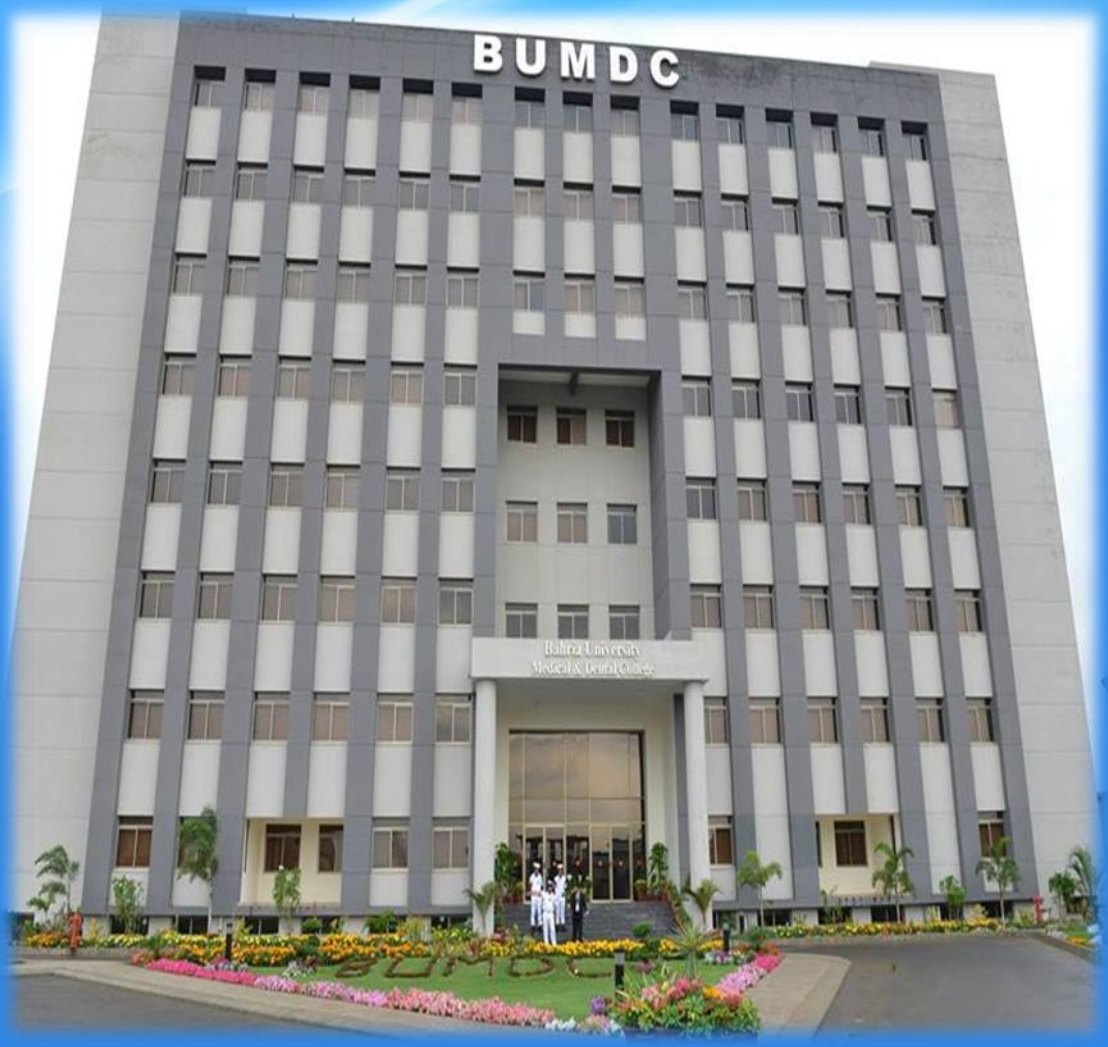
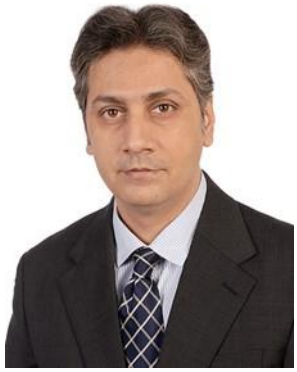
Bahria University
Dental College
BUHSC-(K)



Final Year BDS
Batch 7
STUDY GUIDE

FROM THE DESK OF PRINCIPAL



Prof Wahab Kadri

BDS, FCPS

Consultant Oral and Maxillofacial Surgeon

Principal,

BUDC

Bahria University Dental College (BUDC) since its inception has evolved as an exceptionally outstanding facility to provide quality education and dental treatment to the community.

I must appreciate the hard work of our well experienced and dedicated faculty members and staff in maintaining high standards of medical & dental education and the efforts they have put in Bahria University Health Sciences (BUHS) to be a distinguished center of excellence.

By the grace of Almighty, we are inducting the tenth batch of BDS this year. Since the establishment of dental college, we have been working constantly to upgrade services and facilities at BUHS campus and the attached PNS Shifa hospital for our students and patients.

We would like our graduates to excel as confident, responsible, and self-learning dental and medical practitioners.

All the best for your stay at BUDC and future endeavors.

MESSAGE FROM THE DESK OF VICE PRINCIPAL

Prof Dr. Kulsoom Fatima Rizvi
BSc, BDS, MSc. (London)
DDPHRCS (Eng.)
Vice Principal
BUDC

Dear students,

The evolutionary fields of Medicine and Dentistry call for continuous learning and persistence on behalf of the clinician. My goal as Vice Principal is to provide the leadership that will facilitate Dental College to provide the best possible academic guidance to meet the needs of students and patients to the best of our ability. Through a close partnership with faculty members and parents, I am confident we can make our college a place where our students can continue to grow academically and socially for life in the 21st Century.

We, at Bahria University Dental College, are committed to transform our students into dental surgeons who are life-long learners, who can lead fearlessly and selflessly, and are compassionate and impregnated with a deep sense of commitment towards humanity.

We meet international standards of professional education by installing the system of integrated curriculum, interdisciplinary and thematic teaching of basic and clinical sciences. We advocate interactive sessions to improve comprehension of students as well as training them with skills of communication and self-expression.

We provide our students with a stimulating environment for undertaking research projects in their undergraduate years to build a strong basis for their future career, professional growth and stand unmatched with students of other colleges, both local and international.

With a state-of-the-art campus, experienced faculty, an up-to-date digital library, transport and hostel facilities, I assure that your decision to study at BUDC will surely be a wise one, your experience here will be profoundly enriching and you will become a valuable asset to the nation.

ABBREVIATIONS

ASSIG/AS	**Assignment**
BCQS	**Best Choice Questions**
CBL	**Case Based Learning**
CDC	**Curriculum Development Committee**
CME	**Continuous Medical Education**
CP	**Class Presentation**
CQ	**Class Quiz**
CR/CW	**Clinical Rotation/Clinical Work in OPD**
CS	**Clinical Session**
DOPS	**Direct Observational Procedural Skills**
HEC	**Higher Education Commission**
HO	**House Officers**
HOD	**Head of the Department**
IL	**Interactive Lecture**
MIT	**Modes of Information Transfer**
MOD	**Modular**
Mini-CEX	**Mini Clinical Evaluation Exercise**
OMFS	**Oral And Maxillofacial Surgery**
OPD	**Outpatient Department**
OSCE	**Objective Structured Clinical Evaluation**
OSPE	**Objective Structured Practical Evaluation**
PBL	**Problem Based Learning**
PMC	**Pakistan Medical Commission**
PPT	**Power Point Presentation**
PW	**Practical work**
QEC	**Quality Enhancement Cell**
SC	**Short case**
SEQS	**Short Essay Questions**
SGD/S	**Small Group Discussion/Session**
SGIS	**Small Group Interactive Session**
Skill Lab	**Phantom Lab**
SS	**Self -Study**
Viva	**Viva**
VD	**Visual Display**

BAHRIA UNIVERITY DENTAL COLLEGE

CONTENTS

VISION

To become a knowledge and creativity driven international university that contributes towards development of society.

MISSION STATEMENT

To produce competent and skilled dental professionals and researchers by ensuring excellence in dental education, applied research and practices in a collegiate environment supported through national and international linkages, to exhibit highest principles of professional humanism towards community and society.

INTRODUCTION

When a dental student enters dental college, a new era of academic life begins. This study guide has been designed to help students sail smoothly during their transitional phase. The very first week is spent in familiarizing the students with the environment of Bahria University Dental College.

1- Objectives of Study Guide

The purpose of this study guide is to:

- Inform students what they are expected to learn during their study period.
- Guide students on how the student-learning program has been organized, and how it would be implemented.
- Help students organize and manage their studies throughout the year.
- Inform students about the code of conduct at Bahria University Dental College
- Inform on organization and management of the team at BUDC. This will help you contact the right individual in case you have any difficulty.
- Describe the course content which will be taught and what the students are expected to learn.
- Impart the information on learning methods that you will experience during the course. The methods include tutorials, lectures, practical skills, experiments, dissection, field visits and research. These learning methods should help you to achieve the course objectives.
- Guides you about the available learning resources for the terms. These include books, computer-assisted learning programs, videos, and other aids
- Makes you aware about the contribution of internal evaluation and term examinations, on student's overall performance.
- Passes the information on the methods of assessment.
- Inform regarding the examination policy, rules and regulations.

2- Curriculum:

You will be taught an integrated/hybrid modular curriculum followed by annual professional examination in every year of BDS program.

Term Schedule:

Academic calendar is given at the end of the document.

Course Objectives:

The learning objectives in terms of what students are expected to achieve on completion of each lecture (Module), including learning methods and assessment strategies, have been mentioned in this document

3- Mode of Information Transfer

The following teaching / learning methods / strategies are used to promote better understanding:

- Lectures
- Guest Lectures
- Case based learning (CBL)
- Problem Based Learning
- Team Based Learning
- Flipped Class Room
- Tutorials
- Assignments
- Practical's/Clinical Teaching
- Mini-CEX/DOPS
- Research projects
- Library sessions

4- Self-Directed Learning:

Self-directed learning is a learning model adopted by students from a more teacher-directed learning to a more student-centered pedagogy. Self-directed learning is a process in which individuals take the initiative, with or without the help of others, in identifying their learning needs, formulating learning goals, identifying human and material resources for learning, choosing, and implementing appropriate learning strategies, and evaluating their learning experiences.

P.S: Please refer to Students Handbook 4-November 2021 for all applicable policies and is available on BU website

STUDENT'S CODE OF CONDUCT

Every student shall observe the following code of conduct in the University premises, in the University administered hostels (on and off-campus) and places of other activities being held under the auspices of the University:

- Loyalty to Pakistan and refraining from doing anything which is repugnant to its honor and prestige in any way.
- Respect for convictions and traditions of others in matters of religion, conscience and customs while observing own religious duties/customs.
- Truthfulness and honesty in dealing with other people.
- Respect for elders and politeness to all, especially to women, children, elders, the weak and the helpless.
- Special respect for teachers and others in authority in the CUs and BU.
- Cleanliness of body, mind, speech and habits.
- Helpfulness to fellow beings.
- Devotion to studies and prescribed co-curricular activities.
- Observance of thrift and protection of public property.
- Observance of the rules and regulations of the CU in force from time to time.

Prohibited Acts & Misconduct/ill-Discipline

The following acts shall be unacceptable, and their commission shall be construed as misconduct or ill-discipline:

- Breach of the Code of Conduct.
- Smoking in the areas prohibited by the University.
- Consumption or possession of alcoholic drinks or other intoxicating drugs within the CU/ vicinity or while attending off-site instructions, sports, cultural tours or survey camps.
- Organizing or taking part in any function inside the campus, or organizing any club or society of students, except were permitted and in accordance with the prescribed rules and regulations.
- Collecting donations or receiving funds or pecuniary assistance for or on behalf of the CU except with the written permission of the Head of the CU or any other person authorized in this behalf.
- Staging, inciting or participating in or abetting any walk-out, strike or other form of agitation against BU, its CUs or students, teachers, officers or authorities; inciting others to violence; disruption of the peaceful atmosphere in any way; making inflammatory speeches or gestures which may cause resentment; issuing of pamphlets or cartoons which cast aspersions on the students, teachers, staff or University authorities/bodies; doing anything in a way likely to promote rift and hatred amongst the students; issuing statements in the press; making false accusations against or lowering the prestige of BU or its students, teachers, administrators, staff or bodies.
- Disobeys the lawful orders of a teacher or other person in authority.
- Habitually neglects work or absents from the classroom without valid reason.

- Willfully damages public property or the property of fellow students or any teacher or employees of BU and its CUs.
- Does not pay the fees, fines, or other dues payable under the laid down rules and regulations; uses indecent language; wears immodest dress; makes indecent remarks; gestures; behaves in a disorderly manner; commits any criminal, immoral or dishonorable act (whether committed within the CU or outside) or any act which is prejudicial to the interests of BU and its CUs; and/or
- Commits an act of sexual harassment, as defined in the HEC's document 'Policy Guideline against Sexual Harassment in Institutions of Higher Learning'.

Action against Misconduct

Every member of the faculty shall have the power to check any disorder or improper conduct, or any breach of the rules, by students in any part of the campus or outside when the visit is sponsored or organized by it. Misconduct in a classroom when a student is under the charge of a teacher shall not be allowed and a punitive action such as a fine, removal from the classroom or a punishment of greater magnitude may be imposed as decided by the authority so empowered. The Vice Principal can be approached for queries on educational matters, any breach of discipline, and referrals for electives, and advice about leave of absence or leave for medical reasons. All faculty members are also responsible for maintaining all aspects of discipline. Breaches of the university's code of conduct are routinely referred to the committee and disciplinary action is taken as it deems appropriate.
The administration manages the code of conduct, discipline, dress code and educational performance. There is a chairperson designated for dealing with Student Affairs.

1. Dress code:

Male students:

1. Casual Trousers
2. Jeans (Plain blue) without an image, graphics, and write ups
3. Casual Shirts (Half/ Full sleeves)
4. T Shirts without any messages, images, graphics, and write ups
5. Casual shoes or Joggers with socks
6. Shalwar Kameez with shoes (only on Friday)
7. Suit/ Combination
8. Coat/ Pullovers/ Sweaters/ Jackets in winter

Female students:

1. Shalwar Qameez
2. Hijab, Abaya, Chaddar etc
3. Full length Jeans with long shirt/ kurta (knee length)
4. Light jewelry and light makeup

5. Shoes, Sandals and Joggers
6. Dupatta/ Scarf is compulsory with all dresses

NOTE: BUDC students are expected to wear white coat during classes, hospital rotations and other wise.

2. Student Card:

Students shall be issued ID Cards. The students shall be required to wear their ID Cards in the campus and show them to the authorized persons on demand.

Loss of ID Card:

In case ID Card is lost, it should be immediately reported to the Office of the Dy Director (Academics) who will make arrangements for re-issue of a new card by the University after payment of fine.

3. Personal behavior.

The University expects that all students should sustain professional manner when interacting with colleagues and others. The University recognizes that personalities, characters, and management styles may differ but, notwithstanding these differences, as a minimum standard, all are expected to:

- Work co-operatively with each other to achieve objectives and establish good working relationships.
- All should behave and speak professionally, respectfully, and courteously at all times.
- Tidiness and cleanliness must be always adhered to within the BUDC premises which will help us maintain a safe, clean, and professional learning environment.
- Use the college's property, facilities, supplies, and other resources in the most effective and efficient manner.
- Unacceptable behavior such as aggressive or abusive behavior, shouting or personal insults or spreading rumors or gossip, or insulting someone is to be avoided at all costs. All these matters, if experienced, should be reported to the vice principal or your mentor or a senior faculty member.

4. Punctuality:

Students are expected to arrive in class well in time. All cell phones, smartphones, and other electronic devices (e.g., pagers, iPods) must be turned off and hidden from view during class time. Talking and other disruptive behaviors are not permitted while classes are in session. If the students miss a class, they are themselves responsible for the missed part of the course. It is the student's responsibility to contact a classmate or teacher to determine and cover what was missed.

At BUDC classes start immediately after holidays. There is no lag period after leave. There will be no relaxation for students who are absent. **Please inform your parents of this and make your travel arrangements accordingly.** Avoid taking leave for personal reasons like weddings during the academic year.

5. Conduct in hospital:

While working in hospital and when dealing with patients, treat those whom you serve, with whom you work, and the public with same degree of respect you would wish them to show you.

Treat patients and colleagues with kindness, gentleness, and dignity. Respect the privacy and modesty of patients. Do not share the medical or personal details of a patient with anyone except those health care professionals who are integrals to the well-being of the patient or within the context of an educational endeavor. Lastly students are required to strictly follow the college dress code during and outside the college hours inside the campus & at hospital.

6. Conduct in library, Cafeteria, and Common rooms:

Use of Library is to help support learning and promote academic success. Through the Library, the college provides students with access to computers, books, periodicals, study space, and other academic help, comfortable seating, along with formal and informal learning spaces. Students are expected to follow college rules, guidelines, and honor code of conduct in order to maintain their good standing and to continue receiving library privileges.

Use the cafeteria and common rooms with care, courtesy, and respect for others. Place garbage and recyclables in the appropriate containers. This behavior will maintain a clean and enjoyable environment for all.

COLLEGE DISCIPLINARY COMMITTEE

The Committee deals with the maintenance of discipline on-campus. All cases of breach of discipline will be brought before this committee. The ruling of the committee cannot be challenged. The student will be dealt accordingly.

Students are to avoid the following: -

a) Unauthorized use of University's name or logo which is property of university.
b) Harassment, sexual or otherwise, or intimidation of any member of university.
c) Coming late for classes. The student may be considered absent and marked accordingly.
d) Improper/inappropriate dress
e) Loud and aggressive behavior in Cafeteria or Common rooms or within the premises of BUHS or PNS Shifa.
f) Non clearance of bills/dues. Non-clearance of dues may prevent student from appearing in the professional examination. The student may also be refused permission to attend classes.

Smoking

Smoking is strictly prohibited in campus.

In case of non-compliance, the following disciplinary actions will be undertaken:

1. **Written warning on 1st occasion**
2. **Fine of Rs. 5000/- on second occasion**
3. **Barring attendance of classes on 3rd occasion.**

POLICY ON DISCIPLINARY ACTION AGAINST USE OF UNFAIR MEANS

Zero tolerance for cheating / use of unfair means is to be maintained during Examinations.

A committee is to be formulated to consider all the cases pertaining to **plagiarism and use of unfair means** in exams. Two committees are formed: one each for MBBS and BDS. These committees are to be headed by their respective Principals.

The Committee shall follow the following procedures in handling such cases:

a. The Invigilator who has caught the student using unfair means will report to the Head Invigilator who will inform the Head of Examination Department BUDC.
b. The material being used, and the answer sheet will be confiscated immediately.
c. The Principal Dental College will be informed at once.
d. Further action will be taken locally by the Disciplinary Committee against use of Unfair Means and Plagiarism which has been formed. The punishments which this committee can advise are withdrawal from that paper, withdrawal from the entire examination but allowed to sit for supplementary or to repeat the year or get expelled from college.
e. Director General BUHS will be the approving authority for the recommendations of the committee.
f. Director Examinations BUHS will be informed in writing of the action taken.
g. The material being used and the concerned answer sheet will be sealed and kept at BUDC Examinations department until after the result of the supplementary exams is announced.
h. Instruction explaining the term "unfair means" will be displayed at the venue of examination as well as given in study guide.
i. Following actions are considered as "unfair means"
    - Possession of written material/ books/ notes of any sort within the examination venue, whether that material is related of unrelated to the paper.
    - Writing on palm, arm or anywhere on the candidates body / clothing.
    - Any attempt to copy, take or give help during examination.
    - Possession of mobile phones, PDAs, and any other electronic device.

STUDENTS GRIEVANCES OVERSIGHT COMMITTEE

There shall be a Student Grievances Oversight Committee (SGOC), at CU level for each department, to address grievances of students against any teacher, instructor, or administrative staff, with respect to matters of code of conduct, grades, or any administrative matter. The committee shall comprise:

a) Head of CU.
b) HOD.
c) CU Exam-In-charge.
d) Two (2) seniors most FMs of the department.

If grievance is about the award of a grade, the procedure shall be as follows:

a) The student must submit the grievance, in writing, within seven working days of the receipt of the grade, to the HOD who shall forward it to the SGOC
b) The SGOC shall hear both sides and will give its decision, which shall be final and binding on all parties, within five working days or before the start of registration for the new semester, whichever is earlier.

REDRESS OF GRIEVANCES

In the event of an academic grievance, the student should first make an appointment to discuss the grievance with the faculty involved. Hopefully the issue will be resolved amicably at this stage, but if it is not, the student may request for an appointment with the Head of Department, who will investigate the complaint by obtaining data and statements from all parties involved and will attempt to resolve the grievance by mutual consent of the student and faculty member. However, if the matter is still unresolved the HOD will refer the case to Director for decision. If the Director's decision does not redress the grievance of the student the matter would be referred to DG campus, and finally the Rector.

LEARNING STRATEGIES

- **Interactive Lectures**

The traditional lecture system is used to introduce a subject and discuss the broad concepts in that specific field of study. Interactive lectures to smaller groups remain an effective and essential way of teaching. More recent methods of learning and teaching, such as case-based learning and small group-based problem-solving sessions are also employed.

- **Flipped Classroom:**

It is a type of blended learning, which aims to increase student engagement and learning by having pupil's complete readings at home and work on live problem-solving during class time.

- **Small Group Based Learning**

Small group and tutorial sessions are regularly held to enable students to discuss the details of a lecture topic. Students are expected to prepare presentations on applied topics and discuss their implications with their fellow students. The lecturer acts as a facilitator. By participating in these group discussions, students can interact and learn from one another such as PBL, CBL and TBL etc.

- **Hands on Training**

Being in final year students will deal daily with patients in OPD, to gain, enhance and polish their clinical knowledge and skills. Lectures and tutorials will regularly be held for providing clinical orientation on the subjects.

- **Mini-CEX** (**Mini Clinical Evaluation Exercise**) and **DOPS (Direct Observational Procedural Skills):**

These are work place based assessment tools (WPBAs) used in clinical settings by supervisors. In Mini-CEX, the trainee is evaluated regarding history taking, physical examination skills, communication skills, clinical judgment, professionalism, organization/efficiency, and overall clinical care. In DOPS, the **focus lies on procedural skills** followed by feedback.

- **Community-based Learning**

BUDC is committed to provide the environment and training that would enable professionals to successfully contribute to the improvement of the health sector, particularly in less privileged communities under the Community-Oriented Medical Education Program.

The university involves its students in research-developing work in these designated communities. Students are encouraged to participate in the preventive and curative care and management of patients and their families in Primary Health Care field settings.

- **Problem Based Learning (PBL)**

PBL promotes active learning and critical thinking in small collaborative groups. In PBL, problem introduces a real patient or as hypothetical case. Students identify the key elements of the case, develop and test hypothesis based on pathophysiological mechanisms, decide on diagnosis, and discuss principles of management. Content of PBL reflects horizontal integration of curriculum. The development of PBL cases is a challenging process, as each case must reflect a defined set of learning objectives, have face validity, suit the student's stage of maturity, and fit with restraints of time and resources. A typical PBL tutorial consists of usually 8 to 10 students and a tutor, who facilitates the session with minimum interference. The PBL tutorials comprised of three sessions of two hours and the time is scheduled in timetable approximately two weeks before.

The PBL comprised of seven-jumps (Maastricht) such as clarifying terms, defining problem(s), brainstorming, structuring and hypothesis, learning objectives, independent study, and synthesis/presentation.

- **Case-Based Learning (CBL)**

Case-based learning (CBL) is an adaptation of the PBL process and more generally used in clinical context to develop clinical reasoning and judgment. Written case studies, prepared by tutors and students are required to work together to identify clinical problems, prepare differential diagnoses and suggest potential investigations and treatment. Students set their own learning objectives and identify the learning resources required to confirm or refute their diagnostic possibilities. The CBL format is flexible. CBLs are overseen by facilitators who guide the students in case they are not on the right track as unlike PBLs, the CBL session must be completed in one day.

