



# Bahria University Dental College BUHSC-(K)



**Final Year BDS  
Batch X  
STUDY GUIDE**

## FROM THE DESK OF PRINCIPAL

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Consultant Oral and Maxillofacial Surgeon

Principal,

BUDC



Bahria University was established in the year 2000 with the vision to become knowledge-based and creativity-driven international center of learning. The Dental College, established in 2012 has continued to uphold this mantle, and has emerged as a preferred destination for students to study dental Medicine. Consistent with BU's mission, the Dental School is committed to provide quality education with emphasis on research at the undergraduate level. In line with BU's core values, the Dental College has a strong focus on integrity, diversity, tolerance, and humility. At the Dental College, we strive to inculcate these attributes in our students, so that when they graduate, they are able to contribute towards society as caring oral physicians, educators and leaders of tomorrow.

Dear students, I and my team, extend a very warm welcome to you. I am sure that the time you spend here will be most productive, fulfilling, and memorable.

## MESSAGE FROM THE DESK OF VICE PRINCIPAL

**Prof. Dr. Farzeen Tanwir**

Post Doctorate (Canada), Post Doc &

PhD (Sweden), C-Ortho (USA), BDS

Professor & HOD Department of Periodontology

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 transforming 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 at 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 you 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 & Dental Council
PPT	Power Point Presentation
PW	Practical work
QEC	Quality Enhancement Cell
SC	Short case
SAQS	Short Answer 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 UNIVERSITY DENTAL COLLEGE

### CONTENTS

VISION .....	7
MISSION STATEMENT .....	7
PROGRAM LEARNING OUTCOMES .....	7
SECTION 1: POLICIES & COMMITTEES .....	8
I.    STUDENT'S CODE OF CONDUCT.....	8
II.   ACADEMIC MISCONDUCT & DISCIPLINARY COMMITTEE.....	16
III.  POLICY ON SEXUAL HARASSMENT .....	21
IV.   STUDENTS GRIEVANCES OVERSIGHT COMMITTEE .....	24
V.    ATTENDANCE POLICY FOR STUDENTS.....	25
VI.   ELIGIBILITY CRITERIA FOR APPEARING IN ANNUAL PROFESSIONAL EXAMINATIONS.....	26
VII.  POLICY FOR MATERIAL USED .....	27
VIII. ASSESSMENT POLICY FOR MODULES .....	28
IX.   STUDENTS AWARD POLICY .....	29
X.    POLICY FOR ELECTIVES .....	31
XI.   STUDENT COURSE AND TEACHER FEEDBACK POLICY .....	32
XII.  CO-CURRICULAR ACTIVITIES POLICY .....	34
XIII. POLICY FOR FAIR AND FORMAL PROCESS OF STUDENTS' ACADEMIC COMPLAINTS .....	35
XIV.  POLITICAL ACTIVITY POLICY.....	37
XV.   STUDENT AFFAIRS COMMITTEE .....	38
XVI.  EQUIVALENCE COMMITTEE .....	38
SECTION 2: INTRODUCTION.....	39
I.    OBJECTIVES OF STUDY GUIDE .....	39
II.   CURRICULUM .....	39
III.  MODE OF INFORMATION TRANSFER .....	40
IV.   SELF-DIRECTED STUDY .....	40
SECTION 3: PROGRAM STRUCTURE AND OVERVIEW .....	41
I.    THE MODULAR SYSTEM .....	41
II.   LEARNING STRATEGIES.....	42
III.  COMPETENCIES AND LEARNING OUTCOMES OF DENTAL UNDER-GRADUATES.....	44
IV.   MENTORING AND COUNSELING.....	47

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SECTION 4:DEPARTMENTS & ACADEMIC SCHEDULES .....	48
I.    DEPARTMENT OF DENTAL EDUCATION .....	48
II.   INTRODUCTION TO DEPARTMENTS .....	49
III.  MODULE X.....	56
IV.   MODULE XI .....	84
V.    MODULE XII .....	109
VI.   LEARNING RESOURCES .....	129
VII.  ACADEMIC SCHEDULE.....	133

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## **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.

## **Program Learning Outcomes**











- Correlate the theoretical knowledge with clinical practices to provide best possible treatment option for patient.
- Perform basic dental treatment and minor dental surgeries on patients independently.
- Guide community and society towards prevention of oral disease.
- Demonstrate professionalism and ethics in patient care.
- Conduct simple research independently.
- Demonstrate leadership qualities while working in a team.

## **SECTION 1: POLICIES AND COMMITTEES**

This section summarizes some key aspects of policies in vogue at Bahria University. The student is advised to read the detail in the latest edition of Bahria University's Student Handbook







### **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 where 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 Student Advisor, the Admin Officer or any other employee authorized by the Head of the CU shall be responsible for the maintenance of good behavior and law and order amongst the students on the premises of the CU.

**Penalties:**

A student guilty of an act of indiscipline shall be liable to the penalties specified below or promulgated through written orders/notifications:

<b>Penalty Code</b>	<b>Penalty</b>	<b>Awarding Authority</b>	<b>Appellate Authority</b>
1	Removal from classroom, laboratory, or field work, for a maximum period of two contact hours	Teacher In-Charge	HOD
2	Expulsion from games or field work for not more than one week	Games/ Field Work In-Charge	Director
3	Expulsion from educational visits and sports tours	DD (Admin & Coord) or an officer authorized by the Head of the CU	Director
4	Suspension from classes for a period not exceeding two weeks	Director/ Principal	Head of the CU
5	Fine not exceeding Rs 10,000	Director/ Principal	Head of the CU
6	Removal from a position of authority on the advice of the Student Advisor / HOD	Director/ Principal	Head of the CU
7	Expulsion from the hostel	Head of the CU	Next Higher 42 Authority
8	Cancellation of remission of fees/assistantship/scholarship etc.	Head of the CU	Next Higher 42 Authority
9	Rustication for one or more semester	Head of the CU with concurrence of BUHO	Rector
10	Expulsion from the CU	Head of the CU with concurrence of BUHO	Rector

**Procedure in Case of Breach of Discipline:**

A teacher, a staff member or a BU Officer in whose presence or in relation to whom an act of indiscipline has been committed or who gets to know of such act, may deal with the case him/herself, or if in his/her view the case is one which can be more appropriately dealt by another authority or which warrants a penalty of greater magnitude than they are competent to impose, shall refer the case to the Student Advisor or Deputy Director (Admin & Coord) or the higher authority as the case maybe.

All cases of serious breach of discipline shall be referred to the Disciplinary Committee for investigation which, after due process of investigation, will either impose the penalties if within its powers or recommend them to the Campus Head/Head of the CU/Rector, as the case may be.

When a case against a student is referred to the Disciplinary Committee, it may, if it deems fit, suspend the student from the classes till the finalization of the case, with the approval of the Head of the CU.

**Rustication**

Rustication may be awarded up to a maximum of 3 years. The penalty when imposed on a student shall always mean a minimum loss of one semester as far as his/her appearance in the examinations is concerned. The actual period of absence from the CU will, however, depend upon the time of the academic year when the penalty is imposed. Period of rustication shall have no effect on the maximum duration of the program. No student shall be rusticated from the CU unless he/she has been allowed a reasonable chance of defense against the accusations.

No fee shall be charged from a rusticated student for the time period during which his/her name remained struck off the rolls. However, the previously deposited fee shall not be refunded.

A student under rustication shall have the right of readmission after the period of suspension and subject to availability of the missed courses in the normal semester list of courses being offered.

**Expulsion**

The Head of the CU shall report the name of the student who has been found guilty of an offence warranting expulsion to the Rector stating the reasons for the proposed action, who will then have the authority to sanction expulsion after allowing reasonable chance to the student to defend him/herself against the expulsion.

The name of the expelled student shall immediately be removed from the CU rolls, and fee for remaining month(s) of the semester shall not be refunded.

A student expelled from the CU shall not be readmitted to any of the University's Constituent or Affiliated Units.

Cases of expulsion shall be registered in BU records and notified to all the CUs.

## **Appeals**

An appeal against the penalty may be filed by the student with the Appellate Authority within 30 days of announcement of the punishment. No appeal by a student shall be entertained unless it is presented within 30 days from the date of communication of the decision, provided that the Rector may, for valid reasons, extend this period.

No appeal shall lie against the decision of an authority imposing a penalty other than rustication or expulsion except on the grounds that such authority imposed a penalty which it was not competent to impose.

An appeal on the grounds that an authority imposed a penalty which it was not competent to impose, shall lie with the body or person of higher authority than the one who imposed the 44 penalty.

## **Compensation for Loss**

The Head of the CU, or any teacher or officer to whom he may delegate the powers, may instruct a student to pay compensation for any loss or damage to property belonging to the CU/University, public authority, a fellow student or an employee of the CU/University, caused by a willful act or gross negligence of the student. If the student does not pay such compensation within a specified period, the Head of the CU will proceed against the student in the manner as prescribed in these rules.

## **Offences during Examination**

Cases of indiscipline in or around the Examination Hall, and use of unfair means, shall be dealt with by the Examination Committee.

## **Dress code:**

### **Male students:**

1. Dress/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. Dress/Casual shoes or Joggers with socks (no sandals)
6. Shalwar Kameez with shoes (only on Friday)
7. Suit/ Combination
8. Coat/ Pullovers/ Sweaters/ Jackets in winter

### **Female students:**

1. Shalwar Qameez (no sleeveless)
2. Hijab, Abaya, Chaddar etc
3. Full length Jeans(no tights) 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.**

## **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.

## **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.

## **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.

## **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.

## Conduct in Library:

The University campuses have well stocked libraries, and time spent by the students there will meet your research requirements in a calm place. The libraries also provide electronic access through the internet to databases throughout the world.

Library also provides plagiarism detection services

While using the library, Mobile Phones/ iPods/ laptops should be kept on silent mode. Sleeping, listening/ watching drama and music etc, while staying at library is prohibited.

## RULES FOR BORROWING BOOKS

1. Students are permitted to borrow 3 books at a time for a maximum period of 14 days. Books borrowed may be re-issued on completion of the time period.
2. A valid University card is must for borrowing the Book(s) and other material
3. Textbooks will be issued for 7 working days only but may be reissued the next day of the due date
4. For the Book(s) returned after the due date, a fine of Rs.10/- per day would be charged.
5. Book Bank books will be issued for a period of whole/ one semester.
6. Writing, underling or marking any book is strictly prohibited. Library books are carefully examined on return and the borrower will be held responsible for any damage
7. Following library material will not be issued and must be consulted in the library:
  - a. Reference Material.
  - b. Thesis/ Project Reports.
  - c. Audio/ Video cassettes/ CDs/ DVD's.
  - d. Magazines and periodicals.
  - e. Newspapers.

## LIBRARY TIMINGS

➤ DAY	➤ TIMINGS
➤ WEEKDAYS: MON- FRI	➤ 8:30 AM to 8:30 PM
➤ WEEKENDS	➤ 9:00 AM to 8:30 Pm

## CONDUCT IN CAFETERIA AND COMMON ROOMS

Campus has a cafeterias with a variety of food items and snacks available at reasonable rates

Students are expected to show care, courtesy towards the cafeteria staff as well as to others.

Place garbage and recyclables in the appropriate containers.

This behavior will maintain a clean and enjoyable environment for all.

## ACADEMIC MISCONDUCT AND DISCIPLINARY COMMITTEE

The Discipline Committee is responsible for maintaining discipline (both academic as well as conduct), and deals with all cases of indiscipline on the part of students.

It recommends award of penalties/ punishments and renders advice to the Director on administrative matters needed to maintain a peaceful environment on the campus. Intimation will be sent to BUHO for all penalties awarded to a student.

### MEMBERS OF THE COMMITTEE

Chairperson	Brig (Retd) Prof. Syed Pervez Ashgar, BUMC
Secretary	Dr. Jaweria Zeeshan, BUMC
Members	Prof. Dr. Khalid Aziz, Principal, BUCPT Prof. Dr. Ahmed Omer, BUDC Prof. Dr. Yasmeen Mehar, BUMC Associate Prof. Abida Razzaq, VP PNNC
Co-opted member	Varies according to the case

### STUDENTS ARE TO AVOID THE FOLLOWING:

- Unauthorized use of University's name or logo which is property of university.
- Harassment, sexual or otherwise, or intimidation of any member of university.
- Coming late for classes. The student may be considered absent and marked accordingly.
- Improper/inappropriate dress
- Loud and aggressive behavior in Cafeteria or Common rooms or within the premises of BUHS or PNS Shifa.
- 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.



## USE OF MOBILE PHONE

- a) Use of mobile phone for photography at cafeteria is restricted.
- b) Library is 'NO Mobile Zone' area.
- c) Use of mobile in class room is prohibited.
- d) Students are not allowed to use mobile phone for photography/ video capturing during farewell parties.
- e) Making videos, images, Vlogs etc are monitored through CCTV cameras installed inside and outside building.

## SMOKING

Student guilty of an act of smoking in the premises of Bahria University/ Constituent Unit or while entering/ attending offsite instructions like sports, cultural tours or survey campus shall be liable to the penalties asunder:

### Occasion

### Penalties

1st occasion of offence on act of smoking.

Fine of Rs.5000/- along with warning letter with copy to parents from Director Campus

2nd or onward occasion of offense(s).

Fine of Rs.10,000/- along with warning letter (s) with copy to parents from DG Campus on each offence.

Student guilty of an act of possession/ consumption/ usage/ supplying of intoxication drugs/ Alcoholic drinks in premises of CU and or entering CU or events of BU being intoxicated and or during official/ informal offsite events of the University shall be liable to expulsion from the CU.

## CRIMINAL CONVICTION

- a) Applicants are required to inform BU of any criminal conviction. Full details are to be provided.
- b) The University reserves the right to refuse admission to any applicant with a criminal conviction that may jeopardize the reputation of the University.
- c) Failure to declare any criminal conviction by a student already enrolled in BU shall result in immediate cancellation of his/her admission.
- d) Where admission to the program is denied on the basis of the criminal conviction, the applicant will be notified of the decision in writing by respective Campuses/CUs

## ACADEMIC MISCONDUCT

Following acts shall constitute academic misconduct:

- a. Cheating.
- b. Fabrication.
- c. Misuse.
- d. Forgery.
- e. Plagiarism.
- f. Facilitating academic misconduct.
- g. Academic Dishonesty.

The student is advised to refer to their Student Handbook to become fully cognizant of these terms.

### PENALTIES FOR ACADEMIC MISCONDUCT

TYPE OF MISCONDUCT	PENALTY
Attempt (Successful/ unsuccessful) to know contents of question papers through unfair means prior to examination	<b><i>Minor punishment</i></b>  a. Warning letter (Copy to parents)  b. Fine of Rs.2,000.  <b><i>Major punishment</i></b>  a. Expulsion from the University  b. Fine Rs. 5000/00.  c. Letter to parents
Possession of written material, relevant to the subject/paper concerned.  • Writing on palm, arm or anywhere on the candidate's body or clothes whether the written material is relevant or irrelevant to the concerned paper.  • Possession of Mobile phones, Smartwatches, PDAs and other electronics devices, whether or not carrying any relevant or irrelevant material in the memory.	a. Grade 'F' in the subject.  b. Fine Rs 5,000.  c. Warning, copy to parents.  d. Mobile phones/electronic devices to be confiscated. (will be returned after investigation)

Giving/receiving assistance or allowing any other candidate to copy from his/her answer books.	<p><b><i>Minor Punishment</i></b></p> <p>a. Cancellation of the relevant paper.</p> <p>b. Fine Rs 2,000/-.</p> <p>c. Letter of Warning.</p> <p><b><i>Major Punishment</i></b></p> <p>a. Grade 'F' in the subject.(for students involved)</p> <p>b. Fine Rs 5,000/-</p> <p>c. Letter of Warning.</p>
Removing a leaf from answer book.	a. Grade "F" in the subject. (for students involved)
Taking the whole or a part of an answer book or a continuation sheet into or out of examination hall.	<p>b. Fine Rs. 5,000.</p> <p>c. Letter of warning</p>
Substituting the whole or a part of an answer book or a continuation sheet not duly issued to him for the examination;	<p>a. Grade 'F' in the subject. (For students involved)</p> <p>b. Fine Rs 5,000.</p> <p>c. Letter of Warning.</p>
Forging, mutilating, altering, erasing or otherwise tampering with marked answer scripts	<p>a. Grade "F" in the subject. (for students involved)</p> <p>b. Fine Rs 5,000.</p> <p>c. Letter of Warning</p>
Impersonation	<p>a. Grade "F" in all subjects of relevant semester studied at BU (including the impersonator/facilitator, if a student of BU).</p> <p>b. Expulsion from the university (including the impersonator/ facilitator, if a student of BU).</p> <p>c. In case the impersonator/facilitator is an ex-student of BU or not a BU student, an FIR may be lodged for the offence, as per law of the land.</p>

Using abusive or obscene language in answer book	a. Grade 'F' in the relevant course. b. Fine Rs 5,000. c. Letter of Warning.
Refusing to obey the Invigilator or Head Invigilator in the Examination Hall and misbehaving, resorting to misconduct, or creating any kind of disturbance in or around the Examination Hall	<p><b><i>Minor Punishment</i></b></p> a. Grade 'F' in the course. b. Fine Rs 5,000. c. Letter of Warning. <p><b><i>Major Punishment</i></b></p> a. Rustication for one Semester. b. Grade 'F' in the course. c. Fine Rs5,000/ d. Letter of Warning.
Communicating or attempting to communicate with Examiners with the intention of influencing them in the award of marks.	a. Cancellation of relevant paper. b. Fine Rs 5,000. c. Letter of Warning.
Possession of firearms, knives etc. inside and in the close vicinity of Examination Hall	a. Expulsion from the University. b. Fine Rs 5,000. c. Letter of Warning.

## SEXUAL HARASSMENT

All students are required to educate and familiarize themselves about the act/actions categorized as "Sexual Harassment" may it be physical, verbal or while utilizing electronic media and refrain from it being a punishable offence.

Higher Education Commission has issued very strict policy guideline against "Sexual Harassment in Higher Education Institutions (HEI)".

All such policies are strictly applicable and followed in Bahria University.

All students are therefore required to go through the entire policy's contents which are available with campus (concerned HODs) and University/ HEC website.

- The Protection against Harassment of Women at Workplace Act, 2010
- The Protection against Harassment of Women at Workplace (Amndt) Ac& 2022.
- HEC Policy on Protection against Sexual Harassment in HEIs effective 01 July 2020

## COMMITTEE FOR PROTECTION AGAINST SEXUAL HARASSMENT IN BUHSCK

FOCAL PERSONS	
Prof. Dr. Khalid Mustafa  Vice Principal (Medical)	Cell 0300-21 30868  Phone: 021-35319491-9, ext: 1038 & 1070  Email: khalid.bumdc@bahria.edu.pk  drkhaidmm@yahoo.com
Prof. Dr. Shazia Shakoor  HOD, Physiology	Phone: 021-35319491-9 Ext: 1056  Email: shazia.bumdc@bahria.edu.pk  shazia2304@hotmail.com
INQUIRY COMMITTEE	
Prof. Shama Asghar, Chairperson  Vice Principal, Dental  Professor of Operative Dentistry	Cell 0334-3078082  Phone: 021-35319491-9 ext: 1121  Email: sham.burndc@bahria.edu.pk  sham.asqhar24@gmail.com

Prof. Dr. Nasim Karim  Principal, BUHS-PGI  HOD Pharmacology  Member	Cell m51774  Phone: 021-35319491-9, ext: 1057 & 1072  Email: nasimkarim.bumdc@bahria.edu.pk
Dr Aini Samreer  Associate Professor, Gyn & Obs  Member	He 0333-3763592  Phone: 021-35319491-9 ext: 1064  Email aini.bumdc@bahria.edu.pk  drsam222@yahoo. Com
<b>APPELLATE BODY</b>	
Capt (R) Noaman Imam PN  Director Campus  Chairman	Cell 0336-9369222  Phone: 021-35319491-9 Ext: 1001  Email: dac.burndc@bahria.edu.pk
Dr. Farzeen Tanwir  HOD Periodontology  Member	Cell 0336-1802464  Phone: 021-35319491-9 Ext: 1104  Email: farzeentanwir21@ gmail.com
Dr. Saifullah Shaikh  Assistant Professor, Physiology  Member	Cell 0333-2279425  Phone: 021-35319491-9 Ext: 1066  Email: dr.saif74@yahoo.com

## **CODE OF CONDUCT FOR PROTECTION AGAINST HARASSMENT OF WOMAN AT THE WORK PLACE**

1. An informal approach to resolve a complaint of harassment may be through mediation between the parties involved and by providing advice and counseling on a strictly confidential basis.
2. A complainant or a staff member designated by the complainant for the purpose may report an incident of harassment informally to her supervisor, or a member of the Inquiry committee, in which case the supervisor or the committee member may address the issue at her discretion in the spirit of this Code. The request may be made orally or in writing.

