LOG BOOK FOR MDS POST GRADUATE STUDENT
TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI

Title of Department: _____

Name of Post graduate student: _____

Name of Guide: _____

Name of Head of the Department : _____

Dedicated to Promote Education, Practice and Research

LOG BOOK FOR POSTGRADUATE STUDENTS

Date of Start of Training :

Expected Date of Completing the Training :

Unit :

Names and designation of the trainers in the Department / Unit (Professor, Associate Professor/ Reader, Assistant Professor)

Sr. No.	**Name**	**Designation**

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1.a OBJECTIVES OF LOG BOOK

This logbook will

1. Be part of the pre-requisite for appearing in final evaluation of postgraduate examination .
2. Help Post graduate student to maintain record, document and all the activities (procedures, lectures, journal club/meetings, training courses, workshops, symposia, case presentation etc.) during training program.
3. Help the Post graduate student to identify his deficiencies in the specific areas.
4. Help the professor to assess the Trainee and to provide him guidance, where he feels deficiency in training.

1. b GUIDLINES FOR Post graduate students

1. Post graduate student is required to maintain the log book during whole of his training.
2. Entries of different activities in the log book should be done on the same day.
3. All entries must be signed by Professor on the same day. If the Professor is away then from the Additional Professor should sign.
4. Post graduate student should discuss the progress of his training as indicated in the logbook with Professor after every month.
5. Post graduate student should also maintain **a working logbook and an appointment Book**.
6. Consolidated sheets will be completed after every three months and will be signed by Professor.
7. Post graduate student should bring completed log book in the Final Evaluation Examination.
8. Log book not signed by the Professor will make the Post graduate student ineligible for Final Evaluation Examination.
9. Pre-clinical work should be completed before you start your clinical work.

1.**c AIMS AND OBJECTIVES OF POSTGRADUATE TRAINING PROGRAM**

1. The student accepts subject of ----------in its full sense as a lifelong activity and that he/she is prepared to invest time and effort to acquire, maintain and further improve his/ her own knowledge and skills.
2. A critical appreciation of techniques, procedures is carried out in the subject of ----------and an understanding of scientific methods is acquired for reliability and validity of observations and the testing of hypothesis.
3. The ability and willingness to adopt a problem solving approach to manage clinical situations.
4. The ability to plan and interpret a management program with due regard to the patient's comfort
5. Awareness of the fact that he/ she has to create his/ her own professional impact as a capable
6. Specialist/ teacher/ scholar of ---------- in the world.
7. To pursue and develop the basic scientific pursuits and guidelines for scientific discoveries to strengthen knowledge further about human body requirements.
8. The candidate should recognize the importance of team work and function as effective member/ leader of the team
9. Each student should at the End of the Book should come out with a check list comprising of the following **a**. **completion record,b. Journal review presentation, d.Seminar presentation, E.teaching skills evaluation**-F. **dissertation presentation**- **G**. **library dissertation, H.Dissertation details , *I*.conferences, J.workshops, K.Cde program L. preconference M.course attended , N.paper or poster presentation O.Paper publication and P. Interdepartmental seminar presentation**

1.D. *These aims and objectives will be achieved through different activities. Few of them are listed below*;

1. Holistic approach by obtaining history and keeping the written record of the patient.
2. By performing clinical examination in a methodical way, ordering appropriate investigations and making a provisional diagnosis.
3. Making a final diagnosis after interpreting the results of investigations and to lay down treatment plan.
4. Counselling of the patient, telling him the outcome of the treatment plan by medical, operative and physical means.
5. To know how to collect information, interpret data statistically and how to make access to the new information by using the new computer technology.
6. By graded responsibility in patient's care e.g., ward duties, operation theatre duties, outpatient department duties and emergency duties.
7. Morbidity and mortality review meetings.
8. Journal clubs.
9. Seminars, conferences, lectures.
10. Research projects.

1. E. GUIDELINES FOR COMPETENCY LEVELS FOR PROCEDURES

1. To indicate that a Post graduate student performed the procedure independently.
2. To indicate that a Post graduate student performed the procedure or a significant part of it with assistance of seniors.
3. To indicate that a Post graduate student was first assistant at the procedure.
4. To indicate that a Post graduate student was second or third assistant at the procedure.

1. F. GUIDELINES FOR FILLING CONSOLIDATED SHEETS

1. This consolidated sheet forms a part of on going assessment.
2. This consolidated sheet will identify the different levels of competencies, which the trainee has achieved in a specified period.
3. The trainee will fill all columns of consolidated sheets and it will be checked by the professor and will give his remarks regarding that training period.

1. PROSTHODONTICS AND CROWN BRIDGE

The bench work should be completed before the clinical work starts during the 1st year of the MDS Course.

1.1 Types of Dentures:

I. Complete dentures

1. Arrangements in adjustable articulator for
   a. Class I -1
   b. Class II -1
   c. Class III -3
2. Various face bow transfer to adjustable articulators
3. Processing of characterized anatomical denture

II. Remove Partial denture

A. Design for Kennedy's Classification
(Survey, block out and design)

1. Class I
2. Class II
3. Class III
4. Class IV

B. Designing of various components of RPD
C. 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

A. Preparation in ivory teeth / natural teeth

1. FVC for metal
2. FVC for ceramic
3. Porcelain jacket crown
4. Acrylic jacket crown
5. PFM crown
6. 3/4th (canine, premolar and central)
7. 7/8th posterior
8. Proximal half crown
9. Inlay – Class I, II, V
10. Onlay – Pin ledged, pinhole
11. Laminates.