- **Team Based Learning**

Team Based Learning provides students with resource effective, authentic experience of working in teams to solve real life clinical problems.

ATTENDANCE POLICY FOR STUDENTS

PMC rules for eligibility in annual examinations.

- **Minimum attendance requirement is 75% in each subject: attendance is for lectures, , clinics, CBLs, Tutorials, presentations etc: indoor and outdoor.**
- **The attendance is not simply for lectures.**
- **With effect from fall 2015 no shortfall in attendance will be condoned in any case by any authority. (24th ACM 27,28 May 2014).**

Attendance is maintained by the Department of Scholastic Records at BUDC.

All students should try and achieve 100% attendance. Every teaching session is essential. You are expected have at least 75% attendance in **all subjects individually** to be allowed to appear in the professional examinations.

- Lecture Attendance is marked at the start of the class.
- Students who come more than 10 minutes late will be marked absent.
- A random head count is done to ensure correct entry of attendance.
- The attendance sheet is signed by the teacher and sent to Scholastics Department.
- The attendance is entered the spreadsheet as soon as possible on that day.
- No correction will be made later than 24 hours as the system is then locked.

ATTENDANCE FOR LECTURES, OPD, PRACTICALS ETC

- Student signs the attendance sheet in front of the teacher in OPDs.
- The teacher countersigns in every class/tutorial.
- Weekly attendance is given by the department to the Scholastics Department - every Monday.
- Faculty has to submit attendance later than Friday of the current week.

The University rules permit a 25% short fall for genuine reasons of personal ill health of a life-threatening nature or unavoidable circumstances such as death of a blood relative.

This 25% relaxation cannot be taken in case of students going away for holidays.

In case of attendance less than 75% even due to health issues, you will be asked to repeat the year.

ATTENDANCE POLICY FOR STUDENTS REPEATING THE YEAR

a. Students who are repeating the year either due to poor attendance or failure in professional or supplementary examination will need to attend all the classes of the particular subject the next year.
b. Their previous years' attendance will not be counted again.

c. If their attendance is **AGAIN** less than 75% in current classes, they will not be allowed to appear in the next upcoming examination.
d. If a student is repeating one subject, then attendance must be more than 75% in that subject. This includes all practical classes, demonstrations, PBL sessions, lectures and OPD.

ATTENDANCE POLICY FOR STUDENTS APPEARING IN SUPPLEMENTARY EXAMS

a. Only students who have appeared in professional examination can appear in supplementary examination**.**
b. Students who were not eligible for the annual exam will not be eligible for the supplementary exam.
c. Those who did not avail the chance must repeat the year and cannot appear in the supplementary.
d. The student will prepare for the supplementary exam in his/her own time.
e. In case the student fails to pass the supplementary exam he/she will revert to the previous class.
f. Those students who do not attend classes will be marked absent and may face a shortage of attendance and will be asked to repeat the year.

ELIGIBILITY CRITERIA FOR APPEARING IN ANNUAL PROFESSIONAL EXAMINATIONS

A student will be eligible to appear in the annual professional examination if he/she fulfills the following criteria:

a. 75% attendance.
b. Have cleared all financial dues.
c. Must appear in all three end-of-module examinations.
d. Must have scored passing marks in at least two of end of module examinations.
e. No breach of discipline should have occurred for which the Disciplinary Committee has advocated a punishment.
f. A student who has failed 2 end-of-module tests will be permitted a "re-sit" at the end of the academic year.
g. Students who did not appear in end of module tests will not be allowed in the "re-sit".
h. No student can appear in one subject in an annual professional examination but must appear in all the subjects for that year.
i. Subjects may be designated for the supplementary exams or for students repeating a year.
j. There will be no remedial or extra classes in any subject for making good the shortfall in attendance.
k. Departments may offer revision classes, but these will not be considered formal classes and will not be entered in the regular attendance.

THE MODULAR SYSTEM

Organization of modular curriculum and teaching

a. Each Academic Year is divided into 3 Modules of 3 months' duration each

- **First Year - Modules - 1,2,3**
- **Second Year - Modules - 4,5,6**
- **Third Year - Modules - 7,8,9**
- **Final Year - Modules - 10,11,12**

b. Learning objectives for each module are written down in the study guide issued at the beginning of each academic year to each student. Curriculum for each module can be provided on request.

c. A schedule is issued for each module re-enforced by a weekly schedule issued 2 weeks in advance of the teaching dates.

d. This includes lecture, CBL, Practical's, Demonstrations, Ward Clinics, Classes in Skills Lab, Self-Study, and Library period.

e. The assessment schedules i.e., end of modules tests as well as period of preparation leave and timing of OSCE/ OSPE is given in the above schedule.

f. The assessment result is displayed on departmental notice boards and recorded in the Examinations Department BUDC.

ASSESSMENT POLICY FOR MODULES

There is a policy of ongoing or formative assessment of all students and summative assessment at the end of the module.

Formative or ongoing assessment:

- Formative assessment will be done on:
    - CBL/PBL/WPBAs sessions
    - Logbooks
    - Presentations assignments
    - End of OPD rotation examinations, quizzes and tests held in a department.

Summative Assessment:

- The end-of-module test comprises:
    - OSCE or OSPE examination
    - Viva voce exam.
    - Written theory examination
    - The written examination has 2 parts an MCQ and a short answer or short essay type examination.

Generation of internal evaluation marks from each module.

- 20% MARKS will be calculated from each end of module exam and will be counted in the final examinations.

STUDENTS AWARD POLICY

1. MEDALS

- **Committee**

  Prof Dr. Syed Ahmed Omer — HOD Science of Dental Materials

  Sr Prof. Dr. Saman Hakeem — HOD Prosthodontics

- **Eligibility criteria is as under**

  (1) <u>Gold Medals</u>

  Are awarded to the students scoring highest aggregate marks of all professional examinations

  (2) <u>Silver Medal</u>

  Student/s getting second highest aggregate marks of all professional examinations

2. SCHOLARSHIP CRITERIA

- 1st, 2nd, and 3rd position holder from each professional examination for MBBS.
- 1st and 2nd Position holder from each professional examination for BDS
- Highest marks in the class not less than 70%
- Eligible students must have appeared and passed in all modular exams of the same year

3. MERIT CERTIFICATES

- Awarded to the students scoring highest percentage in various professional subjects

POLICY FOR ELECTIVES

a. Electives are not mandatory nor are they a part of the curriculum. Electives are considered add on extra-curricular activities with benefits for selection for jobs or postgraduate training after BDS.

b. The Electives Rotation will be of four weeks' duration.

c. It will be planned at least six months in advance during the 3rd or 4th Year.

d. The Elective will be planned during the **SUMMER HOLIDAYS** preferably.

e. The institution or department will be of the student's choice.

f. During the elective, the student will not get credit for attending lectures at BUDC.

g. It is the student's responsibility to ensure that his/her overall attendance record is not affected adversely by the elective.

h. The student will not proceed on an elective without informing the Associate Dean designated for this purpose who will take permission from the Principal.

i. The student will sign a waiver to the effect that any shortfall in attendance is his /her own responsibility and will be dealt with as per rules of Bahria University Health Sciences.

j. The adequacy of education during the elective is the student's own responsibility.

k. Permission to attend an elective is given by the Associate Dean designated for this purpose at BUDC. This simply implies that the college authorities are aware that the student is away for this period so that admission is not cancelled.

l. The student will ensure that the Elective Supervisor completes an evaluation report at the end of the elective.

m. BUDC will not provide any financial assistance for the elective.

MENTORING

MENTORS

1. **Dr. Shahrukh Khan**
2. **Dr. Farha Javaid** → **Program Incharge/Head Mentor**
3. **Dr. Ayesha Zafar** → **Prof Dr. Kulsoom Fatima Rizvi**
   Vice Principal Dental College
4. **Dr. Maria Moin**

Who to contact?

The class is divided into equal groups of students and each group has a designated teacher, who works as their mentor. The students will meet their mentor once a month, third Thursday of the month, in their office to discuss the academic, social, and other matters and seek their advice and guidance.

The mentor will report to the head mentor monthly in case any concern/matter is not resolved even at that level, then the head mentor can refer the case to Principal accordingly.

DEPARTMENT OF DENTAL EDUCATION

High-quality medical /dental education is a vital prerequisite for high-quality patient care. Dental education's aim is to supply society with a knowledgeable, skilled, and up-to-date cadre of professionals who put patient care above self-interest, along with developing their expertise over the course of a lifelong career.

The department of Dental Education has expanded beyond the classroom all around the world and quality patient care is learned by the bedside teaching and with the practical introduction of clinical cases in preclinical years. The Dental Education department ensures that the educational content synchronizes with the learning strategies, the assessment tools and provides effective feedback to enhance the learning process. The department of Dental Education at Bahria University Dental College is interested in raising the standards of the teaching by continuously developing a pool of trained faculty members. For this purpose, interactive sessions and hands-on workshops are constantly designed, focusing on current and effective modes of evidence-based teaching and assessment tools. It fosters flexible and a learner-centered approach during teaching. Self-reflection and critique of teaching techniques are also vital in propelling an institute towards excellence. Our Dental Education department aims to achieve that and more.

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Faculty:

Dr. Akbar Abbas	Senior Registrar
Dr. Kulsoom Zahir	Lecturer

DIRECTORATE OF STUDENTS' ACTIVITIES

Directorate of Student Affairs is responsible for providing a constructive learning environment that fosters positive learning, personal development and enhances the quality of life for students. This department encourages students to achieve the objective of building a balanced personality.

The Directorate of Students Affairs establishes a connection between students, faculty, and University administration. It is an important component of university that offers a platform for curricular and co-curricular activities to explore, enlighten and polish the hidden capabilities of the students so that they can enjoy pleasant environment and deliver a series of programs to enrich the campus life. It is committed to enable all students to participate in an engaging, healthy, and active learning environment during their time at BUDC. All these pursuits tend to improve the level of confidence among the students.

The Directorate has following major duties

- To promote extra co-curricular and cultural activities such as organizing Debate competitions, Quiz competitions, workshops, Bake sale, welcome party and farewell.
- Providing sports facilities and regular organization of sports competition.
- Arranging different lecture sessions for Personal and Professional Development.
- Arranging community visits.
- Conducting various seminars on current national and international issues.
- Arranging blood donation camps.

COMPETENCIES AND LEARNING OUTCOMES OF DENTAL UNDER-GRADUATES

COMPETENCIES

1. **Skillful**
2. **Knowledgeable**
3. **Community health promoter**
4. **Critical thinker**
5. **Professional**
6. **Researcher**
7. **Leader**

1. Skillful:

Under Graduates must be competent to:

1.1 Apply appropriate interpersonal and communication skills.

1.2 Apply psycho-social and behavioral principles in patient-centered health care.

1.3 Communicate effectively with individuals from diverse populations.

1.4 Well versed with basic dental morphology and application of dental materials

2. Knowledgeable

A. Assessment, Diagnosis, and Treatment Planning

Under Graduates must be competent to:

2.1 Manage the oral health care of infant, child, adolescent, and adult, as well as unique needs of women, geriatric, and special needs patients.

2.2 Identify, prevent, and manage trauma, oral diseases, and other disorders.

2.3 Obtain, and interpret patient / medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage patients.

2.4 Select, obtain, and interpret diagnostic images for the individual patient.

2.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.

2.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan.

B. Establishment and Maintenance of Oral Health

Under Graduates must be competent to:

2.7 Utilize universal infection control guidelines for all clinical procedures.

2.8 Prevent, diagnose, and manage pain and anxiety in the dental patient.

2.9 Prevent, diagnose temporo-mandibular joint disorders.

2.10 Prevent, diagnose, and manage periodontal diseases.

2.11 Develop and implement strategies for the clinical assessment and management of caries

2.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.

2.13 Diagnose and manage developmental or acquired occlusal abnormalities.

2.14 Manage the replacement of teeth for the partially or completely edentulous patient.

2.15 Diagnose, identify, and manage pulpal and peri-radicular diseases.

2.16 Diagnose and manage oral surgical treatment needs.

2.17 Prevent, recognize, and manage medical and dental emergencies.

2.18 Recognize and manage patient abuse and/or neglect.

2.19 Recognize and manage substance abuse.

2.20 Evaluate outcomes of comprehensive dental care.

2.21 Diagnose, identify, and manage oral mucosal and osseous diseases.

3. Community Health Promoter

Under Graduates must be competent to:

3.1 Provide prevention, intervention, and educational strategies.

3.2 Participate with dental team members and other health care professionals in the management and health promotion for all patients.

3.3 Recognize and appreciate the need to contribute to the improvement of oral health beyond those served in traditional practice settings.

4. Critical Thinker

Under Graduates must be competent to:

4.1 Evaluate and integrate emerging trends in health care as appropriate.

4.2 Utilize critical thinking and problem-solving skills.

4.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.

5. Professional

Under Graduates must be competent to:

5.1 Apply ethical and legal standards in the provision of dental care.

5.2 Practice within one's scope of competence and consult with or refer to professional colleagues when indicated.

6. **Researcher**

Under Graduates must be competent to:

6.1 Apply the current research for innovations in treatment, keeping at par with international standards

6.2 Conduct independent research based on the community requirements

7. **Leader**

Under Graduates must be competent to:

7.1 Manage self, taking responsibility and utilizing the time to the best of his/her ability.

7.2 Effectively work in a group, as a leader or as a team member.

7.3 recognize and comply with the working system of any Institute.

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INTRODUCTION TO DEPARTMENTS

Department of Operative Dentistry

Department of Orthodontics

Department of Oral and Maxillofacial Surgery

Department of Prosthodontics

DEPARTMENT OF OPERATIVE DENTISTRY

The Department of Operative Dentistry at Bahria University Dental College is highly motivated and focused on achieving the academic goals of the institute, through vigorous hands-on training, patient treatment, regular theoretical lessons, interactive discussions, and research. The field of Operative Dentistry involves the diagnosis, prevention and treatment of dental caries and the restoration of teeth which have undergone loss of tooth structure either through infection, disease, or trauma.

Operative Dentistry further subdivides itself into the following sub-specialties:

- Restorative Dentistry
- Endodontics
- Paedodontics

Restorative dentistry uses various materials to build up and restore part of lost tooth structure. Restoration of teeth not only involves restoring their function, but also to reestablish or improve their esthetics, to allow the patient to smile, talk, eat and laugh with confidence. The field of Endodontics involves treating teeth that have been infected with dental caries through to their pulp, which compromises the vitality of the tooth, potentially leading to more severe infection if left untreated. The root canals are cleared of their pulpal tissue and filled with inert material, thereafter, allowing restoration of the previously infected tooth. Paedodontics specifically deals with primary and early permanent dentition in young children, treating infected primary teeth or newly erupted permanent teeth, to prevent further damage to un-erupted permanent teeth as the child grows. It not only involves treating dental caries, but also devising comprehensive treatment plans for children who present with various dental anomalies and require intervention to allow a healthy and stable permanent dentition.

Faculty

HOD	**Dr. Shama Asghar**	**Professor**
Facilitator	Dr. Faisal Bhangar	Assistant Professor
Facilitator	Dr. Hasan Hameed	Assistant Professor
Facilitator	Dr. Ayesha Zafar	Senior Registrar
Facilitator	Dr. Meisha	Senior Registrar
Facilitator	Dr. Syed Adeel Ahmed	Senior Registrar
Facilitator	Dr. Umeed Jawaid	Senior Registrar
Facilitator	Dr. Imtiaz ul Haq	Registrar

ORTHODONTICS

Department of Orthodontics deals with correction of the mal-aligned teeth, along with improving the esthetics and function of patients. Students are introduced to this subject for the first time since they started their BDS course. So, we hope they are able to grasp the concepts easily and take interest in this new field.

At the end of the year, we expect that graduates are able to identify the dento-alveolar problems, growth, and functional abnormalities or any deviations from the normal development in primary, mixed and permanent dentition.

You should also be able to identify the environmental factors and etiologies that are contributing towards the occurrence or exacerbation of the malocclusion, conduct or at least know about preventive and interceptive Orthodontics, and be able to design, the space maintainers. You should be able to evaluate the need for Orthodontic treatment, formulate a basic treatment plan for simple malocclusions and be able to execute simple treatment procedures like inserting and adjusting removable appliances.

Faculty:

HOD	**Dr. Tabassum Ahsan Qadeer**	**Professor**
Facilitator	Dr. Maria Habib	Assistant Professor
Facilitator	Dr. Omair Majeed	Senior Registrar
Facilitator	Dr. Saba Basit	Senior Registrar
Facilitator	Dr. Sumbul Mukhtar	Registrar

ORAL AND MAXILLOFACIAL SURGERY

The Department of Oral & Maxillofacial Surgery offers an accessible introduction to the full range of Oral & Maxillofacial Surgery and takes the practical approach, focusing on the core competencies required by undergraduates and house officers.

Our department is highly motivated and focused on achieving the academic goals of the institute, through hands-on training on patients, case presentations, journal clubs, interactive sessions, and research projects.

The field of Oral & Maxillofacial Surgery is the specialty of Dentistry that involves the diagnosis, surgical management and adjunctive treatment of the diseases and facial deformity, including both functional and esthetic aspects of hard and soft tissues of the oral & maxillofacial region.

The foremost objective is to prepare the students by obtaining theoretical and practical knowledge and skills including history taking and performing clinical examination to formulate treatment plan. The students should be able to recall principles of Exodontia, Local and General Anesthesia, basic armamentarium and to perform BLS and ATLS.

Moreover, the students should be able to plan and perform most procedures related to surgical removal of mandibular third molars. Finally, the students should be able to describe and explain the most important pre- and post-operative complications in relation to Oral & Maxillofacial Surgery.

Faculty:

HOD	**Prof. Dr. Wahab Kadri**	**Head of Department**
Facilitator	Surg Lt Cdre Nabeel Hafeez	Assistant Professor
Facilitator	Surg Lt Cdre Rizwan Arshad	Senior Registrar
Facilitator	Dr. Atif Zubairi	Senior Registrar
Facilitator	Dr. Hadi Rao	Senior Registrar
Facilitator	Dr. Fatima Khaleeq	Senior Registrar
Facilitator	Dr. Rida Zulfiqar	Registrar
Facilitator	Dr. Safdar Haider	Registrar

PROSTHODONTICS

Prosthetic dentistry is the branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by restoration of teeth and/or replacement of the missing structures with removable and fixed dental prosthesis. It also encompasses the treatment of lost maxillofacial structures as well as management of patients with implant prosthesis. An understanding of the choice of material and technique is crucial in delivering a high standard of prosthetic care.

It is imperative for the student to have knowledge regarding instruments, handling of the patient, clinical and laboratory procedures. It will prepare the students to work independently as competent dental health professionals by imparting basic prosthetic care.

Students will be given academic and clinical training experience of prosthetic clinical procedures pertaining to removable prosthodontics. The knowledge will be built on the previous background understanding of dental materials and laboratory procedures. Fixed Prosthodontics will be taught on simulators to train them to work on live patients in internship. However, teaching of Implantology and Maxillofacial Prosthodontics will be limited to basic clinical principles and techniques.

Faculty:

HOD	**Prof. Dr. Saman Hakeem**	**Head of Department**
Facilitator	Dr Farnaz Ilyas	Assistant Professor
Facilitator	Dr Asim Monpuri	Senior Registrar
Facilitator	Dr Anum Baqar	Senior Registrar
Facilitator	Dr Fatima Hasan	Senior Registrar
Facilitator	Dr Farah Javed	Senior Registrar
Facilitator	Dr Osama Yaseen	Registrar
Facilitator	Dr Akbar Abbas (part-time)	Senior Registrar

MODULE X

(Endodontics, Growth and Development, Basic surgical principles, Edentulism)

At the end of the module, students should be able to:

S.no	Learning Objectives	Teaching Strategies	Online	Assessment Tool
	OPERATIVE DENTISTRY			
1.	Define Endodontics	IL	✓	Viva
2.	Memorize Aims of Endodontics, its indications and case selection	IL	✓	MCQs
	Operative and oral anatomy integration			
3.	Identify Anatomy of the root canal system	IL	✓	OSCE
4.	Identify the cells and extracellular components of the dental pulp	IL	✓	MCQs
5.	Review the blood vessels, lymphatic system and innervations of dental pulp	IL	✓	MCQs
6.	Illustrate various canal configurations y	IL/SGD	✓	SEQs
7.	Recognize the age changes in the dental pulp	IL	✓	MCQs
8.	Revise the function of the dental pulp	IL/SGD	✓	MCQs
9.	Appreciate the periapical tissues	IL	✓	MCQs
10.	Discuss the theories of dentine hypersensitivity	IL/SGD	✓	OSCE
11.	Debate the pulp responses to injury (mechanical, chemical and heat)	IL/SGD	✓	MCQs/SEQs/OSCE
12.	Describe the reparative mechanisms of the pulp, including immune responses and tertiary dentin formation.	IL	✓	MCQs/SEQs/Viva
13.	Plan Vital Pulp Therapies (pulp capping, pulpotomy, Apexogenesis)	IL/CR	✓	SEQs/OSCE
14.	Perform Step-wise excavation	IL/CR	_	MCQs/SEQs/OSCE
15.	Execute Direct Pulp Capping	IL/CR	_	SEQs/OSCE
16.	Propose Pulpotomy (partial and complete)	IL/CR	_	SEQs/OSCE
17.	Perform Apexogensis	IL/CR/CBL	_	SEQs/OSCE
18.	Discuss the procedure of Apexification	IL/CR/CBL	✓	SEQs/OSCE
19.	Recognize the potential of tissue engineering technique in regenerating pulpal tissue.	IL/SGD	✓	MCQs/SEQs/Viva
20.	Describe the types of endodontic infection	IL/SGD	✓	MCQs/SEQs
21.	Relate the route of entry of microorganisms to the pulpal infection	IL/SGD	✓	MCQs/ Viva
22.	Name the microorganisms associated with pulpal and periradicular diseases	IL	✓	MCQs /Viva
23.	Explain the development of pulpal pathosis	IL	✓	MCQs
24.	Identify etiology, clinical & radiographic features of reversible and irreversible pulpitis	IL/SGD	✓	MCQs/SEQs/VIVA
25.	**Professionalism and ethics**			

a)	Introduce himself/ herself to the patient before history taking	CR	_	OSCE/ Role play
b)	Communicate to the patient confidently & respectfully during history taking and patient examination for endodontic treatment	CR	_	OSCE/ Role play
c)	Inform patient about the problem list	CR	_	OSCE/ Role play
d)	Explain role of prevention in dentistry	CR	_	OSCE
e)	Communicate properly to the patient to take consent	CR	_	OSCE/ Role play
f)	Explain procedure of the therapies to the patient	CR	_	OSCE/ Role play
26.	Apply methods for Extraoral & Intraoral examination	CR	_	OSCE /VIVA
27.	Check the vitality of dental pulp	CR	_	OSCE
28.	Infer provisional diagnosis of Dental pulp	CR	_	OSCE
29.	Perform management of reversible and irreversible pulpitis	IL/CR	_	MCQs/SEQs/OSCE
30.	Recognize the clinical features and management of pulp polyp	IL/CR	✓	MCQs/SEQs/OSCE
31.	Classify Periapical Lesions of pulpal origin	IL/SGD	✓	MCQs/SEQs
32.	Explain etiology, sign symptoms and management of symptomatic apical periodontitis	IL/SGD	✓	MCQs/SEQs/OSCE
33.	Discuss clinical features and management of asymptomatic apical periodontitis	IL/SGD	✓	MCQs/SEQs/OSCE
34.	Define Condensing Osteitis	IL/SGD	✓	MCQs
35.	Differentiate between acute apical abscess and chronic apical abscess	IL/SGD	✓	MCQs/SEQs/OSCE
36.	Perform tests for diagnosis of periapical lesion (percussion, palpation)	CR	_	OSCE
37.	Relate primary endodontic and secondary periodontal lesion	IL/CR	✓	MCQs/SEQs/OSCE
38.	Identify primary periodontal lesion and secondary endodontic lesion	IL/CR	✓	MCQs/SEQs/OSCE
39.	Report the healing of periapical lesions after root canal treatment	IL/CR	_	MCQs
40.	Formulate treatment plan for endodontic emergencies	IL/CR/SGD	_	MCQs/OSCE
41.	Identify prognosis and assess which cases should be considered for referral	CR	_	OSCE
42.	Identify endodontic instruments and their application and describe ISO standardization and its purpose	CR/SGD/IL	✓	MCQs/OSCE
43.	**Patient Safety**			
a)	Express importance of endodontic radiology	IL/CR	--	MCQs/OSCE
b)	Demonstrate to the patient about use of lead apron & thyroid collar for X-ray taking	CR	_	OSCE
44.	List components of X-ray film packet	CR	✓	OSCE
45.	Revise principle of ALARA	IL/CR/SGD	✓	SEQs/OSCE
46.	Restate indications of Periapical radiograph	IL/CR	✓	MCQs/SEQs
47.	Demonstrate and apply positioning technique of periapical radiograph	CR	_	MCQs/OSCE