3. If the incident or the case reported does constitute harassment of a higher degree and the officer or a member reviewing the case feel that its needs to be complainant, the case can be taken as a formal complaint.
4. A complainant does not necessarily have to take a complaint of harassment through the informal channel. She can launch a formal complaint at any time.
5. The harassment usually occurs between colleagues when they are alone, therefore usually, it is difficult to produce evidence. It is strongly recommended that staff should report offensive behavior immediately to someone they trust, even if they do not wish to make a formal complaint at the time.

## **HEC POLICY ON PROTECTION AGAINST SEXUAL HARASSMENT IN HIGHER EDUCATION INSTITUTIONS**

1. Higher Education Institutions ("HEIs") are highly consequential institutions in society that are dedicated to the pursuit and dissemination of knowledge. Members of the HEI community have several important rights and privileges, central among which is the right to pursue inquiry and search for knowledge without hindrance from unlawful or otherwise unacceptable constraints. The HEC, takes very seriously the freedom of teachers, researchers, scholars, students to live and work in a safe environment in which their dignity is protected.
2. Protection against sexual harassment is important not only because it threatens the freedom and conduciveness of the environment and the institutions of higher learning. At a more fundamental level, such conduct is unacceptable because it violates personal dignity and shall not be tolerated at HEIs in Pakistan under any circumstance.
3. All administrators, deans, managers, faculty, department chairs, directors of schools or program and others in supervisory or leadership positions have an obligation to be familiar with and to uphold this policy and its procedures along with informing members of their staff about its existence.
4. In order to ensure protection of women against harassment complaint may be lodge by any person who has experienced sexual harassment with either the focal person or with any member of the Sexual Harassment Inquiry Committee.

## **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.



## **ATTENDANCE POLICY FOR STUDENTS**

1. It shall be mandatory for students to attend at least 75% of the Total Contact Hours in a Subject/Course of Study, failing which they will not be allowed to sit in the final examination. The 25% relaxation in attendance is to cater for unforeseen situations like sickness, bereavement in the family, law and order situation, untoward incident etc. On no account, any shortfall in attendance shall be condoned. Attendance once marked shall not be changed.

2. Where class attendance clashes with a sports event or any other extra-curricular activity, prior approval of the BUHO shall be sought for participation in the sports event or the extra-curricular activity. If BUHO approves such participation, tutorials shall be arranged to make up for the loss of academic activity. Only after the tutorials for the missed classes have been held that attendance for the missed classes shall be marked and credited to the student's attendance record

## **RESEARCH**

BU has a strong emphasis on research and students are not only taught research methodology as part of their curriculum, but also actively engage in research work, under the supervisor of faculty members.

BUHSC has a Research Advisory Committee that has been specifically formulated to guide students in every aspect of their research, from synopsis writing through to publications in peer reviewed journals.

## **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.

## **POLICY FOR MATERIAL USED DURING TRAINING AND STUDENTSHIP NOT CHARGED BY STUDENTS**

- a. Pre-clinical Students posted in skill lab works on simulations, all of the training material is provided by the institute.
- b. Student during their clinical rotation in dental OPD, perform clinical procedures after undergoing relevant training in different clinical departments. No cost will be charged to students whilst they undergo training for various clinical procedures and the dental materials used whilst performing procedures.

# 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. **Baseline Eligibility Criteria for Academic Honors & Awards:**

1. Student has completed the program within the Regular program duration (i.e. 5 x Professional years for MBBS and 4 x Professional years for BDS).
2. Student has taken full annual load for the entire degree program (as per applicable academic roadmap) without having supplementary exam in any subject prescribed for any Professional year.
3. Student has Scored minimum 75% aggregate marks in combined results of all the subjects during the MBBS/ BDS program.
4. Student does not have any Migration (excluding transfer from one CU of BU to another). This condition will not be applicable to migrated students for award of Merit and Distinction Certificates. Student has never been penalized in any disciplinary case at the University. (See Disciplinary Policy)\*\*\*.

## 2. **Conditions for Award of Medals:**

The MBBS and BDS graduates shall be awarded Gold and Silver medals as enunciated below

1. **Gold Medal** will be awarded to the graduate scoring highest overall percentage based on aggregate percentage of all Professional Examinations. The graduate getting second highest aggregate marks will be awarded **Silver Medal**.
2. Where two or more graduates have the same highest aggregate percentage, then all the graduates will be awarded Gold Medals. In such a case, no Silver Medal will be awarded.
3. In a tie situation for Silver medal between two or more graduates, all the graduates will be awarded the Silver Medal.

## 4. **Condition for Award of Certificates of Merit:**

1. The students who score highest marks in a particular subject in their respective batch shall be awarded “Certificate of Merit” in that subject.
2. In case where two or more students score exactly same highest marks in their respective batch, then all the students will be awarded “Certificate of Merit” in that subject.
3. Students who have migrated from other Medical / Dental colleges shall be eligible for award of “Certificate of Merit” in MBBS / BDS subject(s) for which examinations were held at a CU/AU of BU and after meeting all the conditions given above.

## 5. **Conditions for award of Certificates of Distinction:**

1. Students of MBBS/ BDS programs obtaining 85% or above marks in a particular subject shall be awarded “Certificate of Distinction” in that subject after meeting the following conditions.

2. The student must have qualified all the subjects in the first attempt i.e. annual exams of the respective MBBS/ BDS exam of that Professional year.
3. Subjects qualified in supplementary examinations with 85% or above marks shall NOT be counted for award of Certificate of Distinction.
4. Certificates of Distinction shall be finalized on yearly basis after declaration of the results of preceding academic MBBS / BDS Professional Examination by Exams Dte, BUHO.
5. Students who have migrated to or from other Medical / Dental colleges shall be eligible for award of “Certificate of Distinction” in MBBS / BDS subject(s) for which examinations were held at a CU/AU of BU and meet the conditions given above.

**6. Rector’s Honors List.**

- (1) After each professional year, MBBS/ BDS students achieving 80% or above overall percentage on cumulative basis combined for all Professional years completed so far will be included in the Rector’s Honors List of that academic year.
- (2) The names of students placed on the Rector’s Honours List will be displayed on BU / CU web page and Campus Notice Boards. 9.3.5.3 Rector’s Honours List will be prepared and promulgated by the Examinations Dte, BUHO after declaration of results of each Professional year.

**1. SCHOLARSHIP POLICY:**

For BDS programs, merit scholarships shall be awarded on the basis of the result of annual examination except the final professional examination. The award shall be a lump sum amount for the year following the annual examination, as follows:

**For BDS Students**

Batch Positions	Scholarship Amount
1 <sup>st</sup> Position Holder	Rs. 100,000/-
2 <sup>nd</sup> Position Holder	Rs. 75,000/-

**Criteria:**

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

## POLICY FOR ELECTIVES

- a. Electives are not mandatory nor are they a part of the curriculum. Electives are considered an add on extra-curricular activity, with benefits of selection for jobs or postgraduate training after BDS.
- b. The Electives Rotation will be of 2-4 weeks duration.
- c. It will be planned at least three months in advance during the 3<sup>rd</sup> or 4<sup>th</sup> 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 attendance 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 Dean/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 Dean/Principal 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.
- n. Opportunities for electives will be disclosed on notice boards & whatsapp groups of students.

## Student Course and Teacher Feedback Policy

Policy outlining mechanisms for monitoring and considering student feedback received in formal settings and through student surveys.

<b>Purpose</b>	To monitor and improve the quality of the student learning experience through the collection, use and reporting of student feedback about teaching and the learning environment.
<b>Responsible Officer</b>	Vice Principal (Dental)
<b>Approving authority</b>	<b>Principal</b>
<b>Next scheduled review</b>	To be reviewed on a periodic basis, with allowance for minor annual updates of roles and responsibilities by Educational Quality Committee, as required.

Feedback from students is essential to inform the development of the University's programs and to help shape all aspects of their current and future learning and broader experience. The University actively seeks and encourages students to share their views. Our approach aims to create openness, responsiveness and a sense of partnership.

### Definitions:

#### Feedback

Feedback is a process in which the effect or impact of an action or interaction is communicated back (feedback) to modify or improve the next action or interaction.

#### Course Evaluation

A course evaluation is a process of collecting opinions of students on a paper or electronic questionnaire which requires a written or selected response answer to a series of questions in order to evaluate the relevance, contents, assessment and instruction of a given course.

#### Unit

A unit (also called subject) is a branch of knowledge studied or taught in a school, college or university that forms a part of a degree program or course.

#### Teaching Evaluation

Teaching evaluation refers to the formal vetting process of teachers that an educational institution uses to review and rate teachers' performance and effectiveness in the classroom in order to maintain its teaching standards.



## **POLICY**

- A. It is policy that the Institute will survey students to collect feedback on:
  - 1. Courses and units;
  - 2. Quality of teaching; and
  - 3. Experience with the Institute.
- B. Feedback processes will be anonymous, systematic, rigorous and respectful of the rights of students and staff and incorporate strategies to maximize student participation. Full privacy and confidentiality will be ensured at all stages of the process.
- C. For every course/Unit, and teacher a HEC proforma will be administered annually.
- D. All students will be provided with the opportunity to provide feedback in full confidence of anonymity.
- E. Student Feedback will be used:
  - 1. To improve the quality of courses and units through the development of annual improvement plans.
  - 2. To inform the professional development needs of academic staff.
  - 3. To enhance course and unit design.
  - 4. To improve the provision of learning resources, facilities, equipment and services through the development of annual improvement plans; and
  - 5. To compare and benchmark the Institute's performance against the sector or other providers.

## Co-curricular Activities Policy

In the Bahria University Dental College, (BUHS), the co-curricular program is integral to the educational opportunities provided for students. The co-curricular program offers additional opportunities for students to achieve the goals through a broad offering of purposeful learning experiences, some of which are conducted outside, but in concert with, the approved curriculum.

Co-curricular programs shall encourage the development of the physical, intellectual, interpersonal skills, social and emotional development of students.

### **Objectives of Co-curricular programs:**

1. Provide purposeful learning experiences which promote the development of knowledge and skill in the affective, psychomotor and cognitive domains.
2. Provide activities which promote participation as well as competition.
3. Create a positive learning environment which enhances university climate.
4. Provide for individual enjoyment as well as the development of citizenship skills within the context of group activity.
5. Provide opportunities for the transfer of skills and knowledge gained through academic activities to career and life goals.

### **Selection of Co-Curricular Content**

The selection of the content of co-curricular activities shall be the responsibility of the person(s) responsible for the activity. Prior to the use of any content for an activity the person(s) responsible for the activity shall evaluate the content under consideration with respect to the following criteria:

- a. Content adheres to the co-curricular philosophy of the subject.
- b. Content enables the attainment of the goals of the specific co-curricular activity.
- c. Language appropriateness. Literary value. Ability appropriateness with respect to content.
- d. Availability of facilities and equipment.

Prior to the implementation of any co-curricular activity, the person(s) responsible for the activity shall convey the content of the activity to the principal in writing. If the principal has any concerns with respect to the content adhering to the criteria for co-curricular activities the principal shall meet with the person(s) responsible for the activity.

## Policy for fair & formal process of students' Academic complaints

### Purpose

The goal of this procedure is to provide a simple and fair process that allows for both informal and formal resolution of conflicts.

### Scope

This procedure applies to "student academic complaints," which are complaints brought by students regarding the University's provision of education and academic services affecting their role as students.

### *Process for Resolving Student Academic Complaints*

#### *1. Informal Resolution*

The first step of any resolution should be at the lowest unit level, between the parties involved or the parties and an appropriate third party (e.g., other faculty, department chair, director of graduate studies, administrator). If no informal resolution is reached at the lowest unit level, a student may seek informal resolution at the collegiate level with the other party and higher level administrators. If the issue is not resolved informally, the student may seek formal resolution as outlined below.

#### *2. Formal Resolution of Student Academic Complaints*

If no informal resolution has been reached, colleges and administrative units will provide a review process appropriate to the issue raised by the student academic complaint, as described below.

#### *Within Colleges*

The Student Files a Complaint.

A student must file a written student academic complaint to the Dean's/Principal Office in the college where the incident is alleged to have occurred. The complaint must be filed within 15 calendar days from the occurrence or notice of the action being challenged.

The nominated faculty member will receive and review the complaint. The faculty member will meet as needed with the student and the respondent or other individuals involved to try again to reach a satisfactory, mutually acceptable informal resolution.

If the faculty member determines that a complaint or any portion of it is not a "student academic complaint" subject to this procedure, the FM will notify the student of that decision in writing.

*The student may appeal that decision to the senior academic administrator.*

A hearing panel will be established to hear the complaint. Members of the hearing panel will be drawn from faculty and academic staff. The hearing panel will have a minimum of three and a maximum of five members. Parties must be notified of the hearing panel membership and given an opportunity to object to members who they allege have a bias or unfair interest in the case. Disputes about the membership of the panel will be decided by the dean.

The Hearing Panel Hears the Complaint and Issues Recommendations. The hearing panel will provide a fair opportunity for the student and the respondent(s) to present their views and information. The hearing panel will review the complaint and the response, and will review information and hear testimony where appropriate.

The panel will prepare a written report, recommending findings and a resolution of the matter. The panel must submit its report within 07 calendar days of the close of the hearing, unless there are compelling reasons for delay. The chair will send the report to the dean of the college, who will distribute the report to the parties.

#### *Decision by the Dean*

The dean will review the panel's report and may review any other parts of the hearing record. The dean has full discretion to accept, modify, or reject the panel recommendations. Within 07 calendar days of receipt of the panel report, the dean will issue a decision to the parties, unless there are compelling reasons for delay. The dean must inform the student of the right to appeal an adverse decision.

#### *Appeal*

If any party is not satisfied with the dean's decision, the party may appeal to the appropriate senior academic administrator within 07 calendar days. The party must explain the basis for the appeal. The senior academic administrator has the discretion to decide how to process the appeal. The appeal may be handled by written submissions or oral presentations to the senior academic administrator or delegate, or the senior academic administrator may set up an appellate hearing panel to hear the appeal and provide a recommendation before making a decision. In any case, the senior academic administrator will provide a written decision to the parties. The senior academic administrator will issue a decision within 15 calendar days of the filing of the appeal, unless there are compelling reasons for delay. The decision of the senior academic administrator is final and cannot be appealed further within the University.

# Political Activity Policy

## *Policy Purpose*

The purpose of this policy is to specify permitted use and restrictions of University facilities and resources for politically-related activity on campus by students and employees.

## **To Whom the Policy Applies**

This policy applies to Bahria University Health Sciences faculty, staff, and students.

## **Policy Statement**

As a non-profit, private institution of higher education, The University is prohibited from participating in political campaigns for Candidates, political parties and political organizations or ballot initiatives, and is restricted in conducting Lobbying activities. This prohibition extends to faculty, staff and students.

Students, Faculty, and staff may take part in partisan political activities freely on their own time, but they must not do so in the course of their regular classes, work and responsibilities for the University. Faculty, and staff who hold public office are prohibited from using University funds, logos/marks, services, supplies, vehicles, inter-office mail, or a bahria.edu email account when conducting political activities.

## **Responsibilities**

All individuals to whom this policy applies are responsible for becoming familiar with and following this policy. University supervisors are responsible for promoting the understanding of this policy and for taking appropriate steps to help ensure compliance with it.

## *Consequences for Violating this Policy*

Failure to comply with this and related policies is subject to disciplinary action, up to and including suspension without pay, or termination of employment or association with the University, in accordance with applicable (e.g., staff, faculty, student) disciplinary procedures.

## **STUDENT AFFAIRS COMMITTEE**

The Student Affairs Committee studies the needs and problems of the students and conveys its recommendations on the subject to the Director. It conveys to the students (through their representatives) University policies on various administrative matters and also obtains and conveys the views of the students to the Director with its recommendations.

## **THE EQUIVALENCE COMMITTEE**

The Equivalence Committee examines the cases of admission of candidate to the university from other Universities, Colleges, Institutes, etc. whose examinations are recognized as equivalent to the corresponding examinations of the university recognized by the Higher Education Commission and makes recommendations to Bahria University through the Campus Director for final approval. The Committee also scrutinizes all applications for transfer of credits and determines the equivalent status.

## **SECTION 2: INTRODUCTION To STUDY GUIDE**

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***



## **SECTION 3: PROGRAM STRUCTURE AND OVERVIEW**

### **THE MODULAR SYSTEM**

#### **Organization of modular curriculum and teaching**

- a. Each Academic Year is divided into 3 Modules of 3 months' duration each
- |   |                    |   |                |   |                 |
|---|--------------------|---|----------------|---|-----------------|
| • | <b>First Year</b>  | - | <b>Modules</b> | - | <b>1,2,3</b>    |
| • | <b>Second Year</b> | - | <b>Modules</b> | - | <b>4,5,6</b>    |
| • | <b>Third Year</b>  | - | <b>Modules</b> | - | <b>7,8,9</b>    |
| • | <b>Final Year</b>  | - | <b>Modules</b> | - | <b>10,11,12</b> |
- 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, and 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.

# 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.

## **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.

# 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

### i. 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 Apply basic dental morphology and application of dental materials on patients.

### ii. 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 Follow universal infection control guidelines for all clinical procedures.
- 2.8 Manage pain and anxiety in the dental patient.
- 2.9 Diagnose temporo-mandibular joint disorders.
- 2.10 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 Manage developmental or acquired occlusal abnormalities.
- 2.14 Manage the replacement of teeth for the partially or completely edentulous patient.
- 2.15 Manage pulpal and peri-radicular diseases.
- 2.16 Manage oral surgical treatment needs.
- 2.17 Manage medical and dental emergencies.
- 2.18 Manage patient abuse and/or neglect.
- 2.19 Manage substance abuse.
- 2.20 Evaluate outcomes of comprehensive dental care.
- 2.21 Manage oral mucosal and osseous diseases.

### **iii. Community Health Promoter**

*Under Graduates must be able to:*

- 3.1 Demonstrate skill in providing prevention, intervention, and educational strategies.
- 3.2 Demonstrate competency in promoting health and managing various oro-facial diseases while working in a team.
- 3.3 Recognize and appreciate the need to contribute to the improvement of oral health beyond those served in traditional practice settings.

## **2. Critical Thinker**

*Under Graduates must be competent to:*

- 4.1 Evaluate and integrate emerging trends in health care as appropriate.
- 4.2 Apply critical thinking and problem-solving skills while dealing with patients.
- 4.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.

## **3. 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.

#### 4. **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

#### 5. **Leader**

*Under Graduates must be able to:*

- 7.1 Manage self, taking responsibility and utilizing the time to the best of his/her ability.
- 7.2 Demonstrate leadership skills effectively while working in a group or in a team.
- 7.3 Recognize and comply with the working system of any Institute.

