROCEDURES TO IMPROVE ALVEOLAR SOFT TISSUES: hypermobile tissues- operative / 9. sclerosing method, epulis fissuratum, frenectomy and frenotomy
- INFECTION OF HEAD AND NECK: Odontogenic and non Odontogenic infections, factors 10. affecting spread of infection, diagnosis and differential diagnosis, management of facial space infections, Ludwig angina, cavernous sinus thrombosis.
- CHRONIC INFECTIONS OF THE JAWS: Ostcomyelitis (types, etiology, pathogenesis, 11. management) osteoradionecrosis
- MAXILLARY SINUS: maxillary sinusitis types, pathology, treatment, closure of Oro antral 12. fistula, Caldwell- luc operation
- CYSTS OF THE OROFACIAL REGION: classification, diagnosis, management of OKC, 13. dentigerous, radicular, non Odontogenic, ranula
- NEUROLOGICAL DISORDERS OF THE MAXILLOFACIAL REGION: diagnosis and 14. management of trigeminal neuralgia, MPDS, bell's palsy, Frey's syndrome, nerve injuries.
- IMPLANTOLOGY: definition, classification, indications and contraindications, advantages and 15. disadvantages, surgical procedure.

#### 16. 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

TRAUMA 17.

- 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 ALVEOALR 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, fracture of maxilla, and treatment of le fort I, II, III, fractures of Naso orbito ethmoidal region.
- 30. OPTHALMIC INJURIES: minor injuries, non-perforating injuries, perforating injuries, retro bulbar 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.

# PAPER-III : 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
- 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

# 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 Cell 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

# 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 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

## 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 doneby 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:

1

A. Theory : 400 Marks

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consist of two long questions carrying 20 marks each and 6 short essay questions each carrying 10 marks. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

PAPER-I	:	Applied Basic Sciences: Applied Anatomy, Physiology, Biochemistry, General and
		Oral Pathology and Microbiology and Pharmacology
PAPER-II	:	Minor Oral Surgery and Trauma

PAPER-III : Maxillofacial Surgery PAPER-IV : Essay

#### 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.	(a) One long case	-	60 marks
	(b) Two short cases	-	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 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.

# 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 acitology, 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.

69

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, exam 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 endoosseous 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 colleagues or seniors when required without hesitation
- Respect patient's rights and privileges including patients right to information.

#### **COURSE CONTENTS:**

#### PAPER-I: 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.
- Eruption of teeth.

# 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 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, cornyebacterium, actinomycetes, clostridium, neisseria, vibrio, bacteriods, 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, sympathomimitic drugs, vitamins and minerals (A, B, C, D, E, K IRON), anti sialogogue, immunosupressants, 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 extract test, Sign test, Median test, Mann Whitney test, Krusical Wallis one way analysis, Priedmann 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.

## PAPER-II : 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 indirect restorations.
- 11. Cast metal restorations, indications, contraindications, tooth preparation for class 2 inlay, Onlay full crown restorations.

Restorative techniques, direct and indirect methods of fabrication including materials 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

72

- Color
- Facial analysis
- Smile design
- Principles of esthetic integration
- Treatment planning in esthetic dentistry

# PAPER-III : ENDODONTICS

- 1. Rationale of ndodontics.
- 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, endoosseous 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 endodontics situations.
- 26. Endodontics radiology- digital technology in endodontics practice.
- 27. Local anesthesia in endodontics.
- 28. Procedural errors in endodontics and their management.
- 29. Endodontics failures and retreatment.
- Resorptions and its management.
- 31. Microscopes in endodontics.
- 32. Single visit endodontics, current concepts and controversies.

### **TEACHING / LEARNING ACTIVITIES:**

The following is the minimum required to be completed before the candidate can be considered eligible to appear for final MDS exam.

### **First Year**

Prec	Clinical Work - Operative and Endodontics	
1.	Class 2 amalgam cavities a. Conservative preparation b. Conventional preparation	- 03 - 03
2.	Inlay cavity preparation on premolars And molars – MO, DO, MOD a. Wax pattern b. Casing	- 10 - 06 - 04
3.	Onlay preparation on molars a. Casting	- 02 - 01
4.	Full Crown a. Anterior b. Posterior (2 each to be processed)	- 05 - 05
5.	7/8 crown (1 to be processed)	- 02
6.	3 / 4 crown premolars (1 to be processed)	- 02
Pre	Clinical work on natural teeth	
1.	Inlay on molars and premolars MO, DO, and MOD a. Casting b. Wax pattern	- 08 - 02 - 02
2.	Amalgam cavity preparation a. Conventional b. Conservative	- 02 - 02
3. 4.	Pin retained amalgam on molar teeth Post and core build up a. Anterior teeth b. Posterior teeth	- 02 - 10 - 05
5.	Casting a. Anterior b. Posterior	- 04 - 02
б.	Onlay on molars {1 to be processed)	- 03
7.	Full crown premolars and molars	- 04
8.	Full crown anterior (2 and 3 to be processed)	- 06
9.	Veneers anterior teeth (indirect method)	- 02
10.	Composite inlay (class 2) (1 to be processed)	- 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, 2<sup>nd</sup> 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 03
  - Obturation .
- 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)
- 8. Removable dies 04

# Note : Technique work to be completed in the first four months

#### **CLINICAL WORK:**

A	Composite restorations	30
B C	GIC Restorations	30
С	Complex amalgam restorations	05
D	Composite inlay + veneers (direct and indirect)	05
E	Ceramic jacket crowns	05
F	Post and core for anterior teeth	05
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 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
- 20 Post and core
- 50 Molar endodontics 05
- Endo surgery
- All other types of surgeries including crown 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.

#### SCHEME OF EXAMINATION:

#### A. Theory : 300 Marks

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consist of two long questions carrying 20 marks each and 6 short essay questions each carrying 10 marks. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

- Applied Basic Sciences: Applied Anatomy, Physiology, Pathology including Oral PAPER-I : Microbiology, Pharmacology, Biostatistics and Research Methodology and Applied Dental Materials.
- **Conservative** Dentistry PAPER-II :

PAPER-III: Endodontics

Essay PAPER-IV :

#### **B.** Clinicals ٠ 200 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

#### 50 Marks Clinical Exercise I Cast core preparation - 10 marks Tooth Preparation (i) - 10 marks Direct Wax Pattern (ii)

(iii) (iv) (V) Clinie		10 marks 10 marks 10 marks				
(Inlay Exercise ) (i) Tooth preparation for Class II Gold Inlay - 25 marks						
(ii) Fa	brication of Direct Wax Pattern	- 25 marks				
Day 2						
Clinical Exercise III - 100 Marks						
(i) Lo	<b>r Endodontics)</b> cal Anaesthesia and Ruber Dam pplication	- 20 marks				
(ii) Ac	ccess Cavity	- 20 marks				
(iii) W	orking length determination	- 20 marks				
(iv) Ca	anal Preparation	- 20 marks				
(v) Ma	aster bone selection	- 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.