48.	Interpret Radiographic findings for diagnosis	CR/SGD	_	MCQs/OSCE
49.	Compare paralleling and bisecting angle technique	IL/SGD	✓	MCQs/OSCE
50.	Perform SLOB rule in endodontic	IL/SGD	_	MCQs/OSCE
51.	Recognize the importance of digital radiography	IL/SGD	_	MCQs
	Operative and Oral surgery integration			
52.	Apply techniques of local anesthesia (Infiltration & Block anesthesia)	CR	_	MCQs
53.	Implement technique of supplemental anesthesia including Intraosseous, Intraligamentary, Intrapulpal	IL/CR	_	MCQs/SEQs/OSCE
54.	**Patient Safety**			
a)	Explain to the patient, about the use of isolation methods for safety	CR	_	OSCE
b)	Clarify patient to the use of saliva ejector for isolation	CR	_	OSCE
c)	Practice principal of Isolation in endodontic (rubber dam).	CR	_	OSCE
55.	Identify objectives of straight-line access preparation in both anteriors and posteriors teeth	IL/SGD/CR	✓	MCQs/ Viva
56.	Demonstrate the location of each canal orifice	IL/SGD/CR	_	MCQs/OSCE
57.	Perform the pulpectomy	IL/SGD/CR	_	MCQs/OSCE
58.	Establish the working length of the root canals	IL/SGD/CR	_	MCQs/OSCE
59.	Explain cleaning and shaping of root canals	IL/SGD/CR	✓	MCQs/SEQs/OSCE
60.	Differentiate between step-back and crown-down techniques of canal preparation	IL/SGD/CR	✓	MCQs/SEQs/OSCE
61.	Execute passive step-back, balanced force and Ni-Ti rotary techniques of canal preparation	IL/CR	_	MCQs/SEQs
62.	Quantify the criteria for evaluating cleaning and shaping	IL/SGD/CR	✓	MCQs/SEQs
63.	Identify the irrigants use during cleaning and shaping	IL/SGD/CR	✓	MCQs/SEQs/ Viva
64.	Appreciate the objectives of intracanal medicaments in root canal treatment	IL/SGD/CR	✓	MCQs/SEQs/ Viva
65.	Explain the use of intracanal medicaments	IL/SGD/CR	✓	MCQs/SEQs
66.	Apply temporary restorations to seal the access cavity	IL/SGD/CR	_	SEQs
67.	Justify when to obturate the canal	IL/SGD/CR	_	MCQs
68.	Write obturation and sealer materials	IL/SGD	✓	MCQs/SEQs
69.	Perform different techniques of obturation (lateral condensation, vertical compaction)	IL/CR	_	MCQs/SEQs/ OSCE
70.	Execute restoration of endodontically treated teeth	IL/CR	_	MCQs /Viva
71.	Recognize Procedural Accidents during root canal treatment	IL/CBL	✓	MCQs/SEQs/OSCE
72.	Elaborate the causes, prevention, and treatment of various procedural accidents	IL/SGD	✓	MCQs/SEQs/Viva
73.	Memorize Indications & contraindications and procedural steps of retreatment in failed endodontic tooth	IL	✓	MCQs/SEQs
74.	Execute procedure of retreatment when required	IL	_	MCQs/SEQs/ Viva
	Operative and Oral surgery integration			

75.	Describe indications and contraindications of periapical surgery	IL	✓	MCQs/SEQs
76.	Perform procedures involved in periapical surgery	IL	_	MCQs/OSCE
77.	Differentiate between Root amputation, Hemisection and Bicuspidization	IL	✓	MCQs/SEQs/OSCE
78.	Evaluate Endodontic Outcomes	IL	✓	MCQs
79.	Categories longitudinal tooth fractures	IL	✓	MCQs/SEQs
80.	Conduct various tests for longitudinal tooth fractures	CR	_	OSCE
81.	Perform Diagnosis of longitudinal tooth fractures	IL	_	MCQs/SEQs/OSCE
82.	Plan management of longitudinal tooth fractures	IL	✓	MCQs/SEQs/OSCE
83.	**Communication skill**			
a)	Show positive gestures to the patient	CR	_	Role play
b)	Inquire relevant questions from the patients for the diagnosis of pulpal and periapical lesion	CR	_	OSCE
c)	Communicate with superiors and juniors respectfully	CR	_	----------
d)	Demonstrate Presentation skill	CR	_	Competition
	ORTHODONTICS			
1)	Identify the different orthodontic terms	IL	✓	OSCE
2)	Use the terms in diagnosis and problem list of a case	IL/ CR		CQ /OSCE
3)	Relate which types of malocclusions are treatable with Orthodontic treatment	IL/ CBL/ CR	✓	SEQ/OSCE
4)	Recall the normal anatomical structures of head and face	IL	✓	CQ
5)	Quote the importance of studying growth	IL	✓	SEQ
6)	Quote different types of bone growth	IL	✓	SEQ / MCQ
7)	State the reasons for different types of bone growth	IL	✓	SEQ / MCQ
8)	Quote what are growth fields, sites and centers	IL	✓	SEQ / MCQ
9)	List differences between the growth fields, sites and centers	IL	✓	SEQ / MCQ
10)	List areas which are fields, sites and centers	IL	✓	MCQ
11)	Recall and present how the growth occurs in different areas of head and face	IL/CP	✓	SEQ
12)	List out the different theories regarding how growth takes place	IL	✓	SEQ
13)	Identify the theory that explains the growth process that is taking place in the jaw	IL	✓	SEQ
14)	Discuss the reasons why some growth theories were discarded	IL	✓	CQ
15)	Quote what type of growth occurs in the maxilla and mandible	IL	✓	SEQ
16)	Predict the changes that would occur in maxilla and mandible at different chronological ages	IL / CR		OSCE
17)	Identify changes in width, length and height of jaws during growth	IL		SEQ/ MCQ/ OSCE
18)	State the normal growth rotations that occur in jaws	IL / CBL		OSCE
19)	Recognize the abnormal growth rotations that occur in jaws	CBL		OSCE
20)	Identify the type of growth rotation that occurs in a particular patient	CR / CBL		OSCE

21)	State how occlusion develops	IL / CR	✓	CQ
22)	Identify the physiologic spaces that occur in an arch during deciduous and mixed dentition	IL/ CR		OSCE/ MCQ
23)	Recognize the importance of the physiologic spaces that occur in an arch during deciduous and mixed dentition	IL		OSCE / MCQ
24)	Measure and calculate the physiologic spaces during mixed dentition for diagnosis	CR		OSCE
25)	Identify the dentition	CR		OSCE
26)	Recognize the differences between deciduous and permanent dentition	CR		OSCE
27)	Quote what is arch length deficiency	IL / CR	✓	CQ
28)	Measure the arch length deficiency	CR		OSCE
29)	Recognize the importance of calculating arch length deficiency	IL / CR		OSCE / MCQ
30)	Calculate the arch length deficiency in mixed dentition	CR/ CBL		OSCE
31)	Identify space loss in an arch	CR / CBL		OSCE
32)	Quote the importance of identification of space loss in the arch	IL	✓	CQ
33)	Relate the teeth present in the arch to the chronological age of the patient	CR / CBL		OSCE
34)	Quote the eruption timings of the teeth in an arch	CR		OSCE
35)	Recognize the eruption sequence and timings in an arch	CBL		OSCE/ MCQ
36)	Recognize the changes in arch during transition between deciduous, mixed and permanent dentition	CR / CBL		OSCE / MCQ
ORTHODONTICS / PROSTHODONTICS /OPERATIVE				
37)	Recognize different terminologies of occlusion	IL / CR		OSCE
38)	Interpret the different terminologies of occlusion	CR		OSCE
39)	Quote the differences between static and dynamic occlusion	IL		OSCE / MCQ
40)	Use the terminologies of occlusion when making a problem list of a patient	IL / CR		OSCE
41)	State the methods to measure the dynamic occlusion	IL		SEQ/ MCQ
42)	Recognize the importance of measuring dynamic occlusion in a case	IL		CQ
43)	Quote different classifications of occlusion	IL / CR		SEQ / MCQ
44)	Recognize the normal inter-relationship of teeth	CR		OSCE
45)	State how occlusal interferences and the malocclusions and effect on musculature	IL / CR		MCQ/ OSCE
46)	Correlate centric relation, centric occlusion and maximum intercuspation.	IL		MCQ
47)	Recognize the acceptable final relationship of upper and lower teeth, at the end of orthodontic treatment	IL / CR		OSCE
48)	Recognize the importance of the curves of occlusion in an arch	IL / CR		OSCE
49)	Classify occlusion	IL	✓	SEQ
ORTHODONTICS				

50)	State Andrews six keys of occlusion	IL / CR		SEQ
51)	Recognize the importance of having the six keys in a dentition	IL/ CR		OSCE
52)	Recognize the absence of any of the six keys in a dentition	CR		OSCE
53)	Recognize the importance of functional and non-functional cusps	IL	✓	SEQ/ MCQ
54)	Identify certain syndromes due to their clinical features	CP		MCQ / OSCE
55)	Predict the dental malocclusion for each syndrome	IL / CBL		OSCE
56)	Recognize the treatment changes that occur due to the presence of a syndrome in a patient	CBL		SEQ/ MCQ/ OSCE
57)	Quote the etiologies of different syndromes	IL		SEQ / OSCE
58)	Quote differences between skeletal and chronological age of a patient	IL / CR		OSCE
59)	Recognize the importance of calculating a patients age before growth completes	IL / CBL/ CR		OSCE
60)	Recognize the importance of utilization of growth potential while providing treatment to orthodontic patient.	IL/ CBL / CR		OSCE/ MCQ
61)	Estimate the skeletal age of a patient	CR		OSCE/ MCQ
62)	Quote the different treatment options available at different stages of growth of patient	CR		OSCE
63)	Measure overjet and overbite clinically	CR		OSCE
64)	Record maximum intercuspation	CR		OSCE
65)	Compare canine guidance and group function occlusion schemes	IL / CR		MCQ/ SEQ/ OSCE
66)	Differentiate between static and dynamic occlusion.	IL	✓	MCQ
67)	Relate different determinants of occlusion.	IL	✓	MCQ
68)	Correlate centric relation, centric occlusion and maximum intercuspation.	IL	✓	MCQ
69)	Correlate temporomandibular joint, musculature and teeth.	IL		MCQ
70)	Measure overjet and overbite clinically	CR		MCQ/OSCE
71)	Record maximum intercuspation	CR		MCQ/OSCE
72)	Classify molar relationship according to angle's classification	IL		MCQ
73)	Identify functional and non-functional cusps.	IL/CR		MCQ/OSCE
74)	Differentiate between working and non-working side movements.	IL		MCQ
75)	Identify a patient for treatment need according to severity	IL/CR		OSCE
PROFESSIONALISM AND ETHICS				
76)	Communicate with each other and faculty confidently and respectfully	CR		Observation during CR
77)	Complete all tasks on or before deadlines	CR		Observation during CR
PATIENT SAFETY				
78)	Perform the sterilization of instruments independently and understand its importance	CR		OSCE
79)	Demonstrate the wearing of lead apron before the radiographs and understand its importance	CR		Observation during CR

COMMUNICATION SKILLS				
80)	Communicate the problem list of patients confidently and thoroughly	CR		Class presentation
81)	Demonstrates skills in presentation	CR/ class presentations		Class presentation
OMFS				
1)	List indications and contraindications of local anesthesia, general anesthesia and sedation	IL	✓	MCQ
2)	Identify the role of conscious sedation in the field of Oral and Maxillofacial Surgery	IL	✓	MCQ
3)	Enlist the complications associated with local and general anesthesia	IL	✓	MCQ
4)	Perform Infiltration and Block techniques of Local anesthesia on patient.	IL/SGD/CR		OSCE
5)	Enumerate principles of flap design and incision	IL	✓	MCQ/SEQ
6)	List the principles of suturing, types of sutures, advantages and disadvantages	IL/SGD	✓	MCQ
7)	Interpret various hematological and radiological investigations	IL	✓	MCQ
8)	List the instruments used in Oral & Maxillofacial surgery	IL/CR	✓	MCQ/OSCE
9)	Take the history of patient at the chair side with relevant information, evaluation, assessment, diagnosis and treatment plan	IL/CR		SEQ/OSCE
10)	Identify and state the preventive measures for medical emergencies in Dental Office.	IL/CBL		MCQ/SEQ/CP
11)	Discuss the management of Medical emergencies in dentistry	IL/CBL	✓	MCQ/SEQ/CP
12)	Justify importance of sterilization and disinfection in Oral Surgery	IL	✓	MCQ
13)	List the hazards of Cross-infection	IL	✓	MCQ
14)	Apply personal barriers for prevention of cross infection	IL		MCQ
15)	Describe the principles of Exodontia	IL	✓	MCQ/SEQ
16)	Identify complete armamentarium used in Oral and Maxillofacial Surgery and its dynamic	IL/CR		MCQ/OSCE
17)	Assess patient requiring Exodontia independently	IL/CR		MCQ
18)	Differentiate between simple and complex exodontia	IL	✓	MCQ
19)	Classify Impacted Mandibular and Maxillary 3rd molar and maxillary canine	IL	✓	SEQ
20)	Identify the complications of removal of Impacted teeth along with its indications and contraindications	IL		SEQ
21)	Enlist the dentoalveolar injuries and its management	IL	✓	MCQ
22)	Identify the indications of Pre-prosthetic surgery and its role	IL	✓	MCQ
23)	Describe Ridge augmentation and reduction (alveoloplasty) procedures	IL	✓	MCQ
24)	Enumerate pre-prosthetic procedures commonly performed in maxilla and mandible	IL	✓	MCQ/OSCE
25)	List principles of Endodontic surgery and relate periodontal consideration for oral surgery procedures	IL	✓	MCQ

26)	Enumerate the indications of Endodontic Surgery	IL	✓	MCQ
27)	Classify orofacial pain	IL/CBL	✓	MCQ/SEQ
28)	Enumerate the causes of oro-facial pain	IL	✓	MCQ
29)	Formulate differential diagnosis of pain in the oral and maxillofacial region and devise management plan accordingly	IL/CBL		OSCE
Professionalism and ethics				
30)	Introduce self to the patient before history taking	CR		Role play
31)	Communicate to the patient confidently & respectfully during history taking and patient examination	CR		OSCE/ Role play
32)	Take consent from the patient before start of treatment	CR		OSCE
33)	Inform patient about the problem list, and treatment	CR/SGD		OSCE/ Role play
34)	Explain clinical procedure to the patient before starting treatment	CR		OSCE/ Role play
35)	Ask correct questions about longitudinal tooth fractures in history taking	CR		Role play
36)	Assess patient requiring exodontia independently	IL/CR		MCQS/SEQS
37)	Formulate proper treatment plan before starting the procedure	IL/SGD		SEQS/OSCE
38)	Obtain written consent and brief parents about the procedure	SGD		OSCE
Patient safety				
39)	Explain to the patient, about the use of isolation methods for safety	CR		OSCE
40)	Explain patient to the use of saliva ejector for isolation	CR		OSCE
41)	Show to the patient about use of lead apron & thyroid collar for X-ray taking	CR		OSCE
42)	Demonstrate competency in a stablishing a therapeutic and professional relationship with patients and their families.	CBL		OSCE
43)	Demonstrate competency in using patient-centered interviewing skills in gathering biomedical and psychological information.	Role Play		OSCE
44)	Demonstrate competency in seeking and developing relevant information from other sources, including the patient's family, with patient's consent.	Role Play		OSCE
45)	Inform the patient about relevant medical emergency	CR/CBL		MCQS/SEQS
46)	Ensure sterilization and disinfection of instruments	CR		MCQS/SEQS/OSCE
47)	Apply personal barriers to avoid hazards of cross infection	CR/SGD		MCQS/OSCE
48)	Give early morning appointments to patients with co-morbid	SGD		OSCE
Communication skill				
49)	Ask correct questions about history and symptoms of the present complaint	CR		OSCE/Role play
50)	Inform patient about the problem list	CR		OSCE
51)	Inquire relevant questions from the patients for the diagnosis of a case	CR		OSCE
52)	Presentation skill	CR		Competition

53)	Demonstrate competency in communicating effectively with patients.	CBL		OSCE
54)	Demonstrate competency in breaking the bad news to patient.	Role Play		OSCE
55)	Demonstrate competency communicating effectively about ethical issues with patients and their family.	CBL		OSCE
56)	Use effective and efficient communication and management strategies	Role Play		OSCE
57)	Use written record, electronic medical record or other digital technologies while communicating with supervisor and patient.	SGD		OSCE
58)	Take detailed history of patient at chair side with relevant information and evaluation	SGD		MCQS
PROSTHODONTICS				
	Edentulism and Biomechanics			
1)	Enumerate the causes of tooth loss and it's complications if untreated	IL	✓	MCQS
2)	Identify partially dentate oral state, mutilated dentition, collapsed arch and edentate oral state.	IL	✓	OSCE
3)	Anticipate challenges in managing edentulous patient.	IL/CR	✓	OSCE
4)	Compare the support mechanism for the natural dentition and complete dentures	IL	✓	SEQ/MCQS
5)	Ascertain the functional responses of occlusion of an edentulous state.	IL	✓	MCQS
6)	Correlate mucosal support with masticatory loads	IL	✓	SEQ/MCQS
7)	Identify features and risk factors associated with parafunctional habits	IL	✓	MCQS
8)	Compare the forces generated by mastication and parafunctional habits.	IL	✓	MCQS
9)	Appreciate the morphological changes due to edentulism	IL/CBL 1	✓	SEQ/MCQS
10)	Correlate the changes in morphological face height and the temporomandibular joints with edentate state.	IL/CBL 1	✓	MCQS
11)	Enumerate the esthetic, behavioral and adaptive responses in an edentulous patient.	IL	✓	SEQ
12)	Identify the type of mandibular border movement according to Posselt's envelop of motion.	IL	✓	OSCE
	Aging and residual ridge resorption			
13)	Distinguish between normal and abnormal consequences of aging.	IL/CBL 1	✓	SEQ/MCQS
14)	Relate impact of age on the edentulous mouth, teeth and the orofacial structures.	IL/CBL 1	✓	SEQ/MCQS
15)	Assess effects of excessive tooth wear, root dental caries and recession of the gingival tissues on provision of removable prostheses.	CR		SC
16)	Anticipate the problems associated with residual ridge resorption (RRR)	IL/CBL 1	✓	SEQ/MCQS
17)	Associate factors affecting rate and pattern of residual ridge resorption	IL/CBL 1	✓	SEQ/MCQS
18)	Identify residual ridge according to Atwood's classification of residual ridge resorption.	IL/CBL 1	✓	OSCE
19)	Ascertain the basic resorption pattern of the maxilla and mandible	IL/CBL 1	✓	OSCE/MCQS

20)	Plan treatment for patients with residual ridge resorption	IL/CBL 1/CR	✓	SEQS/OSCE/SC
	Nutritional and systemic health considerations			
21)	Comprehend the problems associated with tooth loss in the elderly and lack of nutrition.	IL/CBL 1	✓	MCQS
22)	Correlate nutritional deficiencies due to local and systemic problems with oral health.	IL/CBL 1	✓	MCQS
23)	Devise a treatment protocol for patients having mucosal conditions	IL	✓	MCQS/OSCE
24)	Assess impacts of oral movement disorders, salivary dysfunction and systemic diseases on adaptive denture experience	IL/CR		MCQS/SC
25)	Enumerate risk factors of malnutrition	IL	✓	SEQ
26)	Correlate nutritional deficiency to oral effects and its impact on denture experience	IL	✓	MCQS
	Sequelae of Removable Prostheses			
27)	Examine the dentures in the oral environment	CR		OSCE
28)	Appreciate the facial and denture changes that may occur in old denture wearers.	IL/CR		OSCE
29)	Categorize direct and indirect sequelae caused by removable prosthesis.	IL/CBL	✓	SEQ/MCQS
30)	Identify different types of denture stomatitis.	IL/CR/CBL	✓	OSCE
31)	Manage denture stomatitis.	IL/CBL/CR	✓	SEQ/MCQ/OSCE
32)	Identify flabby ridge.	IL/CR/CBL		OSCE
33)	Ascertain the effects of flabby ridge on denture construction.	IL/CBL/CR		VIVA/OSCE
34)	Identify denture irritation hyperplasia.	IL/CBL/CR		OSCE
35)	Diagnose denture related pathologies.	IL/CBL/CR		MCQS/SC/OSCE
36)	Devise treatment protocol for denture related pathologies	IL	✓	SEQ/OSCE
37)	Manage denture related traumatic ulcers.	IL/CR		OSCE
38)	List complications related to xerostomia in denture wearing patients	IL/CBL	✓	SEQ
39)	Identify the features and risk factors associated with burning mouth syndrome.	IL	✓	SEQ/MCQS
40)	Manage a gag reflex patient.	CR		OSCE
41)	Identify risk factors of atrophy of masticatory muscles.	IL	✓	MCQS
42)	Diagnose a patient having atrophic masticatory muscles.	CBL	✓	MCQS
43)	Associate reduced salivary flow rate with elderly patients.	IL	✓	MCQS
44)	Devise preventive strategies for controlling the sequelae of wearing complete dentures.	IL	✓	SEQ/MCQS
	Management of geriatric patients			
45)	Define the term Gerodontology	IL	✓	SEQ/VIVA
46)	Anticipate the problems associated with the geriatric patients.	IL	✓	MCQS
47)	Devise management strategies for the dental care of the elderly in light of the oral diseases, systemic disorders, psychological and social factors.	IL	✓	MCQS
	Complete denture equation			

48)	Define basic terminologies of complete denture prosthesis	SGD	✓	MCQS
49)	Justify the need of complete dentures	SGD	✓	MCQS
	Treatment Planning			
50)	Assess the different treatment options for edentulous patients	IL/CBL	✓	SEQ/MCQS
51)	Assess examination charts and records	CR/SGD	✓	OSCE
52)	Obtain comprehensive history of an edentate patient.	CR		OSCE
53)	Evaluate general physical observations affecting diagnosis.	CR		OSCE
54)	Perform extra oral and intraoral examination of an edentulous patient.	CR		OSCE
55)	Rationalize the importance of intraoral and extra oral features in denture construction	IL/CR/SGD	✓	MCQS/OSCE
56)	Justify the use of radiographs in edentate patient.	IL/CR	✓	OSCE
57)	Analyze diagnostic casts.	CR		OSCE
58)	Rationalize the use of diagnostic cast and diagnostic maxillomandibular relation.	IL/CR	✓	MCQS/OSCE
59)	Interpret diagnostic data with its influence on denture construction.	IL/CR		MCQS/SEQ/OSCE
60)	Correlate biomechanical considerations to denture construction.	CR		SEQ/MCQS/OSCE
61)	Plan treatment for the complete denture patient.	CR/CBL	✓	MCQS/OSCE/SC
	Applied Anatomy			
62)	Identify morphological characteristics of denture bearing areas	IL/CR	✓	OSCE
63)	Differentiate between anatomic landmarks and limiting structures pertaining to complete dentures	IL/CR	✓	OSCE
64)	Correlate limiting structures to denture borders	IL/CBL	✓	MCQS /OSCE
65)	Correlate the action of muscles in limiting structures on denture stability	IL/CBL	✓	MCQS/OSCE
	Preprosthetic Mouth preparation		✓	
66)	Prepare a patient for receiving prosthesis.	CR/CBL	✓	SC/OSCE
67)	Outline protocols in chronological order for preparing a patient for prosthesis	IL/CBL	✓	SEQ/OSCE
68)	Manage denture related infections before prosthesis fabrication.	IL/CBL/CR	✓	SEQ/MCQS/OSCE
69)	Follow protocols of denture usage /alteration in patients with denture related infections.	CR		OSCE
70)	Outline measures to manage unfavorable morphological characteristics that may compromise denture construction	IL/CBL	✓	SEQ/MCQS
71)	Justify use of surgical procedures to optimize denture bearing areas.	IL/CBL	✓	MCQS/Viva
	Applied Dental Materials			
72)	Avoid damage to oral and paraoral structures during clinical procedures.	CR		OSCE
73)	Select biomaterials for patients having compromised oral tissues.	CR/SGD		MCQS/OSCE
74)	Apply properties of biomaterials for different procedures of complete denture construction.	CR/SGD		MCQS/OPD
	Posterior palatal Seal, Baseplates and occlusal rims			