# COUNSELING & MENTORING

## MENTORS

1. Dr. Farheen Anwar

2. Dr. Rida Zulfiqar

3. Dr. Bushra Ijaz

4. Dr. Kulsoom Zahir

5. Dr. Sumbul Mukhtar



**Program In-charge/Head Mentor**

**Prof Dr. Ahmed Omar**

## 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.

## **SECTION 4: DEPARTMENTS & ACADEMIC SCHEDULES**

### **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.

#### **Faculty:**

<b>HOD</b>	Dr. Akbar Abbas	Assistant Professor
<b>Members:</b>	Dr. Farzana	Senior Lecturer
	Dr. Kulsoom Zahir	Lecturer



## 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**

<b>HOD</b>	<b>Prof Dr. Shama Asghar</b>	<b>Professor</b>
Facilitator	Dr. Faisal Bhangar	Professor
Facilitator	Dr. Ayesha Zafar	Assistant Professor
Facilitator	Dr. Meisha	Assistant Professor
Facilitator	Dr. Maliha	Senior Registrar (Pedo)
Facilitator	Dr. Syed Adeel Ahmed	Lecturer
Facilitator	Dr. Umeed Jawaid	Lecturer
Facilitator	Dr. Imtiaz ul Haq	Lecturer
Facilitator	Dr. Saad Lakhani	Lecturer (Pedo)

## **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:**

<b>HOD</b>	<b>Prof Dr. Tabassum Ahsan Qadeer</b>	<b>Professor</b>
Facilitator	Surg Lt Cdr Shoib	Assistant Professor
Facilitator	Dr. Sara Irfan	Assistant Professor
Facilitator	Dr. Omair Majeed	Senior Registrar
Facilitator	Dr. Muhammad Maaz	Assistant Professor
Facilitator	Dr. Maliha Arshad	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:**

<b>HOD</b>	<b>Prof. Dr. Kashif Naqvi</b>	<b>Head of Department</b>
Facilitator	Surg Capt. Mohammad Ishaq	Assistant Professor
Facilitator	Dr. Atif Zubairi	Senior Registrar
Facilitator	Dr. Fatima Khaleeq	Senior Registrar
Facilitator	Dr. Lubna Awais	Senior Registrar
Facilitator	Dr. Rida Zulfiqar	Registrar
Facilitator	Dr. Abdul Wasey	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:**

<b>HOD</b>	<b>Prof. Dr. Saman Hakeem</b>	<b>Head of Department</b>
Facilitator	Dr Farnaz Ilyas	Assistant Professor
Facilitator	Dr Asim Monpuri	Senior Registrar
Facilitator	Dr Anum Baqar	Senior Registrar
Facilitator	Dr Muhammad Rameez	Registrar
Facilitator	Dr Farah Javed	Registrar

## **LEARNING OUTCOMES OF COURSES**

### **LEARNING OUTCOMES OF COURSE OF OPERATIVE DENTISTRY**

After completing the course of **Operative, Endodontics & pediatric Dentistry**, the student of Final Year BDS will be able to:

#### **Operative and Endodontics**

- **Knowledge-based learning outcomes:**

Describe the principles of operative dentistry, including the diagnosis, treatment planning, and execution of various operative procedures.

- **Skill-based learning outcomes:**

Develop fine motor skills and hand-eye coordination through practice and simulation exercises.

- **Attitude-based learning outcomes:**

Develop a patient-centered approach to operative dentistry, emphasizing empathy and respect for patient autonomy with culture of safety. (Adhering to infection control protocols and minimizing risks to patients and themselves)

#### **Pediatric Dentistry**

- **Knowledge-based learning outcomes:**

Explain the etiology, diagnosis, and treatment of various pediatric dental diseases, such as early childhood caries and pulpitis.

- **Skill-based learning outcomes:**

Demonstrate proficiency in various pediatric dental procedures, including:

- Restorative dentistry (e.g., fillings, crowns)
- Endodontic therapy (e.g., pulp treatment, root canals)
- Prophylactic procedures (e.g., cleanings, fluoride treatments)
- Behavioral management techniques (e.g., tell-show-do, sedation)

- **Attitude-based learning outcomes:**

Develop a patient-centered approach to pediatric dentistry, Cultivate a commitment to lifelong learning, staying current with advances in pediatric dentistry and related fields.

#### **Orthodontics**

After completing the course of Orthodontics, the student of Final Year BDS will be able to:

- Identify potential malocclusions and those that have developed to intercept them
- Take good diagnostic aids (pictures, impressions and proper history) and use them efficiently for planning orthodontic treatment

#### **Oral and maxillofacial surgery**

By the end of the OMFS course, students of final year BDS should be able to:

- Manage the patients requiring minor oral surgical procedures under supervision.
- Refer complex cases to the specialist of the concerned departments

### **Prosthodontics**

By the end of the Prosthodontics course, students of final year BDS should be able to:

- Rehabilitate edentulous and partially dentate patients with conventional removable treatment options utilizing critical thinking and problem-solving skills in patients of all ages, needs, and systemic diseases.
- Recognize treatment that is beyond his/her skills & needs to be referred to a specialist through verbal and written communication.
- Incorporate emerging trends in healthcare management and promotion.
- Communicate effectively & confidently with patients by applying psychological and behavioral principles in tertiary care setup
- Design prosthesis for advanced prosthetic treatment options in a simulated environment

## 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
	<b>Teaching strategies</b>  IL*= Interactive large group discussion  CR*= Clinical rotation work in OPD  SGD*= Small group discussion  Skill Lab*= Phantom Lab	<b>Assessment tools</b>  BCQs= Best choice questions  SAQs= Short Answer Questions  OSCE= Oral Structured &  Clinical Exam		
	Presentations / Assignment / quiz activity / poster competition	Continues throughout the module		
	<b><u>OPERATIVE DENTISTRY</u></b>			
1.	Define Endodontics	IL	✓	Viva
2.	Memorize Aims of Endodontics, its indications and case selection	IL	✓	BCQs
	<b>Operative and oral anatomy integration</b>			
3.	<i>Identify Anatomy of the root canal system</i>	IL	✓	OSCE
4.	<i>Know the cells and extracellular components of the dental pulp</i>	IL	✓	BCQs
5.	<i>Review the blood vessels, lymphatic system and innervations of dental pulp</i>	IL	✓	BCQs
6.	<i>Illustrate various canal configurations y</i>	IL/SGD	✓	SAQs
7.	<i>Recognize the age changes in the dental pulp</i>	IL	✓	BCQs
8.	<i>Revise the function of the dental pulp</i>	IL/SGD	✓	BCQs
9.	<i>Appreciate the periapical tissues</i>	IL	✓	BCQs
10.	Discuss the theories of dentine hypersensitivity	IL/SGD	✓	OSCE
11.	Debate the pulp responses to injury (mechanical, chemical and heat)	IL/SGD	✓	BCQs/SAQs/ OSCE
12.	Describe the reparative mechanisms of the pulp, including immune responses and tertiary dentin formation.	IL	✓	BCQs/SAQs/ Viva
13.	Plan Vital Pulp Therapies (pulp capping, pulpotomy, Apexogenesis)	IL/CR	✓	SAQs/OSCE



14.	Perform Step-wise excavation	IL/CR	–	BCQs/SAQs/ OSCE
15.	Execute Direct Pulp Capping	IL/CR	–	SAQs/OSCE
16.	Propose Pulpotomy (partial and complete)	IL/CR	–	SAQs/OSCE
17.	Perform Apexogenesis	IL/CR/CBL	–	SAQs/OSCE
18.	Discuss the procedure of Apexification	IL/CR/CBL	✓	SAQs/OSCE
19.	Recognize the potential of tissue engineering technique in regenerating pulpal tissue.	IL/SGD	✓	BCQs/SAQs/ Viva
20.	Describe the types of endodontic infection	IL/SGD	✓	BCQs/SAQs
21.	Relate the route of entry of microorganisms to the pulpal infection	IL/SGD	✓	BCQs/ Viva
22.	Name the microorganisms associated with pulpal and periradicular diseases	IL	✓	BCQs /Viva
23.	Explain the development of pulpal pathosis	IL	✓	BCQs
24.	Know etiology, clinical & radiographic features of reversible and irreversible pulpitis	IL/SGD	✓	BCQs/SAQs/ VIVA
25.	<b>Professionalism and ethics</b>			
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	–	BCQs/SAQs/ OSCE

30.	Recognize the clinical features and management of pulp polyp	IL/CR	✓	BCQs/SAQs/ OSCE
31.	Classify Periapical Lesions of pulpal origin	IL/SGD	✓	BCQs/SAQs
32.	Explain etiology, sign symptoms and management of symptomatic apical periodontitis	IL/SGD	✓	BCQs/SAQs/ OSCE
33.	Discuss clinical features and management of asymptomatic apical periodontitis	IL/SGD	✓	BCQs/SAQs/ OSCE
34.	Define Condensing Osteitis	IL/SGD	✓	BCQs
35.	Differentiate between acute apical abscess and chronic apical abscess	IL/SGD	✓	BCQs/SAQs/ OSCE
36.	Perform tests for diagnosis of periapical lesion (percussion, palpation)	CR	–	OSCE
37.	Relate primary endodontic and secondary periodontal lesion	IL/CR	✓	BCQs/SAQs/ OSCE
38.	Know primary periodontal lesion and secondary endodontic lesion	IL/CR	✓	BCQs/SAQs/ OSCE
39.	Report the healing of periapical lesions after root canal treatment	IL/CR	–	BCQs
40.	Formulate treatment plan for endodontic emergencies	IL/CR/SGD	–	BCQs/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	✓	BCQs/OSCE
43.	<b>Patient Safety</b>			
a.	Express importance of endodontic radiology	IL/CR	--	BCQs/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	✓	SAQs/OSCE
46.	Restate indications of Periapical radiograph	IL/CR	✓	BCQs/SAQs
47.	Demonstrate and apply positioning technique of periapical radiograph	CR	–	BCQs/OSCE
48.	Interpret Radiographic findings for diagnosis	CR/SGD	–	BCQs/OSCE
49.	Compare paralleling and bisecting angle technique	IL/SGD	✓	BCQs/OSCE
50.	Perform SLOB rule in endodontic	IL/SGD	–	BCQs/OSCE

51.	Recognize the importance of digital radiography	IL/SGD	–	BCQs
	<b>Operative and Oral surgery integration</b>			
52.	<i>Apply techniques of local anesthesia (Infiltration &amp; Block anesthesia)</i>	CR	–	BCQs
53.	Implement technique of supplemental anesthesia including Intraosseous, Intraligamentary, Intrapulpal	IL/CR	–	BCQs/SAQs/ OSCE
54.	<b>Patient Safety</b>			
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	✓	BCQs/ Viva
56.	Demonstrate the location of each canal orifice	IL/SGD/CR	–	BCQs/OSCE
57.	Perform the pulpectomy	IL/SGD/CR	–	BCQs/OSCE
58.	Establish the working length of the root canals	IL/SGD/CR	–	BCQs/OSCE
59.	Explain cleaning and shaping of root canals	IL/SGD/CR	✓	BCQs/SAQs/ OSCE
60.	Differentiate between step-back and crown-down techniques of canal preparation	IL/SGD/CR	✓	BCQs/SAQs/ OSCE
61.	Execute passive step-back, balanced force and Ni-Ti rotary techniques of canal preparation	IL/CR	–	BCQs/SAQs
62.	Quantify the criteria for evaluating cleaning and shaping	IL/SGD/CR	✓	BCQs/SAQs
63.	Know the irrigants use during cleaning and shaping	IL/SGD/CR	✓	BCQs/SAQs/ Viva
64.	Appreciate the objectives of intracanal medicaments in root canal treatment	IL/SGD/CR	✓	BCQs/SAQs/ Viva
65.	Explain the use of intracanal medicaments	IL/SGD/CR	✓	BCQs/SAQs
66.	Apply temporary restorations to seal the access cavity	IL/SGD/CR	–	SAQs
67.	Know when to obturate the canal	IL/SGD/CR	–	BCQs
68.	Write obturation and sealer materials	IL/SGD	✓	BCQs/SAQs
69.	Perform different techniques of obturation (lateral condensation, vertical compaction)	IL/CR	–	BCQs/SAQs/ OSCE
70.	Execute restoration of endodontically treated teeth	IL/CR	–	BCQs /Viva

71.	Recognize Procedural Accidents during root canal treatment	IL/CBL	✓	BCQs/SAQs/ OSCE
72.	Elaborate the causes, prevention, and treatment of various procedural accidents	IL/SGD	✓	BCQs/SAQs/ Viva
73.	Memorize Indications & contraindications and procedural steps of retreatment in failed endodontic tooth	IL	✓	BCQs/SAQs
74.	Execute procedure of retreatment when required	IL	–	BCQs/SAQs/ Viva
<b>Operative and Oral surgery integration</b>				
75.	<i>Describe indications and contraindications of periapical surgery</i>	IL	✓	BCQs/SAQs
76.	<i>Perform procedures involved in periapical surgery</i>	IL	–	BCQs/OSCE
77.	<i>Differentiate between Root amputation, Hemisection and Bicuspidization</i>	IL	✓	BCQs/SAQs/O SCE
78.	Evaluate Endodontic Outcomes	IL	✓	BCQs
79.	Categories longitudinal tooth fractures	IL	✓	BCQs/SAQs
80.	Conduct various tests for longitudinal tooth fractures	CR	–	OSCE
81.	Perform Diagnosis of longitudinal tooth fractures	IL	–	BCQs/SAQs/ OSCE
82.	Plan management of longitudinal tooth fractures	IL	✓	BCQs/SAQs/ OSCE
83.	<b>Communication skill</b>			
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.	Able to communicate with superiors and juniors respectfully	CR	–	-----
d.	Presentation skill	CR	–	Competition
<b><u>ORTHODONTICS</u></b>				
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)	Recall the normal anatomical structures of head and face	IL	✓	CQ

4)	Quote the importance of studying growth	IL	✓	SAQ
5)	Quote different types of bone growth	IL	✓	SAQ / BCQ
6)	State the reasons for different types of bone growth	IL	✓	Assignment
7)	Quote what are growth fields, sites and centers	IL	✓	SAQ / BCQ
8)	List differences between the growth fields, sites and centers	IL	✓	SAQ / BCQ
9)	List areas which are fields, sites and centers	IL	✓	BCQ
10)	Recall and present how the growth occurs in different areas of head and face	IL/CP	✓	SAQ
11)	List out the different theories regarding how growth takes place	IL	✓	SAQ
12)	Identify the theory that explains the growth process that is taking place in the jaw	IL	✓	SAQ
13)	Discuss the reasons why some growth theories were discarded	IL	✓	CQ
14)	Quote what type of growth occurs in the maxilla and mandible	IL	✓	SAQ
15)	Predict the changes that would occur in maxilla and mandible at different chronological ages	IL / CR		OSCE
16)	Identify changes in width, length and height of jaws during growth	IL		SAQ/ BCQ/
17)	State the normal growth rotations that occur in jaws	IL / CBL		OSCE
18)	Identify the type of growth rotation that occurs in a particular patient	CR / CBL		OSCE
19)	State how occlusion develops	IL / CR	✓	CQ
20)	Identify the physiologic spaces that occur in an arch during deciduous and mixed dentition	IL/ CR		OSCE/ BCQ
21)	Recognize the importance of the physiologic spaces that occur in an arch during deciduous and mixed dentition	IL		BCQ
22)	Measure and calculate the physiologic spaces during mixed dentition for diagnosis	CR		OSCE
23)	Identify the dentition****	CR		OSCE
24)	Recognize the differences between deciduous and permanent dentition	CR		OSCE
25)	Quote what is arch length deficiency	IL / CR	✓	CQ
26)	Measure the arch length deficiency	CR		OSCE
27)	Recognize the importance of calculating arch length deficiency	IL / CR		OSCE / BCQ
28)	Calculate the arch length deficiency in mixed dentition	CR/ CBL		OSCE
29)	Identify space loss in an arch	CR / CBL		OSCE
30)	Quote the importance of identification of space loss in the arch	IL	✓	CQ

31)	Relate the teeth present in the arch to the chronological age of the patient ****	CR / CBL		OSCE
32)	Quote the eruption timings of the teeth in an arch****	CR		OSCE
33)	Recognize the eruption sequence and timings in an arch****	CBL		OSCE/ BCQ
34)	Recognize the changes in arch during transition between deciduous , mixed and permanent dentition	IL		SAQ/ BCQ
35)	Identify the different orthodontic terms	IL	✓	OSCE
36)	Use the terms in diagnosis and problem list of a case	IL/ CR		CQ /OSCE
	<b>ORTHODONTICS / PROSTHODONTICS /OPERATIVE</b>			
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 / BCQ
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		SAQ/ BCQ
42)	Recognize the importance of measuring dynamic occlusion in a case	IL		CQ
43)	Quote different classifications of occlusion	IL / CR		SAQ / BCQ
44)	Recognize the normal inter-relationship of teeth	CR		OSCE
45)	State how occlusal interferences and the malocclusions and effect on musculature	IL / CR		BCQ/ OSCE
46)	Correlate centric relation, centric occlusion and maximum intercuspation.	IL		BCQ
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	CR	✓	OSCE
	<b>ORTHODONTICS</b>			
50)	State Andrews six keys of occlusion	IL / CR		SAQ
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	✓	SAQ/ BCQ
54)	Identify certain syndromes due to their clinical features	CP		BCQ / 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		SAQ/ BCQ/ OSCE

57)	Quote the etiologies of different syndromes	IL	✓	SAQ / 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/ BCQ
61)	Estimate the skeletal age of a patient	CR		OSCE/ BCQ
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 intercuspatation	CR		OSCE
65)	Compare canine guidance and group function occlusion schemes	IL / CR		BCQ/ SAQ/ OSCE
66)	Relate different determinants of occlusion.	IL	✓	BCQ
67)	Correlate centric relation, centric occlusion and maximum intercuspatation.	IL	✓	BCQ
68)	Correlate temporomandibular joint, musculature and teeth.	IL		BCQ
69)	Measure overjet and overbite clinically	CR		BCQ/OSCE
70)	Record maximum intercuspatation	CR		BCQ/OSCE
71)	Classify molar relationship according to angle's classification	IL		BCQ
72)	Compare canine guidance and group function occlusion schemes	IL		BCQ
<b>PROFESSIONALISM AND ETHICS</b>				
73)	Communicate with each other and faculty confidently and respectfully	CR		Observation during CR
74)	Complete all tasks on or before deadlines	CR		Observation during CR
<b>PATIENT SAFETY</b>				
75)	Perform the sterilization of instruments independently and understand its importance	CR		OSCE
76)	Demonstrate the wearing of lead apron before the radiographs and understand its importance	CR		Observation during CR
<b>COMMUNICATION SKILLS</b>				
77)	Communicate the problem list of patients confidently and thoroughly	CR		Class presentation

78)	Demonstrates skills in presentation	CR/ class presentations		Class presentation
	<b><u>OMFS</u></b>			
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/SAQ
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		SAQ/OSCE
10)	Identify and state the preventive measures for medical emergencies in Dental Office.	IL/CBL		MCQ/SAQ/C P
11)	Discuss the management of Medical emergencies in dentistry	IL/CBL	✓	MCQ/SAQ/C P
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/SAQ
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	✓	SAQ
20)	Identify the complications of removal of Impacted teeth along with its indications and contraindications	IL		SAQ
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/SAQ
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
30)	<b>Professionalism and ethics</b>			
31)	Introduce self to the patient before history taking	CR		Role play
32)	Communicate to the patient confidently & respectfully during history taking and patient examination	CR		OSCE/ Role play
33)	Take consent from the patient before start of treatment	CR		OSCE
34)	Inform patient about the problem list, and treatment	CR/SGD		OSCE/ Role play
35)	Explain clinical procedure to the patient before starting treatment	CR		OSCE/ Role play
36)	Ask correct questions about longitudinal tooth fractures in history taking	CR		Role play
37)	Assess patient requiring exodontia independently	IL/CR		MCQS/SAQS
38)	Formulate proper treatment plan before starting the procedure	IL/SGD		SAQS/OSCE
39)	Obtain written consent and brief parents about the procedure	SGD		OSCE
40)	<b>Patient safety</b>			
41)	Explain to the patient, about the use of isolation methods for safety	CR		OSCE
42)	Explain patient to the use of saliva ejector for isolation	CR		OSCE
43)	Show to the patient about use of lead apron & thyroid collar for X-ray taking	CR		OSCE
44)	Demonstrate competency in establishing a therapeutic and professional relationship with patients and their families.	CBL		OSCE
45)	Demonstrate competency in using patient-centered interviewing skills in gathering biomedical and psychological information.	Role Play		OSCE
46)	Demonstrate competency in seeking and developing relevant information from other sources, including the patient's family, with patient's consent.	Role Play		OSCE