B. Preparation of different die system
C. Fabrication of wax pattern by drop wax build up technique

1. Wax in increments to produce wax coping over dies of tooth preparations on substructure
2. Wax additive technique
3. 3-unit wax pattern (maxillary and mandibular)
4. Full mouth

D. Pontic design in wax pattern

1. Ridge lap

2. Sanitary
3. Modified ridge lap
4. Modified sanitary
5. Spheroidal or conical

E. Fabrication of metal framework

1. Full metal bridge for posterior (3 units)
2. Coping for anterior (3 units)
3. Full metal with acrylic facing
4. Full metal with ceramic facing
5. Adhesive bridge for anterior
6. Coping for metal margin ceramic crown
7. Pin ledge crown

F. Fabrication of crowns

1. All ceramic crowns with characterisation
2. Metal ceramic crowns with characterisation
3. Full metal crown
4. Precious metal crown
5. Post and core

G. Laminates

1. Composites with characterisation
2. Ceramic with characterisation
3. Acrylic

H. Preparation for composites

1. Laminates
2. Crown
3. Inlay
4. Onlay
5. Class I
6. Class II
7. Class III
8. Class IV
9. Fractures anterior tooth

IV. Other exercises

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

THE PRECLINICAL WORK SHOULD BE COMPLETED BEFORE THE CLINICAL WORK

1.2 Maxillofacial prosthesis

1. Eye
2. Ear
3. Nose
4. Face
5. Body
6. Cranial
7. Maxillectomy
8. Hemimandibulectomy
9. Finger prosthesis
10. Guiding flange
11. Obturator

1.3 Implant supported prosthesis

1. Step by step procedures – laboratory phase

1.4 Essential skills:

*** Key**

O – Washes up and observes.
A – Assists a senior.
PA – Performs procedure under the direct supervision of senior specialist.
PI – performs independently

PROCEDURE	**CATEGORY**				**Done**
	O	**A**	**PA**	**PI**	
Tooth and tooth surface restoration a) Composites – fillings, laminates, inlay, onlay b) Ceramics – laminates, inlays, onlays c) Glass Ionomer	 2 2 1	 2 2 1	 2 2 1	 10 10 10	
CROWNS					
FVC for metal	1	2	2	10	
FVC for ceramic	1	2	2	10	
Precious metal crown	1	-	1	5	
Galvanoformed crown	-	-	1	1	
3/4th 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	1	-	-	5	
Intraradicular crowns (central, lateral, canine, premolar and molar)	1	-	-	5	
Crown as implant supported prosthesis	1	-	1	5	
FIXED PARTIAL DENTURES				Needed	Done
Cast porcelain (3 unit)	1	-	-	5	
Cast metal – precious and non-precious (3 unit posterior)	1	-	-	5	
Porcelain fused metal (anterior and posterior)	1	1	1	10	
Multiple abutment – maxillary and mandibular full arch	1	1	1	5	
Incorporation of custom made and readymade precision joint or attachments	1	1	1	4	
Adhesive bridge for anterior/posterior	1	-	1	10	
Metal fused to resin anterior FPD	-	-	1	5	
Interim provisional restorations (crowns and FPDs)	1	1	1	10	
Immediate fixed partial dentures (interim)	1	1	1	5	
Fixed prosthesis as a retention and rehabilitation for acquired and congenital defects – maxillofacial prosthetics	1	1	1	5	
implant supported prosthesis	1	-	1	1	
Implant – tooth supported prosthesis	1	-	1	1	
REMOVABLE PARTIAL DENTURE					
Provisional partial denture prosthesis	1	1	1	10	
Cast removable partial denture (for Kennedy's Applegate classification with modification)	1	1	1	6	
Removable bridge with precision attachments and telescopic crowns for anterior and posterior	1	1	2	4	
Immediate RPD	1	1	1	5	
partial denture for medically compromised and handicapped patients	1	1	1	5	
COMPLETE DENTURES					
Neurocentric occlusion & characterised prosthesis	-	-	1	5	
Anatomic characterized prosthesis (by using semi adjustable articulator)	-	-	1	25	

Single dentures	-	-	1	5	
Overlay dentures	-	-	1	5	
Interim complete dentures as a treatment prosthesis for abused denture supporting tissues	-	-	1	5	
Complete denture prosthesis (for abnormal ridge relation, ridge form and ridge size)	-	-	1	5	
Complete dentures for medically compromised and handicapped patients	-	-	1	5	
GERIATRIC PATIENTS					
Tooth and tooth surface restorations, crowns, fixed prosthesis, removable prosthesis	-	-	1	5	
IMPLANT SUPPORTED COMPLETE PROSTHESIS					
Implant supported complete prosthesis (maxillary and mandibular)	-	-	1	1	
MAXILLOFACIAL PROSTHESIS					
Guiding flange and obturators	-	-	1	4	
Speech and palatal lift prosthesis	-	-	1	2	
Eye prosthesis	-	-	1	2	
Nose prosthesis	-	-	1	2	
Face prosthesis	-	-	-	1	
Maxillectomy	-	-	1	2	
Hemimandibulectomy	-	-	1	2	
Cranioplasty	-	-	1	1	
Finger/ hand, foot	-	-	1	2	
Body prosthesis	-	-	1	1	
Management of burs, scars	-	-	-	1	
TMJ SYNDROME MANAGEMENT					
Splints – periodontal, teeth, jaws	-	-	1	4	
TMJ supportive and treatment prosthesis	-	-	1	1	
Stabilization appliances for maxilla and mandible with freedom to move from IP to CRCP	-	-	-	1	
In IP without the freedom to move to CRCP	-	-	-	1	
Repositioning appliances, anterior disclusion	-	-	-	1	
Chrome cobalt and acrylic resin stabilization appliances for modification to accommodate for the irregularities in dentition	-	-	-	2	
occlusal adjustment and occlusal equilibrium	-	-	1	4	
FULL MOUTH REHABILITATION					
Full Mouth Rehabilitation restoration of esthetics and function of stomatognathic system	-	-	1	4	
INTER-DISCIPLINARY TREATMENT MODALITIES					
Inter-Disciplinary management – restoration of Orocraniofacial defects for esthetics, phonation, mastication and psychological comforts	-	-	1	2	
MANAGEMENT OF FAILED RESTORATION					
Tooth and tooth surface restorations	-	-	-	5	
Removable prosthesis	-	-	-	10	
Crowns and fixed prosthesis	-	-	-	5	
Maxillofacial prosthesis	-	-	-	2	
Implant supported prosthesis	-	-	-	1	
Occlusal rehabilitation and TMJ syndrome	-	-	-	2	
Restoration failure of psychogenic origin	-	-	-	5	
Restoration failure to age changes	-	-	-	2	