# il. 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.

#### Day 3:

Viva-Voce (Continued if more than 4 students are taking examination or shortage of time on 2<sup>nd</sup> day)

# 5. ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

#### **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 hygicne 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.

# <u>SKILLS:</u>

- 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.

#### <u>ATTITUDES:</u>

- 1. Develop an attitude to adopt ethical principles in all aspects of Orthodontic practice.
- 2. Professional honesty and integrity are to b 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 the 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 o basic subjects including completion of pre – clinical exercises 2  $\frac{1}{2}$  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. <u>APPLIED ANATOMY:</u>

- 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 and 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: ell 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 (PO<sub>4</sub>)<sub>2</sub>, zinc silicophosphate, Zinc polycarboxylate, resin cements and glass lonomer 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. <u>GENETICS:</u>

- 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. <u>PHYSICAL ANTHROPOLOGY:</u>

- Evolutionary development of dentition
- Evolutionary development of jaws.

## VI. <u>PÀTHOLOGY:</u>

- Inflammation
- Necrosis

## VII. BIOSTATISTICS:

## • Statistical principles

- o Data Collection
- o Method of presentation
- o Method of Summarizing
- o Methods of analysis different tests/errors
- Sampling and Sampling technique
- Experimental models, design and interpretation
- Development of skills for preparing clear concise and cognent 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:

- Historical perspective,
- Evolution of orthodontic appliances,
- Pencil sketch history of Orthodontic peers
- History of Orthodontics in India

## XI. CONCEPTS OF OCCLUSION AND ESTHETICS:

- Structure and function of all anatomic components of occlusion,
- Mechanics of articulation,
- Recording of masticatory function,
- Diagnosis of Occlusal dysfunction,
- 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

- 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.<u>RECENT ADVANCES LIKE:</u>

- Use of implants
- Lasers
- Application of F.E.M.
- Distraction Osteogenesis

#### SKILLS:

#### 11. 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 typhodont 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.

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## **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	
1	Straightening of 6" & 8" long wire	No.
2	Square	<u>1 each</u>
3	Rectangle	
4	Triangle of 2" side	<u>1</u>
5	Circle of 2" side	
6	Bending of 5U's	
7	Bending of 5V's	

## 2. CLASPS

Sl.No	Exercise	No.
1	<sup>3</sup> / <sub>4</sub> Clasps	MO.
2	Full clasps	2
3	Triangular Clasps	2
4	Adam's clasp – upper molar	2
5	Adam's Clasp - lower molar	
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	2_

## 3. LABIAL BOWS

Sl.No.	Exercise		No.
1	Short labial bow (upper & lower)		1
2	Long labial bow (upper & lower)		
3	Robert's retractor		1
4	High labial bow-with apron spring's		
5	Mill's labial bow		1
6	Reverse loop labial bow		<u> </u>
7	Retention labial bow soldered to Adam's clasp		1
8	Retention labial bow extending distal to second molar		<u>↓</u>
9	Fitted labial bow	·	ţ
10	Split high labial bow		<u>l</u>

## 4. SPRINGS

Sl.No.	Exercise	
1	Finger spring-mesial movement	<u>No.</u>
2	Finger spring-distal movement	2
3	Double cantilever spring	2
4	Flapper spring	2
5	Coffin spring	2
5	T spring	2

## 5. CANINE RETRACTORS

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S1.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
5. APPLIA		· · · · · · · · · · · · · · · · · · ·
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	

#### 7. Soldering exercises

Lip bumper

Activator

Bionator

TPA

Twin block

Quad helix

Utility arches

Pendulum appliance

Bihelix

Lingual arch

Splint for Bruxism

Catalans appliance

Frankel-FR 2 appliance

81.No.	Exercise	No.
1	Star	1
2	Comb	1
3	Christmas tree	1
4	Soldering buccal tube on molar bands	1

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#### 8. Welding exercises

\$1.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		

## 9. Impression of upper and lower arches in alginate

## 10. Study model preparation

## 11. Model analysis

Sl.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.
12. C	ephalometrics
S1.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 Burstone

13. Basics of Clinical Photography including Digital Photography

## 14. Light wire bending exercises for the Begg technique

Sl.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

## 15. Typhodont exercises: (Begg or P.E.A. method)

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	Stage-I		
4	Stage-II		
5	Pre Stage-III		
6	Stage-III		

## **CLINICAL WORK:**

Once the basic pre-clinical work is completed the students can take up clinical cases and the 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

84

- 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 re 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  $4 \rightarrow 5$  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. 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. A 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 <u>six months</u> 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 it should try to explore some new aspects.
- d. Approval of dissertation is essential before a candidate appears for the University examination.

#### 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 : 300 Marks

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consist of two long questions carrying 20 marks each and 6 short essay questions each carrying 10 marks. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

- Paper-I: Applied Basic Sciences: Applied anatomy, Physiology, Dental Materials, Genetics, Pathology, Physical Anthropology, Applied Research methodology, Bio-Statistics and Applied Pharmacology.
- **Paper II :** Orthodontic history, Concepts of occlusion and esthetics, Child and Adult Psychology, Etiology and classification of maloclusion, Dentofacial Anomalies, Diagnostic procedures and treatment planning in Orthodontics, Practice management in Orthodontics
- Paper III : Clinical Orthodontics

#### Paper IV : Essay

\* 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>B. Practical / Clinical Examination</b>	:	200 Marks
Exercise No: 1 Functional Case	:	50 Marks

Selection of case for functional appliance and recording of construction bite. Fabrication and delivery of the appliance the next day.

## Exercise No: 2 Multiband exercise : 50 Marks

1. III stage with auxiliary springs

OR

2. Bonding of SWA brackets and construction of suitable arch wire.

Exercise No. 3 Display of records of the treated cases (minimum of 5 cases)

5 cases \* 15 marks = 75 Marks

No	Exercise	Marks allotted	Approximate Time
1	Functional appliance	50	1 hour 1 hour
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 with all the cases)	75	1 hour
4	Long cases	25	2 hours

## Exercise No: 4 long case discussions: 25 Marks

#### 100 Marks C. Viva Voce :

## 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.

#### **ORAL PATHOLOGY & ORAL MICROBIOLOGY** 6.

## **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 ot take part in group discussions.

## BROAD OUTLINE OF THEORETICAL, CLINICAL AND PRACTICAL COURSES

- Study of principles of routine and special techniques used for histopathology including principles of histochemistry, Immunochemistry, applied and theoretical biochemical basis of 1. histochemistry as related to oral pathology.
- Advanced histological and histopathological study of dental and oral tissues including 2. embryonic considerations, clinical considerations, biology, histology, Pathology, prognosis and management of oral oncology, Concepts of oral premalignancy
- Study of special and applied pathology of oral tissues as well as relation of local pathologic 3. and clinical findings to systemic conditions.
- Oral microbiology and their relationship to various branches of dentistry.
- 4. Oral microbiology affecting hard and soft tissues. Study of clinical changes and their 5. significance to dental and oral diseases as related to oral pathology
- 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.
- 8. Maintenance of records of all postgraduates activities.
- 9. Library assignment.
- 10. University Dissertation.