47)	Inform the patient about relevant medical emergency	CR/CBL		MCQS/SAQS
48)	Ensure sterilization and disinfection of instruments	CR		MCQS/SAQS /OSCE
49)	Apply personal barriers to avoid hazards of cross infection	CR/SGD		MCQS/OSCE
50)	Give early morning appointments to patients with co-morbid	SGD		OSCE
51)	<b>Communication skill</b>			
52)	Ask correct questions about history and symptoms of the present complaint	CR		OSCE/Role play
53)	Inform patient about the problem list	CR		OSCE
54)	Inquire relevant questions from the patients for the diagnosis of a case	CR		OSCE
55)	Presentation skill	CR		Competition
56)	Demonstrate competency in communicating effectively with patients.	CBL		OSCE
57)	Demonstrate competency in breaking the bad news to patient.	Role Play		OSCE
58)	Demonstrate competency communicating effectively about ethical issues with patients and their family.	CBL		OSCE
59)	Use effective and efficient communication and management strategies	Role Play		OSCE
60)	Use written record, electronic medical record or other digital technologies while communicating with supervisor and patient.	SGD		OSCE
61)	Take detailed history of patient at chair side with relevant information and evaluation	SGD		MCQS

## **PROSTHODONTICS**

<b>Edentulism and Biomechanics</b>				
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	✓	SAQ/MCQS
5)	Ascertain the functional responses of occlusion of an edentulous state.	IL	✓	MCQS
6)	Correlate mucosal support with masticatory loads	IL	✓	SAQ/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	✓	SAQ/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	✓	SAQ
12)	Identify the type of mandibular border movement according to Posselt's envelop of motion.	IL	✓	OSCE
<b>13)</b>	<b>Aging and residual ridge resorption</b>			
14)	Distinguish between normal and abnormal consequences of aging.	IL/CBL 1	✓	SAQ/MCQS
15)	Relate impact of age on the edentulous mouth, teeth and the orofacial structures.	IL/CBL 1	✓	SAQ/MCQS
16)	Assess effects of excessive tooth wear, root dental caries and recession of the gingival tissues on provision of removable prostheses.	CR		SC
17)	Anticipate the problems associated with residual ridge resorption (RRR)	IL/CBL 1	✓	SAQ/MCQS
18)	Associate factors affecting rate and pattern of residual ridge resorption	IL/CBL 1	✓	SAQ/MCQS
19)	Identify residual ridge according to Atwood's classification of residual ridge resorption.	IL/CBL 1	✓	OSCE
20)	Ascertain the basic resorption pattern of the maxilla and mandible	IL/CBL 1	✓	OSCE/MCQS
21)	Plan treatment for patients with residual ridge resorption	IL/CBL 1/CR	✓	SAQS/OSCE/SC
<b>22)</b>	<b>Nutritional and systemic health considerations</b>			
23)	Comprehend the problems associated with tooth loss in the elderly and lack of nutrition.	IL/CBL 1	✓	MCQS
24)	Correlate nutritional deficiencies due to local and systemic problems with oral health.	IL/CBL 1	✓	MCQS
25)	Devise a treatment protocol for patients having mucosal conditions	IL	✓	MCQS/OSCE
26)	Assess impacts of oral movement disorders, salivary dysfunction and systemic diseases on adaptive denture experience	IL/CR		MCQS/SC
27)	Enumerate risk factors of malnutrition	IL	✓	SAQ
28)	Correlate nutritional deficiency to oral effects and its impact on denture experience	IL	✓	MCQS
<b>29)</b>	<b>Sequelae of Removable Prostheses</b>			
30)	Examine the dentures in the oral environment	CR		OSCE
31)	Appreciate the facial and denture changes that may occur in old denture	IL/CR		OSCE

	wearers.			
32)	Categorize direct and indirect sequelae caused by removable prosthesis.	IL/CBL	✓	SAQ/MCQS
33)	Identify different types of denture stomatitis.	IL/CR/CBL	✓	OSCE
34)	Manage denture stomatitis.	IL/CBL/CR		SAQ/MCQ/O SCE
35)	Identify flabby ridge.	IL/CR/CBL	✓	OSCE
36)	Ascertain the effects of flabby ridge on denture construction.	IL/CBL/CR		VIVA/OSCE
37)	Identify denture irritation hyperplasia.	IL/CBL/CR		OSCE
38)	Diagnose denture related pathologies.	IL/CBL/CR		MCQS/SC/OS CE
39)	Devise treatment protocol for denture related pathologies	IL	✓	SAQ/OSCE
40)	Manage denture related traumatic ulcers.	IL/CR		OSCE
41)	List complications related to xerostomia in denture wearing patients	IL/CBL	✓	SAQ
42)	Identify the features and risk factors associated with burning mouth syndrome.	IL	✓	SAQ/MCQS
43)	Manage a gag reflex patient.	CR		OSCE
44)	Identify risk factors of atrophy of masticatory muscles.	IL	✓	MCQS
45)	Diagnose a patient having atrophic masticatory muscles.	CBL	✓	MCQS
46)	Associate reduced salivary flow rate with elderly patients.	IL	✓	MCQS
47)	Devise preventive strategies for controlling the sequelae of wearing complete dentures.	IL	✓	SAQ/MCQS
<b>48)</b>	<b>Management of geriatric patients</b>			
49)	Define the term Gerodontology	IL	✓	SAQ/VIVA
50)	Anticipate the problems associated with the geriatric patients.	IL	✓	MCQS
51)	Devise management strategies for the dental care of the elderly in light of the oral diseases, systemic disorders, psychological and social factors.	IL	✓	MCQS
<b>52)</b>	<b>Complete denture equation</b>			
53)	Define basic terminologies of complete denture prosthesis	SGD	✓	MCQS
54)	Justify the need of complete dentures	SGD	✓	MCQS
<b>55)</b>	<b>Applied Anatomy</b>			

56)	Identify morphological characteristics of denture bearing areas	IL/CR	✓	OSCE
57)	Differentiate between anatomic landmarks and limiting structures pertaining to complete dentures	IL/CR	✓	OSCE
58)	Correlate limiting structures to denture borders	IL/CBL	✓	MCQS /OSCE
59)	Correlate the action of muscles in limiting structures on denture stability	IL/CBL	✓	MCQS/OSCE
<b>60)</b>	<b>Preprosthetic Mouth preparation</b>			
61)	Prepare a patient for receiving prosthesis.	CR/CBL	✓	SC/OSCE
62)	Outline protocols in chronological order for preparing a patient for prosthesis	IL/CBL	✓	SAQ/OSCE
63)	Manage denture related infections before prosthesis fabrication.	IL/CBL/CR	✓	SAQ/MCQS/ OSCE
64)	Follow protocols of denture usage /alteration in patients with denture related infections.	CR		OSCE
65)	Outline measures to manage unfavorable morphological characteristics that may compromise denture construction	IL/CBL	✓	SAQ/MCQS
66)	Justify use of surgical procedures to optimize denture bearing areas.	IL/CBL	✓	MCQS/Viva
<b>67)</b>	<b>Applied Dental Materials</b>			
68)	Avoid damage to oral and paraoral structures during clinical procedures.	CR		OSCE
69)	Select biomaterials for patients having compromised oral tissues.	CR/SGD		MCQS/OSCE
70)	Apply properties of biomaterials for different procedures of complete denture construction.	CR/SGD		MCQS/OPD
<b>71)</b>	<b>Denture Adhesives</b>			
72)	Select patients requiring adjunctive retention through the use of denture adhesives.	Self Study	✓	MCQS
73)	Rationalize the use of denture adhesives in complete dentures.	Self Study	✓	MCQS
74)	Enumerate the mode of action of denture adhesives.	Self Study	✓	MCQS
<b>75)</b>	<b>Denture Cleansers</b>			
76)	Enumerate the ideal requirements of denture cleansers	Self Study	✓	MCQS
77)	Brief regarding the mechanical techniques of cleaning dentures	Self Study	✓	MCQS
78)	List chemical denture cleansers	Self Study	✓	MCQS
79)	Outline mechanism of action of denture cleansers	Self Study	✓	MCQS

80)	Anticipate adverse effects to denture cleansers.	Self Study	✓	MCQS
81)	<b>Complete Denture Impressions</b>			
82)	Identify macroscopic anatomy of supporting and limiting structures of maxilla clinically and on cast.	IL/CR	✓	OSCE
83)	Identify macroscopic anatomy of supporting and limiting structures of maxilla clinically and on cast.	IL/CR	✓	OSCE
84)	Identify muscles dictating sulcus depth in various oral regions pertaining to denture flanges.	IL/CR	✓	MCQS/OSCE
85)	Recognize the effect of modiolus on denture stability.	IL/CR	✓	MCQS/OSCE
86)	Apply muscle actions on oral and paraoral influences to denture function.	IL/CR		MCQS/OSCE
87)	Select appropriate preliminary impression material for different oral conditions.	CR		OSCE
88)	Apply factors of retention in complete denture construction.	IL/CR	✓	MCQS/OSCE
89)	Manage a diseased oral cavity for impressions.	IL/CR		MCQS/OSCE
90)	Record Preliminary Impression for Edentulous Patient using alginate and composition by apply general principles and objectives of impression making.	CR		OSCE
91)	Select appropriate gypsum product for pouring impressions of different nature.	CR		OSCE
92)	Pour an impression using soft and hard plaster.	CR		OSCE
93)	Compare different impression Techniques according to residual ridge and material.	IL/CR	✓	SAQ/MCQS/ OSCE
94)	Select appropriate impression technique according to anatomical factors of residual ridge.	IL/CR		SAQ/MCQS/ OSCE
95)	Design custom tray according to the selected impression technique	IL/CR		SAQ/MCQS/ OSCE
96)	Construct a custom tray for secondary impression using self-cure acrylic resin for different impression techniques.	CR		OSCE
97)	Refine a custom tray.	CR		OSCE
98)	Select a method of reducing pressure on soft tissues through custom tray.	IL/CR		MCQS/OSCE
99)	Select appropriate final impression material and method of border molding and wash impression as per the impression technique utilized.	IL/CR		MCQS/OSCE
100)	Perform border molding procedure with green stick.	CR		OSCE
101)	Outline procedure of one step border molding with polyether impression material.	IL	✓	SAQ

102)	Record Final Impression for edentulous patient considering the oral and para oral musculature and oral physiology.	CR		OSCE
103)	Correlate the anatomical landmarks seen clinically with an impression.	CR		OSCE
104)	Justify the use of Boxing-In technique.	IL/CR	✓	MCQS/VIVA
105)	Identify favorable and unfavorable posterior palatal form for posterior palatal seal.	CR		OSCE
106)	Mark anterior and posterior vibrating line clinically.	CR		OSCE
107)	Carve post dam area on the master cast.	CR		OSCE
108)	Select appropriate special impression technique for variants in mucosal topography.	IL/CR	✓	SAQ/MCQS
109)	Outline steps of special impression techniques for different conditions	IL	✓	SAQ
110)	Rationalize the use of special impression techniques according to given oral condition.	IL	✓	SAQ/MCQS
111)	Give instructions for both open and closed mouth impression techniques.	CR		OSCE
112)	Identify impression errors.	CR		OSCE
113)	Rectify impression errors.	CR		OSCE
<b>114)</b>	<b>Posterior palatal Seal, Baseplates and occlusal rims</b>			
115)	Identify anterior and posterior vibrating lines	IL/CR	✓	OSCE
116)	Outline ways of marking the anterior and posterior vibrating lines	IL/CR	✓	SAQ/MCQS
117)	Mark anterior and posterior vibrating lines	CR		OSCE
118)	Appraise the effect of post dam area on denture retention	IL/CR	✓	MCQS/OSCE
119)	Correlate soft palate classification with post-dam area	CR		OSCE
120)	Select a proper denture base material for different edentulous patients.	CR		MCQS/OPD
121)	Assess causes of imperfections in denture bases.	CR		OSCE
122)	Compare acrylic resin and porcelain teeth in dental prostheses.	SGD/CR	✓	SAQ/MCQS
123)	Identify the surfaces of a denture	CR		OSCE
124)	Fabricate a trial denture base (TDB) with a knowledge regarding materials and basic requirements.	IL/CR	✓	OSCE
125)	Justify the use and design of occlusal rims.	SGD/CR	✓	MCQS/Viva
126)	Fabricate occlusal rims according to guidelines.	CR		OSCE/OPD

127)	Outline procedures to reinforce wax occlusal rim.	SGD	✓	OSCE
<b>128)</b>	<b>Maxillomandibular Relations</b>			
129)	Compare an arbitrary facebow and kinematic facebow.	IL	✓	SAQ/MCQS
130)	Justify the use of facebow record in complete denture construction.	IL	✓	SAQ/MCQS/ Viva
131)	Take an orientation record using Hanau Face bow.	CR		OSCE/OPD
132)	Transfer the face bow record to Hanau semi adjustable articulator.	CR		OSCE/OPD
133)	Set condylar guidance and Bennett angle using arbitrary method.	CR		OSCE
134)	Enumerate guidelines for fabrication and adjusting occlusal rims intra-orally	IL	✓	SAQ
135)	Adjust the occlusal rim according to labial and buccal fullness.	CR		OSCE/OPD
136)	Analyze the guide for esthetics in light of degenerative changes occurring in the skin.	IL/CR		MCQS/OSCE
137)	Mark midline, low and high lip line, incisal show and canine line.	CR		OSCE
138)	Estimate the level of occlusal plane using Fox's plane.	CR		OSCE/OPD
139)	Outline other methods of estimating occlusal plane.	IL	✓	SAQ/MCQS
140)	Classify maxillomandibular records.	IL	✓	SAQ/MCQS/ OSCE
141)	Enumerate the methods to record different maxillomandibular relations	IL	✓	SAQ/MCQS/ SC
142)	Outline sequence of taking maxillomandibular relation with reasoning	IL	✓	SAQ/MCQS/ VIVA
143)	Determine the rest vertical dimension using mechanical and physiological methods.	CR		OSCE/OPD
144)	Compute freeway space by determining rest vertical and occlusal vertical dimension.	CR		OSCE/OPD
145)	Record centric relation in an edentulous patient.	CR		OSCE/OPD
146)	Apply concepts of mandibular movements in centric relation record.	CR		MCQS/OSCE
147)	Enumerate different factors which influence and regulate mandibular movements.	IL	✓	MCQS
148)	Justify the use of centric relation as a starting point for fabricating complete denture occlusion.	IL	✓	MCQS/VIVA
149)	Diagnose cases with improper occlusal vertical dimension	CBL/CR		MCQS/SC



150)	List the consequences of improper occlusal vertical dimension	IL/CR	✓	SAQ/MCQS/ OSCE
151)	Devise management protocol for patients having improper occlusal vertical dimension	IL/CR		MCQS/SC/VI VA
<b>152)</b>	<b>Articulators</b> <i>(Detailed Occlusion will be taught at this stage with initial introductory lectures by Orthodontics Department, while last two by Prosthodontics department)</i>			
153)	Classify the Articulators.	IL	✓	SAQ/MCQS
154)	Identify different types & parts of an articulator.	CR		OSCE
155)	Differentiate between an arcon and a non arcon articulator.	IL/CR	✓	MCQS/VIVA
156)	Program the articulator by adjusting condylar guidance through a protrusive record.	CR		OSCE
<b>157)</b>	<b>Teeth Selection and Arrangement in Complete Dentures</b>			
158)	Select anterior teeth based on aesthetics and function.	IL/CR		SAQ/OSCE
159)	Select posterior teeth based on interarch space, residual alveolar ridges and functional needs.	IL/CR		SAQ/OSCE
160)	Identify different posterior tooth molds.	CR		OSCE
161)	Formulate the guides for preliminary arrangement of anterior teeth.	IL/CR		OPD/OSCE
162)	Relate incisive papilla with anterior teeth placement	IL/CR		SAQ/MCQS/ OPD
163)	Apply the role of musculature and aesthetics on anterior tooth arrangement.	IL/CR	✓	MCQS/OSCE
164)	Mark the guidelines for tooth set up on maxillary and mandibular casts	IL/CR		OSCE
165)	Apply knowledge of tooth setup guidelines	IL/CR		MCQS/OSCE
166)	Set up the anterior teeth in wax for Class I orthognathic relationship with canine Class I canine relationship.	CR		OSCE
167)	Create appropriate overjet and overbite according to case.	CR		OSCE
168)	Measure the overjet and overbite clinically as well as on articulator.	CR		OSCE
169)	Mark tentative bucco-lingual placement of posterior teeth on the cast.	CR		OSCE
170)	Set up the posterior teeth in wax for Class I orthognathic relationship with Class I molar relationship.	CR		OSCE
171)	Apply role of musculature and residual ridge on posterior tooth set up.	IL/CR	✓	MCQS/OSCE

172)	Anticipate problems of setting teeth out of the neutral zone.	IL	✓	MCQS
173)	Correlate the wax occlusal rim with the guidelines marked on the cast.	IL/CR		MCQS/OSCE
174)	Arrange anatomical teeth to a balanced occlusion.	CR		OSCE
175)	Ascertain the procedure for arranging maxillary or mandibular teeth first with justification.	IL/CR	✓	MCQS/VIVA
<b>176)</b>	<b>Wax Try-In Appointment</b>			
177)	Outline the sequence protocol for trial denture	IL/CR	✓	SAQ/MCQS/ SC
178)	Assess retention and stability of trial denture bases	CR		OSCE
179)	Manage over and under extensions of denture bases	IL/CR		OSCE
180)	Assess positioning of teeth in relation to neutral zone	CR		OSCE
181)	Verify maxillomandibular relations	IL/CR		OSCE
182)	Outline protocol for improper centric relation	IL/CR	✓	OSCE
183)	Correlate facial and functional harmony with anterior teeth setup.	CR		OSCE
184)	Harmonize anterior teeth with sex, personality and age of the patient.	CR		OSCE
185)	Co-relate the esthetics and incisal guidance	IL/CR	✓	SC/VIVA
186)	Justify the patient acceptance in arrangement of anterior teeth	IL/CR	✓	SC/VIVA
187)	Assess phonetics at try in appointment	IL/CR		OSCE
188)	Appraise the importance of closest speaking space	IL/CR		OSCE/MCQS
189)	Assess closest speaking space	IL/CR		OSCE
190)	Relate different sounds to teeth positioning	IL/CR		OSCE/MCQS
191)	Relate denture base contours with phonetics	IL/CR		OSCE/MCQS
192)	Give instructions at each clinical procedure appointment	CR		OSCE
193)	Retake the maxillomandibular relation if required	CR		OSCE
194)	Assess posterior open bite	CR		OSCE
195)	List causes of posterior open bite at try-in stage	IL/CR		SC/VIVA
196)	Stabilize the baseplates for try in procedures	CR		OSCE
<b>197)</b>	<b>Laboratory Procedures</b>			

198)	Perform the final wax up, carving and festooning in wax.	CR		OSCE
199)	Invest the denture using plaster in a flask.	CR/SGD		OSCE
200)	Apply appropriate separating medium in different stages of flasking and packing.	CR		OSCE
201)	Pack the mold with acrylic resin in its proper stage of setting.	CR		OSCE
202)	Execute trial packing procedure.	CR		OSCE
203)	Use hydraulic and manual press for packing procedures.	CR		OSCE
204)	Cure the dentures in manual water baths.	CR		OSCE
205)	Select appropriate curing cycle considering time restraints and needs.	CR/SGD		OSCE
206)	Deflask the dentures without damage Or fracturing.	CR		OSCE
207)	Perform gross and fine finishing of the dentures with correct selection of burs and motor speed chronologically.	CR		OSCE
208)	Polish the dentures.	CR		OSCE
209)	Adjust occlusion according to BULL's rule on the cast and clinically.	CR		OSCE
<b>210)</b>	<b>Delivery of Dentures and Postinsertion</b>			
211)	Critically analyze the final dentures for faults.	IL/CR		OSCE
212)	Eliminate the errors of the basal surface of denture.	CR		OSCE
213)	Outline sequence of insertion protocols for complete dentures.	IL/CR		VIVA
214)	Evaluate retention and stability of dentures clinically.	CR		OSCE
215)	Identify pressure areas during insertion using Zinc oxide or pressure indicating paste.	IL/CR		OSCE
216)	Enlist different pressure indicating mediums	IL	✓	MCQS/VIVA
217)	Interpret pressure indicating paste findings	IL/CR		SAQ/MCQS/ OSCE
218)	Eliminate the errors of occlusion in centric relation.	IL/CR		OSCE
219)	Verify the centric relation on insertion.	CR		OSCE
220)	Enlist indications for remounting of dentures	IL	✓	SAQ/MCQS
221)	Give post insertion instructions to the patient.	CR		OSCE
222)	Evaluate the patient at the first post insertion appointment.	CR		OSCE