75)	Identify anterior and posterior vibrating lines	IL/CR	✓	OSCE
76)	Outline ways of marking the anterior and posterior vibrating lines	IL/CR	✓	SEQ/MCQS
77)	Mark anterior and posterior vibrating lines	CR		OSCE
78)	Appraise the effect of post dam area on denture retention	IL/CR	✓	MCQS/OSCE
79)	Correlate soft palate classification with post-dam area	CR		OSCE
80)	Select a proper denture base material for different edentulous patients.	CR		MCQS/OPD
81)	Assess causes of imperfections in denture bases.	CR		OSCE
82)	Compare acrylic resin and porcelain teeth in dental prostheses.	SGD/CR	✓	SEQ/MCQS
83)	Identify the surfaces of a denture	CR		OSCE
84)	Fabricate a trial denture base (TDB) with a knowledge regarding materials and basic requirements.	IL/CR	✓	OSCE
85)	Justify the use and design of occlusal rims.	SGD/CR	✓	MCQS/Viva
86)	Fabricate occlusal rims according to guidelines.	CR		OSCE/OPD
87)	Outline procedures to reinforce wax occlusal rim.	SGD	✓	OSCE
	Maxillomandibular Relations			
88)	Compare an arbitrary facebow and kinematic facebow.	IL	✓	SEQ/MCQS
89)	Justify the use of facebow record in complete denture construction.	IL	✓	SEQ/MCQS/Viva
90)	Take an orientation record using Hanau Face bow.	CR		OSCE/OPD
91)	Transfer the face bow record to Hanau semi adjustable articulator.	CR		OSCE/OPD
92)	Set condylar guidance and Bennett angle using arbitrary method.	CR		OSCE
93)	Enumerate guidelines for fabrication and adjusting occlusal rims intra-orally	IL	✓	SEQ
94)	Adjust the occlusal rim according to labial and buccal fullness.	CR		OSCE/OPD
95)	Analyze the guide for esthetics in light of degenerative changes occurring in the skin.	IL/CR		MCQS/OSCE
96)	Mark midline, low and high lip line, incisal show and canine line.	CR		OSCE
97)	Estimate the level of occlusal plane using Fox's plane.	CR		OSCE/OPD
98)	Outline other methods of estimating occlusal plane.	IL	✓	SEQ/MCQS
99)	Classify maxillomandibular records.	IL	✓	SEQ/MCQS/OSCE
100)	Enumerate the methods to record different maxillomandibular relations	IL	✓	SEQ/MCQS/SC
101)	Outline sequence of taking maxillomandibular relation with reasoning	IL	✓	SEQ/MCQS/VIVA
102)	Determine the rest vertical dimension using mechanical and physiological methods.	CR		OSCE/OPD
103)	Compute freeway space by determining rest vertical and occlusal vertical dimension.	CR		OSCE/OPD
104)	Record centric relation in an edentulous patient.	CR		OSCE/OPD
105)	Apply concepts of mandibular movements in centric relation record.	CR		MCQS/OSCE
106)	Enumerate different factors which influence and regulate mandibular movements.	IL	✓	MCQS

107)	Justify the use of centric relation as a starting point for fabricating complete denture occlusion.	IL	✓	MCQS/VIVA
108)	Diagnose cases with improper occlusal vertical dimension	CBL/CR		MCQS/SC
109)	List the consequences of improper occlusal vertical dimension	IL/CR	✓	SEQ/MCQS/OSCE
110)	Devise management protocol for patients having improper occlusal vertical dimension	IL/CR		MCQS/SC/VIVA
	Articulators (Detailed Occlusion will be taught at this stage with initial introductory lectures by Orthdodontics Department, while last two by Prosthodontics department)			
111)	Classify the Articulators.	IL	✓	SEQ/MCQS
112)	Identify different types & parts of an articulator.	CR		OSCE
113)	Differentiate between an arcon and a non arcon articulator.	IL/CR	✓	MCQS/VIVA
114)	Program the articulator by adjusting condylar guidance through a protrusive record.	CR		OSCE
	Teeth Selection and Arrangement in Complete Dentures			
115)	Select anterior teeth based on aesthetics and function.	IL/CR		SEQ/OSCE
116)	Select posterior teeth based on interarch space, residual alveolar ridges and functional needs.	IL/CR		SEQ/OSCE
117)	Identify different posterior tooth molds.	CR		OSCE
118)	Formulate the guides for preliminary arrangement of anterior teeth.	IL/CR		OPD/OSCE
119)	Relate incisive papilla with anterior teeth placement	IL/CR		SEQ/MCQS/OPD
120)	Apply the role of musculature and aesthetics on anterior tooth arrangement.	IL/CR	✓	MCQS/OSCE
121)	Mark the guidelines for tooth set up on maxillary and mandibular casts	IL/CR		OSCE
122)	Apply knowledge of tooth setup guidelines	IL/CR		MCQS/OSCE
123)	Set up the anterior teeth in wax for Class I orthognathic relationship with canine Class I canine relationship.	CR		OSCE
124)	Create appropriate overjet and overbite according to case.	CR		OSCE
125)	Measure the overjet and overbite clinically as well as on articulator.	CR		OSCE
126)	Mark tentative bucco-lingual placement of posterior teeth on the cast.	CR		OSCE
127)	Set up the posterior teeth in wax for Class I orthognathic relationship with Class I molar relationship.	CR		OSCE
128)	Apply role of musculature and residual ridge on posterior tooth set up.	IL/CR	✓	MCQS/OSCE
129)	Anticipate problems of setting teeth out of the neutral zone.	IL	✓	MCQS
130)	Correlate the wax occlusal rim with the guidelines marked on the cast.	IL/CR		MCQS/OSCE
131)	Arrange anatomical teeth to a balanced occlusion.	CR		OSCE
132)	Ascertain the procedure for arranging maxillary or mandibular teeth first with justification.	IL/CR	✓	MCQS/VIVA
	Wax Try-In Appointment			
133)	Outline the sequence protocol for trial denture	IL/CR	✓	SEQ/MCQS/SC
134)	Assess retention and stability of trial denture bases	CR		OSCE
135)	Manage over and under extensions of denture bases	IL/CR		OSCE
136)	Assess positioning of teeth in relation to neutral zone	CR		OSCE

137)	Verify maxillomandibular relations	IL/CR		OSCE
138)	Outline protocol for improper centric relation	IL/CR	✓	OSCE
139)	Correlate facial and functional harmony with anterior teeth setup.	CR		OSCE
140)	Harmonize anterior teeth with sex, personality and age of the patient.	CR		OSCE
141)	Co-relate the esthetics and incisal guidance	IL/CR	✓	SC/VIVA
142)	Justify the patient acceptance in arrangement of anterior teeth	IL/CR	✓	SC/VIVA
143)	Assess phonetics at try in appointment	IL/CR		OSCE
144)	Appraise the importance of closest speaking space	IL/CR		OSCE/MCQS
145)	Assess closest speaking space	IL/CR		OSCE
146)	Relate different sounds to teeth positioning	IL/CR		OSCE/MCQS
147)	Relate denture base contours with phonetics	IL/CR		OSCE/MCQS
148)	Give instructions at each clinical procedure appointment	CR		OSCE
149)	Retake the maxillomandibular relation if required	CR		OSCE
150)	Assess posterior open bite	CR		OSCE
151)	List causes of posterior open bite at try-in stage	IL/CR		SC/VIVA
152)	Stabilize the baseplates for try in procedures	CR		OSCE
	Laboratory Procedures			
153)	Perform the final wax up, carving and festooning in wax.	CR		OSCE
154)	Invest the denture using plaster in a flask.	CR/SGD		OSCE
155)	Apply appropriate separating medium in different stages of flasking and packing.	CR		OSCE
156)	Pack the mold with acrylic resin in its proper stage of setting.	CR		OSCE
157)	Execute trial packing procedure.	CR		OSCE
158)	Use hydraulic and manual press for packing procedures.	CR		OSCE
159)	Cure the dentures in manual water baths.	CR		OSCE
160)	Select appropriate curing cycle considering time restraints and needs.	CR/SGD		OSCE
161)	Deflask the dentures without damage Or fracturing.	CR		OSCE
162)	Perform gross and fine finishing of the dentures with correct selection of burs and motor speed chronologically.	CR		OSCE
163)	Polish the dentures.	CR		OSCE
164)	Adjust occlusion according to BULL's rule on the cast and clinically.	CR		OSCE
	Delivery of Dentures and Postinsertion			
165)	Critically analyze the final dentures for faults.	IL/CR		OSCE
166)	Eliminate the errors of the basal surface of denture.	CR		OSCE
167)	Outline sequence of insertion protocols for complete dentures.	IL/CR		VIVA
168)	Evaluate retention and stability of dentures clinically.	CR		OSCE
169)	Identify pressure areas during insertion using Zinc oxide or pressure indicating paste.	IL/CR		OSCE
170)	Enlist different pressure indicating mediums	IL	✓	MCQS/VIVA
171)	Interpret pressure indicating paste findings	IL/CR		SEQ/MCQS/OSCE
172)	Eliminate the errors of occlusion in centric relation.	IL/CR		OSCE
173)	Verify the centric relation on insertion.	CR		OSCE

174)	Enlist indications for remounting of dentures	IL	✓	SEQ/MCQS
175)	Give post insertion instructions to the patient.	CR		OSCE
176)	Evaluate the patient at the first post insertion appointment.	CR		OSCE
177)	Outline sequence of post insertion protocol with justification	IL/CR		SEQ/MCQS/VIVA/SC
178)	Devise appropriate treatment for pressure spots, rocking of dentures, over and under extension of flanges.	IL		SEQ/MCQS/SC
	Retention and Stability			
179)	Determine the factors involved in retention of complete dentures.	IL	✓	MCQS/SEQ
180)	Classify factors of retention	IL	✓	MCQS
181)	Enumerate factors that aid retention in patients with compromised morphology	IL	✓	MCQS
182)	Relate factors of retention with different areas of complete dentures	IL	✓	MCQS
183)	Enumerate factors that enhance stability of complete dentures	IL	✓	MCQS/SEQ
	Denture Adhesives			
184)	Select patients requiring adjunctive retention through the use of denture adhesives.	IL	✓	MCQS
185)	Rationalize the use of denture adhesives in complete dentures.	IL	✓	MCQS
186)	Enumerate the mode of action of denture adhesives.	IL	✓	MCQS
	Denture Cleansers			
187)	Enumerate the ideal requirements of denture cleansers	IL	✓	MCQS
188)	Brief regarding the mechanical techniques of cleaning dentures	IL	✓	MCQS
189)	List chemical denture cleansers	IL	✓	MCQS
190)	Outline mechanism of action of denture cleansers	IL	✓	MCQS
191)	Anticipate adverse effects to denture cleansers.	IL	✓	MCQS
192)	Identify macroscopic anatomy of supporting and limiting structures of maxilla clinically and on cast.	IL/CR	✓	OSCE
193)	Identify macroscopic anatomy of supporting and limiting structures of maxilla clinically and on cast.	IL/CR	✓	OSCE
194)	Identify muscles dictating sulcus depth in various oral regions pertaining to denture flanges.	IL/CR	✓	MCQS/OSCE
195)	Recognize the effect of modiolus on denture stability.	IL/CR	✓	MCQS/OSCE
196)	Apply muscle actions on oral and paraoral influences to denture function.	IL/CR		MCQS/OSCE
197)	Select appropriate preliminary impression material for different oral conditions.	CR		OSCE
198)	Apply factors of retention in complete denture construction.	IL/CR	✓	MCQS/OSCE
199)	Manage a diseased oral cavity for impressions.	IL/CR		MCQS/OSCE
	Complete Denture Impressions			

200)	Record Preliminary Impression for Edentulous Patient using alginate and composition by apply general principles and objectives of impression making.	CR		OSCE
201)	Select appropriate gypsum product for pouring impressions of different nature.	CR		OSCE
202)	Pour an impression using soft and hard plaster.	CR		OSCE
203)	Compare different impression Techniques according to residual ridge and material.	IL/CR	✓	SEQ/MCQS/OSCE
204)	Select appropriate impression technique according to anatomical factors of residual ridge.	IL/CR		SEQ/MCQS/OSCE
205)	Design custom tray according to the selected impression technique	IL/CR		SEQ/MCQS/OSCE
206)	Construct a custom tray for secondary impression using self-cure acrylic resin for different impression techniques.	CR		OSCE
207)	Refine a custom tray.	CR		OSCE
208)	Select a method of reducing pressure on soft tissues through custom tray.	IL/CR		MCQS/OSCE
209)	Select appropriate final impression material and method of border molding and wash impression as per the impression technique utilized.	IL/CR		MCQS/OSCE
210)	Perform border molding procedure with green stick.	CR		OSCE
211)	Outline procedure of one step border molding with polyether impression material.	IL	✓	SEQ
212)	Record Final Impression for edentulous patient considering the oral and para oral musculature and oral physiology.	CR		OSCE
213)	Correlate the anatomical landmarks seen clinically with an impression.	CR		OSCE
214)	Justify the use of Boxing-In technique.	IL/CR	✓	MCQS/VIVA
215)	Identify favorable and unfavorable posterior palatal form for posterior palatal seal.	CR		OSCE
216)	Mark anterior and posterior vibrating line clinically.	CR		OSCE
217)	Carve post dam area on the master cast.	CR		OSCE
218)	Select appropriate special impression technique for variants in mucosal topography.	IL/CR	✓	SEQ/MCQS
219)	Outline steps of special impression techniques for different conditions	IL	✓	SEQ
220)	Rationalize the use of special impression techniques according to given oral condition.	IL	✓	SEQ/MCQS
221)	Give instructions for both open and closed mouth impression techniques.	CR		OSCE
222)	Identify impression errors.	CR		OSCE
223)	Rectify impression errors.	CR		OSCE
224)	Differentiate between static and dynamic occlusion.	IL	✓	MCQS
225)	Relate different determinants of occlusion.	IL	✓	MCQS
226)	Correlate centric relation, centric occlusion and maximum intercuspation.	IL	✓	MCQS
227)	Correlate temporomandibular joint, musculature and teeth.	IL	✓	MCQS
228)	Measure overjet and overbite clinically	CR		MCQS/OSCE

229)	Record maximum intercuspation	CR		MCQS/OSCE
230)	Classify molar relationship according to angle's classification	IL	✓	MCQS
231)	Compare canine guidance and group function occlusion schemes	IL	✓	MCQS
232)	Identify functional and non-functional cusps.	IL/CR		MCQS/OSCE
233)	Differentiate between working and non-working side movements.	IL	✓	MCQS
234)	Associate Bennett angle and Bennett movement/side shift with laterotrusive movement.	IL	✓	MCQS
235)	Classify movements of the TMJ.	IL	✓	MCQS
236)	Differentiate between border movements and intraborder movements.	IL	✓	MCQS
237)	Identify occlusal scheme clinically.	IL/CR		MCQS/OSCE
238)	Compare physiological and pathological occlusion.	IL	✓	MCQS
239)	Differentiate between static and dynamic occlusion.	IL	✓	MCQS
	Complete Denture Occlusion			
240)	List the pre requisites for arranging teeth in balanced occlusion and articulation	IL	✓	SEQ
241)	Differentiate occlusal schemes for natural and artificial occlusion	IL	✓	MCQS
242)	Enumerate the characteristics of balanced occlusion and articulation	IL	✓	SEQ
243)	Justify the use of compensating curves and tilt in occlusal plane to attain balanced occlusion.	IL	✓	MCQS/VIVA
244)	Correlate incisal guidance, compensating curves, occlusal plane, condylar guidance and cuspal inclines with each other.	IL/CR		SEQ/MCQS
245)	Separate anterior and posterior guidance components	IL	✓	SEQ
246)	Compare balanced occlusion, monoplane occlusion and lingualized occlusion.	IL	✓	SEQ/MCQS
247)	Adjust the protrusive, working and balancing contacts on a semi adjustable articulator.	CR	✓	OSCE
	Immediate Dentures			
248)	Devise a plan for patients affected by multiple co-morbidities.	IL	✓	SEQ/MCQS
249)	Select a patient for immediate denture treatment.	IL	✓	SEQ/MCQS
250)	Compare conventional and interim immediate denture.	IL	✓	SEQ/MCQS
251)	Anticipate problems associated with immediate dentures.	IL	✓	SEQ/MCQS
252)	Convince a patient for immediate dentures.	CR		OSCE
253)	Plan a treatment for immediate denture patient in phases.	IL	✓	SEQ/MCQS
254)	Sequence the clinical and laboratory steps involved in the fabrication of immediate dentures.	IL		SC
255)	Outline steps of teeth setup specific for immediate dentures.	IL	✓	SEQ/MCQS
256)	Give post insertion instruction to a patient of immediate denture.	IL/CR		OSCE

	Single Dentures			
257)	Outline the reasons and features of combination syndrome.	IL	✓	SEQ/MCQS
258)	Diagnose combination syndrome	IL	✓	SEQ/MCQS/SC
259)	Anticipate the problems with single dentures.	IL	✓	SEQ/MCQS
260)	Rationalize tooth preparation procedures for single dentures.	IL	✓	SEQ/MCQS
261)	Outline steps of setup of teeth for single dentures.	IL	✓	SEQ/MCQS
	Relining and Rebasing			
262)	Differentiate between relining and rebasing of dentures.	IL	✓	SEQ/MCQS
263)	Diagnose patients for relining or rebasing.	IL	✓	MCQS
264)	Justify the use of relining and rebasing.	IL	✓	MCQS
265)	Outline steps of denture preparation before impression taking for relining and rebasing.	IL	✓	SEQ/MCQS
266)	Classify impression techniques for relining and rebasing.	IL	✓	MCQS
267)	Appraise necessary steps for closed mouth reline technique.	IL	✓	MCQS
268)	Enumerate different relining techniques.	IL	✓	SEQ/MCQS
269)	Rationalize the use of denture lining materials according to chemical composition, period of usage and required consistency.	IL	✓	MCQS
270)	Compare the properties of plasticized acrylics versus silicone rubber soft liners.	IL	✓	SEQ/MCQS
271)	Select appropriate relining material according to case.	IL	✓	MCQS
	Copy Dentures			
272)	Rationalize treatment by copy dentures.	IL	✓	SEQ/MCQS
273)	Diagnose a patient for copy denture prescription.	IL	✓	SEQ/MCQS/
274)	Outline different copy denture fabrication technique	IL	✓	SEQ/MCQS
	Communication Skills			
275)	Demonstrate competency in communicating effectively with patients.	CBL		OSCE
276)	Demonstrate competency in breaking the bad news to patient.	Role Play		OSCE
277)	Demonstrate competency communicating effectively about ethical issues with patients and their family.	CBL		OSCE
278)	Use effective and efficient communication and management strategies	Role Play		OSCE
279)	Use written record, electronic medical record or other digital technologies while communicating with supervisor and patient.	SGD		OSCE

BEHAVIORAL SCIENCE TOPICS INTEGRATION WITH OTHER DEPARTMENT	**LO NUMBER**
Operative Dentistry	25,43,54,83
Orthodontics	76-81
Oral Surgery	30-58
Prosthodontics	273-279

ACADEMIC SCHEDULES

Weekwise schedule of Module X (Endodontic) Operative Dentistry			
Week no.	**Lecturer 1**	**Lecturer 2**	**Lecturer 3**
W/1	Pulp system-1 **(LO 1-6)**	Classification of pulp & periapical disease **LO (24)**	Pulp system-2 **LO (7-12)**
W/2	Vital pulp therapies-1 **LO (13-17)**	Diagnosis of pulp & periapical lesions **LO (25-30)**	Vital pulp therapies-2 **LO (18-19)**
W/3	Endodontic Infection **LO (20-23)**	Management of periapical lesion **LO (31-36)**	**Class Test** **LO (1-19)**
W/4	Endodontic instruments **LO (42)**	Perio- endo lesion **LO (37--39)**	Isolation in endodontic **LO (54)**
W/5	Endodontic Access & length determination LO **(58-59)**	**Class Test** **LO (24-36)**	Cleaning& shaping of canal **LO (60-62)**
W/6	Irrigants **LO (63)**	Endo-dontic emergencies **LO (40-41)**	Intracanal medicaments **LO (64-66)**
W/7	**Class Test** **LO (20-23, 42,54)**	Endodontic radiology **LO (43-51)**	Obturation materials **LO (67--68)**
W/8	Obturation techniques **LO (67-69)**	Endodontic Anesthesia **LO (52-53)**	Restoration of RCT treated teeth **LO (70)**
3W/9	Endodontic mishaps-1 **LO (71)**	**Class Test** **LO (37-53)**	Endodontic mishaps-2 **LO (72)**
W/10	Non-surgical retreatment **LO (73-74)**	Endodontic surgery-1 **LO (75-76)**	Endodontic outcome **LO (78)**
W/11	Longitudinal fractures **LO (79-82)**	Endodontic surgery-2 **LO (77)**	**Class Test** **LO (58-70)**
W/12	Presentations **LO (83)**	Revision	**Class Test** **LO (71-82)**
W/13	**Theory Examination**		
W/14	**OSCE & Viva Examination**		

Weekly schedule of Module X Orthodontics		
Week no.	**Lecturer 1**	**Lecturer 2**
Week – 1	Introduction to Orthodontics (1-3,38)	Anatomy of head and neck (4)
Week – 2	**GROWTH** Growth theories I (5,12)	Growth theories II (13,14)
Week – 3	• Types of bone growth • Fields, sites and centers (6-10)	Arch development (15-17)
Week – 4	**PRESENTATIONS** Arches pouches, face, tongue, palate, teeth, cranial vault (11)	Mandibular growth (15,16)
Week – 5	Maxillary growth (15,16)	Growth rotations1 (18)
Week – 6	Growth rotations II (19,20)	Age determination (58-60)
Week – 7	Assessment	Age changes (33)
Week – 8	Development of dentition and occlusion I (21-32,34-36)	Development of dentition and occlusion II (72)
Week – 9	Occlusion I (37-49)	Occlusion II (50-53)
Week –10	Occlusion III (65-69,74)	IOTN (75)
Week -11	Assessment	Syndromes Presentations I (54-57)
Week -12	Syndromes Presentations II (54-57)	Revision
Week -13	**Theory Examination**	
Week - 14	**OSCE & Viva Examination**	