2. PERIODONTOLOGY

SECTION 1

ACADEMIC ACTIVITIES TO BE PURSUED DURING THE THREE YEAR COURSE

TEACHING / LEARNING ACTIVITIES

- **Seminars :** A minimum of 15 seminars to be presented by each student during the P.G. course (At least 5 seminars per year)
- **Journal Clubs:** a minimum of 25 Journal articles to be reviewed by each student during the P.G. course.
- **Interdepartmental Seminars:** Each P.G. student should present at least 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
- **Scientific Presentation-(Paper /Poster presentation)-** Minimum of 5 paper / poster presentations in reputed conferences or workshops.
- **Conference /Workshop attendance-** Minimum of 2 conferences or workshops per year apart from CDE programs.
- **Publications-** Minimum of 2 publications during the course of study.
- **Teaching-** Should take part in undergraduate teaching programs either lectures or group discussion.

ACADEMIC ACTIVITIES:

1 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 the 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 handing 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

Second year

1.	Clinical Work	10 CASES
2.	Case history and treatment planning	5 CASES
3.	Local Drug Delivery techniques	
4.	Periodontal Surgical procedures	

- Pocket therapy
- Muco-gingival surgeries
- Implants (2 implants)

- Managements of perio endo problems
  5. Occlusal adjustments 10 CASES
  6. Perio splints 10 CASES

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 examination: In addition to the regular evaluation, log book etc., Assessment examination should be conducted once every six month & progress of the student monitored

Note:1**.** Submission of Synopsis for Dissertation should be done within 6 months of the commencement of the course.

2. Submission of two copies of Library Assignments at the end of 1st year.
3. Submission of pre-clinical work as scheduled
4. Submission of Dissertation – 6 months before completion of III year
5. Maintenance of work Diary / Log book as prescribed by The TN Dr MGR Medical University.

MONITORINGLEARNING 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 4.

SECTION 2 - COMPLETION RECORD (Only numbers)

S.NO	ACTIVITY	FIRST YEAR	SECOND YEAR	THIRD YEAR	Mean Score
1	Preclinical exercises				
2	Clinical work in OPD				
	Applied periodontal indices				
	Hand Scaling and root planning (SRP)				
	Ultrasonic scaling and root planning (SRP)				
	Curettage				
	Gingivectomy				
	Gingivoplasty				
	Flap surgery				
3	Journal review presentation				
4	Seminar Presentation				
5	Clinical case presentation				
6	Conferences, workshops, CDE programs attended				
7	Paper / Poster Presentation				
8	Publications				
9	Undergraduate Teaching				
10	Library Dissertation				
11	Dissertation				
12	Inter departmental seminar attendance				
13	Interdepartmental presentation				
	TOTAL SCORE				
	SIGNATURE OF THE PROFESSOR/HOD				

SECTION 3 - PRECLINICAL EXCERCISES-

S.No	Date	Exercise	Mean score	Signature

JOURNAL REVIEW PRESENTATION- (Evaluation see check list 1)

S.No	Date	Name of Article & Journal details	Mean score	Signature

SEMINAR PRESENTATION- (Evaluation see check list 2)

S.No	Date	Topic	Mean score	Signature

CLINICAL WORK IN OPD- (See Annexure 3 for check list)

S.No	Date	OP Number	Patient Name	Age/ Sex	Diagnosis	Clinical work done	Signature

CLINICAL CASE PRESENTATION- (Evaluation see check list 4)

S.No	Date	Patient name	Age/Sex	Diagnosis	Mean score	Signature

TEACHING SKILLS EVALUATION- (see check list 5)

S.No	Date	Topic covered	Mean score	Signature

DISSERTATION PRESENTATION- (see check list 6)

S.No	Date	Exercise	Mean score	Signature

LIBRARY DISSERTATION

Date of Topic selection	Topic	Date of submission	Score	Signature

DISSERTATION DETAILS (Check list 6, 7 for evaluation)

Date of Topic selection	Topic	Date of University acceptance	Date of ethics committee clearance	Date of submissio n	Signature

CONFERENCES, WORKSHOPS, CDE PROGRAM, PRECONFERENCE COURSE ATTENDED

S.No	Name of Conference/Workshop/ CDE program attended	Date	Venue	Signature

PAPER OR POSTER PRESENTATION

S.No	Name of Conference	Title of Paper or poster presented	Date	Venue	Signature

PAPER PUBLICATION

S.No	Title	Journal Details	Signature

INTERDEPARTMENTAL SEMINAR PRESENTATION

S.No	Topic	Date	Departments involved	Signature

INTERDEPARTMENTAL SEMINAR ATTENDANCE

S.No	Topic	Date	Departments involved	Mean Score	Signature

3.ORAL AND MAXILLOFACIAL SURGERY

3.1 YEAR BY YEAR PROGRAMME:

I Year

First term:

Dissection, basic sciences, basic computer sciences, exodontias, 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 6 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
Orthopaedic	-	15 days

Examination of basic sciences – one paper of 3 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 3 hours duration to be conducted by the college.

III Year

Maxillofacial surgery, submission of dissertation in the 1st term, i.e. 6 months before the final examination of the university.