223)	Outline sequence of post insertion protocol with justification	IL/CR		SAQ/MCQS/ VIVA/SC
224)	Devise appropriate treatment for pressure spots, rocking of dentures, over and under extension of flanges.	IL		SAQ/MCQS/ SC
<b>225)</b>	<b>Retention and Stability</b>			
226)	Determine the factors involved in retention of complete dentures.	IL	✓	MCQS/SAQ
227)	Classify factors of retention	IL	✓	MCQS
228)	Enumerate factors that aid retention in patients with compromised morphology	IL	✓	MCQS
229)	Relate factors of retention with different areas of complete dentures	IL	✓	MCQS
230)	Enumerate factors that enhance stability of complete dentures	IL	✓	MCQS/SAQ
	<b>Treatment Planning</b>			
231)	Assess the different treatment options for edentulous patients	IL/CBL	✓	SAQ/MCQS
232)	Assess examination charts and records	CR/SGD	✓	OSCE
233)	Obtain comprehensive history of an edentate patient.	CR		OSCE
234)	Evaluate general physical observations affecting diagnosis.	CR		OSCE
235)	Perform extra oral and intraoral examination of an edentulous patient.	CR		OSCE
236)	Rationalize the importance of intraoral and extra oral features in denture construction	IL/CR/SGD	✓	MCQS/OSCE
237)	Justify the use of radiographs in edentate patient.	IL/CR	✓	OSCE
238)	Analyze diagnostic casts.	CR		OSCE
239)	Rationalize the use of diagnostic cast and diagnostic maxillomandibular relation.	IL/CR	✓	MCQS/OSCE
240)	Interpret diagnostic data with its influence on denture construction.	IL/CR		MCQS/SAQ/ OSCE
241)	Correlate biomechanical considerations to denture construction.	CR		SAQ/MCQS/ OSCE
242)	Plan treatment for the complete denture patient.	CR/CBL	✓	MCQS/OSCE /SC

#### **OCCLUSION: (Dentate) – Integrated with other specialties**

*Detailed Occlusion will be taught after maxillomandibular relations in complete dentures with initial introductory lectures by Orthodontics Department, while last two by Prosthodontics department- pertaining to complete denture occlusion)*

243)	Differentiate between static and dynamic occlusion.	IL	✓	MCQS
244)	Relate different determinants of occlusion.	IL	✓	MCQS
245)	Correlate centric relation, centric occlusion and maximum intercuspation.	IL	✓	MCQS
246)	Correlate temporomandibular joint, musculature and teeth.	IL	✓	MCQS
247)	Measure overjet and overbite clinically	CR		MCQS/OSCE
248)	Record maximum intercuspation	CR		MCQS/OSCE
249)	Classify molar relationship according to angle's classification	IL	✓	MCQS
250)	Compare canine guidance and group function occlusion schemes	IL	✓	MCQS
251)	Identify functional and non-functional cusps.	IL/CR		MCQS/OSCE
252)	Differentiate between working and non-working side movements.	IL	✓	MCQS
253)	Associate Bennett angle and Bennett movement/side shift with laterotrusive movement.	IL	✓	MCQS
254)	Classify movements of the TMJ.	IL	✓	MCQS
255)	Differentiate between border movements and intraborder movements.	IL	✓	MCQS
256)	Identify occlusal scheme clinically.	IL/CR		MCQS/OSCE
257)	Compare physiological and pathological occlusion.	IL	✓	MCQS
258)	Differentiate between static and dynamic occlusion.	IL	✓	MCQS
	<b>Complete Denture Occlusion</b>			
259)	List the pre requisites for arranging teeth in balanced occlusion and articulation	IL	✓	SAQ
260)	Differentiate occlusal schemes for natural and artificial occlusion	IL	✓	MCQS
261)	Enumerate the characteristics of balanced occlusion and articulation	IL	✓	SAQ
262)	Justify the use of compensating curves and tilt in occlusal plane to attain balanced occlusion.	IL	✓	MCQS/VIVA
263)	Correlate incisal guidance, compensating curves, occlusal plane, condylar guidance and cuspal inclines with each other.	IL/CR		SAQ/MCQS
264)	Separate anterior and posterior guidance components	IL	✓	SAQ
265)	Compare balanced occlusion, monoplane occlusion and lingualized occlusion.	IL	✓	SAQ/MCQS
266)	Adjust the protrusive, working and balancing contacts on a semi adjustable articulator.	CR		OSCE
	<b>Immediate Dentures</b>			

267)	Devise a plan for patients affected by multiple co-morbidities.	IL	✓	SAQ/MCQS
268)	Select a patient for immediate denture treatment.	IL	✓	SAQ/MCQS
269)	Compare conventional and interim immediate denture.	IL	✓	SAQ/MCQS
270)	Anticipate problems associated with immediate dentures.	IL	✓	SAQ/MCQS
271)	Convince a patient for immediate dentures.	CR		OSCE
272)	Plan a treatment for immediate denture patient in phases.	IL	✓	SAQ/MCQS
273)	Sequence the clinical and laboratory steps involved in the fabrication of immediate dentures.	IL		SC
274)	Outline steps of teeth setup specific for immediate dentures.	IL	✓	SAQ/MCQS
275)	Give post insertion instruction to a patient of immediate denture.	IL/CR		OSCE
	<b>Single Dentures</b>			
276)	Outline the reasons and features of combination syndrome.	IL	✓	SAQ/MCQS
277)	Diagnose combination syndrome	IL	✓	SAQ/MCQS/ SC
278)	Anticipate the problems with single dentures.	IL	✓	SAQ/MCQS
279)	Rationalize tooth preparation procedures for single dentures.	IL	✓	SAQ/MCQS
280)	Outline steps of setup of teeth for single dentures.	IL	✓	SAQ/MCQS
	<b>Relining and Rebasing</b>			
281)	Differentiate between relining and rebasing of dentures.	IL	✓	SAQ/MCQS
282)	Diagnose patients for relining or rebasing.	IL	✓	MCQS
283)	Justify the use of relining and rebasing.	IL	✓	MCQS
284)	Outline steps of denture preparation before impression taking for relining and rebasing.	IL	✓	SAQ/MCQS
285)	Classify impression techniques for relining and rebasing.	IL	✓	MCQS
286)	Appraise necessary steps for closed mouth reline technique.	IL	✓	MCQS
287)	Enumerate different relining techniques.	IL	✓	SAQ/MCQS
288)	Rationalize the use of denture lining materials according to chemical composition, period of usage and required consistency.	IL	✓	MCQS
289)	Compare the properties of plasticized acrylics versus silicone rubber soft liners.	IL	✓	SAQ/MCQS
290)	Select appropriate relining material according to case.	IL	✓	MCQS

	<b>Copy Dentures</b>			
291)	Rationalize treatment by copy dentures.	IL	✓	SAQ/MCQS
292)	Diagnose a patient for copy denture prescription.	IL	✓	SAQ/MCQS/
293)	Outline different copy denture fabrication technique	IL	✓	SAQ/MCQS
	<b>Communication Skills</b>			
294)	Demonstrate competency in communicating effectively with patients.	CBL		OSCE
295)	Demonstrate competency in breaking the bad news to patient.	Role Play		OSCE
296)	Demonstrate competency communicating effectively about ethical issues with patients and their family.	CBL		OSCE
297)	Use effective and efficient communication and management strategies	Role Play		OSCE
298)	Use written record, electronic medical record or other digital technologies while communicating with supervisor and patient.	SGD		OSCE

## **ACADEMIC SCHEDULES**

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



Weekly schedule of Module X		
Orthodontics		
Week no.	Lecturer 1	Lecturer 2
Week – 1	Introduction to Orthodontics (1,2,35,36,71,72)	Anatomy of head and neck (3)
Week – 2	<b><u>GROWTH</u></b> Growth theories I (4-7,11-13)	Growth theories II (4-7,11-13)
Week – 3	<ul style="list-style-type: none"> <li>Types of bone growth</li> <li>Fields, sites and centers</li> </ul> (7-9)	Arch development  (16-34)
Week – 4	<b><u>PRESENTATIONS</u></b> Arches pouches, face, tongue, palate, teeth, cranial vault (10)	Mandibular growth  (14,15)
Week – 5	Maxillary growth (14,15)	Growth rotations1 (17,18)
Week – 6	Growth rotations II (17,18)	Age determination (58-60)
Week – 7	Assessment	Age changes
Week – 8	Development of dentition and occlusion I (19-22)	Development of dentition and occlusion II (25,27,30)
Week – 9	Occlusion I (35,36,71,72)	Occlusion II (37,38.50-53,65-68)
Week –10	Occlusion III (39-49)	IOTN
Week -11	Assessment	Syndromes Presentations I (54-57)
Week -12	Syndromes Presentations II (54-57)	Revision
Week -13	<b>Theory Examination</b>	
Week - 14	<b>OSCE &amp; Viva Examination</b>	

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

	<b>PROSTHODONTICS</b>		
	<b>LECTURE TOPICS</b>	<b>LOs</b>	<b>RESOURCES</b>
	<b>Module X</b>		
<b>Week 1</b>	Evaluation of a Prosthodontic Patient (History, Examination, Diagnostic records)	211-214, 216	Book 1* Chap 5
	Diagnosis and Planning (Analysis, Abutment selection)	217-221	Book 2* Chap 2
	Types of Prosthesis/ Kennedy Classification		Book 4* Chap 3
<b>Week 2</b>	Case selection (Edentulism)	222	
	Mouth preparation and Phases of treatment	53-58	Book 1* Chap 5
	Applied anatomy	<b>May be Friday</b>	Book 2* Chap 1
<b>Week 3</b>	Biomechanics	1-12	Book 1* Chap 1
	Aging	13-15	Book 1* Chap 3
<b>Week 4</b>	Systemic diseases and Nutrition Care	21-26	Book 1* Chap 2, Book 2* Chap 2
	Residual ridge resorption	16-20	Book 2* Chap 1
<b>Week 5</b>	Sequelae of Removable dentures	27-43	Book 1* Chap 4
	Primary impressions	70-80	Book 1* Chap 8
	<b>Test</b>		
<b>Week 6</b>	Secondary impression and PPS	82-101, 206-210	Book 1* Chap 4, Book 2* Chap 8
	Special Impression techniques	96-99	MacGregor Chap 5
	Posterior Palatal Seal	<b>videos</b>	
<b>Week 7</b>	MMR 1 (Orientation Relation, Articulators)	115-128	Book 1* Chap 9
	MMR II (Vertical and horizontal jaw relation)	129-141	Book 1* Chap 9
<b>Week 8</b>	Artificial tooth selection and tooth arrangement guides	142-159	Book 1* Chap 10
	Try-In And Phonetics	160-179	Book 1* Chap 11 & 15
	Articulators		Book 2* Chap 10
<b>Week 9</b>	Delivery of Dentures/ Post insertion Management	192-205	Book 1* Chap 12
	Natural occlusion	223-238	Book 3* Chap 4
	<b>Test</b>		
<b>Week 10</b>	CD Occlusion 1	239-242	Book 1* Chap 10
	CD Occlusion 2	243-246	Book 1* Chap 10
	Relining and Rebasing	261-270	Book 1* Chap 14
<b>Week 11</b>	Copy Dentures	271-273	Hand -out
	Complete denture scenarios		
	Single Dentures	256-260	Book 1* Chap 6 & 13
<b>Week 12</b>	Immediate Dentures	247-255	Book 1* Chap 6 & 13
	Revision		

## 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
1.	Define Dental Caries	IL/SGD	✓	Viva
2.	Recall classification of carious lesions according to GV. Black	IL	✓	BCQs
3.	Memorize Graham Mount Classification	IL	✓	BCQs/SAQs
4.	Debate causes of dental caries	IL/CBL	✓	BCQs/SAQs
5.	Identify caries risk factors	IL/CBL	✓	BCQs/ Viva
6.	Classify Dental caries by ICDAS	IL/CBL	✓	BCQs/SAQs
7.	Perform clinical examination and diagnosis of dental caries	IL/SGD/ CBL	–	OSCE
8.	<b>Professional and Ethics</b>			
a.	Ask relevant questions to identify cause of dental caries	CR	–	Role play
b.	Explain preventive treatments for dental caries to the patient	CR	–	SAQs
c.	Discuss the risk factors for caries to the patient	CR	–	OSCE/ SAQs
d.	Communicate properly to patient to take consent before treatment	CR	–	Role play
e.	Use NICE guidelines for patient recall interval	CR	–	SAQs
f.	Give post-filling instruction to the patient	CR	–	Role play
9.	Know new tools for caries detection	IL	✓	BCQs/SAQs
10.	Identify and diagnose different types of caries and plan risk based caries management and describe models of caries management	IL/SGD	–	BCQs/SAQs
11.	Explain preventive treatments for dental caries to the patient	IL/CBL	✓	BCQs/SAQs / Viva
12.	Apply noninvasive treatments for dental caries	IL/CBL	–	BCQs/SAQs / Viva
13.	Discuss the risk factors for root caries to patient	IL	✓	SAQs
14.	Apply preventive and restorative treatment for root caries	IL/CR	–	SAQs

15.	Know the importance of dental record and demonstrate documentation of history taking and examination finding	IL	–	BCQs
16.	Identify Instruments used in restoration and demonstrate different instrument grips	CR	✓	OSCE
17.	<b>Patient safety</b>			
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	✓	BCQs/SAQs
19.	Recall factors affecting cavity preparation	IL	✓	BCQs/SAQs
20.	Define and discuss outline form, resistance and retention form and convenience form	IL	✓	BCQs/SAQs
21.	Describe methods of caries removal	IL	✓	BCQs/SAQs
22.	Apply principles of preparation on patient requiring direct restoration	IL		BCQs/SAQs
	<b>Operative and Dental material integration</b>			
23.	<i>Review the composition of amalgam</i>	IL	✓	BCQs/SAQs
24.	<i>Establish the significance of gamma-2 phase</i>	IL	✓	BCQs/ Viva
25.	<i>Know the advantages and disadvantages of amalgam</i>	IL	✓	BCQs/SAQs
26.	<i>Distinguish between different types of amalgam according to their composition and shape</i>	IL	✓	BCQs
27.	<b>Patient safety</b>			
a.	Aware about mercury hazards and use & dispose it according to OSHA guidelines	IL/CR	✓	SAQs
b.	Discuss methods of Sterilization and Disinfection and demonstrate methods of cross infection control in OPD	IL/CR	–	BCQs/SAQs
28.	Apply principles of cavity preparation for Class I, II,& V amalgam restorations	CR/SGD/ CA	–	BCQs/SAQs /OSCE
29.	Describe complex restorations for amalgam and their indications	IL	✓	BCQs
30.	List material used for complex restoration and perform Nayyar core and compo core	IL/CR	✓	BCQs /Viva
31.	Classify dentinal pins and discuss their indications and preparation. Execute accessory means of retention & resistance	IL/CR	✓	BCQs/ Viva
32.	Memorize significance of amalgam bonding	IL/CR	✓	BCQs/SAQs

33.	Perform the procedure of amalgam bonding	IL/CR	–	BCQs/SAQs
34.	Differentiate between cavity liners, sealers and bases. Recall their chemistry and classification	IL/SGD	✓	SAQs/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	–	BCQs/SAQs /OSCE
38.	Define Adhesive Dentistry	IL	✓	BCQs
39.	State the Principles of Adhesion to enamel & dentine	IL	✓	BCQs/SAQs
40.	Explain the process of etching to enamel and dentine	IL	✓	BCQs/SAQs / OSCE
41.	Enumerate the factors affecting adhesion to enamel and dentine	IL	✓	SAQs/ Viva
42.	Classify bonding systems on various basis	IL	✓	BCQs/SAQs /viva
43.	Differentiate between dry and wet bonding	IL	✓	BCQs/SAQs
44.	<b>Operative and Dental material integration</b>			
45.	<i>Memorize composition of dental composites</i>	IL	✓	BCQs
46.	<i>Explain advantages &amp; disadvantages of posterior composite as a restorative material</i>	IL	✓	BCQs/SAQs
47.	<i>Describe the indications of posterior composite</i>	IL	✓	BCQs/SAQs
48.	Execute clinical steps for Class III & Class IV for resin composite restorations	IL/CR	–	BCQs/SAQs / OSCE
	<b><u>Operative and Community Integration</u></b>			
49.	<i>Know how to apply fissure sealant</i>	IL/CR/S GD	–	BCQs
50.	<i>Use of preventive resin restoration technique</i>	IL/CR/S GD	–	BCQs/SAQs
51.	<i>Distinguish between fissure sealant and preventive resin restorations</i>	IL	✓	BCQs/SAQs / Viva

52.	Perform placement of posterior composite restoration in Class I, II	IL/CR	–	OSCE
53.	Establish tight proximal contact for posterior composite restoration	IL/CR	–	OSCE
54.	Recognize the importance of C-factor and discuss curing shrinkage and stresses	IL	✓	BCQs/SAQs
55.	Know how to decrease C-factor to improve longevity of composite restoration	IL/CR	✓	BCQs/SAQs / OSCE
56.	Apply various matrix systems for Class II, III, IV	IL/Skill Lab	–	OSCE
57.	Explain the principles behind bonded based and snow plough techniques	IL	✓	BCQs/SAQs / Viva
58.	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
59.	Perform finishing & polishing of composite fillings	IL/SGD/ CR	–	OSCE
60.	<b>Professional and ethics</b>			
a.	Give post filling instruction to the patient	CR	-	OSCE
61.	List the etiology of non-carious cervical lesions	IL	✓	BCQs/SAQs
62.	Use different restorative materials for non-carious cervical lesions	IL/CR	–	OSCE
63.	State the causes of discoloration and suitable treatment option for managing discoloration	IL	✓	BCQs/SAQs
64.	Enlist the Indications and contraindications of bleaching and other esthetic procedures	IL	✓	BCQs/SAQs
65.	Know the mode of action of bleaching agent and other esthetic procedures	IL	✓	BCQs/SAQs
66.	Plan bleaching of endodontically treated teeth	IL	✓	BCQs/SAQs
67.	Explain bleaching of vital teeth	IL	✓	BCQs/SAQs
68.	Factors affecting both the in-office and at-home bleaching	IL	✓	BCQs/SAQs
69.	Propose the procedure of microabrasion and macroabrasion	IL	✓	BCQs/SAQs / OSCE
70.	Write down the indications of veneers	IL	✓	SAQs

71.	Explain veneer procedure to patient	IL/CR	–	BCQs/SAQs / OSCE
72.	Enlist materials used for veneers	IL	✓	SAQs
73.	Demonstrate tooth preparation for veneers	IL/CR	–	OSCE
74.	Discuss indications and contraindications of indirect restoration and distinguish between inlay and onlay	IL	✓	BCQs/SAQs
75.	Describes steps of tooth preparation for indirect restoration and perform tooth preparation of inlay and onlay	IL/CR	–	BCQs/SAQs / OSCE
76.	Execute cementation of inlay and onlay	IL	–	BCQs
77.	Discuss the various core materials	IL/CR	✓	BCQs/SAQs
	<b>Operative and Prosthodontics integration</b>			
78.	<i>Discuss the indications of dental posts</i>	IL/CR	✓	BCQs/SAQs
79.	<i>Describe designs of dental posts and types</i>	IL/CR	✓	BCQs/SAQs/ OSCE/ Viva
80.	<i>Perform preparation of dental post in canal</i>	IL/CR	–	BCQs/SAQs/ OSCE
81.	<i>Execute cementation of post in canal of tooth</i>	IL/CR	–	BCQs/SAQs OSCE
82.	<i>Discuss mechanical and chemomechanical methods of fluid control</i>	IL	✓	BCQs/SAQs
83.	<i>Summarize steps of placement of retraction cord</i>	IL/CR	✓	BCQs/SAQs
84.	<i>Recommend the use of CAD/CAM in dentistry</i>	IL	✓	BCQs/SAQs/ OSCE
85.	<b>Communication skill</b>			
a.	To be able to 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.	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/ SSQ
6.	Indicate what protocols will change in Orthodontic treatment while dealing with medically compromised patients	IL / CBL	✓	OSCE
7.	Relate the syndromes to different malocclusions	CP	✓	SAQ / OSCE
8.	Determine the etiological factors for a certain malocclusion	IL	✓	SAQ / OSCE
9.	Recognize the impact of hereditary influences on a malocclusion	IL	✓	BCQ
10.	comprehend how various environmental factors lead to a certain malocclusions	IL	✓	BCQ /OSCE
11.	Recall the normal anatomy and physiology of dentition and surrounding structures	IL	✓	CQ
12.	Write the theories on how tooth eruption will occur	Assignmen t	✓	SAQ
13.	Summarize the basic biological process that occurs in bone due to the forces applied to teeth for Orthodontic tooth movement	IL	✓	SAQ
14.	Define what is optimum force, and understand its importance	IL	✓	OSCE
15.	Quote and write the optimum amount of forces that can be applied for tooth movement	IL	✓	OSCE
16.	Write and quote the side effects that can occur if the Orthodontic force is less or exceeds the normal limits	IL	✓	SAQ/ BCQ
17.	Quote the importance of different force durations on tooth movements during orthodontic treatment	IL	✓	SAQ/ BCQ
18.	Define what is anchorage	IL	✓	OSCE
19.	Quote and identify the importance of anchorage during tooth movement	IL /CBL	✓	OSCE/BC Q
20.	Discuss and predict how anchorage can be increased in a case	IL/ CBL	✓	OSCE