Weekly schedule of Module X OMFS		
Week	**Lecture 1**	**Lecture 2**
Week – 1	History taking & Pre-operative Evaluation LO: 9	General Anesthesia and pre-surgical assessment LO: 1, 3
Week – 2	Conscious Sedation LO: 2	Local Anesthesia assessment and technique LO: 1, 3
Week – 3	Complications of Local Anesthesia LO:3	CBL/PBL Case presentation
Week – 4	Management of Acute Post-operative Pain LO: 11	Oro-Facial Pain & Management LO: 27,28, 29
Week – 5	Principles of Basic Flap design LO: 5, 6	Principles of Basic Flap design LO: 5,6
Week – 6	Cross infection control & Sterilization LO: 12, 13, 14	**Class test**
Week – 7	Prevention of Medical Emergencies in Dental office LO: 10,	Prevention of Medical Emergencies in Dental office LO: 10
Week – 8	Management of Medical Emergencies in Dental office LO: 11	Basic & Complex Pre-prosthetic Surgery & Dentoalveolar LO: 22, 23, 24
Week – 9	Basic & Complex Pre-prosthetic Surgery & Dentoalveolar LO: 22, 23, 24	Principles of Exodontia LO:15- 20
Week – 10	Complex Dentoalveolar Surgery LO: 21	Post-operative pain and complications LO: 11
Week -11	Class test	Principles of Endodontic Surgery (Apicectomy) LO: 25,26
Week -12	Revision	Revision
Week – 13	**THEORY EXAM**	
Week – 14	**OSCE & Viva Examination**	

Weekly Schedule for Mod X Prosthodontics – Edentulism/Conventional Complete Dentures			
Week	**Lecture 1**	**Lecture 2**	**Lecture 3**
1.	Biomechanics of (1-12)	Aging (13-15)	Nutrition care (21,25,26)
2.	Residual ridge resorption (16-20)	Sequelae of complete dentures (27-38,40-43)	**Test**
3.	Treatment Planning – Edentulous Arches (49,54,55)	Treatment Planning – Diagnostic Records 56-59)	Treatment Planning – Case selection (60)
4.	Mouth Preparation – Inflammed tissues (60,65-70)	Applied Anatomy – Landmarks and Limiting structures (61-64)	**Test – Applied Dental Materials** (72-74)
5.	Primary impressions and custom tray (191-197,199)	Secondary impressions (202,204,207,210,213)	Retention in complete dentures (74,75,77)
6.	Special Impression techniques (217-219)	Posterior palatal Seal, Baseplates and occlusal rims (178-185)	**Presentations – Diagnosis**
7.	Maxillomandibular relations – Orientation relation (83,84,86,87,88,92)	Maxillomandibular relations – Vertical relation (94,97-100,108,109)	Maxillomandibular relations – Horizontal relation (105,106)
8.	Articulators and Articulation (110-113)	**Test – Impressions and MMR**	Artificial Tooth selection & tooth arrangement (114-121,127-129,131)
9.	Occlusion –I (223-226,229,238)	Complete denture occlusion –I (239-241,244)	Complete denture occlusion – II (242,243,245)
10.	Try-In appointment & Phonetics (132,134,136,137,140-146,150)	Delivery of Dentures (164,166,168-171)	Post insertion Management 175-177
11.	Treatment Modifications in Geriatric patients 44-46	Relining and Rebasing 261-270	Copy Dentures 271-273
12.	Immediate Dentures 247-250,252-255	Single Dentures 256-260	Articulators Demonstration & Revision
13.	**THEORY EXAM**		
14.	**OSCE & Viva Examination**		

MODULE XI

(Restorative Dentistry, Orthodontic diagnosis, Infections, and diseases, Partial Dentulism)

At the end of the module, students should be able to:

S.No	Learning Objectives	Teaching strategy	Online	Assessment tool
	OPERATIVE DENTISTRY			
1.	Define Dental Caries	IL/SGD	✓	Viva
2.	Classify carious lesions according to GV. Black	IL	✓	MCQs
3.	Memorize Graham Mount Classification	IL	✓	MCQs/SEQs
4.	Debate causes of dental caries	IL/CBL	✓	MCQs/SEQs
5.	Identify caries risk factors	IL/CBL	✓	MCQs/ Viva
6.	Classify Dental caries by ICDAS	IL/CBL	✓	MCQs/SEQs
7.	Perform clinical examination and diagnosis of dental caries	IL/SGD/ CBL	_	OSCE
8.	**Professional and Ethics**			
a)	Ask relevant questions to identify cause of dental caries	CR	_	Role play
b)	Explain preventive treatments for dental caries to the patient	CR	_	SEQs
c)	Discuss the risk factors for caries to the patient	CR	_	OSCE/ SEQs
d)	Communicate properly to patient to take consent before treatment	CR	_	Role play
e)	Use NICE guidelines for patient recall interval	CR	_	SEQs
f)	Give post-filling instruction to the patient	CR	_	Role play
9.	Identify new tools for caries detection	IL	✓	MCQs/SEQs
10.	Identify and diagnose different types of caries and plan risk-based caries management and describe models of caries management	IL/SGD	_	MCQs/SEQs
11.	Explain preventive treatments for dental caries to the patient	IL/CBL	✓	MCQs/SEQs/ Viva
12.	Apply noninvasive treatments for dental caries	IL/CBL	_	MCQs/SEQs/ Viva
13.	Discuss the risk factors for root caries to patient	IL	✓	SEQs
14.	Apply preventive and restorative treatment for root caries	IL/CR	_	SEQs
15.	Demonstrate documentation of history taking and examination finding	IL	_	MCQs
16.	Identify Instruments used in restoration and demonstrate different instrument grips	CR	✓	OSCE
17.	**Patient safety**			
a)	Apply method of isolation in restorative dentistry	IL/SGD	_	OSCE
b)	Perform rubber dam application	CR	_	OSCE

18.	Describe steps of cavity preparation for direct restoration	IL	✓	MCQs/SEQs
19.	Identify factors affecting cavity preparation	IL	✓	MCQs/SEQs
20.	Define and discuss outline form, resistance and retention form and convenience form	IL	✓	MCQs/SEQs
21.	Describe methods of caries removal	IL	✓	MCQs/SEQs
22.	Apply principles of preparation on patient requiring direct restoration	IL		MCQs/SEQs
	Operative and Dental material integration			
23.	Review the composition of amalgam	IL	✓	MCQs/SEQs
24.	Establish the significance of gamma-2 phase	IL	✓	MCQs/ Viva
25.	List the advantages and disadvantages of amalgam	IL	✓	MCQs/SEQs
26.	Distinguish between different types of amalgam according to their composition and shape	IL	✓	MCQs
27.	**Patient safety**			
a)	Aware about mercury hazards and use & dispose it according to OSHA guidelines	IL/CR	✓	SEQs
b)	Discuss methods of Sterilization and Disinfection and demonstrate methods of cross infection control in OPD	IL/CR	_	MCQs/SEQs
28.	Apply principles of cavity preparation for Class I, II,& V amalgam restorations	CR/SGD/ CA	_	MCQs/SEQs /OSCE
29.	Describe complex restorations for amalgam and their indications	IL	✓	MCQs
30.	List material used for complex restoration and perform Nayyar core and compo core	IL/CR	✓	MCQs /Viva
31.	Classify dentinal pins and discuss their indications and preparation. Execute accessory means of retention & resistance	IL/CR	✓	MCQs/ Viva
32.	Memorize significance of amalgam bonding	IL/CR	✓	MCQs/SEQs
33.	Perform the procedure of amalgam bonding	IL/CR	_	MCQs/SEQs
34.	Differentiate between cavity liners, sealers and bases. Recall their chemistry and classification	IL/SGD	✓	SEQs/OSCE
35.	Discuss remaining dentin thickness and apply lining to protect the pulpal floor of the cavity	CR	_	OSCE
36.	Explain different steps of amalgam placement	SGD/CR	_	OSCE
37.	Accomplish finishing and polishing of amalgam restorations	SGD/CR	_	MCQs/SEQs /OSCE
38.	Define Adhesive Dentistry	IL	✓	MCQs
39.	State the Principles of Adhesion to enamel & dentine	IL	✓	MCQs/SEQs
40.	Explain the process of etching to enamel and dentine	IL	✓	MCQs/SEQs/ OSCE
41.	Enumerate the factors affecting adhesion to enamel and dentine	IL	✓	SEQs/ Viva
42.	Classify bonding systems on various basis	IL	✓	MCQs/SEQs/viva
43.	Differentiate between dry and wet bonding	IL	✓	MCQs/SEQs
	Operative and Dental material integration			
44.	Memorize composition of dental composites	IL	✓	MCQs

45.	Explain advantages & disadvantages of posterior composite as a restorative material	IL	✓	MCQs/SEQs
46.	Describe the indications of posterior composite	IL	✓	MCQs/SEQs
47.	Execute clinical steps for Class III & Class IV for resin composite restorations	IL/CR	_	MCQs/SEQs/ OSCE
	Operative and Community Integration			
48.	Justify how to apply fissure sealant	IL/CR/SGD	_	MCQs
49.	Use of preventive resin restoration technique	IL/CR/SGD	_	MCQs/SEQs
50.	Distinguish between fissure sealant and preventive resin restorations	IL	✓	MCQs/SEQs/ Viva
51.	Perform placement of posterior composite restoration in Class I, II	IL/CR	_	OSCE
52.	Establish tight proximal contact for posterior composite restoration	IL/CR	_	OSCE
53.	Recognize the importance of C-factor and discuss curing shrinkage and stresses	IL	✓	MCQs/SEQs
54.	Explain how to decrease C-factor to improve longevity of composite restoration	IL/CR	✓	MCQs/SEQs/ OSCE
55.	Apply various matrix systems for Class II, III, IV	IL/Skill Lab	_	OSCE
56.	Explain the principles behind bonded based and snow plough techniques	IL	✓	MCQs/SEQs/ Viva
57.	Identify the instruments and materials used for finishing and polishing of composite restorations and enlist various types of abrasives used in operative dentistry	IL/CR	✓	OSCE
58.	Perform finishing & polishing of composite fillings	IL/SGD/CR	_	OSCE
59.	**Professional and ethics**			
a.	Give post filling instruction to the patient	CR	-	OSCE
60.	List the etiology of non-carious cervical lesions	IL	✓	MCQs/SEQs
61.	Use different restorative materials for non-carious cervical lesions	IL/CR	_	OSCE
62.	State the causes of discoloration and suitable treatment option for managing discoloration	IL	✓	MCQs/SEQs
63.	Enlist the Indications and contraindications of bleaching and other esthetic procedures	IL	✓	MCQs/SEQs
64.	Describe the mode of action of bleaching agent and other esthetic procedures	IL	✓	MCQs/SEQs
65.	Plan bleaching of endodontically treated teeth	IL	✓	MCQs/SEQs
66.	Factors affecting both the in-office and at-home bleaching	IL	✓	MCQs/SEQs
67.	Propose the procedure of microabrasion and macroabrasion	IL	✓	MCQs/SEQs/ OSCE
68.	Write down the indications of veneers	IL	✓	SEQs
69.	Explain veneer procedure to patient	IL/CR	_	MCQs/SEQs/ OSCE
70.	Enlist materials used for veneers	IL	✓	SEQs

71.	Demonstrate tooth preparation for veneers	IL/CR	_	OSCE
72.	Discuss indications and contraindications of indirect restoration and distinguish between inlay and onlay	IL	✓	MCQs/SEQs
73.	Describes steps of tooth preparation for indirect restoration and perform tooth preparation of inlay and onlay	IL/CR	_	MCQs/SEQs/ OSCE
74.	Execute cementation of inlay and onlay	IL	_	MCQs
75.	Discuss the various core materials	IL/CR	✓	MCQs/SEQs
	Operative and Prosthodontics integration			
76.	Discuss the indications of dental posts	IL/CR	✓	MCQs/SEQs
77.	Describe designs of dental posts and types	IL/CR	✓	MCQs/SEQs/ OSCE/ Viva
78.	Perform preparation of dental post in canal	IL/CR	_	MCQs/SEQs/ OSCE
79.	Execute cementation of post in canal of tooth	IL/CR	_	MCQs/SEQs OSCE
80.	Discuss mechanical and chemomechanical methods of fluid control	IL	✓	MCQs/SEQs
81.	Summarize steps of placement of retraction cord	IL/CR	✓	MCQs/SEQs
82.	Recommend the use of CAD/CAM in dentistry	IL	✓	MCQs/SEQs/ OSCE
83.	**Communication skill**			
a)	Communicate with patients, listen, be observant and respond to patients' needs.	CR	_	Role play
b)	Display empathy and respect to the patient during history taking	CR	_	Role play
c)	Speak clearly and confidently to the patient	CR	_	Role play
d)	Show positive gestures to the patient	CR	_	Role play
e)	Demonstrate Presentation skill.	CR	_	Competition
	ORTHODONTICS			
1.	Quote terminologies that will be used during examinations, problem list making and while carrying out the treatment	IL /CR		OSCE
2.	Recognize various terms used to describe malocclusion, so as to have a better understanding of the condition when the problems regarding it are being discussed	IL /CR		OSCE
3.	Recognize the importance of various classifications	IL	✓	CQ
4.	Recognize the short comings of various classifications	IL	✓	CQ
5.	Relate medical problems with resulting malocclusions	IL /CP	✓	OSCE/ SEQ
6.	Indicate what protocols will change in Orthodontic treatment while dealing with medically compromised patients	IL / CBL	✓	OSCE
7.	Determine the etiological factors for a certain malocclusion	IL	✓	SEQ / OSCE
8.	Recognize the impact of hereditary influences on a malocclusion	IL	✓	MCQ
9.	comprehend how various environmental factors lead to a certain malocclusion	IL	✓	MCQ /OSCE
10.	Recall the normal anatomy and physiology of dentition and surrounding structures	IL	✓	CQ
11.	Write the theories on how tooth eruption will occur	IL	✓	SEQ

12.	Summarize the basic biological process that occurs in bone due to the forces applied to teeth for Orthodontic tooth movement	IL	✓	SEQ
13.	Define what is optimum force, and understand its importance	IL	✓	OSCE
14.	Quote and write the optimum amount of forces that can be applied for tooth movement	IL	✓	OSCE
15.	Write and quote the side effects that can occur if the Orthodontic force is less or exceeds the normal limits	IL	✓	SEQ/ MCQ
16.	Quote the importance of different force durations on tooth movements during orthodontic treatment	IL	✓	SEQ/ MCQ
17.	Define what is anchorage	IL	✓	OSCE
18.	Quote and identify the importance of anchorage while carrying out orthodontic tooth movement	IL /CBL	✓	OSCE/MCQ
19.	Discuss and predict how anchorage can be increased in a case	IL/ CBL	✓	OSCE
20.	Discuss and write the effects on treatment if anchorage is not maintained	IL	✓	CQ
21.	Enlist different materials used for orthodontic treatment and discuss their properties	IL	✓	SEQ
22.	Discuss the properties of each material used in Orthodontic treatment	IL	✓	SEQ/MCQ
23.	Identify which wire should be used at which stage of treatment	IL	✓	OSCE
24.	Quote and discuss the properties of an ideal wire	IL	✓	SEQ /MCQ
25.	Differentiate between banding and bonding	IL	✓	OSCE
26.	Quote and enlist the indications of banding	IL	✓	OSCE/MCQ
27.	Identify the conditions when banding is preferred over bonding	IL	✓	MCQ/ OSCE
28.	Quote the importance of correct bonding in an orthodontic case	IL	✓	OSCE
29.	Quote the three-order bends given in a wire	IL	✓	OSCE
30.	Discuss the concept of straight wire appliance	IL	✓	CQ
31.	Quote the importance of straight wire appliance	IL	✓	CQ
32.	Identify the diagnostic aides for orthodontic cases	IL	✓	OSCE/ SEQ/BCQ
33.	Recognize the different malocclusions and recall the methods to identify them	IL	✓	OSCE/ SEQ/BCQ
OPERATIVE/ OMFS / ORTHODONTICS				
34.	Explain the principles of Imaging	IL	✓	MCQ/CQ
35.	Enumerate the components of X-ray units and X-ray tube	IL/CR		MCQ/CQ
36.	Describe the factors influencing the size, shape, and quality of the X-ray beam	IL/CR		MCQ/CQ
37.	Differentiate between normal anatomical structures and artifacts	IL/CR		OSCE/CQ
38.	Identify the basic components of Digital Imaging system	IL/CR		MCQ/CQ
39.	Describe the Imaging principles and special terminologies associated with cone beam CT Imaging	IL/CR		MCQ
40.	Enumerate various radiographs used in Dentistry	IL/CR		OSCE
41.	Define & distinguish terminologies used in Dental radiology	IL/CR	✓	MCQ
42.	Use the terms radiopaque and radiolucent correctly	IL/CR		OSCE
43.	Enlist the advantages and disadvantages of cone beam CT & identify different axis	IL/CR		MCQ

44.	Draw a flow chart showing sequence of steps involved in producing a radiograph from exposure to X-rays to mounting	CR		MCQ
45.	Enlist the advantages and disadvantages of cone beam CT & identify different axis	IL/CR		MCQ
46.	Draw a flow chart showing sequence of steps involved in producing a radiograph from exposure to X-rays to mounting	CR		MCQ
47.	Identify various intra-oral and extra-oral radiographic techniques used in OMFS along with its use	IL/CR		MCQ/OSCE
48.	Enlist the indications of different radiographs	IL	✓	MCQ/OSCE
49.	Identify the dental and skeletal structures in different radiographs	IL	✓	OSCE
50.	Identify the side effects of this diagnostic modality	IL	✓	MCQ/CQ
51.	Apply Principle of ALARA	IL/CR		MCQ
52.	Demonstrate and apply positioning technique of periapical radiograph	CR		MCQ
53.	Compare paralleling and bisecting angle technique	IL/CR		MCQ
54.	Discuss indications of occlusal radiograph	IL	✓	MCQ
55.	Perform technique of occlusal radiograph	IL	✓	MCQ
56.	Demonstrate bitewing radiograph technique	CR		OSCE
57.	Apply Principle of ALARA	IL/CR		MCQ
58.	Demonstrate and apply positioning technique of periapical radiograph	CR		MCQ
59.	Compare paralleling and bisecting angle technique	IL/CR	✓	MCQ
60.	Discuss indications of occlusal radiograph	IL		MCQ
61.	Perform technique of occlusal radiograph	CR		MCQ
62.	Demonstrate bitewing radiograph technique	CR		OSCE
63.	Apply SLOB rule	CR		MCQ
64.	Understand advantages of OPG	IL	✓	MCQ
	PROFESSIONALISM AND ETHICS			
65.	Come to the lectures and OPD on time	CR		CR
66.	Complete all tasks on or before deadlines	CR		Observation during CR
	PATIENT SAFETY			
67.	Perform the sterilization of instruments independently and understand its importance	CR		OSCE
68.	Understand the indications of different radiographs, and avoid prescribing them unnecessarily	CR	✓	OSCE
69.	Select proper cases for serial extractions	IL	✓	MCQ/ OSCE
70.	COMMUNICATION SKILLS			
71.	Communicate with each other and faculty confidently and respectfully	CR		Observation during CR
72.	Demonstrates skills in presentation	CR/ class presentations		Class presentation
	OMFS			
1.	Differentiate between abscess and cellulitis	IL/CR	✓	MCQ/SEQ
2.	Compare both specific and non-specific infections involving facial spaces	IL	✓	MCQ/CQ
3.	Enumerate the principles of management of Odontogenic Infection	IL	✓	SEQ
4.	Identify complex odontogenic infections	IL/CBL	✓	MCQ/SEQ

5.	Devise the management plan for patient with Ludwig's angina.	IL/CBL	✓	SEQ
6.	Identify potential spaces for spread of infection	IL	✓	MCQ/CQ
7.	Justify the importance of antibiotic in managing Oral infections	IL	✓	MCQ
8.	Discuss the treatment options with the patient like incision and drainage augmented with antibiotic therapy and follow ups	IL/SGD		MCQ
9.	Interpret clinical, imaging and laboratory findings associated with Oral & Maxillofacial pathology including mucosal and malignant lesions	IL		MCQ/CQ
10.	Apply diagnostic and therapeutic options for the management of Oral infections and pathology	IL/SGD		OSCE
11.	Identify Maxillary antrum diseases on the basis of clinical and radiographic findings.	IL		MCQ
12.	Investigate maxillary antrum diseases via periapical and panoramic radiographs	IL		MCQ
13.	List management and complications of maxillary sinus that may occur during dentoalveolar surgical procedures like Oroantral Communication and Oroantral Fistula	IL/CR	✓	MCQ
14.	Classify disorders of Salivary gland	IL	✓	MCQ
15.	Enumerate diagnostic tools used for detection of Salivary gland diseases	IL	✓	MCQ/SEQ
16.	Diagnose various diseases of Salivary Glands on the basis of their clinical & radiological features.	IL/CBL	✓	MCQ/CQ
17.	Devise treatment plan for diseases of salivary glands.	IL	✓	MCQ/SEQ
18.	Classify cysts and tumors of the head and neck region.	IL	✓	SEQ
19.	Develop differential diagnosis for Oral & Maxillofacial pathology	IL	✓	SEQ/OSCE
20.	List clinical, radiographic and laboratory investigations of various oral diseases along with oral manifestations of systemic diseases.	IL	✓	SEQ
21.	List the histological and radiographic features of different cysts and tumors	IL	✓	MCQ
22.	Formulate differential diagnosis and devise management plan for removal of cysts and tumors	IL/CBL	✓	MCQ/SEQ
23.	Define Radiograph	IL/CR	✓	MCQ
24.	Enumerate various radiographs used in Dentistry	IL/CR	✓	OSCE
25.	Define the terminologies used in Dental radiology	IL/CR	✓	MCQ
26.	Use the terms radiopaque and radiolucent correctly	IL/CR	✓	OSCE
OPERATIVE/ OMFS / ORTHODONTICS				
27.	Enumerate the components of X-ray units and X-ray tube	CR		MCQ/CQ
28.	Describe the factors influencing the size, shape and quality of the X-ray beam	CR		MCQ/CQ
29.	Differentiate between normal anatomical structures and artifacts	CR		OSCE/CQ
30.	Identify the basic components of Digital Imaging system	CR		MCQ/CQ
31.	Describe the Imaging principles and special terminologies associated with cone beam CT Imaging	IL/CR		MCQ

32.	Enumerate various radiographs used in Dentistry	IL/CR		OSCE
33.	Distinguish terminologies used in Dental radiology	IL/CR		MCQ
34.	Use the terms radiopaque and radiolucent correctly	CR		OSCE
35.	List the advantages and disadvantages of cone beam CT	IL/CR		MCQ
36.	Identify different axis of cone beam CT	IL		MCQ/OSCE
37.	Draw a flow chart showing sequence of steps involved in producing a radiograph from exposure to X-rays to mounting	CR		MCQ
38.	List the indications of different radiographs	IL		MCQ/OSCE
39.	Identify the dental and skeletal structures in different radiographs	CR		OSCE
40.	Identify the side effects of this diagnostic modality	IL		MCQ/CQ
41.	Apply Principle of ALARA	IL/CR		MCQ
42.	Demonstrate and apply positioning technique of periapical radiograph	CR		MCQ
43.	Compare paralleling and bisecting angle technique	IL/CR		MCQ
44.	Discuss indications of occlusal radiograph	IL		MCQ
45.	Perform technique of occlusal radiograph	IL		MCQ
46.	Demonstrate bitewing radiograph technique	CR		OSCE
47.	Apply Principle of ALARA	IL/CR		MCQ
48.	Demonstrate and apply positioning technique of periapical radiograph	CR		MCQ
49.	Compare paralleling and bisecting angle technique	IL/CR		MCQ
50.	Discuss indications of occlusal radiograph	IL		MCQ
51.	Perform technique of occlusal radiograph	IL		MCQ
52.	Demonstrate bitewing radiograph technique	CR		OSCE
53.	Apply SLOB rule	IL		MCQ
54.	List advantages of OPG	IL		MCQ
	OMFS			
55.	Enumerate the potentially malignant disorders of the oral cavity along with its diagnosis and management	IL/CR	✓	MCQ/OSCE
56.	Describe diagnostic and therapeutic treatment options for Oral & Maxillofacial pathology.	IL/CR	✓	MCQ
57.	Manage patients in Dental OPDs undergoing radiation.	IL	✓	MCQ
58.	Interpret the biopsy report and manage the patient accordingly	IL	✓	SEQ
59.	Diagnose cyst and tumors of the Oral medicine on the basis of clinical features and devise management plan	IL		SEQ
60.	Describe the technique and significance of Basic Life support and Advanced trauma life support in Head and Neck Trauma	IL	✓	SEQ
61.	Record history of the patient with trauma and examine clinically by carrying out investigations	IL/CR		SEQ/CP
62.	List the basic principles of diagnosis and management of Dentoalveolar injuries.	IL	✓	MCQ/SEQ