Examination of 3 hours duration 3 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 3rd year

SI.No	Procedure	Category	Year	Number	Completed
1	Injection I.M. and I.V.	PI	I, II	50, 20	
2	Minor suturing and removal of sutures	PI	I	N,A	
3	Incision & drainage of an abscess	PI	I	10	
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 c) ridge reconstruction	 PI PI PI, PA	 I I, II II, III	 15 3 3	
7	OAF closure	PI, PA	I, II	3, 2	
8	Cyst enuleation	PI, PA	I, II	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	II, III	5, 5	
17	Tracheotomy	PA, A	II, III	2, 2	
18	Skin grafts	PA	III	3, 5	

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

4.CONSERVATIVE DENTISTRY AND ENDODONTICS

4.1 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

Pre Clinical Work – Operative and Endodontics

Preclinical work on typhodont teeth

1. Class 2 amalgam cavities
   - a. Conservative preparation -03
   - b. Conventional preparation -03
2. Inlay cavity preparation on premolars
   And molars – MO, DO, MOD -10
   - a. Wax pattern -06
   - b. Casting -04
3. Onlay preparation on molars -02
   - a. Casting -01
4. Full Crown
   - a. Anterior -05
   - b. Posterior -05

   (2 each to be processed)
5. 7/8 crown -02
   (1 to be processed)
6. 3/4 crown premolars -02
   (1 to be processed)

Pre Clinical work on natural teeth

1. Inlay on molars and premolars
   MO, Do, and MOD - 08
   a. Casting - 02
   b. Wax pattern - 02
2. Amalgam cavity preparation
   a. Conventional - 02
   b. Conservative - 02
3. Pin retained amalgam on molar teeth - 02
4. Post and core build up
   - a. Anterior -10
   - b. Posterior - 05
5. Casting
   - a. Anterior - 04
   - b. Posterior - 02
6. Onlay on molars - 03
   (1 to be processed)
7. Full crown premolars and molars - 04
8. Full crown anterior - 06
   (2 and 3 to be processed)
9. Veneers anterior teeth
   (indirect method) - 02
10. Composite inlay (class 2) -03
    (1 to be processed)
11. Full tooth wax carving -all permanent teeth

4.2 ENDODONTICS:

1. Sectioning of all maxillary and mandibular teeth.
2. Sectioning of teeth – in relation to deciduous molar, 2nd primary upper and lower molar 1 each
3. Access cavity opening and root canal therapy in relation to maxillary and mandibular permanent teeth
4. Access cavity preparation and BMP

Anterior

a. Conventional prep
b. Step back
c. Crown down

Obturation 03

5. BMP Premolar 06 (2 upper and 2 lower) obturation 1 each
6. BMP Molar 06 (3 upper -2 first molars and 1 second molar,3 lower - 2 first molars and 1 second molar)obturation 1 each
7. Post and core preparation and fabrication in relation to anterior and posterior teeth
   a. Anterior 10 (casting 4)
   b. Posterior 05 (casting 2)
8. Removable dies 04

Note: Technique work to be completed in the 1st four months

CLINICAL WORK:

A	Composite restorations	30
B	GIC Restorations	30
C	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:

1. Seminars – 5 seminars by each student – should include topics in dental materials conservative dentistry and endodontics
2. Journal clubs – by each student
3. Submission of synopsis at the end of 6 months
4. Library assignment work
5. Internal assessment – theory and clinical.
6.

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 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

1. Undergraduate teaching program as allotted by the HOD
2. Seminars - 5 by each student
3. Journal club - 5 by each student
4. Dissertation work
5. Prepare scientific paper and present in conference and clinical meeting
6. Library assignment to be submitted 18 months after starting of the course
7. Internal assessment – theory and clinical

Third Year

Dissertation work to be submitted 6 months before final examination.

Clinical work

1. Cast gold inlay-Onlay, cuspal restoration 10
2. Post and core 20
3. Molar Endodontics 50
4. Endo surgery 05
5. All other types of surgeries including crown lengthening, perioesthetics, hemi sectioning, splinting, replantation, endodontic implants.

Presentation of:

1. Seminars
2. Journal club
3. Teaching – lecture (under graduates)
4. Internal assessment – theory and clinical

5. ORTHO AND DENTOFACIAL ORTHOPAEDICSSKILLS:

I.. Pre-clinical Exercises

A general outline of the type of exercises is given here. Every institution can decide the detailsof 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 typesof 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.,withadequate exposure to other techniques.

b) Typhodont exercise

i..Band making

ii .Bracket positioning and placement

iii .Different stages in treatment appropriate to technique taught

9. Clinical photography
10. Computerized imaging
11. Preparation of surgical splints, and splints for TMJ problems.
12. Handling of equipments like vacuum forming appliances and hydro solder etc.

First Year

5.1Basic pre-clinical exercise work for the MDS students:

1st 6 months

1.NON- APPLIANCE EXERCISES

All the following exercises should be done with 0.7 or 0.8 mm wire

SI.No.	Exercise	No.
1	Straightening of 6” & 8” long wire	1 each
2	Square	1
3	Rectangle	1
4	Triangle of 2” side	1
5	Circle of 2” side	1
6	Bending of 5U’s	1
7	Bending of 5V’s	1

2 .CLASPS

SI.No.	Exercise	No.
1	3/4 Clasps	2
2	Full clasps	2
3	Triangular Clasps	2
4	Adam’s clasps – upper molar	2
5	Adam’s clasps – lower molar	2
6	Adam’s clasps – Pre molar	2
7	Adam’s clasps – Incisor	2
8	Modification of Adam’s – with Helix	2
9	Modification of Adam’s - with distal extension	2

10	Modification of Adam's - With soldered tube	2
11	Duyzing Clasps on Molars	2
12	Southend Clasp	1

3. LABIAL BOWS

S.No	Exercise	No.
1	Short labial bow (upper & lower)	1
2	Long labial bow (upper & lower)	1
3	Robert's retractor	1
4	High labial bow-with apron spring's	1
5	Mill's labial bow	1
6	Reverse loop labial bow	1
7	Retention labial bow soldered to Adam's clasp	1
8	Retention labial bow extending distal to 2nd molar	1
9	Fitted labial bow	1
10	Split high labial bow	1