21.	Discuss and write the effects on treatment if anchorage is not maintained	IL	✓	CQ
22.	Enlist different materials used for orthodontic treatment and discuss their properties	IL	✓	SAQ
23.	Discuss the properties of each material used in Orthodontic treatment	IL	✓	SAQ/BCQ
24.	Identify which wire should be used at which stage of treatment	IL	✓	OSCE
25.	Quote and discuss the properties of an ideal wire	IL	✓	SAQ /BCQ
26.	Differentiate between banding and bonding	IL	✓	OSCE
27.	Quote and enlist the indications of banding	IL	✓	OSCE/BCQ
28.	Identify the conditions when banding is preferred over bonding	IL	✓	BCQ/OSCE
29.	Quote the importance of correct bonding in a orthodontic case	IL	✓	OSCE
30.	Quote the three order bends given in a wire	IL	✓	OSCE
31.	Discuss the concept of straight wire appliance	IL	✓	CQ
32.	Quote the importance of straight wire appliance	IL	✓	CQ
33.	Create a list of problems for a patient that need correction	IL, CR		BCQ, OSCE, end rotation
34.	Summarize all the problems that a patient has come with	IL, CR		BCQ, OSCE, end rotation
<b>OPERATIVE/ OMFS / ORTHODONTICS</b>				
35.	Explain the principles of Imaging	IL	✓	BCQ/CQ
36.	Enumerate the components of X-ray units and X-ray tube	IL/CR		BCQ/CQ
37.	Describe the factors influencing the size, shape and quality of the X-ray beam	IL/CR		BCQ/CQ
38.	Differentiate between normal anatomical structures and artifacts	IL/CR		OSCE/CQ
39.	Identify the basic components of Digital Imaging system	IL/CR		BCQ/CQ
40.	Describe the Imaging principles and special terminologies associated with cone beam CT Imaging	IL/CR		BCQ
41.	Enumerate various radiographs used in Dentistry	IL/CR		OSCE
42.	Define & distinguish terminologies used in Dental radiology	IL/CR	✓	BCQ
43.	Use the terms radiopaque and radiolucent correctly	IL/CR		OSCE
44.	Enlist the advantages and disadvantages of cone beam CT & identify different axis	IL/CR		BCQ

45.	Draw a flow chart showing sequence of steps involved in producing a radiograph from exposure to X-rays to mounting	CR		BCQ
46.	Identify various intra-oral and extra-oral radiographic techniques used in OMFS along with its use	IL/CR		BCQ/OSCE
47.	Enlist the indications of different radiographs	IL	✓	BCQ/OSCE
48.	Identify the dental and skeletal structures in different radiographs	IL	✓	OSCE
49.	Identify the side effects of this diagnostic modality	IL	✓	BCQ/CQ
50.	Apply Principle of ALARA	IL/CR		BCQ
51.	Demonstrate and apply positioning technique of periapical radiograph	CR		BCQ
52.	Compare paralleling and bisecting angle technique	IL/CR		BCQ
53.	Discuss indications of occlusal radiograph	IL	✓	BCQ
54.	Tell the technique of occlusal radiograph	IL	✓	BCQ
55.	Demonstrate bitewing radiograph technique	CR		OSCE
56.	Demonstrate and apply positioning technique of periapical radiograph	CR		BCQ
57.	Apply SLOB rule	CR		BCQ
<b>PROFESSIONALISM AND ETHICS</b>				
58.	Come to the lectures and OPD on time	CR		CR
59.	Complete all tasks on or before deadlines	CR		Observation during CR
<b>PATIENT SAFETY</b>				
60.	Perform the sterilization of instruments independently and understand its importance	CR		OSCE
61.	Understand the indications of different radiographs, and avoid prescribing them unnecessarily	CR	✓	OSCE
<b>COMMUNICATION SKILLS</b>				
62.	Communicate with each other and faculty confidently and respectfully	CR		Observation during CR
63.	Demonstrates skills in presentation	CR		Class presentation

<b>OMFS</b>				
1.	Differentiate between abscess and cellulitis	IL/CR	✓	MCQ/SAQ
2.	Compare both specific and non-specific infections involving facial spaces	IL	✓	MCQ/CQ
3.	Enumerate the principles of management of Odontogenic Infection	IL	✓	SAQ
4.	Identify complex odontogenic infections	IL/CBL	✓	MCQ/SAQ
5.	Devise the management plan for patient with Ludwig's angina.	IL/CBL	✓	SAQ
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/SAQ
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/SAQ
18.	Classify cysts and tumors of the head and neck region.	IL	✓	SAQ
19.	Develop differential diagnosis for Oral & Maxillofacial pathology	IL	✓	SAQ/OSCE
20.	List clinical, radiographic and laboratory investigations of various oral diseases along with oral manifestations of systemic diseases.	IL	✓	SAQ
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	IL/CBL	✓	MCQ/SAQ

	and tumors			
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
<b>OPERATIVE/ OMFS / ORTHODONTICS</b>				
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
<b>OMFS</b>				
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	✓	SAQ
59.	Diagnose cyst and tumors of the Oral medicine on the basis of clinical features and devise management plan	IL		SAQ
60.	Describe the technique and significance of Basic Life support and Advanced trauma life support in Head and Neck Trauma	IL	✓	SAQ
61.	Record history of the patient with trauma and examine clinically by carrying out investigations	IL/CR		SAQ/CP
62.	List the basic principles of diagnosis and management of Dentoalveolar injuries.	IL	✓	MCQ/SAQ
63.	Interpret the types of facial fractures following first line of treatment keeping in consideration the complications that might occur	IL		MCQ/SAQ
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	✓	SAQ
<b>Professionalism and ethics</b>				
66.	Ask relevant questions to identify cause of dental problem	CR		Role play
67.	Explain preventive treatments for dental caries to the patient	CR		SAQs
68.	Discuss the risk factors for caries with patient	CR		OSCE/SAQs
69.	Use NICE guidelines for patient recall interval	CR		SAQs
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/SA QS
80.	Manage patients in OPD undergoing radiotherapy	CR/IL		MCQS/SA QS
<b>Patient safety</b>				
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/SA QS/OSCE
<b>Communication skill</b>				
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/SA QS
91.	Describe maxillofacial injuries to children and elderly	CR/IL		SAQS
92.	Discuss findings of radiograph with patients in comprehensive manner	IL/SGD		OSCE

	<b><u>PROSTHODONTICS</u></b>			
	<b>Treatment Planning</b>			
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	✓	SAQ
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	✓	SAQ/SC
14.	Formulate a differential and a definitive diagnosis.	CR/CBL		MCQS/SA Q/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	✓	SAQ/MCQ S/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	✓	SAQ/MCQ S/SC
28.	Justify the prescription of removable partial denture	IL/CBL	✓	SAQ/MCQ S/SC
	<b>Mouth Preparation</b>			
29.	Set out priority during treatment.	IL/CBL	✓	MCQS
30.	Execute treatment sequence with regard to periodontal status of the patient.	IL/CBL	✓	MCQS
31.	Outline sequence protocol of mouth preparation procedures.	IL/CBL	✓	SAQ/MCQ S
32.	Indicate the use of surgical procedures before instituting removable partial dentures.	IL/CBL	✓	MCQS
33.	Devise a management plan for a patient presenting with abused and irritated tissue.	IL/CBL	✓	MCQS
34.	Prescribe basic treatment for periodontal problems.	IL/CBL	✓	SC
35.	Devise treatment strategy for a patient with old dentures till the time of definitive treatment	IL/CBL	✓	SC
	<b>Partially Dentate Condition</b>			
36.	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
	<b>Major Connectors</b>			
37.	Differentiate between major connector and minor connector.	IL	✓	SAQ/MCQ S
38.	Enlist the basic requirements of major connectors.	IL/CBL	✓	SAQ/MCQ S
39.	Discuss the functions of major connectors	IL/CBL	✓	SAQ
40.	Explain the basic types of mandibular and maxillary major connectors.	IL/CBL	✓	SAQ
41.	Outline the guidelines related to location of connectors in the oral cavity.	IL/CBL	✓	SAQ/MCQ S

42.	Correlate the uses of different major connectors in various clinical scenarios.	IL/CBL	✓	SAQ/MCQ S
43.	Describe the design characteristics of major connectors.	IL/CBL	✓	SAQ/MCQ S
44.	Select appropriate major connector for the given case	IL	✓	SAQ/MCQ S
45.	Design major connectors.	CR		OSCE
46.	Appraise the role of major connectors in bracing a cast partial denture	IL	✓	MCQS
	<b>Minor Connectors</b>			
47.	Define minor connector.	IL	✓	MCQS
48.	Enumerate the functions of minor connectors.	IL	✓	MCQS
49.	Delineate the principles of design of minor connectors.	IL	✓	MCQS
50.	Classify minor connectors	IL	✓	SAQ/MCQ S
51.	Appraise the role of proximal plate minor connector in minimizing forces on abutment	IL/CBL	✓	MCQS
52.	Enumerate the considerations for designing minor connectors	IL/CBL	✓	MCQS
53.	Appraise the role of minor connectors in bracing a cast partial denture	IL	✓	MCQS
	<b>Rests</b>			
54.	Distinguish between rest and rest seat.	IL	✓	SAQ/MCQ S
55.	Delineate the functions of rests.	IL	✓	SAQ/MCQ S
56.	Differentiate between the different types of rests and rest seats in relation to their form and location.	IL	✓	SAQ/MCQ S
57.	Prescribe variations of rests in regard to function.	IL/CBL	✓	SAQ/MCQ S
58.	Select a rest design according to the given case	IL/CBL	✓	SAQ/MCQ S
59.	Outline the guidelines for support of rests.	IL	✓	SAQ/ MCQS
	<b>Direct Retainers</b>			
60.	Define direct retainers.	IL	✓	SAQ/MCQ S

61.	Classify types of direct retainers.	IL	✓	SAQ/MCQ S
62.	Select a clasp design according to tooth and tissue factors with justification	IL/CBL	✓	SAQ/MCQ S
63.	Enlist parts of a clasp assembly.	IL	✓	SAQ
64.	Distinguish between parts of clasp assembly in regard to retention, support, stability and reciprocation.	IL	✓	SAQ/MCQ S
65.	Relate height of contour, supra bulge and infrabulge areas for retentive clasps.	IL	✓	MCQS
66.	Interpret the structural and material characteristics of clasps in regard to retentive potential.	IL	✓	SAQ/MCQ S
67.	Associate retentive factors of clasps with tooth factors	IL	✓	SAQ/MCQ S
68.	Outline the basic principles governing clasp design.	IL	✓	SAQ/MCQ S
69.	Select a clasp assembly design according to different clinical scenarios.	IL/CBL	✓	SAQ/ MCQS
70.	Justify the use of flexible clasp assembly system in free end saddle cases	IL/CBL	✓	MCQS
71.	Justify the use of reciprocation principle in clasp assembly	IL	✓	MCQS
72.	Differentiate between bracing and reciprocation	IL	✓	MCQS
73.	Indicate the use of internal attachments in partially dentate arches.	IL	✓	MCQS
	<b>Abutment Preparation</b>			
74.	Classify abutment teeth for removable partial dentures.	IL	✓	MCQS
75.	Outline sequence of abutment preparations on sound enamel or existing restorations.	IL/CBL	✓	SAQ/MCQ S
76.	Discuss variations for abutment tooth preparation procedures in regard to conservative restorations, crowns, veneer crowns and ledge formation.	IL/CBL	✓	MCQS
77.	Prepare guide planes on a plastic tooth.	CR		OSCE
78.	Perform conventional rest seat preparation on a plastic tooth (premolar and a molar)	CR		OSCE
79.	Relate stresses on isolated abutments with partial denture design.	IL	✓	MCQS
	<b>Impression Making</b>			
80.	Select an impression material in different partially dentate conditions.	IL/CBL		SAQ/MCQ S

81.	Pour a cast.	CR		OSCE
82.	Identify inaccurate or weak cast.	CR		OSCE
83.	Rationalize the need for making individual trays.	IL/CBL	✓	SAQ/ MCQS
84.	Construct individual trays.	CR		OSCE
85.	Justify the use of special impression techniques for distal extension base partial dentures.	IL/CBL	✓	SAQ/MCQ S
86.	Interpret the factors influencing support of a distal extension base.	IL/CBL	✓	SAQ/MCQ S
87.	Distinguish between anatomic and functional form of residual ridge.	IL/CBL	✓	SAQ/MCQ S
88.	Make an impression using composition and alginate for distal extension bases.	CR		OSCE
89.	Delineate methods for obtaining functional support for distal extension base	IL/CBL	✓	SAQ/MCQ S
	<b>Laboratory Procedures</b>			
90.	Outline clinical and laboratory steps of fabrication for cast partial dentures.	IL	✓	MCQS
91.	Explain the duplication of cast, waxing of removable partial denture, spruing, investing, burnout, casting and finishing procedures.	IL	✓	MCQS
92.	Rationalize duplication of casts for fabrication of dentures.	IL	✓	MCQS
93.	Identify different stages of laboratory procedures	IL		OSCE
94.	Sort laboratory procedures in the proper sequence	IL		OSCE
	<b>Maxillomandibular relations and Occlusal relationships</b>			
95.	Select a method for establishing occlusal relationships according to different partially dentate conditions.	IL	✓	MCQS
96.	Record occlusal relationships in partially dentate individuals.	CR		OSCE
97.	Define overjet, overbite, buccal overlap, centric relation, centric occlusion, maximum intercuspation, curve of spee and curve of monsoon	IL	✓	MCQS
98.	Enumerate desirable occlusal contact relationships for removable partial dentures.	IL	✓	MCQS
	<b>Insertion and Relining</b>			
99.	Perform the process of acrylic processing, finishing and polishing the dentures.	CR		OSCE
100.	Explain the methods for adjusting the bearing surfaces of denture bases.	IL	✓	MCQS
101.	Adjust acrylic removable partial dentures in patient's mouth.	CR		OSCE
102.	Identify common pressure areas encountered.	IL/CR	✓	MCQS

103.	Outline sequence protocol for fitting of framework in the oral cavity.	IL	✓	MCQS
104.	Enumerate methods for adjusting occlusion.	IL	✓	MCQS
105.	Justify the need of relining removable partial dentures.	IL	✓	MCQS
106.	Enumerate disinfection protocols for impressions and removable prosthesis.	IL/CR	✓	MCQS
	<b>Biomechanics</b>			
107.	Enumerate simple mechanics of lever, pulley, wedge, inclined plane, screw and wheel in removable partial dentures.	IL	✓	MCQS
108.	Correlate concepts of fulcrum, effort and resistance in lever principle.	IL	✓	MCQS
109.	Relate the movement of the removable partial denture to lever principle.	IL	✓	MCQS
110.	Isolate the components of removable partial dentures that provide resistance against different prosthesis movements	IL	✓	MCQS
	<b>Indirect Retainers</b>			
111.	Define indirect retainers	IL	✓	SAQ/MCQ S
112.	Appreciate the role of indirect retainers in control of the prosthesis movement	IL	✓	SAQ/MCQ S
113.	Comprehend the factors influencing effectiveness of indirect retainers	IL	✓	SAQ/MCQ S
114.	Outline the functions of indirect retainers	IL	✓	SAQ/MCQ S
115.	Enumerate the forms of indirect retainers	IL	✓	SAQ/MCQ S
	<b>Tooth Tissue supported partial dentures</b>			
116.	Anticipate changes in denture base design for tooth tissue supported prosthesis.	IL	✓	SAQ/ MCQS
117.	Appraise the use of a functionally stable prosthesis.	IL	✓	SAQ/ MCQS
118.	Infer the effect of forces acting on the dentures.	IL	✓	SAQ/ MCQS
119.	Differentiate between tooth supported and tooth tissue supported dentures	IL	✓	SAQ/ MCQS
120.	Outline steps in devising partial denture design	IL	✓	SAQ
121.	Evaluate potential support of abutment teeth and residual ridge	IL	✓	SAQ

122.	Relate the design of proximal plate minor connector to support mechanism.	IL/CBL	✓	SAQ/ MCQS
123.	Relate the use of a flexible clasp assembly system in free end saddle cases	IL/CBL	✓	SAQ/ MCQS
124.	Design components for a removable partial denture.	IL/CBL	✓	SAQ/ MCQS
125.	Enumerate techniques for enhancing support in distal extension bases.	IL/CBL	✓	SAQ
126.	Associate the use of guiding planes to path of insertion and removal.	IL	✓	MCQS
	<b>Denture Bases</b>			
127.	Define denture bases	SS	✓	SAQ
128.	Enumerate the ideal requirements of denture bases.	SS	✓	SAQ
129.	Relate denture base requirements to support mechanism of removable partial denture.	CBL	✓	SAQ/ MCQS
130.	Differentiate between metal and acrylic resin denture bases.	CBL	✓	SAQ/ MCQS
	<b>Surveying</b>			
131.	Define surveyor and surveying.	SGD	✓	MCQS
132.	Describe a dental surveyor	SGD	✓	MCQS/ OSCE
133.	Identify parts of a surveyor	SGD	✓	OSCE
134.	Justify the process of surveying	SGD	✓	MCQS/ SAQ
135.	Differentiate between diagnostic and definitive surveying.	SGD	✓	MCQS/ SAQ
136.	Recognize the factors determining the path of placement.	SGD	✓	MCQS
137.	Outline sequence protocol of surveying.	SGD	✓	MCQS/SA Q
138.	Perform surveying on a partially dentate cast in all planes.	CR		OSCE
139.	Interpret changes in factors determining the path of placement in different planes of surveying.	CR		OSCE
140.	Sketch required mouth preparations and proposed design of removable partial denture	CR		OSCE

141.	Measure retention on the cast.	CR		OSCE
142.	Record relation of the cast to surveyor.	CR		OSCE
	<b>Block out and relief</b>			
143.	Defend the need for blocking out and relieving the master cast.	IL	✓	MCQS
144.	Select materials for blocking and relieving the master cast.	IL	✓	MCQS
145.	Differentiate between different block out techniques.	IL	✓	MCQS
	<b>Interim Removable partial dentures</b>			
146.	List the uses of interim removable partial dentures.	SGD	✓	MCQS
147.	Justify the prescription of interim removable partial dentures.	SGD	✓	MCQS
148.	Design interim removable partial dentures.	CR		OSCE
149.	Sort clinical and laboratory procedures for interim removable partial dentures in sequence.	CR		OSCE
150.	Recognize the need of omitting or joining one or more fabrication steps of removable partial denture.	CR		OSCE
151.	Fabricate removable partial dentures for partially dentate patients.	CR		OSCE
	<b>Occlusion and TMDs</b>			
152.	Appraise the role of parafunctional movements on the stomatognathic system.	IL	✓	MCQS
153.	State objectives of occlusal treatment.	IL	✓	MCQS
154.	Justify the use of occlusal device therapy.	IL	✓	MCQS
155.	Identify factors leading to temporomandibular disorders in edentulous populations.	IL	✓	MCQS
156.	Outline management of temporomandibular disorders	IL	✓	MCQS
	<b>MAXILLOFACIAL PROSTHODONTICS TOS</b>			
157.	Discuss the role and need of Maxillofacial Prosthesis in removable prosthodontics	IL	✓	MCQS
158.	Define obturator and enlist its uses	IL	✓	MCQS
159.	Enlist the types of maxillary obturators	IL	✓	MCQS
160.	Identify types of maxillofacial prosthesis	IL	✓	osce
161.	Classify the types of maxillary obturators according to Aramany	IL	✓	MCQS
162.	Classify the types of mandibular prosthesis according to Cantor and Curtis	IL	✓	MCQS
163.	Identify continuity and discontinuity mandibular defects	IL	✓	OSCE
164.	Identify soft palate prosthesis	IL	✓	OSCE
165.	Identify the role of soft liners in maxillofacial prosthodontics.	IL	✓	MCQS