## A. COURSE CONTENTS;

#### First year

7.

#### 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 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 gene 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 paraoral 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, Electrophoresis, 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 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, bacteroides and fusobacteria
- Actinomycetales
- 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)

#### <u>Approach:</u>

- 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 I 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 infections)
- 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 HISTOTECHNIQUES 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 CLINICO-PATHOLOGICAL 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-etiopathogenesis, 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 various tumors, tumor like lesions and Premalignant lesions affecting the hard and soft tissues of oral and paraoral tissues. Tumour markers

#### Approach:

To be covered as seminars

Posting to a Cancer center to amiliarize with the pathological appearances, diagnosis, radiodiagnosis 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 Bacterimia
- Microbial genetics
- Infections of oral and Para oral regions (bacterial, viral and fungal infections)

#### <u>Approach:</u>

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
- Biopsy procedures for oral lesions
- Processing of tissues for Paraffin sections
- 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 histo-pathology slide reporting.

#### EXPERIMENTAL ASPECTS OF ORAL DISEASES:

#### Approach:

Posting is desirable in Centers where animal experimentation is carried out to familiarize with laboratory techniques, 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
- Clinico pathological 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.

#### THIRD 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 of 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
- Clinico-pathological discussions by every student once in a month
- To attend Inter-departmental 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 IV.

#### SCHEME OF EXAMINATION:

#### A. Theory - 300 Marks

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper I, II, III shall consist of two long questions carrying 20 marks each and 6 short essay questions each carrying 10 marks. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows \*:

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
PAPER-II	:	Oral pathology, Oral Microbiology & Immunology and Forensic Odontology
PAPER-III	:	Laboratory techniques and Diagnosis and Oncology
PAPER.TV	•	Repay

\* 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 - 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. 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.

## 7. 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.
- 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:

#### **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
    - 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, pharmacodyanamics, pharmcokinetics.
- 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 systemadrenaline, 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. <u>HEALTH:</u>

- 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. <u>GENERAL EPIDEMIOLOGY:</u>

- 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. <u>ENVIRONMENTAL HEALTH:</u>

- 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

## 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. <u>ETHICS AND JURISPRUDENCE:</u>

- 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
- 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 cariogenecity
- Guidelines for nutrition

## 10. BEHAVIORAL SCIENCES:

• Definition and introduction

- 99
- 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. <u>HEALTH CARE DELIVERY SYSTEM:</u>

- 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. <u>DELIVERY OF DENTAL CARE:</u>

- 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:

100

- Prepayment
- Post-payment
- Reimbursement plans
- Voluntary agencies
- Health insurance

б.

## EVALUATION OF QUALITY OF DENTAL CARE:

- Problems in public and private oral health care system program
- Evaluation of quality of services, governmental control

## 7. <u>PREVENTIVE DENTISTRY:</u>

- 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, Thylstrup and 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, 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.
- 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
  - Oral Hygiene Index Greene and Vermillion
  - Oral Hygiene Index Simplified
  - DMF DMF (T), DMF (S)
  - Deft/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.
- 3. 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.
- 4. Application of the following preventive measures in clinic-10 Cases each.
  - Topical Fluoride application Sodium Fluoride, Stannou's Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
  - Pit and Fissure Sealant
- 5. 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
- 6. Organizing and conducting community oral health surveys for all oral conditions-3 surveys
- 7. In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs
- 8. 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 Loc
  - 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
- 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)
- 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.

#### SCHEME OF EXAMINATION

#### A. Theory : 300 Marks

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consist of two long questions carrying 20 marks each and 6 short essay questions each carrying 10 marks. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

**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.

PAPER-II: Public Health PAPER-III: Dental Public Health PAPER-IV: Essay

Topics of current interest in community oral healths

\* 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
  - a. One of the treatment procedures as per treatment plan. (Restorative, surgical, rehabilitation)
  - b. Preventive oral health care procedure.

(50 Marks - 1 ½ Hrs)

- c. 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.

#### 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.

## il. 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. PAEDODONTICS & 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 efficiency life threatening condition with emphasis on basic life support measure.

#### 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 Dietics

(50 Marks – 1 ½ Hours)

- 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 & its management
- 7. Behavior Management: Non- pharmacological & Pharmacological methods.
- 8. Child Abuse & Dental Neglect
- 9. Conscious Sedation, Deep Sedation & 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, highrisk 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
- 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 & 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 & 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 & 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.
  - Sequalae & 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 (Cephalometrics, Image processing, Tracing, Radiation hygiene, Video imaging & 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, Aeitology & Pathogenesis
  - Caries pattern in primary, young permanent and permanent teeth in children.
  - Rampant caries, early childhood caries and extensive caries. Definition, aeitology, 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 & Management.
- 27. Dental Emergencies in Children and their Management.
- 28. Dental Materials used in Pediatric Dentistry.
- 29. Preventive Dentistry:
  - Definition
  - Principles & Scope
  - Types of prevention
  - Different preventive measures used in Pediatric Dentistry including fissure sealants and caries vaccine.
- 30. 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
- 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 Padeiatric Dentistry
- 35. 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.
- 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, nasoalvcile bone remodeling, speech rehabilitation.
- 40. Setting up of Pedodontics & Preventive Dentistry Clinic.
- 41. Emerging concept in Paediatric Dentistry of scope of lasen/minimum inovasive procedures : Paediatric Dentistry.

#### First 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
    - i. Removable type
    - ii. Fixed type
    - iii. Partially fixed and removable
  - e. Two Myofunctional appliance
  - 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 Dumbell 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

108

- Gerber space regainer
- Distal shoe appliance
  - a. Active space maintainers
  - b. For guiding the eruption of first permanent molar
  - 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 Excersies : 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
- 5. Performing of behavioral rating and IQ tests for children.
- 6. Computation of:
  - a. Caries index and performing various caries activity test.
  - b. Oral Hygiene Index
  - c. Periodontal Index
  - d. Fluorris Index
- 7. Surgical Exercises : a. Fabrication of splints b. Type of Wiring c. Suteering, various pvit system, prcing & perm. tuli
- 8. 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
- 8. Library assignment
- 9. 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		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	30	08	12	10
9.	Habit breaking appliances Removable : Space Maintainers Habit brceking 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	20	08.	08	04
12.	diet counseling 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 doneby 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 - 300 Marks

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consist of two long questions carrying 20 marks each and 6 short essay questions carrying 10 marks. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

**PAPER-I : Applied Basic Sciences :** Applied Anatomy, Physiology, Pathology, Microbiology, Nutrition & Dietics, Growth & Development and Dental plaque, Genetics.

#### **PAPER-II** : Clinical Paedodontics

109

- 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 Pedodontic & Preventive Dentistry Clinic

## PAPER-III: Preventive and Community Dentistry as applied to Pediatric Dentistry

- 1. Child Psychology
- 2. Behavior Management
- 3. Child Abuse & Dental Neglect
- 4. Preventive Pedodontics
- 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-IV: Essay

\* 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 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		70 marks

# 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		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

#### 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 finaximo faid region, diagnostic procedures pertaining to them and latest information of imaging modules.