4.SPRINGS

S.No.	Exercise	No.
1	Finger spring – mesial movement	2
2	Finger spring – distal movement	2
3	Double cantilever spring	2
4	Flapper spring	2
5	Coffin spring	2
6	T spring	2

5. CANINE RETRACTORS

S.No.	Exercise	No.
1	U loop canine retractor	2 pairs
2	Helical canine retractor	2 pairs
3	Palatal canine retractor	2 pairs
4	Self-supporting canine retractor	2 pairs
5	Self-supporting canine retractor	2 pairs

6.APPLIANCES

SI.No.	Exercise
1	Hawley's retention appliance with anterior bite plane
2	Upper Hawley's appliance with posterior bite plane
3	Upper expansion appliance with coffin spring
4	Upper expansion appliance with coffin spring
5	Upper expansion appliance with expansion screw
6	Habit breaking appliance with tongue crib
7	Oral screen and double oral screen
8	Lip bumper
9	Splint for Bruxism
10	Catalans appliance
11	Activator
12	Bionator
13	Frankel-FR 2 appliance
14	Twin block
15	Lingual arch
16	TPA
17	Quad helix
18	Bihelix
19	Utility arches
20	Pendulum appliance

7.SOLDERING EXERCISES

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

8.WELDING EXERCISES

SI.No.	Exercise
1	Pinching and welding of molar, premolar, canine and incisor bands
2	Welding of Buccal tube and brackets on molar bands and incisor bands

9. IMPRESSION OF UPPER AND LOWER ARCHES IN ALGINATE
10. STUDY MODEL PREPARATION

11.MODEL ANALYSIS

SI.No	Exercise
1	Impression of upper and lower dental arches
2	PREPARATION OF STUDY MODEL – 1 And all the permanent dentition analyses to be done.
3	PREPARATION OF STUDY MODEL – 2 And all the permanent dentition analyses to be done.
4	PREPARATION OF STUDY MODEL – 3 And all the mixed dentition analyses to be done.

12. CEPHALOMETRICS

SI.No.	Exercise
1	Lateral cephalogram to be traced in 5 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 – Holdway and Burnstone

13. BASICS OF CLINICAL PHOTOGRAPHY INCLUDING DIGITAL PHOTOGRAPHY

14. LIGHT WIRE BENDING EXERCISES FOR THE BEGG TECHNIQUE

SI.No.	Exercise
1	Wire bending technique on 0.016’ wire circle”Z” Omega
2	Bonwill-Hawley diagram
3	Making a standard arch wire
4	Inter maxillary hooks- Boot leg and Inter Maxillary type
5	Upper and lower arch wire
6	Bending a double back arch wire
7	Bayonet bends (vertical and horizontal offsets)

8	stage-III arch wire
9	Torquingauxillary (upper)
10	Reverse Torquing (lower)
11	Up righting spring

15. TYPHODONT EXERCISES: (Begg or P.E.A. method**)**

S.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

6.ORAL PATHOLOGY AND ORAL MICROBIOLOGY

6.1 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.

6.2 BASIC HISTO TECHNIQUES AND MICROSCOPY:

Routine haematological tests and clinical significance of thesame.
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 electronmicroscopy
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:

1. Submission of synopsis of dissertation at the end of 6 months
2. Journal Clubs a minimum of 25 Journal articles to be reviewed by each student during the P.G. course and seminars to be presented by every Post graduate student twice a month
3. To attend interdepartmental meetings.
4. To attend dental camps based on survey to be done.
5. Part-I Year ending examination to be conducted by the college.

II YEAR

ORAL PATHOLOGY

1. Developmental defects of oral and maxillofacial region and abnormalities of teeth.
2. Dental caries (Introduction, epidemiology, microbiology, cargenic bacterial including properties, acid production in plaque, development of lesion, response of dentine – pulp unit, histopathology, root caries, sequelae and immunology).
3. Pulpal and Periapical diseases
4. Infections of oral and Para Oral regions (bacterial, viral and fungal infection)
5. Non- neoplastic disorders of salivary glands
6. Bone pathology
7. Hematological disorders
8. Physical and chemical injuries, allergic and Immunological diseases.
9. Cysts of odontogenic origin
10. Dermatologic diseases.
11. Periodontal diseases.
12. Oral manifestations of systemic diseases.
13. Facial pain and neuromuscular disorders including TMJ disorders
14. Regressive alteration of teeth

CLINICAL PATHOLOGY:

1. Laboratory investigations – Hematology, Microbiology and Urine analysis
2. Postings to clinical pathology for relevant training
3. Record book to be maintained.

(i) SPECIALIZED HISTOTECHNIQUES AND SPECIAL STAINS:

Special staining techniques for different tissues.
Immunohistochemistry
Preparation of frozen sections and cytological smears

Approach:

a. Training to be imparted in the department or in other institutions having the facility.
b. Record book to be maintained

(ii) RECORDING OF CASE HISTORY AND CLINIC-PATHOLOGICAL DISCUSSIONS:

Approach:

Posting to the department of Oral medicine, Diagnosis and Radiology and Oral and maxillofacial surgery. Record of cases seen to be maintained.

DERMATOLOGY

Study of selected mucocutaneous lesions-etiopahogenesis, pathology, clinical presentation and diagnosis.

Approach:

a. Posting to the department of dermatology of a medical college
b. Topics to be covered as seminars
c. 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 familiarize with the pathological appearances, diagnosis, radio diagnosis and treatment modalities.