63.	Interpret the types of facial fractures following first line of treatment keeping in consideration the complications that might occur	IL		MCQ/SEQ
64.	Describe maxillofacial injuries in children and elderly	IL	✓	MCQ
65.	Devise management plan of Mandibular fractures, Zygomatic complex fractures, Orbital trauma, midfacial injuries, Nasal, Naso-orbitoethmoidal and frontal sinus injuries	IL	✓	SEQ
	Professionalism and ethics			
66.	Ask relevant questions to identify cause of dental problem	CR		Role play
67.	Explain preventive treatments for dental caries to the patient	CR		SEQs
68.	Discuss the risk factors for caries with patient	CR		OSCE/ SEQs
69.	Use NICE guidelines for patient recall interval	CR		SEQs
70.	Give post-treatment instructions to the patient	CR		Role play
71.	Describe basic principles of ethics with reference to social, cultural and religious perspective.	SGD		MCQs
72.	Discuss the role of doctor in community & Duties of a doctor.	SGD		MCQs
73.	Demonstrate competency in behaving in ethical manner with patients, coworkers and the public to gain trust.	Role Play		OSCE
74.	Analyze ethical issues/dilemmas in healthcare practice.	CBL		OSCE
75.	Demonstrate competencies in resolving ethical issues faced during common clinical scenarios.	Role Play		OSCE
76.	Demonstrate competencies in avoiding potential ethical conflicts with pharmaceutical and other health industry providers.	Role Play		OSCE
77.	Differentiate between justice and equity.	SGD		MCQ
78.	Apply professional code of ethics guidance given in PMDC & HEC in given clinical scenarios.	Role Play		OSCE
79.	Interpret the biopsy report and manage the patient accordingly	CR/IL		MCQS/SEQS
80.	Manage patients in OPD undergoing radiotherapy	CR/IL		MCQS/SEQS
	Patient safety			
81.	Apply method of isolation in restorative dentistry	CR		OSCE
82.	Prescribe the correct medication to the patient	CR		OSCE
83.	Perform BLS on a patient undergone maxillofacial trauma when required	CR/IL		MCQS
84.	Examine and interpret types of facial fractures following keeping in consideration the complications that might occur	CR/IL		MCQS/SEQS/ OSCE
	Communication skill			
85.	Able to communicate with patients, listen, be observant and respond to patients' needs.	CR		Role play
86.	Display empathy and respect to the patient during history taking	CR		Role play
87.	Speak clearly and confidently to the patient	CR		Role play
88.	Show positive gestures to the patient	CR		Role play
89.	Presentation skill	CR		Competition

90.	Record history of patients of trauma and examine clinically by carrying out investigations	CR/IL/CBL		MCQS/SEQS
91.	Describe maxillofacial injuries to children and elderly	CR/IL		SEQS
92.	Discuss findings of radiograph with patients in comprehensive manner	IL/SGD		OSCE

PROSTHODONTICS

	Treatment Planning			
1.	Record a comprehensive history of a partially dentate prosthodontics patient.	CR		OSCE
2.	Perform extra oral and intraoral examination on a partially dentate patient.	CR		OSCE
3.	Enumerate examination protocol specific for abutment selection.	IL	✓	SEQ
4.	Prescribe basic investigations like periapical and OPG radiographs pertaining to partial dentulism.	CR		OSCE
5.	Make diagnostic impressions with alginate impression material.	CR		OSCE
6.	Identify the need of impression tray modification.	CR		OSCE
7.	Identify problems in alginate impressions with reasons.	CR		OSCE
8.	Manage a patient with an exaggerated gag reflex.	CR		OSCE
9.	Rationalize the need of diagnostic maxillomandibular relation in different partially dentate states.	CR/CBL		MCQS/VIVA
10.	Analyze diagnostic casts.	CR		OSCE
11.	Correlate the radiographic findings with clinical findings.	CR		SC/VIVA
12.	Interpret the diagnostic data garnered through history, examination and investigations.	CR/CBL		SC/VIVA
13.	Identify favorable findings for an abutment of fixed partial denture.	IL/CBL	✓	SEQ/SC
14.	Formulate a differential and a definitive diagnosis.	CR/CBL		MCQS/SEQ/OSCE
15.	Recognize the need of referral to appropriate specialist.	CR		OSCE
16.	Communicate verbally and through a referral note with other specialist.	CR		OSCE
17.	Identify general and local factors regarding prognosis of fixed/removable partial dentures.	CBL	✓	SEQ/MCQS/OSCE
18.	Counsel the patient regarding consequences of tooth removal without replacement.	CR		OSCE
19.	Identify patient needs.	CR		OSCE
20.	Formulate treatment options in relation to patient needs.	CR/CBL		OSCE
21.	Devise a treatment plan keeping in view the diagnostic data, financial and social background, time frame, patient's attitude, behavior and motivation.	CBL		OSCE
22.	Communicate the diagnosis and treatment options to the patient in an appreciable manner.	CR		OSCE
23.	Write a patient record note.	CR		OSCE
24.	Correlate the factors involved in designing fixed partial denture.	IL/CBL	✓	MCQs/SC
25.	Employ Ante's law in designing fixed partial denture	IL/CBL	✓	MCQs/SC
26.	Apply the role of muscles of mastication, movements of the mandible and occlusion in designing fixed partial dentures.	IL/CBL	✓	MCQs/SC

27.	Choose appropriate treatment modality according to number of teeth missing, uses, clinical requirements and material with justification.	IL/CBL	✓	SEQ/MCQS/SC
28.	Justify the prescription of removable partial denture	IL/CBL	✓	SEQ/MCQS/SC
29.	**Mouth Preparation**			
30.	Set out priority during treatment.	IL/CBL	✓	MCQS
31.	Execute treatment sequence with regard to periodontal status of the patient.	IL/CBL	✓	MCQS
32.	Outline sequence protocol of mouth preparation procedures.	IL/CBL	✓	SEQ/MCQS
33.	Indicate the use of surgical procedures before instituting removable partial dentures.	IL/CBL	✓	MCQS
34.	Devise a management plan for a patient presenting with abused and irritated tissue.	IL/CBL	✓	MCQS
35.	Prescribe basic treatment for periodontal problems.	IL/CBL	✓	SC
36.	Devise treatment strategy for a patient with old dentures till the time of definitive treatment	IL/CBL	✓	SC
37.	**Partially Dentate Condition**			
38.	Differentiate between support, stability and retention abutments and retainers undercut and angle of cervical convergence precision attachment and retainer anatomic impression and functional impression	IL	✓	MCQS
39.	**Major Connectors**			
40.	Differentiate between major connector and minor connector.	IL	✓	SEQ/MCQS
41.	Enlist the basic requirements of major connectors.	IL/CBL	✓	SEQ/MCQS
42.	Discuss the functions of major connectors	IL/CBL	✓	SEQ
43.	Explain the basic types of mandibular and maxillary major connectors.	IL/CBL	✓	SEQ
44.	Outline the guidelines related to location of connectors in the oral cavity.	IL/CBL	✓	SEQ/MCQS
45.	Correlate the uses of different major connectors in various clinical scenarios.	IL/CBL	✓	SEQ/MCQS
46.	Describe the design characteristics of major connectors.	IL/CBL	✓	SEQ/MCQS
47.	Select appropriate major connector for the given case	IL	✓	SEQ/MCQS
48.	Design major connectors.	CR		OSCE
49.	Appraise the role of major connectors in bracing a cast partial denture	IL	✓	MCQS
50.	**Minor Connectors**			
51.	Define minor connector.	IL	✓	MCQS
52.	Enumerate the functions of minor connectors.	IL	✓	MCQS
53.	Delineate the principles of design of minor connectors.	IL	✓	MCQS
54.	Classify minor connectors	IL	✓	SEQ/MCQS
55.	Appraise the role of proximal plate minor connector in minimizing forces on abutment	IL/CBL	✓	MCQS
56.	Enumerate the considerations for designing minor connectors	IL/CBL	✓	MCQS

57.	Appraise the role of minor connectors in bracing a cast partial denture	IL	✓	MCQS
58.	**Rests**			
59.	Distinguish between rest and rest seat.	IL	✓	SEQ/MCQS
60.	Delineate the functions of rests.	IL	✓	SEQ/MCQS
61.	Differentiate between the different types of rests and rest seats in relation to their form and location.	IL	✓	SEQ/MCQS
62.	Prescribe variations of rests in regard to function.	IL/CBL	✓	SEQ/MCQS
63.	Select a rest design according to the given case	IL/CBL	✓	SEQ/MCQS
64.	Outline the guidelines for support of rests.	IL	✓	SEQ/MCQS
65.	**Direct Retainers**			
66.	Define direct retainers.	IL	✓	SEQ/MCQS
67.	Classify types of direct retainers.	IL	✓	SEQ/MCQS
68.	Select a clasp design according to tooth and tissue factors with justification	IL/CBL	✓	SEQ/MCQS
69.	Enlist parts of a clasp assembly.	IL	✓	SEQ
70.	Distinguish between parts of clasp assembly in regard to retention, support, stability and reciprocation.	IL	✓	SEQ/MCQS
71.	Relate height of contour, supra bulge and infrabulge areas for retentive clasps.	IL	✓	MCQS
72.	Interpret the structural and material characteristics of clasps in regard to retentive potential.	IL	✓	SEQ/MCQS
73.	Associate retentive factors of clasps with tooth factors	IL	✓	SEQ/MCQS
74.	Outline the basic principles governing clasp design.	IL	✓	SEQ/MCQS
75.	Select a clasp assembly design according to different clinical scenarios.	IL/CBL	✓	SEQ/MCQS
76.	Justify the use of flexible clasp assembly system in free end saddle cases	IL/CBL	✓	MCQS
77.	Justify the use of reciprocation principle in clasp assembly	IL	✓	MCQS
78.	Differentiate between bracing and reciprocation	IL	✓	MCQS
79.	Indicate the use of internal attachments in partially dentate arches.	IL	✓	MCQS
80.	**Abutment Preparation**			
81.	Classify abutment teeth for removable partial dentures.	IL	✓	MCQS
82.	Outline sequence of abutment preparations on sound enamel or existing restorations.	IL/CBL	✓	SEQ/MCQS
83.	Discuss variations for abutment tooth preparation procedures in regard to conservative restorations, crowns, veneer crowns and ledge formation.	IL/CBL	✓	MCQS
84.	Prepare guide planes on a plastic tooth.	CR		OSCE
85.	Perform conventional rest seat preparation on a plastic tooth (premolar and a molar)	CR		OSCE
86.	Relate stresses on isolated abutments with partial denture design.	IL	✓	MCQS
87.	**Impression Making**			

88.	Select an impression material in different partially dentate conditions.	IL/CBL		SEQ/MCQS
89.	Pour a cast.	CR		OSCE
90.	Identify inaccurate or weak cast.	CR		OSCE
91.	Rationalize the need for making individual trays.	IL/CBL	✓	SEQ/MCQS
92.	Construct individual trays.	CR	✓	OSCE
93.	Justify the use of special impression techniques for distal extension base partial dentures.	IL/CBL	✓	SEQ/MCQS
94.	Interpret the factors influencing support of a distal extension base.	IL/CBL	✓	SEQ/MCQS
95.	Distinguish between anatomic and functional form of residual ridge.	IL/CBL	✓	SEQ/MCQS
96.	Make an impression using composition and alginate for distal extension bases.	CR		OSCE
97.	Delineate methods for obtaining functional support for distal extension base	IL/CBL	✓	SEQ/MCQS
98.	**Laboratory Procedures**			
99.	Outline clinical and laboratory steps of fabrication for cast partial dentures.	IL	✓	MCQS
100.	Explain the duplication of cast, waxing of removable partial denture, spruing, investing, burnout, casting and finishing procedures.	IL	✓	MCQS
101.	Rationalize duplication of casts for fabrication of dentures.	IL	✓	MCQS
102.	Identify different stages of laboratory procedures	IL		OSCE
103.	Sort laboratory procedures in the proper sequence	IL		OSCE
104.	**Maxillomandibular relations and Occlusal relationships**			
105.	Select a method for establishing occlusal relationships according to different partially dentate conditions.	IL	✓	MCQS
106.	Record occlusal relationships in partially dentate individuals.	CR		OSCE
107.	Define overjet, overbite, buccal overlap, centric relation, centric occlusion, maximum intercuspation, curve of spee and curve of monsoon	IL	✓	MCQS
108.	Enumerate desirable occlusal contact relationships for removable partial dentures.	IL	✓	MCQS
109.	**Insertion and Relining**			
110.	Perform the process of acrylic processing, finishing and polishing the dentures.	CR		OSCE
111.	Explain the methods for adjusting the bearing surfaces of denture bases.	IL	✓	MCQS
112.	Adjust acrylic removable partial dentures in patient's mouth.	CR		OSCE
113.	Identify common pressure areas encountered.	IL/CR	✓	MCQS
114.	Outline sequence protocol for fitting of framework in the oral cavity.	IL	✓	MCQS
115.	Enumerate methods for adjusting occlusion.	IL	✓	MCQS
116.	Justify the need of relining removable partial dentures.	IL	✓	MCQS
117.	Enumerate disinfection protocols for impressions and removable prosthesis.	IL/CR	✓	MCQS
118.	**Biomechanics**			

119.	Enumerate simple mechanics of lever, pulley, wedge, inclined plane, screw and wheel in removable partial dentures.	IL	✓	MCQS
120.	Correlate concepts of fulcrum, effort and resistance in lever principle.	IL	✓	MCQS
121.	Relate the movement of the removable partial denture to lever principle.	IL	✓	MCQS
122.	Isolate the components of removable partial dentures that provide resistance against different prosthesis movements	IL	✓	MCQS
123.	**Indirect Retainers**			
124.	Define indirect retainers	IL	✓	SEQ/MCQS
125.	Appreciate the role of indirect retainers in control of the prosthesis movement	IL	✓	SEQ/MCQS
126.	Comprehend the factors influencing effectiveness of indirect retainers	IL	✓	SEQ/MCQS
127.	Outline the functions of indirect retainers	IL	✓	SEQ/MCQS
128.	Enumerate the forms of indirect retainers	IL	✓	SEQ/MCQS
129.	**Tooth Tissue supported partial dentures**			
130.	Anticipate changes in denture base design for tooth tissue supported prosthesis.	IL	✓	SEQ/MCQS
131.	Appraise the use of a functionally stable prosthesis.	IL	✓	SEQ/MCQS
132.	Infer the effect of forces acting on the dentures.	IL	✓	SEQ/MCQS
133.	Differentiate between tooth supported and tooth tissue supported dentures	IL	✓	SEQ/MCQS
134.	Outline steps in devising partial denture design	IL	✓	SEQ
135.	Evaluate potential support of abutment teeth and residual ridge	IL	✓	SEQ
136.	Relate the design of proximal plate minor connector to support mechanism.	IL/CBL	✓	SEQ/MCQS
137.	Relate the use of a flexible clasp assembly system in free end saddle cases	IL/CBL	✓	SEQ/MCQS
138.	Design components for a removable partial denture.	IL/CBL	✓	SEQ/MCQS
139.	Enumerate techniques for enhancing support in distal extension bases.	IL/CBL	✓	SEQ
140.	Associate the use of guiding planes to path of insertion and removal.	IL	✓	MCQS
141.	**Denture Bases**			
142.	Define denture bases	IL	✓	SEQ
143.	Enumerate the ideal requirements of denture bases.	IL	✓	SEQ
144.	Relate denture base requirements to support mechanism of removable partial denture.	IL/CBL	✓	SEQ/MCQS
145.	Differentiate between metal and acrylic resin denture bases.	IL	✓	SEQ/MCQS
146.	Outline the functions of denture bases in control of prosthesis movement.	IL	✓	SEQ/MCQS
147.	Explain methods of attaching acrylic denture bases to metal framework.	IL	✓	MCQS
148.	**Surveying**			
149.	Define surveyor and surveying.	SGD	✓	MCQS
150.	Describe a dental surveyor	SGD	✓	MCQS/OSCE

151.	Identify parts of a surveyor	SGD	✓	OSCE
152.	Justify the process of surveying	SGD	✓	MCQS/SEQ
153.	Differentiate between diagnostic and definitive surveying.	SGD	✓	MCQS/SEQ
154.	Recognize the factors determining the path of placement.	SGD	✓	MCQS
155.	Outline sequence protocol of surveying.	SGD	✓	MCQS/SEQ
156.	Perform surveying on a partially dentate cast in all planes.	CR		OSCE
157.	Interpret changes in factors determining the path of placement in different planes of surveying.	CR		OSCE
158.	Sketch required mouth preparations and proposed design of removable partial denture	CR		OSCE
159.	Measure retention on the cast.	CR		OSCE
160.	Record relation of the cast to surveyor.	CR		OSCE
161	Design a cast partial denture by applying knowledge of components	CR		OSCE
162	**Block out and relief**			
163	Defend the need for blocking out and relieving the master cast.	IL	✓	MCQS
164	Select materials for blocking and relieving the master cast.	IL	✓	MCQS
165	Differentiate between different block out techniques.	IL	✓	MCQS
166	**Interim Removable partial dentures**			
167	List the uses of interim removable partial dentures.	IL	✓	MCQS
168	Justify the prescription of interim removable partial dentures.	IL	✓	MCQS
169	Design interim removable partial dentures.	CR		OSCE
170	Sort clinical and laboratory procedures for interim removable partial dentures in sequence.	CR		OSCE
171	Recognize the need of omitting or joining one or more fabrication steps of removable partial denture.	CR		OSCE
172	Fabricate removable partial dentures for partially dentate patients.	CR		OSCE
173	**Occlusion and TMDs**			
174	Appraise the role of parafunctional movements on the stomatognathic system.	IL	✓	MCQS
175	State objectives of occlusal treatment.	IL	✓	MCQS
176	Justify the use of occlusal device therapy.	IL	✓	MCQS
177	Identify factors leading to temporomandibular disorders in edentulous populations.	IL	✓	MCQS
178	Outline management of temporomandibular disorders	IL	✓	MCQS
179	Discuss the role and need of Maxillofacial Prosthesis in removable prosthodontics	IL	✓	MCQS
180	Define obturator and enlist its uses	IL	✓	MCQS
181	Enlist the types of maxillary obturators	IL	✓	MCQS
182	Identify types of maxillofacial prsothesis	IL	✓	osce
183	Classify the types of maxillary obturators according to Aramany	IL	✓	MCQS
184	Classify the types of mandibular prosthesis according to Cantor and Curtis	IL	✓	MCQS
185	Identify continuity and discontinuity mandibular defects	IL	✓	OSCE

186	Identify soft palate prosthesis	IL	✓	OSCE
187	Identify the role of soft liners in maxillofacial prosthontics.	IL	✓	MCQS
188	Enlist materials used for resilient lining.	IL	✓	MCQS
	Patient Safety Approach			
189	Demonstrate competency in a stablishing a therapeutic and professional relationship with patients and their families.	CBL		OSCE
190	Demonstrate competency in using patient-centered interviewing skills in gathering biomedical and psychological information.	Role Play		OSCE
191	Demonstrate competency in seeking and developing relevant information from other sources, including the patient's family, with patient's consent.	Role Play		OSCE

BEHAVIORAL SCIENCE TOPICS INTEGRATION WITH OTHER DEPARTMENT	**LO NUMBER**
Operative Dentistry	8,17,27,59,83
Orthodontics	65-72
Oral Surgery	66-92
Prosthodontics	189-191

Weekwise schedule of Module XI Operative Dentistry			
Week no.	**Lecturer 1**	**Lecturer 2**	**Lecturer 3**
W/1	Dental caries & its etiology **LO (1- 6)**	Restorative instruments **LO (16-17a,b)**	Diagnosis of dental caries **LO (7- 9)**
W/2	Treatment plan sequence **LO (10-11)**	Sterilization & infection control **LO (17c)**	Preventive & noninvasive treatments for dental caries **LO (12-13)**
W/3	Etiology & treatment of root caries **LO (14-15)**	Amalgam-1 **LO (18-20)**	Cavity liner/ bases & sealers **LO (33-34)**
W/4	**Test** **LO (1-15)**	Amalgam-2 **LO (21-22)**	Adhesion to enamel & dentine-1 **LO (37-40)**
W/5	Adhesion to enamel & dentine-2 **LO (43)**	Steps of cavity preparation for amalgam restorations **LO (23-27)**	Composite as a restorative material **LO (44)**
W/6	Clinical steps for composite Class III & Class IV **LO (45)**	**Test** **LO (16-27)**	Posterior composite -1 **LO (46-50)**
W/7	Posterior composite -2 **LO (51-54)**	Complex restorations for amalgam **LO (28-32)**	Finishing & polishing of composite **LO (55-59)**
W/8	Non carious cervical lesions **LO (60-61)**	Finishing & polishing of amalgam **LO (35-36)**	**Test** **LO (33-45)**
W/9	Bleaching-1 **LO (62-65)**	**Test** **LO (28--36)**	Bleaching-2 **LO (66-68)**
W/10	Veneers **LO (69-72)**	**Revision**	Inlay and onlay **LO (73-75)**
W/11	Core Material & dental posts **LO (76-80)**	Methods of fluid control **LO (81-82)**	CAD/CAM in dentistry **LO (83)**
W/12	**Presentation group-1** **LO (84)**	**Presentation group-2** **LO (84)**	Revision
W/13	**Theory Examination**		
W/14	**OSCE & Viva Examination**		

Weekly schedule of Module XI Orthodontics		
Week no.	**Lecturer 1**	**Lecturer 2**
Week – 1	Etiology of Malocclusion I (7-9)	Etiology of Malocclusion II (7-9)
Week – 2	Etiology of Malocclusion III (7-9)	Classification of malocclusions (1,4)
Week – 3	Orthodontic diagnosis I (1,2,31,33)	Orthodontic diagnosis II (5-6)
Week – 4	Orthodontic diagnosis III (5-6)	PRESENTATIONS medical problems
Week – 5	TEST	Biologic bases of tooth movement I (10, 11-16)
Week – 6	Biologic bases of tooth movement II (10-16)	PRESENTATIONS Mechanical Principles
Week – 7	Mechanical Principles in Orthodontics I (12-24)	Mechanical Principles in Orthodontics II (21-24)
Week – 8	Mechanical Principles in Orthodontics III (21-24)	Anchorage in orthodontics (17-20)
Week – 9	Assessment	Banding procedures (25-28)
Week –10	Bonding procedures (25-28)	1st second and third order movements (29-31)
Week -11	Test	Radiographs for diagnosis (31-54)
Week -12	Revision	Revision
Week -13	**Theory Examination**	
Week - 14	**OSCE & Viva Examination**	

Weekly schedule of Module XI OMFS		
Week	**Lecture 1**	**Lecture 2**
Week – 1	Diagnosis & Pre-operative Management of Head/ Neck Injuries LO: 33, 34,	Diagnosis & Management of Dentoalveolar Injuries LO: 35, 36
Week – 2	Oral & Maxillofacial Radiology in trauma patients LO: 21, 22, 24, 25, 26,27,	Mandibular Fractures- Diagnosis & Management LO: 38
Week – 3	Diagnosis & Management of Maxillary Fractures LO: 182, 184	Zygomatic Complex & NOE Fractures LO: 38
Week – 4	Orbital Trauma and Management LO: 38	Maxillofacial Injuries in Children and Elderly – Special Considerations LO: 37
Week – 5	Management of odontogenic infections LO: 3	Management of complex odontogenic infections LO:4, 5,6,7,8,
Week – 6	Class test	Soft tissue Cysts and Benign Neoplasm LO: 9,10,
Week – 7	Odontogenic & Non-odontogenic Cysts LO: 19-23	Fibro-osseous, Benign and Malignant Neoplasms LO: 28
Week – 8	Diseases of Maxillary sinus + Oro antral fistula LO: 11,12,13	Introduction of Salivary Gland disorders LO: 14, 15, 16,17,
Week – 9	Diagnosis and management of Salivary Gland Disorders LO: 18	Dental Radiology LO: 24-27
Week – 10	Dental Radiology LO:24-27	Effects of Radiotherapy and Chemotherapy in Malignant Disease LO: 29-31
Week -11	IMF Skills workshop	Class test
Week -12	Revision	Revision
Week – 13	**THEORY EXAM** **OSCE & Viva Examination**	
Week – 14		