#### SKILLS AND ATTITUDE:

Three important skills need to be impart and maxillo-facial diseases

- 1. Diagnostic skill in recognition of oral 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:

#### **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
- 1. Exocrine glands
  - Parotid
  - Thyroid
  - Parathyroid
- 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:

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:**

- 1. Structure of a neuron and properties of nerve fibers
- 2. Structure of muscle fibers and properties of muscle fibers
- 3. Neuromuscular transmission
- 4. Mechanism of muscle contraction

#### BLOOD:

- 1. RBC and Hb
- 2. WBC Structure and functions
- 3. Platelets functions and applied aspects
- 4. Plasma proteins
- 5. Blood Coagulation with applied aspects
- 6. Blood groups
- 7. 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:

- Harmones classification and mechanism of action
- Hypothalamic and pituitary hormones
- Thyroid harmones
- Parathyroid harmones and calcium homeostasis
- Pancreatic harmones
- Adrenal harmones

## CENTRAL NERVOUS SYSTEM:

Ascending tract with special references to pain pathway

## SPECIAL SENSES:

Gustation and Olfaction

# **BIOCHEMISTRY:**

- 1. 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-Harmones 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 of 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
- 2. Dosage and mode of administration of drugs
- 3. Action and fate of drugs in the body
- 4. Drugs acting on the 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

# 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, Ultrasound & 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 oro facial diseases
- 4. Teeth in local and systemic diseases, congenital, and hereditary disorders
- 5. Oral manifestations of systemic diseases
- 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
- 25. Molecular Biology

# 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:

# 1" Year:

1.	<b>Examination of Patient</b>	- Case history recordings	- 100
		- FNAC	- 50
		- Biopsy	- 50
		- Observe, Assist, & Perform under supervision	
2.	Intra – oral radiographs:		-
		-Perform an interpretation	- 500

2nd Year:

117

- 1. Dental treatment to medically compromised patients
  - Observe, assist, and perform under supervision
- Extra oral radiographs, digital radiography 20
   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 100
- Interesting Cases 25
- Intra oral Radiographs 100
- Periapical view 100
- Bitewing view 50
- Occlusal view 50
- Extra oral radiographs of different views 100

# 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

# SCHEME OF EXAMINATION:

## A. Theory

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consist of two long questions carrying 20 marks each and 6 short essay questions each carrying 10 marks. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

PAPER-I	:	Applied Basic Sciences : Applied Anatomy, Physiology, Biochemistry,	
		Pathology, and Pharmacology.	
PAPER-II	:	Oral and Maxillofacial Radiology	
PAPER-III	:	Oral Medicine, therapeutics and laboratory investigations	
PAPER-IV	:	Essay	

\* 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.

#### SECTION-VI

# 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, theirs 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 are 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:

- 1. Francis C.M., Medical Ethics, 2<sup>nd</sup> Edn, 2004, Jaypee Brothers, New Delhi.
- 2. Ethical Guidelines for Biomedical Research on Human Subjects, Indian Council of Medical Research, New Delhi, 2000.

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Maj. Gen. (Retd.) P.N. AWASTHI, Secy. [ADVT-III/IV/98/07 Exty.]

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# **HRC & USU** The Gazette of India

असाधारण

EXTRAORDINARY

भाग III---खण्ड 4 PART III---Section 4

प्राधिकार से प्रकाशित PUBLISHED BY AUTHORITY

सं.	139]	नई दिल्ली, बुधवार, अग्रस्त 20, 2008/भावण 29, 1930
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# भारतीय दंत परिषद

अधिसूचना

गई दिल्ली, 19 अगस्त, 2008

संख्या डीई—130—2007 — दंतधिकित्सक अधिनियम, 1948 के खंड 20 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए तथा केन्द्रीय सरकार की पूर्व मंजूरी से, भारतीय दत्य परिषद डीसीआई के संशोधित एमडीएस पाठ्यक्रम विनियम, 2007 में निम्न संशोधन करती है:

1. संक्षिप्त शीर्षक तथा प्रत्यावर्तन

- इन नियमों को भारतीय दत्य परिषद संशोधित एमडीएस पाठ्यक्रम (प्रथम संशोधन) विनियम, 2008 कहा जाएगा।
- (ii) ये विनियम सरकारी राजपत्र में उनके प्रकाशन की तारीख से लागू होंगे।

2. 'परीक्षा की स्कीग/शैक्षणिक क्रियाकलापों' में डीसीआई के संशोधित एमडीएस पाठ्यक्रम में जहां कहीं विशेषता--वार निर्दिष्ट किया गया है उनमें निम्न सुधार/संशोधन किए जाते हैं:

(i) परीक्षा की स्कीम (विनियमों के पृष्ठ 67 पर)

निम्न शीर्थक के अधीन

ए. सैद्धांतिकः

400 अंकों के स्थान पर 300 अंक पढें

[PART III-SEC. 4]

(ii) परीक्षा की स्वतिम (विनियमों के पुष्ठ 47, 55, 68, 75, 86, 94, 103, 109, 117)

निम्नासिक के अधीन

ए. सेदातिक 300 अंक

लिसित परीक्षा चार प्रश्न-पत्रों में होगी, जिनमें से प्रत्येक प्रश्न-पत्र तीन घंटे का होगा। प्रत्येक प्रश्न-प्रत्न के कुल अंक 100 होंगे। प्रश्न--पत्र I, II और 111 में दो दीर्घ प्रश्न होंगे जिनमें से प्रत्येक 20-20 अंक का होगा और 6 लघु निबंध प्रश्न होंगे जिन्नमें से प्रत्येक 10--10 अंक का होगा।

क रथान पर निम्न पढ़ें

तिचित परीक्षा चार प्रश्न--पत्रों में होगी, जिनमें से प्रत्येक प्रश्न--पत्र तीन घंटे का होगा। प्रत्येक प्रश्न--पत्र के कुल अंक 75 होंगे। प्रश्न--पत्र I, II और III में दो दीर्घ प्रश्न होंगे जिनमें से प्रत्येक 20--20 अंक का होगा और 5 लघु निबंध प्रश्न होंगे जिनमें से प्रत्येक 7-7 अंक का होगा।

(iii) शैक्षणिक क्रियांकलाप (पृष्ठ 55, 61, तथा 88 पर)

निम्न शीषक के अधीन

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> तीसरे वर्ष के बाद नैदानिक कार्य (पृष्ठ 55 पर) -- पांचवा वाक्य

> > आरजीयूएधएसं द्वारा यथानिर्धारित कार्य डायरी/लाग बुक रखना

के स्थान पर गिम्न पढें:

जिस विश्वविद्यालय के साथ कालेज को संबंधन प्राप्त है उसके द्वारा यथानिर्धारित कार्य डायरी/लाग बुक रखना