ORAL MICROBIOLOGY AND IMMUNOLOGY:

1. Normal Oral microbial flora
2. Defense mechanism of the oral cavity
3. Microbiology and immunology of Dental caries and Periodontal diseases
4. Dental caries (Introduction, epidemiology, microbiology, cariogenic bacteria including properties, aid production in plaque, development of lesion, response of dentin-pulp unit, histopathology, root caries, sequelae and immunology)
5. Tumor immunology
6. Infections of Pulp and Periapical and periodontal tissues
7. Oral sepsis and Bacterimia
8. Microbial genetics
9. Infections of oral and Para oral regions (bacterial, viral and fungal infections)

Approach:

To be covered as seminars

FORENSIC ODONTOLOGY

Legal procedures like inquest, medico-legal evidences post mortem examination of violence around mouth and neck, identification of deceased individual-dental importance.
Bite marks rugae patterns and lip prints.

Approach:

To be covered as seminars Posting to a Cancer centre to familiarize with the pathological appearances, diagnosis, radio diagnosis and treatment modalities.

HISTOPATHOLOGY – SLIDE DISCUSSION:

Record book to be maintained

6. 3 LABORATORY TECHNIQUES AND DIAGNOSIS

1. Routine haematological tests and clinical significance of thesame.
2. Biopsy procedures for oral lesions
3. Processing of tissues for paraffin sections

4. Microtome and principles of microtomy
5. Routine stains, principles and theories of staining techniques
6. Microscope, principles and theories of microscopy
7. Light microscopy and various other types including Electron microscopy.
8. Methods of tissue preparation for ground sections, decalcified sections.
9. Special stains and staining techniques for different tissues
10. Immunohistochemistry
11. Preparation of frozen sections and cytological smears

OTHER TOPICS IN ORAL PATHOLOGY.

1. Detailed description of diseases affecting oral mucosa, teeth, supporting tissues & jaws
2. Cysts of the oral & Para-oral regions
3. Systemic diseases affecting oral cavity.

Approach:

Seminars & slide discussions. Record notebook to be maintained. Training in histo-pathology slide reporting.

6.4 EXPERIMENTAL ASPECTS OF ORAL DISEASES

Approach:

Posting is desirable in Centres where animal experimentation is carried out to familiarize with laboratory techniques, upkeep & care of experimental animals.

6.5 Recent advances in Oral Pathology

Approach.

Upgrade the knowledge of Oral apthology through study of recent journals & internet browsing, journal clubs and group discussions.

Academic activities

- Library assignment to be submitted at the end of 6months.
- Commencement of Dissertation work
- Journal Clubs and Seminars to be presented by every student
- Clinico Pathological discussions once in a month by every PG student
- To attend the Inter departmental meetings
- Lecture and practical classes and slide discussions to be taken for II BDS students in Oral Pathology and dental anatomy, Dental histology and Oral pathology.
- Year ending Examinations (theory & Practical) to be conducted by the college.

THIRD YEAR

- Non –Neoplastic disorders of the salivary gland
- Bone physiology
- 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 centre 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 BDS 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 a month.
- To attend Inter departmental meetings.

7. PUBLIC HEALTH DENTISTRY

7.1 STRUCTURED TRAINING SCHEDULE:

1st Year

(i) SEMINARS:

1. 5 seminars in basic sciences subject,
2. To conduct 10 journal clubs
3. Library assignment on assigned topics-2
4. Submission of synopsis for dissertation-within 6 months
5. Periodic review of dissertation at 2 monthly intervals

(ii)CLINICAL TRAINING:

1.Clinical assessment of patient

2. Learning different criteria and instruments used in various oral indices – 5 cases each

a. Oral Hygiene Index – Greene and Vermillion
b. Oral Hygiene Index – Simplified
c. DMF – DMG (T), DMF (S)
d. Def
e. Fluorosis indices –Dean's Fluorosis index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov index.
f. Community Periodontal Index (CPI)
g. Plaque Index-Silness and Loe
h. WHO Oral Health Assessment Form-1997
i. Carrying out treatment (under comprehensive oral healthcare) of 10 patients – maintaining complete records.

(iii) FIELD PROGRAMS:

1. Carrying out preventive programs and health education forschool children of the adopted school.

2. School based preventive programs –

a. Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
b. Pit and Fissure Sealant – chemically cured (GIC), light cured
c. Minimal Invasive Treatment- Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
d. Organizing and carrying out dental camps in both urban and rural areas.

3. Visit to slum, water treatment plant, sewage treatment plant, and Milk Dairy, Public Health Institute, Anti-Tobacco Cell, Primary Health Center and submitting reports.

4. In additions the postgraduate shall assist and guide the under graduate students in their clinical and field programs.

2nd Year

(i) SEMINARS:

1. Seminars in public Health and Dental Public Health topics
2. Conducting journal clubs
3. Short term research project on assigned topics-2
4. Periodic review of dissertation at monthly reviews

(ii) CLINICAL TRAINING-CONTINUATION OF THE CLINICAL TRAINING

1. Clinical assessment of patient

2. Learning different criteria and instruments used in various oral indices –

a. Oral Hygiene Index – Greene and Vermillion
b. Oral Hygiene Index – Simplified
c. DMF – DMG (T), DMF (S)
d. Def t/s
e. Fluorosis indices –Dean's Fluorosis index, Tooth Surface Index forFluorosis, Thylstrup and Fejerskovindex
f. Community Periodontal Index (CPI)
g. Plaque Index-Silness and Loe

h. WHO Oral Health Assessment Form-1997
i. Carrying out treatment (under comprehensive oral health care) of 10 patients – maintaining complete records.

(iii) FIELD PROGRAMS-CONTINUATION OF FIELD PROGRAM:

1. Carrying out school dental health education.
2. School based preventive programs –
a. Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, AcidulatedPhosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
b. Pit and Fissure Sealant – chemically cured (GIC), light cured
c. Minimal Invasive Treatment- Preventive Resin Restorations (PRR), AtraumaticRestorative Treatment (ART)
d. 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.
a. Topical Fluoride application - Sodium Fluoride, Stannous Fluoride, Acidulated PhosphateFluoride preparations and Fluoride varnishes.
b. 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 conditions-3 surveys.
7. In additions the postgraduate 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.