Weekly Schedule for Mod XI Prosthodontics – Removable Partial Dentures/Replacement Dentures			
Week	**Lecture 1**	**Lecture 2**	**Lecture 3**
1.	Treatment Planning – Abutment Selection 3-5,13	Treatment Planning – Case Selection 20,21,24-28	Treatment Planning – Mouth Preparation 29-35
2.	Key concepts 36	Major Connectors – Mandibular 37-46	Major connectors – Maxillary 37-46
3.	Minor Connectors 37,47-53	Rests and Rest Seats 54-59	Direct Retainers I 60-67
4.	Direct Retainers II 68-73	**TEST**	Abutment Preparation 74-76,79
5.	Demonstration of abutment preparation – Occlusal rest 77-78	Impression techniques 83,85-87,89	Tooth Preparation (307-312)
6.	Demonstration – Occlusal rest preparation	Impression techniques (313-22)	Laboratory Procedures 1 90-94,146-148
7.	Laboratory Procedures 2 90-94	Maxillomandibular relations 95-98	Occlusion in partially dentate patient 97-98
8.	Insertion and relining protocols 100,102-105	Disinfection Protocols 106	Biomechanics of removable partial dentures 107-110
9.	Indirect Retainers 111-115	Tooth Tissue supported RPDs 116-126,127-132	**Test - RPD**
10.	Surveying and Designing of cast partial dentures 133-145	Occlusion - Revision	TMD 155-159
11.	Maxillofacial – Overview 160-169	**CBL – CD – Trigger 1-3**	
12.	**Revision**		
13.	**THEORY EXAM**		
14.	**OSCE & Viva Examination**		

MODULE XII (Paedodontics, Orthodontic Treatment Planning, Orthognathic surgery, Fixed Prosthodontics and Allied Prosthetics)

OBJECTIVES

At the end of the module, students should be able to:

S.No	Objectives	Teaching strategy		Assessment tool
	PEADODONTICS			
1.	**Communication Skill**			
a)	Describe communication principles in pediatric dental practice	IL/CBL	✓	MCQs/SEQs
b)	Demonstrate friendly body gestures and appropriate tone to build a positive relationship with a child patient	CR	_	Role play
c)	Counsel to the parent and the child for prevention of caries	CR	_	Role play
2.	Identify instruments used in pediatric dentistry and demonstrate their grip	IL/CR	_	MCQs/OSCE
3.	Apply behavior modification strategies' to the pediatric patient in a dental practice	CR	_	MCQs/SEQs/ OSCE
4.	**Patient Safety**			
a)	Know Pharmacological management of the anxious child. Enlist basic drugs and routes of administration of conscious sedation.	IL	✓	MCQs/SEQs
b)	Enumerate indication and contraindication of conscious sedation and describe steps of I.V sedation	IL	✓	MCQs/SEQs
c)	Demonstrate local anesthesia techniques for Paediactric dentistry	CR	-	OSCE
d)	Describe maximum dosage in children of commonly used local anesthetic agents	IL/CR/SGD	✓	MCQs/SEQs/OSCE/ Viva
5.	List indication and contraindication of local anesthesia.	IL/CR	_	OSCE
6.	Describe the pattern of caries in pre-school children and classify caries in pediatric patients	IL	✓	MCQs/SEQs
7.	Assess caries risk factors in children	IL/CR	✓	MCQs/ Viva
8.	Explain the relationship between diet, plaque, saliva and caries	IL/CBL	✓	MCQs/SEQs
9.	Perform Dental caries detection and diagnosis in pre-school children in dental OPD	IL/CR	_	MCQs/SEQs
10.	**Commination Skill**			
a)	Recognize the importance of Diet counseling to the parent and the child for prevention of caries	IL	✓	MCQs / Viva
b)	Discuss the prevention of dental caries	IL	✓	MCQs/SEQs
11.	Describe the importance of Fluoride administration in caries control	IL	✓	MCQs/SEQs
12.	Explain Mode of action of Fluoride	IL/CBL	✓	MCQs/SEQs
13.	List importance of Water fluoridation	IL	✓	SEQs
14.	**Patient Safety**			
a)	Prescribe Fluoride supplement to reduce caries	IL/CR	_	SEQs

b)	Define various terms used in relation to fluoride overdosage/toxicity	IL/SGD	✓	MCQs/SEQs/OSCE/ Viva
c)	Devise Management plan for accidental fluoride overdosage	IL/SGD	✓	MCQs/SEQs/OSCE/ Viva
d)	Write correct medicine according to the age of the child patient	CR	_	OSCE
15.	Apply Fluoride gel/ varnish as a preventive measure	IL	_	SEQs
16.	Describe the working mechanism of Casein phosphopeptide–amorphous calcium phosphate (CPP–ACP)	IL	✓	MCQs/SEQs/ Viva
17.	Appreciate the importance of temporization in Paediactric patients with multiple caries lesions	IL/CR	✓	MCQs/SEQs
18.	Apply operative procedure to restore the primary teeth when pulp is not involved	IL/CR	_	MCQs/SEQs
19.	Decide when to remove, restore, or leave the carious lesion	CR	_	OSCE
20.	Recognize the importance of pulp therapy in a primary dentition and management of pain at emergency visit	IL/CR	✓	MCQs/SEQs/OSCE
21.	Express medicaments used for pulpotomy in primary dentition	IL/CR	✓	MCQs/SEQs/ Viva
22.	Perform pulpotomy procedure in primary teeth	IL/CR	_	MCQs/SEQs/OSCE
23.	Discuss indication of Pulpectomy for primary teeth	CR/SGD	✓	MCQs/SEQs/OSCE
24.	Demonstrate the procedure of pulpectomy in primary teeth	CR	_	MCQs/SEQs/OSCE
25.	Revise the application of fissure sealants and Preventive resin restoration in primary dentition	IL/CR	✓	MCQs
26.	List indications of Stainless steel crown	IL/CR	✓	MCQs/SEQs
27.	Demonstrate procedure of stainless steel crown preparation	IL/CR	_	MCQs/SEQs
28.	Preform cementation of stainless steel crown	IL/CR	_	MCQs/SEQs
29.	Describe rational of Hall technique in primary teeth	IL/CR	✓	MCQs/SEQs /Viva
30.	Outline the use of adhesive cast coping	IL/CR	✓	MCQs/SEQs
31.	Explain alternatives to conventional cavity preparation	IL	✓	MCQs
32.	Understand use of lasers in dentistry	IL	✓	MCQs
33.	Apply operative procedure to restore the permanent teeth in mixed dentition when pulp is not involved	IL/CR	_	MCQs/SEQs
34.	Describe acute gingival conditions	IL	✓	MCQs/SEQs
35.	Describe necrotizing ulcerative gingivitis	IL	✓	MCQs/SEQs
36.	Describe drug induced gingival enlargement	IL	✓	MCQs/SEQs
37.	Demonstrate clinical ability to screen diseases in children	IL/CR	_	Viva
38.	Recognize the aetiological factors of dental trauma	IL	✓	MCQs/SEQs/ Viva
39.	Classify the nature of dento-alveolar injuries	IL	✓	MCQs/SEQs
40.	**Professionalism & ethic**			
a)	Ask correct questions during history taking (medical & dental) in traumatic injuries	IL/CR	_	MCQs/SEQs/Viva

41.	Examine intra-oral, extra-oral tissue in case of dental trauma	IL/CR	_	MCQs/OSCE
42.	Describe radiographic and clinical features of the various injuries to the primary dentition	IL/CR	✓	SEQs/OSCE
43.	Explain the sequelae of traumatic injuries to the primary dentition	IL	✓	MCQs/SEQs
44.	Devise management planof complications in permanent dentition occur due to traumatic injuries to the primary dentition	IL/CR	✓	MCQs/SEQs/OSCE
45.	Describe clinical and radiographic features of the traumatic injuries to the hard dental tissue and the pulp in permanent dentition	IL/CR	✓	MCQs/ SEQs/OSCE
46.	Apply treatment options to manage traumatic injuries to the hard dental tissue and the pulp in permanent dentition	IL/CR	_	MCQs/SEQs/OSCE/ Viva
47.	Differentiate between various Tooth luxations injuries	IL	✓	MCQs/SEQs/ OSCE
48.	Explain clinical and radiographic features of luxation injuries	IL	✓	MCQs/SEQs/ OSCE
49.	Manage Concussion, Subluxation Lateral luxation, and Extrusive luxation injuries	IL	✓	MCQs/SEQs/OSCE
50.	Use different treatment modalities to manage Intrusive luxation injuries of various degree	IL	_	MCQs/SEQs/ OSCE
51.	Execute replantation procedure for Avulsion injuries	IL	_	MCQs/SEQs/OSCE
52.	Identify types of splints use in Paediatric dentistry	IL	✓	MCQs/SEQs/OSCE
53.	Apply different types of Splinting techniques	IL	_	MCQs/SEQs
54.	Differentiate between various types of resorption in teeth	IL/CR/SGD	✓	MCQs/SEQs
55.	Write clinical and radiographic features of External inflammatory root resorption	IL/CR/SGD	✓	MCQs/SEQs/OSCE/ Viva
56.	Know management of External inflammatory root resorption	IL	✓	MCQs/SEQs/OSCE
57.	Describe diagnosis of cervical resorption	IL	✓	MCQs/SEQs
58.	Recognize various types of invasive cervical resorption clinically & radiographically	IL	✓	MCQs/SEQs/OSCE
59.	Perform management of invasive cervical resorption	IL	_	MCQs/SEQs/OSCE
60.	Explain the process of replacement resorption	IL	✓	MCQs /Viva
61.	Know management of replacement root resorption	IL	✓	MCQs
62.	Explain prevalence and clinical difference between Megadont and microdontia	IL	✓	MCQs
63.	Examine accessory cusp abnormalities in tooth form & Execute management for accessory cusp	IL/CR	✓	OSCE
64.	Differentiate between Invaginated and Evaginated teeth	IL/CR	✓	MCQs/SEQs
65.	Apply management for Invaginated and Evaginated teeth	IL/CR	✓	OSCE/ Viva
66.	Explain Taurodontism and its types	IL	✓	MCQs/SEQs
67.	Discuss clinical features, differential diagnose and phased management of Amelogenesis Imperfecta in primary and mixed dentition	IL/CR	✓	OSCE

68.	Identify clinical features and explain systemic association of Molar-incisal hypomineralization	IL	✓	MCQs/SEQs
69.	Perform management of Molar-incisal hypomineralization in primary and mixed dentition including pit and fissure sealants	IL/CR	_	MCQs/SEQs/OSCE
70.	Express clinical and radiographic findings of Dentinogenesis Imperfecta and its differential diagnosis	IL	✓	MCQs/SEQs/OSCE
71.	Execute management for Dentinogenesis Imperfecta in primary, mixed and permanent dentition	IL/CR	_	MCQs/SEQs/OSCE
72.	Elicit key features of type I and type II dentinal dysplasia and its differential diagnosis	IL/CR	✓	MCQs/SEQs/OSCE
73.	Discuss important foci of treatment of dentinal dysplasia	IL/CR	✓	MCQs/SEQs/OSCE
	Operative and Orthodontic Integration			
74.	State steps of orthodontic assessment and tabulate index of orthodontic needs	IL	✓	MCQs/SEQs
75.	Discuss balancing /compensating extraction	IL	✓	MCQs/SEQs
76.	State reasons for enforced extraction of first molar	IL	✓	MCQs/SEQs
77.	Manage impacted canine and enlist treatment options of missing lateral incisors	IL/CR	_	MCQs/SEQs/OSCE
78.	Plan treatment with space maintainers	IL/CR	_	MCQs/SEQs/OSCE
	Operative and Oral medicine integration			
79.	Discuss management of orofacial soft tissue conditions	IL/CR	✓	MCQs/SEQs
80.	Describe pyogenic granuloma	IL/CR	✓	MCQs/SEQs
81.	Discuss oral malignant lesions in children	IL/CR	✓	MCQs/SEQs
82.	Describe management of orofacial infections in pediatric patients	IL/CR	✓	MCQs/SEQs
83.	Manage criteria for auto-transplantation of teeth	IL/CR	✓	MCQs/SEQs
84.	Discuss dental management of patients with cardiovascular disorders	IL/CR/SGD	✓	MCQs/SEQs/Viva
85.	State management plan of patients with bleeding disorder	IL/CR/SGD	✓	MCQs/SEQs/Viva
86.	Describe leukemic patients rehabilitation plan	IL/CR/SGD	✓	MCQs/SEQs/Viva
87.	Discuss oral management options for patients with convulsive disorders	IL/CR/SGD	✓	MCQs/SEQs/Viva
88.	State pre and post-operative oral rehabilitation of patients with organ transplantation	IL/CR/SGD	✓	MCQs/SEQs/Viva
89.	Discuss oral management plan for patients with Down's syndrome	IL/CR/SGD	✓	MCQs/SEQs/Viva
90.	Describe preventive plan of patients with syndromes	IL/CR/SGD	✓	MCQs/SEQs/Viva
91.	State management options of patients with cerebral palsy	IL/CR/SGD	✓	MCQs/SEQs/Viva
92.	**Communication Skill**			
a)	Give post-filling instruction to the child patient	CR	_	Role play
b)	Demonstrate competency in Presentation.	CR	_	Competition
	Total integration	20%		
	Teaching strategies	**Assessment tools**		

	IL*= Interactive large group discussion CR*= Clinical rotation work in OPD SGD*= Small group discussion Skill Lab*= Phantom Lab	MCQs= Best choice questions SEQs= Short Essays Questions OSCE= Oral Structured & Clinical Exam		
	Presentations / Assignment / quiz activity / poster competition	Continues throughout the module		
ORTHODONTICS				
1)	Define preventive and interceptive treatment with regards to Orthodontics	IL		OSCE
2)	Differentiate between preventive and interceptive treatment	IL		OSCE/ MCQ
3)	Enlist the treatment options that come under preventive and interceptive treatment	IL		OSCE/ MCQ
4)	discuss how the habits can influence development of malocclusion	IL		OSCE/ MCQ
5)	Recognize the importance of monitoring or controlling environmental factors for prevention of malocclusion	IL		OSCE
6)	Recall various spaces that should naturally be present in a dentition	IL / CBL		OSCE/ MCQ
7)	Discuss the importance of various spaces naturally present in a deciduous dentition	IL / CBL/ CR		OSCE/ MCQ
8)	Recognize the cases which are more liable to have crowding later in life	IL/ CR		OSCE/ MCQ
9)	Enlist the appliances which can maintain arch space to adjust the permanent dentition	IL		OSCE
10)	Identify methods used to re-create spaces in the arch to adjust teeth	IL		CQ
11)	Enlist the situations when extractions become necessary	IL		MCQ/ SEQ
12)	Enlist different methods by which space can be gained in an arch	IL		MCQ/ SEQ
13)	Identify the various removable appliances and their parts	CR		OSCE
14)	Enlist the indications of removable appliances	CR		OSCE
15)	Identify active components of a removable appliance	CR		OSCE
16)	Fabricate various components of a removable appliance	CR		OSCE
17)	Fabricate removable appliances	CR		End rotation
18)	Define what is functional jaw orthopedics	IL		OSCE
19)	Discuss the importance of functional jaw orthopedics as a treatment modality	IL		OSCE/ MCQ
20)	Enlist the appliances used for functional jaw orthopedics	IL		CQ/ MCQ

21)	Enlist different treatment options that are now available for the patients who come for orthodontic treatment	IL		OSCE
22)	Discuss the importance of a step wise approach in providing orthodontic treatment to patient	IL		CQ/ OSCE
23)	Enlist methods to manage eruption problems, space problems, and crowded arches.	IL/ CR		OSCE/ MCQ
24)	Discuss options available for treating eruption problems	IL/ CR		OSCE
25)	Identify the problems in occlusion at the end of treatment	IL / CR		OSCE
26)	Define relapse	IL		OSCE
27)	Quote causes of relapse	IL		OSCE/ MCQ
28)	Discuss importance of retention at the end of Orthodontic treatment	IL		OSCE/ MCQ
29)	Quote different methods that can be utilized to prevent, or minimize relapse at the end of Orthodontic treatment	IL		OSCE/ MCQ
30)	Enlist the conditions in which the retention methods would have to be varied and find its reason	IL		OSCE
31)	Quote the conditions which would need longer retention time	IL		OSCE/ MCQ
32)	learn about the condition in which fixed retention would be provided	IL		OSCE/ MCQ
33)	Write and quote the basic retention protocol	IL		MCQ
34)	Recognize the factors that cause clefting in a fetus	IL		MCQ/SEQ
35)	Describe the preventive mechanisms	IL		MCQ
36)	Identify dental treatments that can be provided to patients of cleft lip and palate	IL/CBL		SEQ/OSCE
OMFS / ORTHODONTICS				
37)	Describe basics of orthognathic surgery and its significance in correcting Dentofacial deformities	IL		MCQ/SEQ
38)	Enlist various orthognathic procedures	IL		MCQ
39)	Formulate treatment plan for management in patients with Oro-facial Cleft	IL/CBL		MCQ/SEQ
PROFESSIONALISM AND ETHICS				
40)	Communicate with each other and faculty confidently and respectfully	CR		Observation during CR
41)	Complete all tasks on or before dead lines	CR		Observation during CR
PATIENT SAFETY				
42)	Perform the sterilization of instruments independently and understand its importance	CR		OSCE
43)	Demonstrate the wearing of lead apron before the radiographs and understand its importance	CR		Observation during CR
COMMUNICATION SKILLS				
44)	Communicate the problem list of patient confidently and thoroughly	CR		Class presentation

45)	Demonstrates skills in presentation	CR/ class presentations		Class presentation
	OMFS			
1)	Enumerate the principles of reconstruction of various jaw deformities	IL	✓	MCQ
	Temporomandibular Joint Disorders			
2)	Explain the basic anatomy and physiology of Temporomandibular Joint and the pathologies related to it, which may be both congenital and development.	IL	✓	MCQ
3)	Evaluate TMJ pain and dysfunction by thorough history, physical examination and radiographic assessment.	IL/CBL		MCQ/OSCE
4)	Classify Temporomandibular Joint Disorders	IL	✓	SEQ
5)	Develop differential diagnosis for Temporomandibular joint disorders/diseases	IL/CBL	✓	SEQ/CP
6)	Plan treatment options for TMJ diseases, non-surgical and surgical management	IL/CBL	✓	SEQ
7)	Describe the basics of laser, gene and immunotherapy	IL	✓	MCQ
	Forensic Dentistry			
8)	Define Forensic Dentistry.	IL	✓	MCQ/CQ
9)	Predict the importance of dentistry in forensic.	IL	✓	CQ
10)	Outline the significance of age, gender and ethnic determination for personal identification.	IL	✓	CQ
11)	Analyze role of forensic dentistry in Mass disaster, Bite marks, Chelioscopy and Rugoscopy.	IL	✓	CQ
12)	Interpret the role of DNA in primary and permanent dentition.	IL	✓	CQ
	Ethics in Dentistry			
13)	Outline the significance of ethics in Dentistry.	IL	✓	MCQ
14)	Enumerate the ethical principles that must be taken into consideration for practicing dentistry.	IL/SGD	✓	MCQ
15)	Explain the terms, values and concepts that are often used in health care.	IL/SGD	✓	MCQ
16)	Describe the difference between a problem and an ethical dilemma	IL/SGD	✓	MCQ
17)	Analyze the role of autonomy in Ethics.	IL	✓	MCQ
18)	Choose the principles or values which are present and important in clinical scenarios	IL	✓	MCQ
19)	Determine the role of informed consent in clinical practice of Dentistry	IL/CR	✓	MCQ
20)	Ask correct questions during history taking (medical & dental) in caries assessment & traumatic injuries	CR		Role play
21)	Explain to the parent and the child for the importance of brushing	CR		SEQs
22)	Use NICE guidelines for patient recall interval	CR		SEQs
23)	Determine the role of informed consent in clinical practice of dentistry	IL/SGD		OSCE

24)	Apply method of isolation during treatment to maintain child safety	CR		OSCE
25)	Prescribe proper medicine according to the age of the child	CR		OSCE
26)	Follow protocols for implants	CR		OSCE
27)	Counsel parents for cleft lip and palate surgery	CR/SGD		OSCE
28)	Demonstrate friendly body gestures and appropriate tone to build a positive relationship with a child patient	CR		Role play
29)	Evaluate TMJ pain and dysfunction by thorough history and physical examination	CR/IL		OSCE
30)	Explain the terms values and concept that are often used in health care	CR/IL/SGD		OSCE
31)	Describe the difference between a problem and a an ethical dilemma	IL/SGD		MCQS/OSCE

PROSTHODONTICS

	Principles of crown preparation			
1)	Appraise the role of biological width in margin placement.	IL	✓	SEQ/MCQS
2)	Design temporary and final restorations conducive to optimal plaque control.	IL	✓	SEQ/MCQS
3)	Apply biological, mechanical and aesthetic principles during crown preparation.	IL	✓	SEQ/MCQS
4)	Correlate margin placement and margin design with aesthetic and biological considerations.	IL/CBL	✓	SEQ/MCQS
5)	Achieve retention and resistance form in crown preparation.	CR		OSCE
6)	Compare different margin designs.	IL	✓	SEQ/MCQS
7)	Relate taper of preparation with path of placement.	IL	✓	SEQ/MCQS
8)	Associate retention of restoration with forces, geometry of preparation, surface properties, surface area, material and type of luting cement used.	IL	✓	SEQ/MCQS
9)	Compare complete coverage and partial coverage crown in terms of retention and conservation of tooth structure.	IL	✓	SEQ/MCQS
10)	Relate resistance form with forces, type of preparation, luting agent; and taper, diameter and height of preparation.	IL	✓	SEQ/MCQS
11)	Appraise the influence of restoration material on aesthetics.	IL	✓	SEQ/MCQS
12)	Assess the role of adjunctive retentive features in tooth preparation.	IL	✓	SEQ/MCQS
13)	Devise strategies to enhance retention of crowns.	IL	✓	SEQ/MCQS
	Tooth Preparation for crowns/retainers for FDP			
14)	Compare tooth preparation of metal, metal ceramic and all ceramic crowns.	IL	✓	SEQ/MCQS/OSCE
15)	Rationalize the incorporation of cusp bevels in crown preparation	IL	✓	SEQ/MCQS/OSCE
16)	Select an armamentarium for different crown preparations	CR		OPD
17)	Select appropriate bur design for different reductions of tooth surface.	CR		OPD
18)	Enlist ways of checking occlusal clearance clinically.	IL	✓	SEQ
19)	Justify the use of guiding grooves and alignment grooves for occlusal reduction and axial reduction respectively.	IL	✓	SEQ/MCQS
20)	Devise strategies to prevent damage to adjacent tooth during axial tooth reduction.	IL	✓	SEQ/MCQS
21)	Select a margin design in relation to the material chosen.	IL/CBL	✓	SEQ/MCQS