# III वर्ष के बाद वर्ष-दर-वर्ष कार्यक्रम (पृष्ठ 61 पर)

यह बांछनीय है कि जिन सामान्य शल्यक्रियात्मक कौशलों तथा आपरेटिव क्रियाविधि का प्रेक्षण, सहायता अथवा निष्पादन किया गया हो, उन्हें एमडीएस डिग्री पाठ्यक्रम को शासित करने दाले संशोधित अध्यादेश में आरजीयूएचएस द्वारा यथानिर्दिष्ट प्रपन्न में लाग बुक में दर्ज किया जाए।

# भारत का राजपत्र : असाधारण

के स्थान पर निम्न पर्वे

यह वांछनीय है कि जिन सामान्य शल्यक्रियात्मक कौशलों तथा आपरेटिव क्रियाविधि का प्रेक्षण, सहायता अथवा निष्पादन किया गया हो, उन्हें एमडीएस डिग्री पाठ्यक्रम को शासित करने वाले संशोधित अध्यादेश में यथानिर्दिष्ट प्रपत्र में लाग बुक में दर्ज किया जाए।

# शोध-प्रबंध (पृष्ठ 86 पर)

(क) शोध प्रबंध के लिए प्रोटोकाल, घटनाओं के कैलेंडर के अनुसार दाखिले की तारीख से छः महीने पूरे होने की तारीख को या उससे पूर्व, उचित माध्यम से, कुल सचिव, राजीव गांधी स्वास्थ्य विज्ञान विश्वविद्यालय, कर्नाटक को प्रस्तुत किया जाना चाहिए।

के स्थान पर निम्न पढ़ें:

(क) शोध प्रबंध के लिए प्रोटोकाल, घटनाओं के कैलेंडर के अनुसार दाखिले की तारीख से छः महीने पूरे होने की तारीख को या उससे पूर्व, उचित माध्यम से उस संबंधित विश्वविद्यालय के कुलसचिव को प्रस्तुत किया जाना चाहिए जिसके साथ कालेज को संबंधन प्राप्त है।

(ख) गूर। किया गया शोध प्रबंध, घटनाओं के कैलेंडर के अनुसार अंतिम परीक्षा से छः महीने पहले उचित माध्यम से, कुलसचिद्र (मूल्यांकन) राजीद गांधी स्वारथ्य विझान विश्वविद्यालय, कर्नाटक को भिजवा दिया जाना चाहिए।

के स्थान पर निम्न पढ़ें:

(ख) पूरा किया गया शोध प्रबंध, घटनाओं के कैलेंडर के अनुसार अंतिम परीक्षा से छः महीने पहले उचित गाध्यम से, उस संबंधित विश्वविद्यालय के कुलसचिव (मूल्यांकन) को भिजवा दिया जाना चाहिए जिसके साथ कालेज को संबंधन प्राप्त है।

बाकी सामग्री पूर्ववत रहेगी।

# [विज्ञापन-111/IV/असाधारण/98/2008]

मेजर जनरल (सेवानिवृत्त) पी.एन. अवस्थी, सचिव

टिप्पणीः मूल संशोधित एमडीएस पाठ्यक्रम विनियम, 2007 मारत के राजपत्र, असाधारण के भाग 111, खंड 4 में 21 नवंबर, 2007 को प्रकाशित हुए थे।

[PART III-SEC. 4]

# DENTALCOUNCILOFINDIA

NOTIFICATION

# New Delhi, the 19th August, 2008

No. DE-130-2007 - In anarcise of the powers conferred by Section 20 of the Dentists Act, 1948, the Dental Council of India, with the previous approval of the Central Government, hereby makes the following amendments/corrections to the DCI's Revised MDS Course Regulations, 2007:-

# 1. Short title and commencement -

- (i) These Regulations may be called Dental Council of India Revised MDS Course (1\*Amendment) Regulations, 2008.
- (ii) They shall come into force on the date of their publication in the Official Gazette.
- 2. In the <u>SCHEME OF EXAMINATION/ACADEMIC ACTIVITIES</u>, speciality-wise, wherever indicated in the DCI's Revised MDS Course Regulation, 2007, the following amendments corrections be made:-
  - (i) SCHEME OF EXAMINATION (at page 67 of the Regulations).

Under the heading

A. Theory:-

For - 400 marks

Read - 300 Marks

(ii) <u>SCHEME OF EXAMINATION</u> (at page Nos. 47, 55, 68, 75, 86, 94, 103, 109, 347 of the Regulations). Under the heading

A. Theory:-

For -

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300 marks

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper Iff and III shall consist of two long questions carrying 20 marks each and 6 short essay questions each carrying 10 marks.

Read-

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be <u>75</u>. Paper I,II and III shall consist of two long questions carrying 20 marks each and 5 short essay questions carrying 7 marks each.

88

# (iii) ACADEMIC ACTIVITIES (at page 55, 61 & 86)

# Under the Heading

Clinical Work (at page No. 55) - after 3rd Year- Fifth Sentences

101°

For - Maintenance of, work diary/Log book prescribed RGUHS Read-Maintenance of work diary/Log book as prescribed by the concerned University to which the college is affiliated.

# Year by year programme (at page No. 61) - after III Year.

For - 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.

Read- 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 the concerned University in the revised ordinance Governing MDS Degree course.

#### Dissertation (at page No. 86)

- For-(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.
- Read-(a)The Protocol for Dissertation should be submitted on or before the end of six months from the date of admission to the Registrar of the concerned University to which the college is affiliated as per the calendar of events notified by the University concerned.
- For-(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.
- Read-(b)The completed dissertation should be submitted six months before the final examination as per calendar of events to the Registrar (Evaluation) of the University concerned to which the college is affiliated through proper channel.

The other contents remain unchanged.

[ADVT-III/IV/Exty./98/2008]

MAJ. GEN. (Retd.) P. N. AWASTHI, Secy.

Note: Principal Revised MDS Course Regulations, 2007 were published in Part-III, Section 4, Gazette of India, Extraordinary, on 21" November, 2007.