3rd Year

(i) SEMINARS:

a. Seminars on recent advances in Preventive Dentistry and Dental Public Health
b. Critical evaluation of scientific articles – 10 articles
c. Completion and submission of dissertation.

(ii)CLINICAL TRAINING:

1. Clinical assessment of patient
2. Learning different criteria and instruments used in various oral indices –
a. Oral Hygiene Index – Greene and Vermillion
b. Oral Hygiene Index – Simplified
c. DMF – DMG (T), DMF (S)
d. Def t/s
e. Fluorosis indices –Dean's Fluorosis index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov index
f. Community Periodontal Index (CPI)
g. Plaque Index-Silness and Loe
h. WHO Oral Health Assessment Form-1997
i. Carrying out treatment (under comprehensive oral health care) of 10 patients – maintaining complete records.
3. Carrying out school dental health education.
4. School based preventive programs –
a. Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, AcidulatedPhosphate Fluoride preparations and Fluoride varnishes.
b. Pit and Fissure Sealant – chemically cured (GIC), light cured
c. Minimal Invasive Treatment- Preventive Resin Restorations (PRR), Atraumatic RestorativeTreatment (ART)
5. To take lecture classes (2) for Undergraduate students in order to learn teachingmethods(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.

a. Topical Fluoride application - Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
b. Pit and Fissure Sealants
8. Dental- health education training of school teachers, social workers,health workers.
9. Posting at dental satellite center / nodal centers
10. In additions the postgraduate shall assist and guide the undergraduate students in their clinical and field programs.

Before completing the 3rd 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.

CLINICAL WORK					
S.No	**Work to be completed**	**March of 1st year**	**March of 2nd year**	**Dec of 3rd year**	**Total**
1	Case history + Indices	125	25	-	150
2	TCC Cases	150	-	-	150
3	Comprehensive Case History + treatment		30		30
4	Case history + pit and fissure sealant		20		20
5	Case history + Topical fluoride application		10		10
6	Case history + ART		10		10
7	Case history + Preventive and Interceptive orthodontic treatments			5	5
8	Camps				
9	Educational Visit (PHC, Schools,)				
ACADEMIC WORK					
S.No	**Work to be submitted**	**March of 1st year**	**March of 2nd year**	**Dec of 3rd year**	**Total**
1	Seminar	6	5	5	16
2	Journal Club	10	10	10	30
3	Journal Card	50	50	50	150
4	Problem Solving	3	4	3	10
5	Library Dissertation	1	-	-	1
6	Short term	-	1	-	1
7	Hygienist classes	-	10	30	40
8	Dissertation	Topic to university	Ethical	1	1
9	Pedagogy	-	-	3	3
10	Publication	-	1	-	1

8. PAEDODONTICS AND PREVENTIVE DENTISTRY

1st Year

8.1 Preclinical Work

(Duration – first 6 months of 1st 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 Myo functional appliance
    f. Making of inclined plane appliance
    g. Feeding appliances

I. 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

1. Unilateral Non-functional space maintainer
2. Bilateral Non- functional space maintainer
3. Unilateral Functional space maintainer
4. Bilateral Functional space maintainer

b. Space Regainers-

Hawley's appliance with helical space regainer
Removable appliance with Slingshot space regainer
Removable appliance with Dumbell space regainer

c. Fixed Space maintainers

1. Band & long loop space maintainers
2. Band & short loop space maintainers
3. Mayne's space maintainers
4. Transpalatal arch space maintainers
5. Nance palatal holding arch
6. Nance palatal holding arch with canine stoppers
7. Gerber space regainer
8. 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. Basic for spot welding exercise
7. Collection of extracted deciduous and permanent teeth
    a. Sectioning of the teeth at various permanent teeth
    b. Drawing of section and shapes of pulp

    c. Phantom **Head Exercises**: Performing ideal cavity preparation for various restorative materials for both Deciduous and permanent teeth

    d. Performing pulpotomy, root canal treatment and Specification procedure.

i)Tooth preparation and fabrication of various temporary and permanent restorations onfractured anterior teeth.
ii) Preparation of teeth for various types of crowns
iii) Laminates/veneers
iv) Bonding& banding exercise

Performing of behavioural rating and IQ tests for children

Computation of: -

a. Caries index and performing various caries activity test.
b. Oral Hygiene Index
c. Periodontal Index
d. Fluorosis Index

7. Surgical Exercises:
   a. Fabrication of splints
   b. Type of wiring c. Suturing, various pvit system, pricing& perm. Tuli
   a. Taking of periapical, occlusal, bitewing radiographs of children
   b. Developing and processing of films, thus obtained
   c. Tracing of soft tissue dental and skeletal landmarks as observed on Cephalometric radiographs and drawing of various planes and angles, further interpretation of Cephalometric radiographs is analysis.
   d. Mixed dentition cast analysis
8. Library assignment
9. Synopsis.