166.	Enlist materials used for resilient lining.	IL	✓	MCQS
	<b>Patient Safety Approach</b>			
167.	Demonstrate competency in a establishing a therapeutic and professional relationship with patients and their families.	CBL		OSCE
168.	Demonstrate competency in using patient-centered interviewing skills in gathering biomedical and psychological information.	Role Play		OSCE
169.	Demonstrate competency in seeking and developing relevant information from other sources, including the patient's family, with patient's consent.	Role Play		OSCE



## ACADEMIC SCHEDULES

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

W/14	OSCE & Viva Examination
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Weekly schedule of Module XI		
Orthodontics		
Week no.	Lecturer 1	Lecturer 2
Week – 1	Etiology of Malocclusion I (8-10)	Etiology of Malocclusion II (8-10)
Week – 2	Etiology of Malocclusion III (8-10)	Classification of malocclusions (1-4)
Week – 3	Orthodontic diagnosis I (33-34)	Orthodontic diagnosis II (33-34)
Week – 4	Orthodontic diagnosis III (33-34)	PRESENTATIONS medical problems (5-7)
Week – 5	TEST	Biologic bases of tooth movement I (11-17)
Week – 6	Biologic bases of tooth movement II (11-17)	PRESENTATIONS Mechanical Principles
Week – 7	Mechanical Principles in Orthodontics I (22-25)	Mechanical Principles in Orthodontics II (22-25)
Week – 8	Mechanical Principles in Orthodontics III (22-25)	Anchorage in orthodontics (18-21)
Week – 9	Assessment	Banding procedures (26-29)
Week –10	Bonding procedures (26-29)	1 <sup>st</sup> second and third order movements (30-32)
Week -11	Test	Radiographs for diagnosis (35-54)
Week -12	Revision	Revision
Week -13	Theory Examination	
Week - 14	OSCE & Viva Examination	

<b>Weekly schedule of Module XI</b>		
<b>OMFS</b>		
<b>Week</b>	<b>Lecture 1</b>	<b>Lecture 2</b>
<b>Week – 1</b>	Development of Clinical Anatomy and Physiology of TMJ LO: 2	Diseases of TMJ LO: 3, 4, 5
<b>Week – 2</b>	TMJ Ankylosis	Management of TMJ Diseases LO:1, 5, 6
<b>Week – 3</b>	Myofascial Pain Dysfunction Syndrome (MPDS) LO: 5, 6	Pathophysiology of Internal Disc Derangements of TMJ LO: 5, 6
<b>Week – 4</b>	Case presentations	Case presentations
<b>Week – 5</b>	Management of odontogenic infections LO: 3	Management of complex odontogenic infections LO:4, 5,6,7,8,
<b>Week – 6</b>	Class test	Soft tissue Cysts and Benign Neoplasm LO: 9,10,
<b>Week – 7</b>	Odontogenic & Non-odontogenic Cysts LO: 19-23	Fibro-osseous, Benign and Malignant Neoplasms LO: 28
<b>Week – 8</b>	Diseases of Maxillary sinus + Oro antral fistula LO: 11,12,13	Introduction of Salivary Gland disorders LO: 14, 15, 16,17,
<b>Week – 9</b>	Diagnosis and management of Salivary Gland Disorders LO: 18	Principal of differential diagnosis and biopsy, LO: 55-58
<b>Week – 10</b>	Diagnosis and management of Benign and malignant lesions LO: 55-58.	Effects of Radiotherapy and Chemotherapy in Malignant Disease LO: 29-31
<b>Week -11</b>	Effects of Radiotherapy and Chemotherapy in Malignant Disease LO: 29-31	Suturing skills work shop
<b>Week -12</b>	Revision	Revision
<b>Week – 13</b>	<b>THEORY EXAM</b>  <b>OSCE &amp; Viva Examination</b>	
<b>Week – 14</b>		

	<b>Weekly schedule of Module XI PROSTHODONTICS</b>		
	<b>LECTURE TOPIC</b>	<b>LOs</b>	<b>RESOURCES</b>
	<b>Module XI</b>		
<b>YG 1</b>	Partial Dentulism (Abutment selection and Mouth Preparation)	3,29-35	Book 4* Chap 13 &14
	Case selection (Partial edentulism)	27-28	Book 4* Chap 2 & 3
<b>Week 2</b>	Major Connectors – Mandibular	38-46	Book 4* Chap 5
	Major connectors – Maxillary	38-46	Book 4* 5
<b>Week 3</b>	Minor Connectors	47-53	Book 4* Chap 5
	Rests and Rest Seats	54-59	Book 4* Chap 6
<b>Week 4</b>	Direct Retainers	60-73	Book 4* Chap 7
	<b>Test</b>		
<b>Week 5</b>	Abutment Preparation	74-79	Book 4* Chap 15
	Abutment preparation – Occlusal rest	78	Book 4* Chap 15 Videos
<b>Week 6</b>	Impression techniques	80-89	Book 4* Chap 16
	Laboratory Procedures	90-94,143-145	Book 4* Chap 19
<b>Week 7</b>	Maxillomandibular relations	95-97	Book 4* Chap 18
	Occlusion & Insertion protocols (Metal try-in)	98,99-106	Book 4* Chap 18 &21
<b>Week 8</b>	Biomechanics of removable partial dentures/ Indirect Retainers	107-115	Book 4* Chap 4
	Tooth Tissue supported RPDs	116-126	Book 4* Chap 17
<b>Week 9</b>	Hands- on Surveying	131-142	Book 4* Chap 11
	<b>Test</b>		
<b>Week 10</b>	Designing	120,124	Book 4* Chap 10
	Maxillofacial Prosthodontics	157-166	Book 1* Chap 19
<b>Week 11</b>	TMDs	152-156	Book 3* Chap 4/Handouts
	Revision		

## **MODULE XII**

### **(Paedodontics, Orthodontic Treatment Planning, Orthognathic surgery, Fixed Prosthodontics and Allied Prosthetics)**

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

S.No	Objectives	Teaching strategy	Online	Assessment tool
1.	<b>Communication Skill</b>			
a.	Describe communication principles in pediatric dental practice	IL/CBL	✓	BCQs/SAQs
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	–	BCQs/OSCE
3.	Apply behavior modification strategies to the pediatric patient in a dental practice	CR	–	BCQs/SAQs/OSCE
4.	<b>Patient Safety</b>			
a.	Know Pharmacological management of the anxious child. Enlist basic drugs and routes of administration of conscious sedation.	IL	✓	BCQs/SAQs
b.	Enumerate indication and contraindication of conscious sedation and describe steps of I.V sedation	IL	✓	BCQs/SAQs
c.	Demonstrate local anesthesia techniques for Paediatric dentistry	CR	-	OSCE
d.	Describe maximum dosage in children of commonly used local anesthetic agents	IL/CR/S GD	✓	BCQs/SAQs/ 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	✓	BCQs/SAQs
7.	Know how to assess caries risk factors in children	IL/CR	✓	BCQs/ Viva
8.	Explain the relationship between diet, plaque, saliva and caries	IL/CBL	✓	BCQs/SAQs
9.	Perform Dental caries detection and diagnosis in pre-school children in dental OPD	IL/CR	–	BCQs/SAQs
10.	<b>Commination Skill</b>			
a.	Recognize the importance of Diet counseling to the parent and the child for prevention of caries	IL	✓	BCQs / Viva
b.	Discuss the prevention of dental caries	IL	✓	BCQs/SAQs

11.	Describe the importance of Fluoride administration in caries control	IL	✓	BCQs/SAQs
12.	Explain Mode of action of Fluoride	IL/CBL	✓	BCQs/SAQs
13.	Know importance of Water fluoridation	IL	✓	SAQs
14.	<b>Patient Safety</b>			
a.	Prescribe Fluoride supplement to reduce caries	IL/CR	–	SAQs
b.	Define various terms used in relation to fluoride overdosage/toxicity	IL/SGD	✓	BCQs/SAQs/ OSCE/ Viva
c.	Know the Management of accidental fluoride overdosage	IL/SGD	✓	BCQs/SAQs/ OSCE/ Viva
d.	Skill to write correct medicine according to the age of the child patient	CR	–	OSCE
15.	Apply Fluoride gel/ varnish as a preventive measure	IL	–	SAQs
16.	Describe the working mechanism of Casein phosphopeptide–amorphous calcium phosphate (CPP–ACP)	IL	✓	BCQs/SAQs/ Viva
17.	Appreciate the importance of temporization in Paediatric patients with multiple caries lesions	IL/CR	✓	BCQs/SAQs
18.	Apply operative procedure to restore the primary teeth when pulp is not involved	IL/CR	–	BCQs/SAQs
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	✓	BCQs/SAQs/ OSCE
21.	Express medicaments used for pulpotomy in primary dentition	IL/CR	✓	BCQs/SAQs/ Viva
22.	Perform pulpotomy procedure in primary teeth	IL/CR	–	BCQs/SAQs/ OSCE
23.	Discuss indication of Pulpectomy for primary teeth	CR/SGD	✓	BCQs/SAQs/ OSCE
24.	Demonstrate the procedure of pulpectomy in primary teeth	CR	–	BCQs/SAQs/ OSCE
25.	Revise the application of fissure sealants and Preventive resin restoration in primary dentition	IL/CR	✓	BCQs
26.	Know indications of Stainless steel crown	IL/CR	✓	BCQs/SAQs
27.	Demonstrate procedure of stainless steel crown preparation	IL/CR	–	BCQs/SAQs
28.	Perform cementation of stainless steel crown	IL/CR	–	BCQs/SAQs

29.	Describe rational of Hall technique in primary teeth	IL/CR	✓	BCQs/SAQs /Viva
30.	Outline the use of adhesive cast coping	IL/CR	✓	BCQs/SAQs
31.	Explain alternatives to conventional cavity preparation	IL	✓	BCQs
32.	Understand use of lasers in dentistry	IL	✓	BCQs
33.	Apply operative procedure to restore the permanent teeth in mixed dentition when pulp is not involved	IL/CR	–	BCQs/SAQs
34.	Describe acute gingival conditions	IL	✓	BCQs/SAQs
35.	Describe necrotizing ulcerative gingivitis	IL	✓	BCQs/SAQs
36.	Describe drug induced gingival enlargement	IL	✓	BCQs/SAQs
37.	Demonstrate clinical ability to screen diseases in children	IL/CR	–	Viva
38.	Recognize the aetiological factors of dental trauma	IL	✓	BCQs/SAQs/ Viva
39.	Classify the nature of dento-alveolar injuries	IL	✓	BCQs/SAQs
40.	<b>Professionalism &amp; ethic</b>			
a.	Ask correct questions during history taking (medical & dental) in traumatic injuries	IL/CR	–	BCQs/SAQs/ Viva
41.	Examine intra-oral, extra-oral tissue in case of dental trauma	IL/CR	–	BCQs/OSCE
42.	Describe radiographic and clinical features of the various injuries to the primary dentition	IL/CR	✓	SAQs/OSCE
43.	Explain the sequelae of traumatic injuries to the primary dentition	IL	✓	BCQs/SAQs
44.	Know the management of complications in permanent dentition occur due to traumatic injuries to the primary dentition	IL/CR	✓	BCQs/SAQs/ OSCE
45.	Describe clinical and radiographic features of the traumatic injuries to the hard dental tissue and the pulp in permanent dentition	IL/CR	✓	BCQs/ SAQs/OSCE
46.	Apply treatment options to manage traumatic injuries to the hard dental tissue and the pulp in permanent dentition	IL/CR	–	BCQs/SAQs/ OSCE/ Viva
47.	Differentiate between various Tooth luxations injuries	IL	✓	BCQs/SAQs/ OSCE
48.	Explain clinical and radiographic features of luxation injuries	IL	✓	BCQs/SAQs/

				OSCE
49.	Manage Concussion, Subluxation Lateral luxation, and Extrusive luxation injuries	IL	✓	BCQs/SAQs/ OSCE
50.	Use different treatment modalities to manage Intrusive luxation injuries of various degree	IL	–	BCQs/SAQs/ OSCE
51.	Execute replantation procedure for Avulsion injuries	IL	–	BCQs/SAQs/ OSCE
52.	Know types of splints use in Paediatric dentistry	IL	✓	BCQs/SAQs/ OSCE
53.	Apply different types of Splinting techniques	IL	–	BCQs/SAQs
54.	Differentiate between various types of resorption in teeth	IL/CR/S GD	✓	BCQs/SAQs
55.	Write clinical and radiographic features of External inflammatory root resorption	IL/CR/S GD	✓	BCQs/SAQs/ OSCE/ Viva
56.	Know management of External inflammatory root resorption	IL	✓	BCQs/SAQs/ OSCE
57.	Describe diagnosis of cervical resorption	IL	✓	BCQs/SAQs
58.	Recognize various types of invasive cervical resorption clinically & radiographically	IL	✓	BCQs/SAQs/ OSCE
59.	Perform management of invasive cervical resorption	IL	–	BCQs/SAQs/ OSCE
60.	Explain the process of replacement resorption	IL	✓	BCQs /Viva
61.	Know management of replacement root resorption	IL	✓	BCQs
62.	Explain prevalence and clinical difference between Megadont and microdontia	IL	✓	BCQs
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	✓	BCQs/SAQs
65.	Apply management for Invaginated and Evaginated teeth	IL/CR	✓	OSCE/ Viva
66.	Explain Taurodontism and its types	IL	✓	BCQs/SAQs
67.	Discuss clinical features, differential diagnose and phased management of Amelogenesis Imperfecta in primary and mixed dentition	IL/CR	✓	OSCE



68.	Know clinical features and explain systemic association of Molar-incisal hypomineralization	IL	✓	BCQs/SAQs
69.	Perform management of Molar-incisal hypomineralization in primary and mixed dentition including pit and fissure sealants	IL/CR	–	BCQs/SAQs/ OSCE
70.	Express clinical and radiographic findings of Dentinogenesis Imperfecta and its differential diagnosis	IL	✓	BCQs/SAQs/ OSCE
71.	Execute management for Dentinogenesis Imperfecta in primary, mixed and permanent dentition	IL/CR	–	BCQs/SAQs/ OSCE
72.	Elicit key features of type I and type II dentinal dysplasia and its differential diagnosis	IL/CR	✓	BCQs/SAQs/ OSCE
73.	Discuss important foci of treatment of dentinal dysplasia	IL/CR	✓	BCQs/SAQs/ OSCE
	<b>Operative and Orthodontic Integration</b>			
74.	<i>State steps of orthodontic assessment and tabulate index of orthodontic needs</i>	IL	✓	BCQs/SAQs
75.	<i>Discuss balancing / compensating extraction</i>	IL	✓	BCQs/SAQs
76.	<i>State reasons for enforced extraction of first molar</i>	IL	✓	BCQs/SAQs
77.	<i>Manage impacted canine and enlist treatment options of missing lateral incisors</i>	IL/CR	–	BCQs/SAQs/ OSCE
78.	<i>Plan treatment with space maintainers</i>	IL/CR	–	BCQs/SAQs/ OSCE
	<b>Operative and Oral medicine integration</b>			
79.	<i>Discuss management of orofacial soft tissue conditions</i>	IL/CR	✓	BCQs/SAQs
80.	<i>Describe pyogenic granuloma</i>	IL/CR	✓	BCQs/SAQs
81.	<i>Discuss oral malignant lesions in children</i>	IL/CR	✓	BCQs/SAQs
82.	<i>Describe management of orofacial infections in pediatric patients</i>	IL/CR	✓	BCQs/SAQs
83.	<i>Manage criteria for auto-transplantation of teeth</i>	IL/CR	✓	BCQs/SAQs
84.	<i>Discuss dental management of patients with cardiovascular disorders</i>	IL/CR/S GD	✓	BCQs/SAQs/ Viva
85.	<i>State management plan of patients with bleeding disorder</i>	IL/CR/S GD	✓	BCQs/SAQs/ Viva
86.	<i>Describe leukemic patients rehabilitation plan</i>	IL/CR/S	✓	BCQs/SAQs/

		GD		Viva
87.	Discuss oral management options for patients with convulsive disorders	IL/CR/S GD	✓	BCQs/SAQs/ Viva
88.	State pre and post-operative oral rehabilitation of patients with organ transplantation	IL/CR/S GD	✓	BCQs/SAQs/ Viva
89.	Discuss oral management plan for patients with Down's syndrome	IL/CR/S GD	✓	BCQs/SAQs/ Viva
90.	Describe preventive plan of patients with syndromes	IL/CR/S GD	✓	BCQs/SAQs/ Viva
91.	State management options of patients with cerebral palsy	IL/CR/S GD	✓	BCQs/SAQs/ Viva
92.	<b>Communication Skill</b>			
a.	Give post-filling instruction to the child patient	CR	–	Role play
b.	Presentation skill	CR	–	Competition

#### ORTHODONTICS

1)	Define preventive and interceptive treatment with regards to Orthodontics	IL		OSCE
2)	Differentiate between preventive and interceptive treatment	IL		OSCE/ BCQ/SAQ
3)	Enlist the treatment options that come under preventive and interceptive treatment	IL		OSCE/ BCQ / SAQ
4)	discuss how the habits can influence development of malocclusion	IL		OSCE/ BCQ /SAQ
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/ BCQ
7)	Discuss the importance of various spaces naturally present in a deciduous dentition	IL / CBL/ CR		OSCE/ BCQ
8)	Recognize the cases which are more liable to have crowding later in life	IL/ CR		OSCE/ BCQ
9)	Enlist the appliances which can maintain arch space to adjust the permanent dentition	IL		OSCE/SAQ/ BCQ
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		BCQ/ SAQ

12)	Enlist different methods by which space can be gained in an arch	IL		BCQ/ SAQ
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/ BCQ
20)	Enlist the appliances used for functional jaw orthopedics	IL		CQ/ BCQ / SAQ
21)	Enlist different treatment options that are available till the growth spurt	IL		OSCE /SAQ
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/ BCQ
24)	Discuss options available for treating eruption problems	IL/ CR		OSCE
25)	Identify the problems in occlusion at the end of treatment	CR		OSCE
26)	Define relapse	IL		OSCE /SAQ
27)	Quote causes of relapse	IL		OSCE/ BCQ/ SAQ
28)	Discuss importance of retention at the end of Orthodontic treatment	IL		OSCE/ BCQ/ SAQ
29)	Quote different methods that can be utilized to prevent, or minimize relapse at the end of Orthodontic treatment	IL		OSCE/ BCQ / SAQ
30)	Enlist the conditions in which the retention methods would have to be varied and find its reason	IL		OSCE/ SAQ
31)	Quote the conditions which would need longer retention time	IL		OSCE/ BCQ /SAQ
32)	learn about the condition in which fixed retention would be provided	IL		OSCE/ BCQ /SAQ
33)	Write and quote the basic retention protocol	IL		BCQ /SAQ
34)	Recognize the factors that cause clefting in a fetus	IL		BCQ/SAQ
35)	Describe the risk factors for cleft lip and palate	IL		BCQ