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The Gazette of India

EXTRAORDINARY भाग III--- खण्ड ४

PART III-Section 4

प्राधिकार से प्रकाशित PUBLISHED BY AUTHORITY

सं. 140) No. 140)

# नई दिल्ली, शुक्रवार, जून 1, 2012/ज्येष्ठ 11, 1934 NEW DELHI, FRIDAY, JUNE 1, 2012/JYAISTHA 11, 1934

## भारतीय देख परिषद्

#### अषिसुचना

# नई दिल्ली, 31 मई, 2012

सं. डी.ई.-22-2012.—दन्त चिकित्सक अधिनियम, 1948 के खंड 20 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए तथा केन्द्रीय सरकार के पूर्व-अनुमोदन से भारतीय दंत्य परिषद्, मारत के असाधारण राजपत्र के भाग 111, खंड 4 में 21 नवम्बर, 2007 को प्रकाशित मौजूदा मूल संशोधित एमडीएस पाठ्यक्रम विनियम, 2007 में निम्न संशोधन करती है ----

# 1. लघु शीर्ष तथा प्रवर्तन

- (i) ये विनियम भारतीय दंत्य परिषद संशोधित एमडीएस पाठ्यक्रम (दूसरा संशोधन) विनियम, 2007 कहलाएंगे ।
- (ii) ये विनिथम सरकारी राजपत्र में इनके प्रकाशन की तारीख से शैक्षणिक संत्र 2013-14 से लागू होंगे।
- "भारतीय दत्य परिषद संशोधित एमडीएस पाठ्यक्रम विनियम, 2007" में निम्न अंतःस्थापन / उपांतरण / विलोपन / प्रतिस्थापन उसमें यथानिर्दिष्ट किए जाएंगे।
- अध्याय III खंड 1 में "स्नातकोत्तार छात्रों का चयन" शीर्षक के अधीन निम्न का विलोपन किया जाएगा और उसे निम्नानुसार विलोपित तथा प्रतिस्थापित किया जाएगाः

# स्नातकोत्तर पाठ्यक्रमों के लिए अम्यर्थी के चयन की क्रियाविधि निम्नानुसार होगी:

- (1) प्रत्येक शैक्षणिक सन्न में 'स्नातकोत्तर चिकित्सा पाठ्यक्रमों में दाखिले के लिए राष्ट्रीय पात्रता--एवं--प्रवेश परीक्षा नामक एक एकल पात्रता--एवं--प्रवेश परीक्षा होगी। राष्ट्रीय पात्रता--एवं--प्रवेश परीक्षा का समग्र अधीक्षण, निदेशन और नियंत्रण भारतीय दंत्य परिषद में अथवा केन्द्रीय सरकार द्वारा चयनित किसी अन्य प्राधिकारी में निहित होगा। तथापि, भारतीय दंत्य परिषद केन्द्रीय सरकार की पूर्व--अनुमति से 'स्नातकोत्तर पाठ्यक्रमों में दाखिले के लिए राष्ट्रीय पात्रता--एवं--प्रवेश परीक्षा के आयोजन के लिए संगठन / संगठनों का चयन करेगी।
- (2) किसी विशेष शैक्षणिक वर्ष में स्नातकोत्तर पाठयक्रम में दाखिले के लिए पात्र होने के वास्ते अभ्यर्थियों के लिए यह जरूरी होगा कि वे उक्त शैक्षणिक वर्ष के लिए आयोजित 'स्नातकोत्तर पाठ्यक्रमों के लिए राष्ट्रीय पात्रता--एयं--प्रवेश परीक्षा' में 50दें शतमक (परसेंटाइल) पर न्यूनतम अंक प्राप्त करें। तथापि, अनुसूचित जातियों, अनुसूचित जनजातियों, अन्य पिछडे वर्गों के अभ्यर्थियों को 40वें शतमक पर न्यूनतम अंक प्राप्त

1974 GI/2012

[PART III-SEC. 4]

होंगे। 'जैसाकि नीचे धारा (5) में उपबंधित है ऐसे अभ्यर्थियों के मामले जो शरीर के 'निग्नले अंगों में यहिक निःशक्तता से पीड़ित हैं म्यूनतन अंक 45वें शतमक पर होंगे। शतमक का निर्धारण स्त्रातकोत्तर पाठ्यक्रमों में दाखिले के लिए 'राष्ट्रीय पात्रता एवं 'प्रवेश परीक्षा में प्राप्त उच्यतम अंकों के आधार पर किया जाएगा।

लेकिन शर्त यह है कि यदि संबंधित श्रेणियों के अभ्यर्थी स्नातकोत्तर पाठ्यक्रमों में दाखिले के लिए पर्याप्त संख्या में किसी शैक्षणिक सन्न के लिए आयोजित राष्ट्रीय पात्रता एवं ब्रवेश परीक्षा में यथानिर्धारित न्यूनतम अंक प्राप्त करने में असफल रहते हैं तो केन्द्रीय सरकार, मारतीय दंत्य परिषद के परामर्श से अपने विवेकानुसार संबंधित श्रेणियों के अभ्यर्थियों के मामले में स्नातकोत्तर पाठ्यक्रमों में दाखिले के लिए अपेक्षित न्यूनतम अंकों को घटा सकदी है और केन्द्रीय सरकार द्वारा इस प्रकार घटाए गए अंक केवल उसी शैक्षणिक वर्ष के लिए लाग होंगे।

(3) चिकित्सा कालेजों / संस्थानों में संबंधित श्रेणियों के लिए सीटों का आरक्षण राज्यों / संघ राज्य क्षेत्रों में भौजूद यथालागू विधि के अनुसार होगा। राष्ट्रीय पात्रता एवं प्रवेश परीक्षा में प्राप्त अंकों के आधार पर पात्र अम्पर्थियों की एक अखिल भारतीय योग्यताक्रम सूची और साध ही राज्य-वार योग्यताक्रम सूची तैयार की जाएगी और स्नातकोत्तर प्राव्यक्रमों में अभ्यर्थियों का दाखिला केवल योग्यताक्रम सूचियों में से किया जाएगा।

लेकिन शर्त यह है कि जो अभ्यर्थी सरकारी/सरकारी प्राधिकरण की सेवा में हैं उनके मामले में योग्यताक्रम निर्धारण करते समय अंकों में सरकार/सक्षम प्राधिकारी द्वारा दूरस्थ तथा/अथवा दुष्कर क्षेत्रों में की गई सेवा के प्रत्येक वर्ष के लिए 10 प्रतिशत की अंकों के दर से प्रोत्साहन दिया जाएगा जोकि राष्ट्रीय पात्रता-एवं-प्रवेश परीक्षा में प्राप्त अंकों के अधिक से अधिक 30 प्रतिशक तक होगा। दूरस्थ और दुष्कर क्षेत्र राज्य सरकार और सक्षम प्राधिकारी द्वारा समय-समय पर यथापरिभाषित होंगे।

- (4) ऐसा कोई भी अभ्यर्थी जो उपर्युक्त घारा (2) में यथानिर्धारित न्यूनतम पात्रता अंक प्राप्त करने में असफल रहा है, उसे उक्त शैक्षणिक वर्ष में किसी भी स्नातकोत्तर पाठ्यक्रम में दाखिला नहीं दिया जाएगा।
- (5) धार्षिक स्वीकृत दाखिला क्षमता में से 3 प्रतिशत सीटें ऐसे अम्धर्थियों से मरी जाएंगे जिनके निचले अंगों की गतिक निःशक्तता 50 प्रतिशत से 70 प्रतिशत के बीच है।