8.2Clinical work Requirements from 7 to 36 months

The following is the minimum requirement to be completed before the candidate can be considered eligible to appear in the final M.D.S examinations

No.	**Clinical Work**	**Total**	**7 To 12 Months**	**13 To 24 Months**	**25 To 36 Months**
1	Behavior Management of different age groups children with complete records.	17	2	10	5
2	Detailed Case evaluation with complete records, treatment planning and presentation of cases with chair side and discussion	17	2	10	5
3	Step-by-step chair side preventive dentistry scheduled for high risk children with gingival and periodontal diseases & Dental Caries	11	1	5	5
4	Practical application of Preve -ntive dentistry concepts in a class of 35-50 chiidren& Dental Health Education & Motivation.	7	1	4	2
5	Pediatric Operative Dentistry with application of recentconcepts. (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	100
	(b). Management of traumatized	15	04	06	05
	(c) Aesthetic Restorations	25	05	10	10
	(d). Pediatric Endodontic procedures				
	i. Deciduous teeth	150	30	50	70
	Pulpotomy /Pulpectomy	20	3	7	10
	ii. Permanent Molars	15	2	3	10
	iii. Permanent Incisor	20	02	08	10
	iv. Apexification&Apexogenesis				
6	Stainless Steel Crowns	50	10	20	20
7	Other Crowns	05	01	02	02
8	Fixed Space Maintainers	30	08	12	10
9	Removable Space Maintainers	20	05	07	08
10	Functional Maintainers	05	01	02	02
11	Preventive measures like fluoride applications & Pit & Fissure Sealants applications with complete	20	08	08	04

	follow-up and diet counseling				
12	Special Assignments	03	01	01	01
	(i) School Dental Health Programmes				
	(ii) Camps etc.,	02	01	01	-

13. Library Usage
14. Laboratory usage
15. Continuing Dental Health Programme

(The figures given against SI.No. 4 to 12 are the minimum number of recommended procedures to be performed).

9. ORAL MEDICINE AND RADIOLOGY

9.1 ESSENTIAL KNOWLEDGE:-

Basic medical subjects, Oral Medicine, Clinical Dentistry, Management of Medical Emergencies, Oral Radiology, Techniques and inter-operation, Diagnosis of Oro-facial Disorders.

9.2PROCEDURAL AND OPERATIVE SKILLS:

1st year

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

2nd Year:

1. Dental treatment to medically compromised patients
   - Observe, Assist, & Perform under supervision
2. Extra - oral radiographs, digital radiography – 20
   - Observe, Assist, & Perform under supervision

A. 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 is 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

Section 2 List of past training experience

S.No	Hospital	Speciality	Date of starting	Date of completion	Name of teacher

Section- 3:Record of Professional Training in the Program

To be designed by the respective Departments.

Section – 4: Record of Participation in Academic Activities

4.1 Record of Journal Clubs Attendance

S. No	Date	Title	Professor

4.2. Record of Papers Presented and Lectures Given

S. No	Date	Topic	Venue	Professor

4.3. Record of Conferences/ Seminars/ Workshops Attended

S. No	Date	Topic	Venue	Professor

4.4. Record of Research Activities

S. No	List of date and goals given by the Professor for the year	Date and achievements by the Post graduate student

Section – 5: Internal Evaluations, Leaves and Personnel Development of Post graduate student

5.1 Record of Ward test

S. No	Date	Topic	Marks	Professor

5.2. Record of Leave/ Absence/Explanation

S.	Date	Leave/Absence/Explanation	Professor

No			

5.3Consolidation Sheet (yearly) for the year.....

Month	Record of Ward test	Record of Journal Clubs attendance	Records of papers presented &lectures given	Record of Seminars/ Conference/ workshop attended	Records of Research activities	Records to leave/absence explanation
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

CHECK LISTS

SECTION 1

1.1 Completion Record

S.NO	ACTIVITY	FIRST YEAR	SECOND YEAR	THIRD YEAR
1	Preclinical exercises			
2	Clinical work in OPD			
3	Journal review presentation			
4	Seminar Presentation			
5	Clinical case presentation			
6	Conferences, workshops, CDE programs attended			
7	Paper / Poster Presentation			
8	Publications			
9	Undergraduate Teaching			
10	Library Dissertation			
11	Dissertation			
12	Inter departmental seminar attendance			
13	Interdepartmental presentation			

SECTION 2

2.1 Check list for Evaluation of Journal Review Presentations

S.No	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Article chosen was					
2	Extent of understanding of scope & objectives of the paper by the candidate					
3	Whether cross-references have been consulted					
4	Whether other relevant publications consulted					
5	Ability to respond to questions on the paper / subject					
6	Audio – Visual aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
	Total Score					

2.2 Check list for Evaluation of Seminar Presentations

S.No	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Whether other relevant publications consulted					
2	Whether cross-references have been consulted					
3	Completeness of preparation					

4	Clarity of presentation					
5	Understanding of subject					
6	Ability to answer the questions					
7	Time scheduling					
8	Appropriate use of Audio – Visual aids					
9	Overall performance					
10	Any other observation					
	Total Score					

2.3 Check list for Evaluation of Clinical Work in OPD

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

2.4 Evaluation from the Clinical Case Presentation

S.No	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative					
6	Accuracy of general physical examination					
7	Diagnosis: Whether it follows logically from history and findings					
8	Investigations required					
	Complete list					
	Relevant order					
	Interpretation of investigations					
9	Ability to react to questioning whether it follows logically from history and findings					
10	Ability to defend diagnosis					
11	Ability to justify differential diagnosis					
12	others					
	Grand Total					

2.5 Check list for Evaluation of Teaching Skill

S.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	Speaking style (enjoyable, monotonous, etc. Specify		
7	Attempts audience participation		
8	Summary of the main points at the end		
9	Ask questions		
10	Answers questions asked by the audience		
11	Rapport of speaker with his audience		
12	Effectiveness of the talk,		
13	Use AV aids appropriately		

2.6 Check list for Dissertation Presentation

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

2.7 Continuous Evaluation of Dissertation Work By Guide / Co- Guide

S.No	Prints to be considered	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Periodic consultation with guide / Co-guide					
2	Regular collection of case material					
3	Depth of analysis / discussion					
4	Department presentation of findings					
5	Quality of final output					
6	Others					
	Total Score					

2.8 OVERALL ASSESSMENT SHEET

S.No	Points to be considered	Name of trainee and Mean Score									
		A	B	C	D	E	F	G	H	I	J
1											
2											
3											
4											
5											
6											

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.

Signature of HOD **Signature of Principal**