36)	Identify dental treatments that can be provided to patients of cleft lip and palate	IL/CBL		SAQ/OSCE
<b>OMFS / ORTHODONTICS</b>				
37)	Enlist various Dentofacial deformities and syndromes of Orofacial complex	IL/CBL		BCQ/CP
38)	Describe basics of orthognathic surgery and its significance in correcting Dentofacial deformities	IL		BCQ/SAQ
39)	Enlist various orthognathic procedures	IL		BCQ
40)	Formulate treatment plan for management in patients with Oro-facial Cleft	IL/CBL		BCQ/SAQ
41)	Enlist the instructions provided to the patient after delivering various orthopedic/orthodontic appliances	IL/CBL		Observation during CR
<b>PROFESSIONALISM AND ETHICS</b>				
42)	Communicate with each other and faculty confidently and respectfully	CR		Observation during CR
43)	Complete all tasks on or before dead lines	CR		Observation during CR
<b>PATIENT SAFETY</b>				
44)	Perform the sterilization of instruments independently and understand its importance	CR		OSCE
45)	Demonstrate the wearing of lead apron before the radiographs and understand its importance	CR		Observation during CR
46)	Select proper cases for serial extractions	IL	✓	MCQ/ OSCE
<b>COMMUNICATION SKILLS</b>				
47)	Communicate the problem list of patient confidently and thoroughly	CR		Class presentation
48)	Demonstrates skills in presentation	CR/ class presentations		Class presentation
<b>OMFS</b>				
1)	Enumerate the principles of reconstruction of various jaw deformities	IL	✓	MCQ
	<b>Temporomandibular Joint Disorders</b>			
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	✓	SAQ
5)	Develop differential diagnosis for Temporomandibular joint disorders/diseases	IL/CBL	✓	SAQ/CP

6)	Plan treatment options for TMJ diseases, non-surgical and surgical management	IL/CBL	✓	SAQ
7)	Describe the basics of laser, gene and immunotherapy	IL	✓	MCQ
<b>Forensic Dentistry</b>				
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
<b>Ethics in Dentistry</b>				
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		SAQs
22)	Use NICE guidelines for patient recall interval	CR		SAQs
23)	Determine the role of informed consent in clinical practice of dentistry	IL/SGD		OSCE
24)				
25)	Apply method of isolation during treatment to maintain child safety	CR		OSCE
26)	Prescribe proper medicine according to the age of the child	CR		OSCE
27)	Follow protocols for implants	CR		OSCE

28)	Counsel parents for cleft lip and palate surgery	CR/SGD		OSCE
29)	Demonstrate friendly body gestures and appropriate tone to build a positive relationship with a child patient	CR		Role play
30)	Evaluate TMJ pain and dysfunction by thorough history and physical examination	CR/IL		OSCE
31)	Explain the terms values and concept that are often used in health care	CR/IL/SGD		OSCE
32)	Describe the difference between a problem and a an ethical dilemma	IL/SGD		MCQS/OSCE

### **PROSTHODONTICS**

	<b>Principles of crown preparation</b>			
1.	Appraise the role of biological width in margin placement.	IL	✓	SAQ/MCQS
2.	Design temporary and final restorations conducive to optimal plaque control.	IL	✓	SAQ/MCQS
3.	Apply biological, mechanical and aesthetic principles during crown preparation.	IL	✓	SAQ/MCQS
4.	Correlate margin placement and margin design with aesthetic and biological considerations.	IL/CBL	✓	SAQ/MCQS
5.	Achieve retention and resistance form in crown preparation.	CR		OSCE
6.	Compare different margin designs.	IL	✓	SAQ/MCQS
7.	Relate taper of preparation with path of placement.	IL	✓	SAQ/MCQS
8.	Associate retention of restoration with forces, geometry of preparation, surface properties, surface area, material and type of luting cement used.	IL	✓	SAQ/MCQS
9.	Compare complete coverage and partial coverage crown in terms of retention and conservation of tooth structure.	IL	✓	SAQ/MCQS
10.	Relate resistance form with forces, type of preparation, luting agent; and taper, diameter and height of preparation.	IL	✓	SAQ/MCQS
11.	Appraise the influence of restoration material on aesthetics.	IL	✓	SAQ/MCQS
12.	Assess the role of adjunctive retentive features in tooth preparation.	IL	✓	SAQ/MCQS
13.	Devise strategies to enhance retention of crowns.	IL	✓	SAQ/MCQS
	<b>Tooth Preparation for crowns/retainers for FDP</b>		✓	
14.	Compare tooth preparation of metal, metal ceramic and all ceramic crowns.	IL	✓	SAQ/MCQS/O SCE
15.	Rationalize the incorporation of cusp bevels in crown preparation	IL	✓	SAQ/MCQS/O SCE
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	✓	SAQ
19.	Justify the use of guiding grooves and alignment grooves for occlusal reduction and axial reduction respectively.	IL	✓	SAQ/MCQS
20.	Devise strategies to prevent damage to adjacent tooth during axial tooth reduction.	IL	✓	SAQ/MCQS
21.	Select a margin design in relation to the material chosen.	IL/CBL	✓	SAQ/MCQS
22.	Select correct margin placement in a given case.	IL/CBL	✓	SAQ/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	✓	SAQ/MCQS/O SCE
26.	Rationalize the use of proximal grooves in a partial coverage crown.	IL	✓	SAQ/MCQS
27.	Outline strategies for achieving parallelism between abutment preparations.	IL	✓	SAQ
28.	Identify pin ledge preparation.	IL	✓	SAQ/MCQS
29.	Compare pin ledge preparation with other partial coverage crown designs.	IL	✓	SAQ/MCQS
30.	Classify veneers.	IL	✓	SAQ/MCQS
31.	Identify porcelain laminate veneers.	IL	✓	SAQ/MCQS/O SCE
32.	Select a patient for a porcelain laminate veneer.	IL	✓	SAQ/MCQS
33.	Outline preparation form of a porcelain laminate veneer.	IL	✓	SAQ
34.	Chose armamentarium for a porcelain laminate veneer preparation.	IL	✓	SAQ/MCQS
	<b>Crowns and Fixed dental prosthesis – Case Selection</b>			
35.	Classify crowns.	CBL	✓	SAQ/MCQS/O SCE
36.	Select appropriate crown material and crown type for a given case.	CBL	✓	SAQ/MCQS
37.	Classify fixed partial dentures.	CBL	✓	SAQ/MCQS
38.	Identify components.	CBL	✓	SAQ/MCQS/O SCE
39.	Select appropriate type of FPD for a given patient.	CBL	✓	SAQ/MCQS
40.	Apply material science in association to FPDs.	CBL	✓	MCQs/VIVA
	<b>Tissue Management and Impression Making</b>			

41.	Consider the prerequisites for tissue management and impression making.	IL	✓	SAQ/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	✓	SAQ/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	✓	SAQ/MCQS
47.	Select appropriate impression material for fixed partial dentures.	IL/CBL	✓	MCQS
48.	Compare different impression techniques for fixed partial dentures.	IL	✓	SAQ/MCQS
49.	Recognize impressions according to different techniques	CR		OSCE
50.	Recommend a disinfection protocol for different impressions materials.	IL/CR		MCQS/Viva
	<b>Interim Fixed Prosthesis</b>			
51.	Justify the use of interim fixed prosthesis.	IL	✓	SAQ/MCQS
52.	Select appropriate material for interim FPD.	IL	✓	MCQS
53.	Compare different techniques for its fabrication	IL	✓	SAQ/MCQS
	<b>All Ceramic Restorations</b>			
54.	Classify all ceramic restorations.	IL	✓	MCQS
55.	Select a patient for all ceramic restoration	IL	✓	SAQ/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
	<b>Color Replication Process</b>			
58.	Discuss Munsell and CIELAB Color Systems	IL	✓	MCQS
59.	Describe visual and instrumental color measurement	IL	✓	SAQ/MCQS
60.	Identify light Sources and the ideal light source for shade matching	IL	✓	SAQ/MCQS
61.	State factors affecting color perception	IL	✓	SAQ/MCQS
62.	List factors affecting the color of porcelain restorations	IL	✓	SAQ/MCQS
63.	Apply general guidelines for shade selection	IL	✓	SAQ/MCQS
	<b>Laboratory Procedures</b>			
64.	Classify definitive cast and dies.	IL	✓	SAQ/MCQS
65.	Compare different types of dies for crown fabrication.	IL	✓	SAQ/MCQS



66.	Enumerate different die systems.	IL	✓	SAQ/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
	<b>Crown evaluation (laboratory and clinical)</b>			
82.	Plan protocol for finishing the cast restoration.	IL	✓	SAQ/MCQS
83.	Enlist the zones of crown evaluation in laboratory in sequence	IL	✓	SAQ/MCQS/V IVA
84.	Enumerate management of any problems in crowns pre cementation	IL/CBL	✓	SAQ/MCQS
85.	Devise evaluation protocol of finished prosthesis clinically.	IL/CBL	✓	SAQ/MCQS
86.	Evaluate all zones of crown sequentially in vivo	IL/CBL	✓	SAQ/MCQS
87.	Diagnose underextension, over extension and ledge formation in margins	IL/CBL	✓	SAQ/MCQS/S C
88.	Devise strategy for managing improper crown margins	IL/CBL	✓	SAQ/MCQS
	<b>Cementation of crown and FDP</b>			
89.	Classify luting cements	IL	✓	SAQ/MCQS
90.	Compare provisional and definitive cementation	IL	✓	SAQ/MCQS
91.	Select appropriate luting agent for a given type of prosthesis.	IL/CBL	✓	SAQ/MCQS

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

116.	Outline preparation steps of abutment teeth both in anterior and posterior teeth	IL	✓	SAQ/MCQS
117.	Compare anterior and posterior abutment tooth framework design.	IL	✓	SAQ/MCQS
118.	Select appropriate material for bonding of resin bonded FPD.	IL/CBL	✓	SAQ/MCQS
<b>S NO</b>	<b>Osseointegration and case selection – Integrated with other specialties</b> <i>Detailed topic will be taught by Oral Surgery Department and then will be followed by prosthetic considerations and prosthesis types.</i>			
	<b>Implantology</b>			
119.	Define dental implants	IL	✓	MCQS
120.	Enlist the different types of dental implants	IL	✓	MCQS
121.	Identify Implant components	IL	✓	MCQS/OSCE
122.	Define osseointegration	IL	✓	MCQS
123.	Discuss the role of osseointegration in implants and factors that determine its success	IL	✓	MCQS
124.	Enumerate factors for failure of implants	IL	✓	MCQS
125.	Sequence implant related surgical and restorative phases	IL	✓	MCQS
126.	Compare one stage and two stage technique	IL	✓	MCQS
127.	Enlist the types of prosthetic implant loading.	IL	✓	MCQS
	<b>Implant retained Prostheses</b>			
128.	Classify implant retained prostheses according to Misch	IL	✓	MCQS
129.	Compare cement retained versus screw retained prosthesis	IL	✓	MCQS/OSCE
130.	Brief about configurations of implant supported overdentures	IL	✓	MCQS
131.	Select a patient for implant supported overdentures	IL	✓	MCQS
132.	Identify type of attachments used in implant retained overdentures	IL	✓	MCQS/OSCE
133.	Justify the use of implant supported overdentures	IL	✓	OSCE/SAQ
	<b>Overdentures</b>			
136.	Rationalize the use of overdentures in removable prosthodontics.	IL	✓	SAQ/MCQS
137.	Select a patient case for prescription of overdentures.	IL	✓	SAQ/MCQS
138.	Anticipate the problems associated with overdentures.	IL	✓	SAQ/MCQS
139.	Outline a treatment plan for patients indicated for overdentures.	IL	✓	SAQ/MCQS
140.	Justify the selection of abutments for overdentures.	IL	✓	SAQ/MCQS

141.	Select appropriate abutment design for different cases of overdentures.	IL	✓	SAQ/MCQS
142.	Enlist problems associated with overdentures.	IL	✓	SAQ/MCQS
143.	Recognize type of overdenture prosthesis	IL		SC

	<b>Ethics and Professionalism</b>			
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		BCQs
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

## ACADEMIC SCHEDULES

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

<b>Weekly schedule of Module XII</b>		
<b>Orthodontics</b>		
<b>Week no.</b>	<b>Lecturer 1</b>	<b>Lecturer 2</b>
Week – 1	Retention and relapse (26-33)	Appliances for retention (33)
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)	TEST
Week – 6	Treatment of class II malocclusion (11,12)	Treatment of class III malocclusion (11,12)
Week – 7	Treatment of CL/P (34-36, 40)	Perio problems and Orthodontic treatment
Week – 8	Orthognathic surgery (38-39)	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	<b>Theory Examination</b> <b>OSCE &amp; Viva Examination</b>	

<b>Weekly schedule of Module XII</b>		
<b>OMFS</b>		
<b>Week</b>	<b>Lecture 1</b>	<b>Lecture 2</b>
<b>Week – 1</b>	Diagnosis & Pre-operative Management of Head/ Neck Injuries LO: 33, 34,	Diagnosis & Management of Dentoalveolar Injuries LO: 35, 36
<b>Week – 2</b>	Oral & Maxillofacial Radiology in trauma patients LO: 21, 22, 24, 25, 26,27,	Mandibular Fractures- Diagnosis & Management LO: 38
<b>Week – 3</b>	Diagnosis & Management of Maxillary Fractures LO: 182, 184	Zygomatic Complex & NOE Fractures LO: 38
<b>Week – 4</b>	Orbital Trauma and Management LO: 38	Maxillofacial Injuries in Children and Elderly – Special Considerations LO: 37
<b>Week – 5</b>	Use of Lasers in OMFS LO: 7	Introduction to Ethics in Dentistry LO: 13-17
<b>Week – 6</b>	Dental Radiology LO:24-27	Class presentations
<b>Week – 7</b>	Contemporary Implant Dentistry LO: 27	Contemporary Implant Dentistry LO: 27
<b>Week – 8</b>	Implant workshop	Introduction of Dentofacial Deformities LO: 37
<b>Week – 9</b>	Correction of Dentofacial Deformities LO: 38	Orthognathic Surgery & Distraction Osteogenesis LO: 39
<b>Week – 10</b>	Introduction to Orofacial Clefts LO: 37,38, 40	Management of Orofacial Clefts LO: 40
<b>Week -11</b>	Class presentation	Basics of Forensic Dentistry LO: 8-12
<b>Week -12</b>	Revision	Revision
<b>Week – 13</b>	<b>THEORY EXAM</b>  <b>OSCE &amp; Viva Examination</b>	

	<b>PROSTHODONTICS MOD XII</b>		
	<b>LECTURE TOPICS</b>	<b>LOs</b>	<b>RESOURCES</b>
<b>Week 1</b>	Principles of tooth Preparation – I	1-13	Book 3* Chap 7
	Principles of tooth Preparation – II	1-13	Book 3* Chap 7 & 11
<b>Week 2</b>	Tooth Preparation ( Metal & Metal ceramic/ All Ceramic)	14-34	Book 3* Chap 8,9 10
	Tooth Preparation – Hands- on	14-34	Book 3* Chap 26
<b>Week 3</b>	Case Selection – Crown	35-36,54-57	Book 3* Chap 3
	Considerations for Fixed	37-40	Book 3* Chap 3 & 7
<b>Week 4</b>	Abutment and Retainers	98-103	Lecture
	<b>Test</b>		
<b>Week 5</b>	Pontic Design and Connectors	104-111	Book 3* Chap 20 & 27
	Resin bonded FPD	112-118	Book 3* Chap 26
<b>Week 6</b>	Case Selection - FPD	37-40	Book 3* Chap 3
	Tissue Management and Impression making	41-50	Book 3* Chap 14
<b>Week 7</b>	Interim Fixed Restorations	51-53	Book 3* Chap 15
	Color Replication Process	58-63	Book 3* Chap 23
<b>Week 8</b>	Laboratory Procedures	64-81	Book 3*
	Finishing and Evaluation	82-88	Book 3* Chap 28 & 29
<b>Week 9</b>	Luting Agents and Cementation Procedures/ Postoperative Care	89-97	Book 3* Chap 30 & 31
	<b>Test</b>		
<b>Week 10</b>	Implant introduction (indication, contraindication, impression)	119-127	Book 1* Chap 16
	Prosthetic consideration(types, AP Spread, occlusion)	128-133	Hand-outs
<b>Week 11</b>	Fp1,Fp2 and Fp3(fixed)	128-133	Hand-outs
	Rp4 and Rp5 (tooth vs. implant supported Overdentures)	128-133	Book 1* Chap 16 Hand-outs
<b>Week 12</b>	Screw vs. cement retained +post op maintenance	128-133	Hand-outs
	Revision		



LEARNING RESOURCES

Department of Operative Dentistry/ Paedodontics

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](http://www.bookdepository.co.uk)
3. The Art & Science of Operative Dentistry by Sturdevant.
4. Pickard's Manual of Operative Dentistry by EAM Kidd.
5. Fundamentals of Operative Dentistry by Schwartz
6. Dental Restorative Materials – Craig
7. Hart's Endodontic in clinical practice by T.R.Pittford
8. Pathways of pulp by Stephen Cohen
9. Endodontics Principles and Practice by Torabinejad
10. Wellbury fifth edition for Paedodontics

## **DEPARTMENT OF ORTHODONTICS**

- Contemporary Orthodontics, by William R. Proffit (6<sup>th</sup> Edition)  
Essentials of facial growth by Donald H Enlow (2<sup>nd</sup> Edition)

## **DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY**

- |  |                       |
|--|-----------------------|
| 1. An Introduction of Oral & Maxillofacial Surgery       | David Mitchell        |
| 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          |

## **DEPARTMENT OF PROSTHODONTICS**

### **Books:**

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

**TIME TABLE TEMPLATE FOR YEAR 2025**

DAY	08:30 - 09:30	09:30 - 10:30	10:30 - 10:45	11:00 – 13:00	13:00 – 13:15	13:15 -16:00
MONDAY	ORTHODONTICS	OPERATIVE (MOD 10,11) PAEDODONTICS (MOD 12)	BREAK	DENTAL OPD	BREAK	<u>DENTAL OPD</u>
TUESDAY	OPERATIVE (MOD 10,11) PAEDODONTICS (MOD 12)	PROSTHODONTICS				
WEDNESDAY	ORTHODONTICS	OMFS				
THURSDAY	OPERATIVE (MOD 10,11) PAEDODONTICS (MOD 12)	PROSTHODONTICS				MENTORING (first Thursday of each month)
FRIDAY	BEHAVIORAL SCIENCES	OMFS				CBL (8/MOD)

**BAHRIA UNIVERSITY HEALTH SCIENCES CAMPUS KARACHI**

**BAHRIA UNIVERSITY DENTAL COLLEGE**

**ACADEMIC SCHEDULE 2025 (BATCH 10<sup>TH</sup>)**

**FINAL YEAR BDS**

**SESSION STARTS**

30<sup>th</sup> Dec. 2024 (Monday)

**MODULE 10 (12 weeks)**

Start: 30<sup>th</sup> Dec 2024 (MONDAY)  
Ends: 21<sup>st</sup> March 2025 (FRIDAY)  
EXAMS: 24<sup>th</sup> March → 28<sup>th</sup> March 2025

EID UL FITR vacations\* 31<sup>st</sup> march → 4<sup>th</sup> April 2025

**MODULE 11 (12 weeks)**

**Pre-vacation session (9 weeks)**

Start: 7<sup>th</sup> April 2025 (MONDAY)  
Module break 6<sup>th</sup> June (FRIDAY)

EID UL ADHA and VACATIONS 9<sup>TH</sup> JUNE → 20<sup>th</sup> JUNE 2025


**Post vacation session (3 weeks)**


Module starts 23<sup>rd</sup> JUNE 2025 (MONDAY)  
Ends: 11<sup>th</sup> JULY 2025 (FRIDAY)  
EXAMS: 14<sup>th</sup> JULY → 18<sup>TH</sup> JULY 2025

**MODULE 12 (12 weeks)**

Starts: 21<sup>st</sup> JULY 2025 (MONDAY)  
Ends: 9<sup>th</sup> Oct 2025 (THURSDAY)  
EXAMS 10<sup>th</sup> Oct → 15<sup>TH</sup> Oct 2025

**Final exams after 15<sup>th</sup> Oct 2025**

  
PROF. DR FARZEEN TANVIR  
VICE PRINCIPAL DENTAL COLLEGE

  
PROF. DR KASHIF NAQVI  
PRINCIPAL DENTAL COLLEGE