लेकिन शर्त यह है कि यदि इस 3 प्रतिशत कोटे में से कोई सीट ऐसे अभ्यर्थियों की अनुपलब्धता के कारण जिनके निचले अंगों की गतिक निशक्तता 50 प्रतिशत से 70 प्रतिशत के बीच हो बिना भरी रह गई हों तो 3 प्रतिशत के इस कोटा में बिना भरी रह गई ऐसी सीट, उसे सामान्य श्रेणी के उन अभ्यर्थियों के लिए वार्षिक स्वीकृत सीट में शामिल किए जाने से पूर्व, ऐसे व्यक्तियों से भरी जाएंगी जिनके निचले अंगों की गतिक निशक्तता 40 से 50 प्रतिशत के बीच होगी।

और आगे शर्त यह है कि यह समूची प्रक्रिया प्रत्येक दत्य कालेज/संस्थान द्वारा दाखिलों के लिए सांविधिक समय-सूची के अनुसार पूरी की जाएगी।

- (6) गैर--सरकारी दंत्य कालेजों/संस्थानों में कुल सीटों में से 50 प्रतिशत (पदास प्रतिशत) सीटें राज्य सरकार द्वारा अधवा उसके द्वारा नियुक्त प्राधिकारी द्वारा भरी आएंगी और बाकी 50 प्रतिशत (पत्वास प्रतिशत) सीटें संबंधित दंत्य कालेज/संस्थान द्वारा राष्ट्रीय पात्रता--एवं--प्रवेश परीक्षा में प्राप्त अंकों के आधार पर तैयार की गई योग्यताक्रम सूची के आधार पर भरी जाएंगी।
- (7) स्नातकोत्तर डिप्लोमा पाठ्यक्रमों में 50 प्रतिशत सीटें सरकारी सेवा में नियुक्त ऐसे दंत्य चिकित्सा अधिकारियों के लिए आरक्षित होंगी जिन्होंने दूरस्थ तथा/अथवा दुष्कर क्षेत्रों में कम से कम तीन वर्ष की सेवा की हो। स्नातकोस्तर डिप्लोमा प्राप्त करने के बाद दंत्य चिकित्सा अधिकारियों को राज्य सरकार/सक्षम प्राधिकारी द्वारा समय-समय पर वयापरिमाबित दूरस्थ तथा/अथवा दुष्कर क्षेत्रों में दो वर्षों के लिए और सेवा करनी होमी।
- (8) विश्वविद्यासय तथा जन्य प्राविकारी दाखिले की प्रक्रिया इस तरह से आयोजित करेंगे कि स्नाग्तकोतार पातृयक्रमों में शिक्षण की प्रक्रिया प्रतिवर्ष 2 मई से शुरू हो जाए। इस ड्रयोजन के लिए दे डीतीआई विनियन, 2006 के साथ संलग्न और समय-समय पर अज्वासंशोजित समय-सूची का कड़ाई से पालन करेंगे।

[भाग ]]]—खण्ड 4]

(9) 31 मई के बाद किसी भी शैक्षणिक सत्र में किसी भी स्थिति में छात्रों का कोई दाखिला नहीं किया जाएगा। विश्वविद्यालय उपर्युक्त तारीख के बाद दाखिल किए गए छात्र का पंजीकरण नहीं करेंगे।

(10) . भारतीय दत्थ परिषद इस आशय के निदेश दे सकती है कि यदि ऐसा कोई छात्र अभिज्ञात किया जाता है जिसने दाखिले की समापित की अंतिम तारीख के बाद दाखिला प्राप्त किया है उसे अध्ययन के पाठ्यक्रम से बर्खास्त कर दिया जाएगा अथवा ऐसे छात्र

को प्रदत्त किसी भी दत्य अर्हता को दंतचिकित्सक अधिनियम, 1948 के प्रयोजन के लिए मान्य अर्हता नहीं माना जाएगा। जो संस्थान उपर्युक्त के लिए निर्धारित अंतिम तारीख के बाद तथा डीसीआई या राज्य सरकार/विश्वविद्यालय/संबंधित राज्य सरकार के सक्षम प्राधिकारी द्वारा यथानिर्धारित दाखिले की शर्त का उल्लंघन करते हुए दाखिला देता है, उसके विरुद्ध डीसीआई द्वारा यथानिर्धारित कार्रवाई की जा सकेगी जिसमें संस्थान के आगामी शैक्षणिक वर्ष के लिए स्वीकृत दाखिला क्षमता में से इस तरह के दाखिलों की सीमा तक के समतुल्य सीटें अभ्यपित किया जाना शामिल होगा।

कर्नल (सेवानिवृत्त) डॉ. एस. के. ओझा, कार्यवाहक सचिव

[विज्ञापन [[]/4/98/[2/असा.]

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पाद टिप्पणी : मूल विनियम अर्थात संशोधित एमडीएस पाठ्यक्रम विनियम, 2007' 21 नवंबर, 2007 के भारत के राजपत्र के भाग 111, खंड 4 में प्रकाशित किए गए थे और उन्हें दिनांक 20.8.2008 की अधिसूचना द्वारा संशोधित किया गया था।

## DENTAL COUNCIL OF INDIA

#### NOTIFICATION

#### New Delhi, the 31st May, 2012

No.DE-22-2012.– 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 Amendments to the existing principal Revised MDS Course Regulations, 2007, published in Part III, Section 4 of the Gazette of India, Extraordinary, dated 21<sup>st</sup> November, 2007:–

- 1. Short title and commencement-
  - (i) These Regulations may be called the Dental Council of India Revised MDS Course (2<sup>nd</sup> Amendment) Regulations, 2007.
  - (ii) They shall come into force on the date of their publication in the Official Gazette from the academic session 2013-14.
- 2. In the "Dental Council of India Revised MDS Course Regulations, 2007", the following insertions / modifications / deletions / substitutions, shall be as indicated therein:-
- In Section-I, Chapter III, under the heading "SELECTION OF POSTGRADUATE STUDENTS:", following shall be deleted and substituted as under:-

# PROCEDURE FOR SELECTION OF CANDIDATE FOR POSTGRADUATE COURSES SHALL BE AS FOLLOWS:

(1) There shall be single eligibility-cum-entrance examination namely "National Eligibility-cum-Entrance Test for admission to Postgraduate Medical Courses" in each academic year. The overall superintendence, direction and control of

[PART III—SEC. 4]

National Eligibility-cum-Entrance Test shall vest with Dental Council of India or any other authority selected by Central Government. However, Dental Council of India with the previous approval of the Central Government shall select organization/s to conduct "National Eligibility-cum-Entrance Test for admission to Postgraduate courses".

(2) In order to be eligible for admission to any postgraduate course in a particular academic year, it shall be necessary for a candidate to obtain minimum of marks at 50<sup>th</sup> percentile in "National Eligibility-cum-Entrance Test for Postgraduate Courses" 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 as provided in clause (5) below 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 Postgraduate courses".

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 Post Graduate Courses, the Central Government in consultation with Dental Courcel of India may at its discretion lower the minimum marks required for admission to Post Graduate Course for candidates belonging to respective categories and marks so lowered by the Central Government shall be applicable for the said academic year only.

(3) The reservation of seats in medical 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 National Eligibility-cum-Entrance Test and candidates shall be admitted to Postgraduate courses from the said merit lists only.