22)	Select correct margin placement in a given case.	IL/CBL		SEQ/MCQS
23)	Perform tooth preparation for an anterior and posterior metal ceramic crown on an extracted tooth.	CR		OSCE
24)	Evaluate the finished crown preparation.	CR		OSCE
25)	Compare the tooth preparation for a partial and a complete coverage crown.	IL	✓	SEQ/MCQS/OSCE
26)	Rationalize the use of proximal grooves in a partial coverage crown.	IL	✓	SEQ/MCQS
27)	Outline strategies for achieving parallelism between abutment preparations.	IL	✓	SEQ
28)	Identify pin ledge preparation.	IL	✓	SEQ/MCQS
29)	Compare pin ledge preparation with other partial coverage crown designs.	IL	✓	SEQ/MCQS
30)	Classify veneers.	IL	✓	SEQ/MCQS
31)	Identify porcelain laminate veneers.	IL	✓	SEQ/MCQS/OSCE
32)	Select a patient for a porcelain laminate veneer.	IL	✓	SEQ/MCQS
33)	Outline preparation form of a porcelain laminate veneer.	IL	✓	SEQ
34)	Chose armamentarium for a porcelain laminate veneer preparation.	IL	✓	SEQ/MCQS
	Crowns and Fixed dental prosthesis – Case Selection			
35)	Classify crowns.	CBL	✓	SEQ/MCQS/OSCE
36)	Select appropriate crown material and crown type for a given case.	CBL	✓	SEQ/MCQS
37)	Classify fixed partial dentures.	CBL	✓	SEQ/MCQS
38)	Identify components.	CBL	✓	SEQ/MCQS/OSCE
39)	Select appropriate type of FPD for a given patient.	CBL	✓	SEQ/MCQS
40)	Apply material science in association to FPDs.	CBL	✓	MCQs/VIVA
	Tissue Management and Impression Making			
41)	Consider the prerequisites for tissue management and impression making.	IL	✓	SEQ/MCQS
42)	Select appropriate strategy for tissue displacement for margin placement and impression making.	IL	✓	MCQS
43)	Devise strategies to control saliva during impression making.	IL	✓	SEQ/MCQS
44)	Recognize impression defects and take measures to avoid these defects.	IL/CR		MCQS/OSCE
45)	Rationalize the use of custom tray for fixed partial denture impression.	IL	✓	MCQS
46)	Enumerate the considerations for custom tray construction.	IL	✓	SEQ/MCQS
47)	Select appropriate impression material for fixed partial dentures.	IL/CBL	✓	MCQS
48)	Compare different impression techniques for fixed partial dentures.	IL	✓	SEQ/MCQS
49)	Recognize impressions according to different techniques	CR		OSCE
50)	Recommend a disinfection protocol for different impressions materials.	IL/CR		MCQS/Viva
	Interim Fixed Prosthesis			
51)	Justify the use of interim fixed prosthesis.	IL	✓	SEQ/MCQS
52)	Select appropriate material for interim FPD.	IL	✓	MCQS

53)	Compare different techniques for its fabrication	IL	✓	SEQ/MCQS
	All Ceramic Restorations		✓	
54)	Classify all ceramic restorations.	IL	✓	MCQS
55)	Select a patient for all ceramic restoration	IL	✓	SEQ/MCQS
56)	Rationalize the use of porcelain labial margins.	IL	✓	MCQS
57)	Select an all ceramic system in relation to aesthetics and function.	IL	✓	MCQS
	Color Replication Process		✓	
58)	Discuss Munsell and CIELAB Color Systems	IL	✓	MCQS
59)	Describe visual and instrumental color measurement	IL	✓	SEQ/MCQS
60)	Identify light Sources and the ideal light source for shade matching	IL	✓	SEQ/MCQS
61)	State factors affecting color perception	IL	✓	SEQ/MCQS
62)	List factors affecting the color of porcelain restorations	IL	✓	SEQ/MCQS
63)	Apply general guidelines for shade selection	IL	✓	SEQ/MCQS
	Laboratory Procedures		✓	
64)	Classify definitive cast and dies.	IL	✓	SEQ/MCQS
65)	Compare different types of dies for crown fabrication.	IL	✓	SEQ/MCQS
66)	Enumerate different die systems.	IL	✓	SEQ/MCQS
67)	Sequence the laboratory steps for fabrication of FPD.	IL	✓	MCQS
68)	State steps of different laboratory procedures.	IL	✓	MCQS
69)	Rationalize the use of wax cut back technique in PFM restorations.	IL	✓	MCQS
70)	Enumerate considerations for designing metal sub structure.	IL	✓	MCQS
71)	Select a casting alloy for different types or restorations.	IL	✓	MCQS
72)	Outline steps for investing and casting of crown and FPD.	IL	✓	MCQS
73)	Select appropriate investment material according to casting alloy.	IL	✓	MCQS
74)	Enumerate the causes of casting failure.	IL	✓	MCQS
75)	Relate factors affecting bond between metal and overlying porcelain.	IL	✓	MCQS
76)	State steps of metal preparation	IL	✓	MCQS
77)	Enlist steps of porcelain application on metal substructure.	IL	✓	MCQS
78)	Enlist porcelain application techniques	IL	✓	MCQS
79)	Differentiate between internal characterization and glazing/surface characterization.	IL	✓	MCQS
80)	Differentiate between auto glazing and over glazing	IL	✓	MCQS
81)	OUTLINE porcelain surface treatments.	IL	✓	MCQS
	Crown evaluation (laboratory and clinical)		✓	
82)	Plan protocol for finishing the cast restoration.	IL	✓	SEQ/MCQS
83)	Enlist the zones of crown evaluation in laboratory in sequence	IL	✓	SEQ/MCQS/VIVA
84)	Enumerate management of any problems in crowns pre cementation	IL/CBL	✓	SEQ/MCQS
85)	Devise evaluation protocol of finished prosthesis clinically.	IL/CBL	✓	SEQ/MCQS

86)	Evaluate all zones of crown sequentially in vivo	IL/CBL	✓	SEQ/MCQS
87)	Diagnose underextention, over extention and legde formation in margins	IL/CBL	✓	SEQ/MCQS/SC
88)	Devise strategy for managing improper crown margins	IL/CBL	✓	SEQ/MCQS
	Cementation of crown and FDP		✓	
89)	Classify luting cements	IL	✓	SEQ/MCQS
90)	Compare provisional and definitive cementation	IL	✓	SEQ/MCQS
91)	Select appropriate luting agent for a given type of prosthesis.	IL/CBL	✓	SEQ/MCQS
92)	Manipulate zinc oxide and glass ionomer cements.	IL	✓	SEQ/MCQS
93)	Enlist steps for the preparation of the restoration and tooth surface for cementation.	IL	✓	SEQ/MCQS
94)	Give instructions to the patient regarding prosthesis care	IL	✓	SEQ/MCQS
	Post cementation follow-up		✓	
95)	Apply clinical protocols for post cementation appointments	IL	✓	SEQ/MCQS
96)	Justify periodic recall of such patients.	IL	✓	SEQ/MCQS
97)	Give post cementation instructions to the patient.	IL/CBL	✓	SEQ/MCQS
	Abutments and Retainers for FDP		✓	
98)	Classify abutments	IL	✓	SEQ/MCQS
99)	Devise strategy for managing tilted abutments	IL/CBL	✓	SEQ/MCQS
100)	Enumerate problems associated with cantilever and pier abutments	IL/CBL	✓	SEQ/MCQS
101)	Appraise role of connectors in relation to variations in abutments	IL/CBL	✓	SEQ/MCQS
102)	Enumerate retainers used in fixed partial dentures.	IL/CBL	✓	SEQ/MCQS
103)	Choose appropriate retainers for different FDP designs.	IL/CBL	✓	SEQ/MCQS
	Pontic Design		✓	
104)	Classify residual ridge deformities	IL/CBL	✓	SEQ/MCQS
105)	Measure pontic space.	CR	✓	SEQ/MCQS
106)	State classification of pontic design	IL	✓	SEQ/MCQS
107)	Compare various pontic designs along their pros and cons, indications and contraindications.	IL/CBL	✓	SEQ/MCQS
108)	Select appropriate pontic design for different case scenarios.	IL/CBL	✓	SEQ/MCQS
	Connectors		✓	
109)	Compare types of connectors	IL/CBL	✓	SEQ/MCQS
110)	List factors affecting connector design	IL/CBL	✓	SEQ/MCQS
111)	Contrast soldering, brazing and welding	IL	✓	SEQ/MCQS
	Minimal Preparation FDP		✓	
112)	Select a case for a resin bonded bridge.	IL/CBL	✓	SEQ/MCQS
113)	Justify the use of resin bonded bridged over a convention fixed partial denture	IL/CBL	✓	SEQ/MCQS
114)	Recognize frame work design for a resin bonded FPD.	IL	✓	OSCE
115)	Classify resin-bonded fixed partial denture.	IL	✓	SEQ/MCQS

116)	Outline preparation steps of abutment teeth both in anterior and posterior teeth	IL	✓	SEQ/MCQS
117)	Compare anterior and posterior abutment tooth framework design.	IL	✓	SEQ/MCQS
118)	Select appropriate material for bonding of resin bonded FPD.	IL/CBL	✓	SEQ/MCQS
	Fiber reinforced FDP		✓	
119)	Select a case for fiber reinforced FPD.	IL	✓	MCQS
120)	Classify Fiber-reinforced composite materials	IL	✓	MCQS
	Implantogy		✓	
121)	Define dental implants	IL	✓	MCQS
122)	Enlist the different types of dental implants	IL	✓	MCQS
123)	Identify Implant components	IL	✓	MCQS/OSCE
124)	Define osseointergration	IL	✓	MCQS
125)	Discuss the role of osseointegration in implants and factors that determine its success	IL	✓	MCQS
126)	Enumerate factors for failure of implants	IL	✓	MCQS
127)	Sequence implant related surgical and restorative phases	IL	✓	MCQS
128)	Compare one stage and two stage technique	IL	✓	MCQS
129)	Enlist the types of prosthetic implant loading.	IL	✓	MCQS
	Implant retained Prostheses		✓	
130)	Classify implant retained prostheses according to Misch	IL	✓	MCQS
131)	Compare cement retained versus screw retained prosthesis	IL	✓	MCQS/OSCE
132)	Brief about configurations of implant supported overdentures	IL	✓	MCQS
133)	Select a patient for implant supported overdentures	IL	✓	MCQS
134)	identify type of attachments used in implant retained overdentures	IL	✓	MCQS/OSCE
135)	Justify the use of implant supported overdentures	IL	✓	OSCE/SEQ
	Overdentures		✓	
136)	Rationalize the use of overdentures in removable prosthodontics.	IL	✓	SEQ/MCQS
137)	Select a patient case for prescription of overdentures.	IL	✓	SEQ/MCQS
138)	Anticipate the problems associated with overdentures.	IL	✓	SEQ/MCQS
139)	Outline a treatment plan for patients indicated for overdentures.	IL	✓	SEQ/MCQS
140)	Justify the selection of abutments for overdentures.	IL	✓	SEQ/MCQS
141)	Select appropriate abutment design for different cases of overdentures.	IL	✓	SEQ/MCQS
142)	Enlist problems associated with overdentures.	IL	✓	SEQ/MCQS
143)	Recognize type of overdenture prosthesis	IL	✓	SC
	Ethics and Professionalism		✓	
144)	Demonstrate competency in behaving in ethical manner with patients, coworkers and the public to gain trust.	CBL	✓	OSCE

145)	Analyze ethical issues/dilemmas in healthcare practice.	CBL	✓	OSCE
146)	Demonstrate competencies in resolving ethical issues faced during common clinical scenarios.	CBL	✓	MCQs
147)	Demonstrate competencies in avoiding potential ethical conflicts with pharmaceutical and other health industry providers.	Role Play	✓	OSCE
148)	Apply professional code of ethics guidance given in PMDC & HEC in given clinical scenarios.	Role Play	✓	OSCE

BEHAVIORAL SCIENCE TOPICS INTEGRATION WITH OTHER DEPARTMENT	**LO NUMBER**
Paediatric Dentistry	1,4,10,14,40,92
Orthodontics	40-45
Oral Surgery	13-31
Prosthodontics	144-148

ACADEMIC SCHEDULES

Weekwise schedule of Module XII Paediatric Dentistry			
Week no.	**Lecturer 1**	**Lecturer 2**	**Lecturer 3**
W/1	Classification of Dental trauma **LO (36-37)**	Communication principles & Non- Pharmacological Behavior management **LO (1-2)**	Gingival diseases in children **LO (32-35)**
W/2	History & examination of traumatic injuries **LO (38-39)**	Pharmacological Behaviour management LO **(3a, b)**	Traumatic injuries to the primary dentition **LO (40)**
W/3	Sequelae of traumatic injuries to the primary dentition **LO (41-42)**	Local anesthesia techniques for Pediatric dentistry **LO (3c-4)**	Traumatic injuries to the hard dental **LO (43-44)**
W/4	Luxation's injuries **LO (45-47)**	**Test** **LO (1-4)**	Intrusive luxation injuries **LO (48)**
W/5	**Test** **LO (36-48)**	Detection & Diagnosis of dental caries **LO (5-9)**	Avulsion injuries & splinting **LO (49-51)**
W/6	Types of resorptions **LO (52-59)**	Fluoride Therapy Caries prevention **LO (10-15)**	**CBL (Dental trauma)** **LO (36-59)**
W/7	Abnormalities in tooth form and size **LO (60-64)**	Operative procedure For dental caries LO **(16-19)**	AI/DI/ Dentinal dysplasia **LO (65-69)**
W/8	Molar-incisal hypomineralization **LO (70-71)**	Pulpotomy in primary teeth **LO (20-23)**	**Test** **LO (49-69)**
W/9	Balancing / compensating extraction LO (72-76)	**Test** **LO (5-24)**	Orofacial infections in pediatric patients **LO (77-80)**
W/10	Management of medical disability in children 1 **LO (81-86)**	Stainless steel crown **LO (25-29)**	Management of medical disability in children 2 **LO (87-89)**
W/11	**Test** **LO (70-89)**	Use of lasers in dentistry **LO (30-31)**	**Presentations group -1** **LO (90)**
W/12	**Presentations group -1** **LO (90)**	Revision	**Test**
W/13	**Theory Examination**		
W/14	**OSCE & Viva Examination**		

Weekly schedule of Module XII Orthodontics		
Week no.	**Lecturer 1**	**Lecturer 2**
Week – 1	Retention and relapse (26-33)	Appliances for retention (32)
Week – 2	Preventive and Interceptive treatment I (1-10)	Preventive and interceptive treatment II (1-10)
Week – 3	Preventive and interceptive treatment III (1-10)	FJO I (18-21)
Week – 4	FJO appliances (18-21)	Orthopedic treatment (18-21)
Week – 5	Treatment of class I malocclusion (11,12,22-25)	TEST
Week – 6	Treatment of class II malocclusion (11,12)	Treatment of class III malocclusion (11,12)
Week – 7	Treatment of CL/P (114-134-36,3917)	Perio problems and Orthodontic treatment
Week – 8	Orthognathic surgery (37,38)	TEST
Week – 9	Headgears in Orthodontics (18-21)	Revision
Week –10	Revision of previous modules	Revision of previous modules
Week -11	Revision of previous modules	Revision of previous modules
Week -12	Revision of previous modules	Revision of previous modules
Week -13	**Theory Examination** **OSCE & Viva Examination**	

Weekly schedule of Module XII OMFS		
Week	**Lecture 1**	**Lecture 2**
Week – 1	Development of Clinical Anatomy and Physiology of TMJ LO: 2	Diseases of TMJ LO: 3, 4, 5
Week – 2	Ankylosis	Management of TMJ Diseases LO:1, 5, 6
Week – 3	Myofascial Pain Dysfunction Syndrome (MPDS) LO: 5, 6	Pathophysiology of Internal Disc Derangements of TMJ LO: 5, 6
Week – 4	Revision	CBL/PBL Case Presentations
Week – 5	Use of Lasers in OMFS LO: 7	Introduction to Ethics in Dentistry LO: 13-17
Week – 6	Class presentations	Class presentations
Week – 7	Contemporary Implant Dentistry LO: 27	Contemporary Implant Dentistry LO: 27
Week – 8	Implant workshop	Introduction of Dentofacial Deformities LO: 37
Week – 9	Correction of Dentofacial Deformities LO: 38	Orthognathic Surgery & Distraction Osteogenesis LO: 39
Week – 10	Introduction to Orofacial Clefts LO: 37,38, 40	Management of Orofacial Clefts LO: 40
Week -11	Basics of Forensic Dentistry LO: 8-12	Basics of Forensic Dentistry LO: 8-12
Week -12	Revision	Revision
Week – 13	**THEORY EXAM**	
Week – 14	**OSCE & Viva Examination**	

Weekly Schedule for Mod XII Prosthodontics – Fixed Prosthodontics/Implantology/Maxillofacial			
Week	**Lecture 1**	**Lecture 2**	**Lecture 3**
1.	Principles of tooth Preparation – I 1-4	Principles of tooth Preparation – II 7-13	Principles of tooth Preparation- III 7-13
2.	Tooth Preparation – Cast Crown & All Ceramic Crowns 14-15,54-57	Tooth Preparation – Metal ceramic Crown 14-15,18-22	Partial veneer crowns 25-34
3.	Tooth Preparation – Hands-on 16,17,23,24	Tooth Preparation – Hands-on 16,17,23,24	**Test FPD**
4.	Considerations for Fixed	Case Selection – Crown 35,36	Case Selection – FPD 37,40
5.	Tissue Management and Impression making 41-50	Interim Fixed Restorations 51-53	Color Replication Process 58-63
6.	Laboratory Procedures 64-81	Finishing and Evaluation 82-88	Luting Agents and Cementation Procedures 89-94
7.	Postoperative Care 95-97	TEST	Revision
8.	Abutment and Retainers 98-103	Pontic Design and Connectors 104-111	Resin bonded FPD 112-118
9.	Implant introduction (indication, contraindication, impression) 121-129	Prosthetic consideration(types, AP Spread, occlusion) 130-133	Fp1,Fp2 and Fp3(fixed) 130-133
10.	Rp4 and Rp5 (tooth vs implant supported) 134,135,136-143	**Screw vs cement retained +post op maintenance**	**TEST**
11.	**CBL (RPD)- Trigger 1-3**		
12.	**Revision**		Q/A session
13.	**THEORY EXAM**		
14.	**OSCE & Viva Examination**		

LEARNING RESOURCES

Department of Operative Dentistry/ Peadodontic

Department of Orthodontics

Department of Oral and Maxillofacial Surgery

Department of Prosthodontics

DEPARTMENT OF OPERATIVE DENTISTRY

1. Joseph R Evans, John H Wilke. Atlas of Operative Dentistry: Preclinical and clinical procedures. Quintessence books Publishing Co.
2. Richard L Kahn, Pinkerton RJ, Kagihara LE. Fundamentals of Preclinical Operative Dentistry. www.bookdepository.co.uk
3. The Art & Science of Operative Dentistry by Sturdurant.
4. Pickardards Manual of Operative Dentistry by EAM Kidd.
5. Fundamentals of Operative Dentistry by Schwartz
6. Dental Restorative Materials – Craig
7. Harty's Endodontic in clinical practice by T.R.Pittford
8. Pathways of pulp by Stephen Cohen
9. Endodontics Principals and Practice by Torabinejad
10. Wellburry fifth edition for Peadodontics

DEPARTMENT OF ORTHODONTICS

Contemporary Orthodontics, by William R. Profit (5th Edition)
Hand Book of Orthodontics, by Robert-E-Moyers (4th Edition)
Essentials of facial growth by Donald H Enlow (2nd Edition)

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

1. An Introduction of Oral & Maxillofacial Surgery — David Mitchel
2. An Outline of Oral Surgery part I & Part II — Killey, Seaward & Kay
3. Killey's Fractures of Middle Third of Facial Skeleton
4. Killey's Fracture of the Mandible
5. Oral & Maxillofacial Surgery — Laskin
6. Oral & Maxillofacial Surgery — Kruger
7. Medical Problems in Dentistry — Scully & Cawson
8. Text book of Oral & Maxillofacial Surgery — S.M Balaji
9. Fundamentals of Orthognathic Surgery — Malcolm Harris
10. Oral & Maxillofacial Surgery — John Peddler

DEPARMENT OF PROSTHODONTICS

Books:

1. McKracken's Removable Partial Prosthodontics by Alan B Carr, Glen P McGivney and David T Brown. 11th Edition.
2. Stewart's Clinical Removable Prosthodontics by Rodney D Phoenix, David R Cagna, Charles F DeFreest. 4th Edition.
3. Prosthodontic Treatment for Edentulous Patients by Zarb, Hobkirk, Eckert and Jacob. 13th Edition.
4. Contemporary Fixed Prosthodontics by Rosenstiel, Land and Fujimoto. 4th Edition.
5. Essentials of Complete Denture Prosthodontics by Sheldon Winkler. 2nd Edition

Reference Books for Laboratory Procedures:

1. Dental Laboratory Procedures. Complete Dentures. Morrow, Rudd, Eissmann. Vol 01, 1980.
2. Dental Laboratory Procedures. Fixed Partial Dentures. Eissmann, Rudd, Morrow. Vol 02, 1980.

Notes and handouts (for topics not available in the above-mentioned books

BDS FOURTH PROFESSIONAL
TIME TABLE

DAY	08:30 - 09:30	09:30 - 10:30	10:30-11:00	11:00 – 13:00	13:00 – 14:00	14:00 -16:00
MONDAY	ORTHODONTICS	OPERATIVE	BREAK	DENTAL OPD DENTAL OPD "CLINICAL ROTATIONS"	BREAK	DENTAL OPD DENTAL OPD "CLINICAL ROTATIONS"
TUESDAY	OPERATIVE	PROSTHODONTICS				
WEDNESDAY	ORTHODONTICS	OMFS				
THURSDAY	OPERATIVE	PROSTHODONTICS				MENTORING
FRIDAY	OMFS	PROSTHODONTICS				CBL/ PBL

BAHRIA UNIVERSITY MEDICAL DENTAL COLLEGE

MONTHLY ROTATIONS 2022

FINAL YEAR BDS (BATCH 7)

TIMINGS: 10:30a.m. to 4:00p.m. (9 weeks rotations)

DATES	PROSTHODONTICS	OMFS	ORTHODONTICS	OPERATIVE
*10th Jan 2022 → 11th March 2022	A	C	B	D
*14th March 2022 → 1st April 2022	D	A	C	B
MOD X 4th to 13th April 2022				
14th April 2022 → 29th April 2022	D	A	C	B
Vacations and EID 30th April to 22nd May 2022				
23rd May 2022 → 17th June 2022	D	A	C	B
*20th June 2022 → 29th July 2022	B	D	A	C
MOD XI Aug 1st to 10th 2022				
11th Aug 2022 → 7th Sept 2022	B	D	A	C
*8th Sept 2022 → 3rd Nov 2022	C	B	D	A
MOD XII 7th Nov to 16th Nov 2022				

Prof. Dr. Tabassum Ahsan Qadeer

Co-ordinator 4th year BDS

BAHRIA UNIVERSITY DENTAL COLLEGE
4th PROFESSIONAL BDS
7th BATCH
ACADEMIC CALENDAR 2022

SESSION START:

10th Jan 2022 (Monday)

TENTH MODULE (12 WEEKS):

Module Start	10th Jan 2022 (Monday)
Module Ends	1st April 2022 (Friday)
Theory and OSCE Examination	**4th April → 13th April 2022**

ELEVENTH MODULE (2 WEEKS):

Module Start	14th April 2022 (Thurs) → 29th April 2022 (Fri)
Vacations and Eid	30th April → 22nd May 2022
Module Re-starts (10 weeks)	23rd May 2022 (Monday)
Module ends	29th July 2022 (Friday)
Theory and OSCE Examination	**1st Aug → 10th Aug. 2022**

TWELVETH MODULE (12 WEEKS):

Module Starts	11th Aug 2022 (Thursday)
Module Ends	4th November 2022 (Friday)
Theory and OSCE Examination	**7th Nov → 16th Nov 2022**

FINAL EXAMINATION: **December 2022**

DR. KULSOOM FATIMA RIZVI
VICE PRINCIPAL DENTAL COLLEGE
COLLEGE BUDC

PROF. WAHAB BUKSH KADRI
PRINCIPAL DENTAL
BUDC