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 at the rate of 10% of the marks obtained for each year of service in remote and/or difficult areas upto the maximum of 30% of the marks obtained in National Eligibility-cum-Entrance Test. The remote and difficult areas shall be as defined by State Government/Competent authority from time to time.

- (4) No candidate who has failed to obtain the minimum eligibility marks as prescribed in Clause (2) above shall be admitted to any Postgraduate courses in the said academic year.
- (5) 3% seats of the annual sanctioned intake capacity shall be filled up by candidates with tocomotory 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 unfiled 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.

- (6) In non-Governmental Dental College/Institutions, 50% (Fifty Percent) of the total seats shall be filled by State Government or the Authority appointed by them, and the remaining 50% (Fifty Percent) of the seats shall be filled by the concerned dental college/institutions on the basis of the merit list prepared as per the marks obtained in National Eligibility-cum-Entrance Test.
- (7) 50% of the seats in Post Graduate Diploma Courses shall be reserved for Dental Officers in the Government service, who have served for at least three years in remote and/or difficult areas. After acquiring the PG Diploma, the Dental Officers shall serve for two more years in remote and/or difficult areas as defined by State Government/Competent authority from time to time.
- (8) The Universities and other authorities concerned shall organize admission process in such a way that teaching in postgraduate courses starts by 2nd May each year. For this purpose, they shall strictly adhered to the time schedule annexed with DCI Regulations, 2006 as amended from time to time.
- (9) There shall be no admission of students in respect of any academic session after beyond 31st May for postgraduate courses under any circumstances. The Universities shall not register any student admitted beyond the said date.
- (10) The Dental Council of India may direct, that any student identified as having obtained 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 recognized qualification for the purpose of the Dentists Act, 1948. The institution which grants admission to any student after the last date specified for the same, and in violation of condition of admissions as prescribed by DCI or by the State Government/University/any Competent Authority of respective State Government, shall also be liable to face such action as may be prescribed by DCI including surrender of seats equivalent to the extent of such admission made from its sanctioned intake capacity for the succeeding academic year.

Col. (Retd.) Dr. S. K. OJHA, Officiating Secy.

{ADVT. III/4/98/12/Exty.}

Foot Note: The Principal Regulations namely, "Revised MDS Course Regulations, 2007" were published in Part – III, Section (4) of the Gazette of India on the 21<sup>st</sup> November, 2007, and amended vide Notification dated 20.08.2008.

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असाधरिण

EXTRAORDINARY

भाग III—खण्ड 4

PART III—Section 4

प्राधिकार से प्रकाशित

PUBLISHED BY AUTHORITY

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# भारतीय दंत्य परिषद

अधिसूचना

## नई दिल्ली, 13 मई. 2016

संख्या डीई--87(4)-2016.-दंतविकित्सक अधिनियम, 1948 की धारा 20 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए भारतीय दंत्य परिषद, केन्द्रीय सरकार के पूर्व-अनुमोदन से दिनांक 10.9.2007 को भारत के राजपत्र, असाधारण के भाग 111, खंड 4 में प्रकाशित मौजूदा मुख्य संशोधित एमडीएस पाट्यक्रम विनियमों में निम्न संशोधन करती है:

- 1. लघु शीर्ष और प्रवर्तनः---
  - (i) ये विनियम भारतीय दंत्य परिषद संशोधित एमडीएस पाठ्यक्रम (चौथा संशोधन) विनियम, 2016 कहलाएंगे।
  - (ii) ये विनियम सरकारी राजपत्र में इसके प्रकाशन की तारीख से शैक्षणिक सत्र 2016-17 से लागू होंगे।
  - भारतीय दत्त्य परिषद संशोधित एमडीएस पाठ्यक्रम विनियम, 2007' में खंड I 'प्रशिक्षण की अवधि' नामक शीर्षक के बाद वृत्ति के प्रावधान निम्नानुसार सन्निविष्ट किए जाएंगे:
    - वृत्तिः

केन्द्रीय सरकार/संबंधित राज्य सरकार/संघ राज्य क्षेत्र प्रशासन अथवा ऐसे प्राधिकारी द्वारा जिसे संबंधित सरकार/प्रशासन प्राधिकृत करें नियत की गई वृत्ति एमडीएस के छात्रों को केवल पाद्यक्रम के तीन वर्षों के दौरान प्रदान की जाएगी। जब कभी ऐसी वृत्ति को लेकर कोई विवाद उपस्थित होता है जिसमें वृत्ति की मात्रा शामिल है, इस पर केन्द्रीय सरकार/संबंधित राज्य सरकार/संघ राज्य क्षेत्र प्रशासन द्वारा अपने स्तर पर विचार किया जाएगा और उसका निर्णय अंतिम होगा।

एम. एल. मीना, प्रभारी सचिव

[विज्ञापन-- 🏼 / ४ / असा. / १३२]

पाद टिप्पणीः

2.

- मुख्य विनियम अर्थात 'संशोधित एमडीएस पाठ्यक्रम विनियम, 2007' 21 नवंबर को भारत के राजपन्न के भाग III, खंड 4 में प्रकाशित हुए थे।
- 2. भारत के राजपत्र, असाधारण के भाग III, खंड 4 में प्रकाशित मुख्य विनियम में पहला संशोधन 20.8.2008 को किया गया था।
- भारत के राजपत्र, असाधारण के भाग III, खंड 4 में प्रकाशित मुख्य विनियम में दूसरा संशोधन 01.06.2012 को किया गया था।

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#### DETNAL COUNCIL OF INDIA

# NOTIFICATION

#### New Delhi, the 13th May, 2016

No. DE-87(4)-2016.—In exercise of the powers conferred upon the DCI 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 Amendments to the existing Principal Revised MDS Course Regulations, 2007, published and notified in Part III, Section 4 of the Gazette of India, Extraordinary, dated 10.09.2007:-

#### 1. Short title and commencement:-

- (i) These Regulations may be called the Dental Council of India Revised MDS Course (4<sup>th</sup> Amendment) Regulations, 2016.
- (ii) They shall come into force on the date of their publication in the Official Gazette from the academic session 2016-17.
- 2. In the "Dental Council of India Revised MDS Course Regulations, 2007", in Section I, after the heading captioned as "PERIOD OF TRAINING", the provisions of stipend shall be inserted as under:-

#### STIPEND:

The MDS students shall be paid stipend only for duration of three years of the course, as may be fixed by the Central Government/respective 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 the 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.

> M. L. MEENA, Secy. I/c [ADVT. III/4/Exty./132]

#### Foot Note: -

- 1. The Principal Regulations namely, "Revised MDS Course Regulations, 2007" were published in Part III, Section (4) of the Gazette of India on the 21" November, 2007.
- 2. The 1" Amendment to the Principal Regulations, published in Part III, Section 4 of the Gazette of India, Extraordinary, on 20.08.2008.
- 3. The 2<sup>rd</sup> Amendment to the Principal Regulations, published in Part III, Section 4 of the Gazette of India, Extraordinary, on 01.06.2012.

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