



MUHAMMAD DENTAL COLLEGE



CONSOLIDATED INTEGRATED CURRICULUM DOCUMENT BDS PROGRAM 2024-2025

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	ABBREVIATIONS				
BCQs	Best Choice Questions				
BST	Bedside Teaching				
CBL	Case Based Learning				
СС	Curriculum Committee				
CR	Clinical Rotation				
C-FRC	Clinical Skills Foundation Rotations				
СРС	Clinical Pathological Conference				
CQ	Class Quiz				
CR	Class Representation				
CME	Continuous Medical Education				
DSE	Directed Self-Learning				
НО	House Officers				
HOD	Head of Department				
HEC	Higher Education Commission				
LGIT	Large Group Integrated Teaching				
MIT	Modes of Information Transfer				
OSPE	Objective Structured Practical Examination				
OSCE	Objective Structured Clinical Examination				
OSVE	Objective Structured Viva Examination				
PBL	Problem Based Learning				
PERLs	Professionalism, Ethics, Research Leadership Skills				
РМР	Patient Management Problem				
PSIL	Problem Solving Integrated Learning				
PM&DC	Pakistan Medical & Dental Council				
PW/Lab	Practical work				
QEC	Quality Enhancement Cell				
SS	Self Study				
SL	Skills Lab				
SGD	Small Group Discussion				
SIM	Simulation				
SEQs	Short Essay Questions				
UHS	University of Health Sciences				
TBL	Team Based Learning				
WBT	Ward Based Teaching				
WPBA	Work Placed Based Assessment				

STANDARD-1:

1.1: MISSION STATEMENT OF MOHAMMAD DENTAL COLLEGE

Nurturing students' potential by providing them highest quality education in the field of Dentistry thereby producing individuals with strong values, compassion and professionalism, emphasizing community engagement particularly with marginalised segment of rural population, encouraging students to become empathetic and socially responsible professionals by training them in the best evidence based practice, capable of contributing to advancements through research and innovation.

1.2: VISION OF ISU

To be an internationally recognized institution, famous for its ethical work, emphasizing the importance of integrity, honesty and moral principles, highlighting the University's commitment to serving the community and producing unbiased and empathetic educated people, encouraging them to engage in research, critical thinking, innovation and evidence- based best practices.

1.3: VISION OF LIAQUAT UNIVERSITY OF MEDICAL AND HEALTH SCIENCES (LUMHS)

Liaquat University of Medical and Health Sciences (LUMHS) seek to be a top tier healthcare Institution, producing ingenious academic leaders, medical researchers, and health care advocates to serve global community.



STANDARD-2: BDS PROGRAM OUTCOME

By the end of the Four years of BDS program at MUHAMMAD DENTAL COLLEGE (aims to produce dental graduates who are able to:

- Demonstrate appropriate basics knowledge of medical and dental sciences.
- Evaluate the use of laboratory tests and imaging studies and interpret the results to arrive at clinical decision making by critical thinking.
- Recognise patient with special care and perform dental emergencies having good communication skills.
- Engage in research activity aimed at improvement of quality of health care including behaviour modification of individual and community for quality life
- Elicit professional skills while providing patient centered care by relevant and comprehensive physical and dental examination.
- Commit to lifelong learning to keep up to date with developments in dental practice and trends in disease at population level by strong leadership and management skills.
- To exhibit ethical patient centered care based on integrity, humility, social accountability and high ethical values of this sacred profession

STANDARD-3: OUTLINES OF THE BDS CURRICULUM ORGANIZATION

Curriculum is a planned document which provides time bound schedule of educational activities aimed at achieving predefined learning outcomes. It includes need assessment, defining learning outcomes, preparation of table of specification for knowledge, skill and attitude to be taught with identification of modes of information transfer, implementation plan, assessment and program evaluation strategies to ensure continuous improvement.

Liaquat University of Medical & Health Sciences (LUMHS) is a vibrant, internationally recognized, studentcentered, research university. LUMHS was established as Sindh Medical School in 1881. From 1951 to 2001 (50 years) Liaquat University of Medical & Health Sciences was known as Liaquat Medical College, Jamshoro. It was the first dedicated health Sciences University established in the province with a vision to bring qualitative and quantitative revolution in medical education and research through evolution. It is 8th best Medical University of Pakistan per the statistics of 2020. It is ranked # 651-700 in Asian University Ranking 2023.

Curriculum addresses the local and regional needs. This curriculum of MDC is developed according to the syllabus provided by (LUMHS) and Pakistan Medical & Dental Council (PM&DC). The curricular outcomes will be regularly assessed in meeting of academic council. LUMHS has introduced integrated Modular Curriculum ever first time in 2021 for First Year BDS. In this student will start comprehend the skills and attributes from very beginning of medical Education. Its contemporaneous nature denotes that it is a dynamic document, having built-in mechanisms for implementation and evaluation. In view of new knowledge being continuously added, a medical curriculum cannot survive in the absence of aforementioned characteristics.

Pakistan Medical & Dental Council (PM&DC) lays down the guiding principles as regards to the expected core competencies in a medical graduate in the country and oversees the proficiency of medical education known as seven star Doctors. The universities and medical and Dental colleges have the prerogative to develop a curriculum in alignment with the guiding framework provided by (PM&DC) & Higher Education Commission (HEC). One of the major functions of Pakistan Medical & Dental Council is to ensure that medical graduates should be able to meet the health needs of the society. These graduates should be competent to apply evidence-based medicine to health promotion, disease prevention, curative and rehabilitative care of the catchment population.

In the light of facts mentioned above, a framework is being provided for the development of curriculum. The said guidelines have been developed keeping in view of the initial recognition framework for medical and dental schools in Pakistan (2019) *W*orld *F*ederation of *M*edical *E*ducation *(WFME) Standards* for basic medical/dental education.

Hence, this competency based curriculum includes the applied basic sciences relevant to general dental practice and ensured that the students spend sufficient time in planned contact with patients in relevant clinical settings along with the credit hours.

The BDS Curriculum is outline in following headings.

- 1. Need for BDS Curriculum.
- 2. Goal
- 3. Rationale
- 4. Competencies
- 5. Student Learning Out Comes
- 6. Educational Content (Syllabus) includes the Credit Hours, Table of Specification, Learning Objectives, Mode of Instruction Transfer (MIT), Assessment tools etc.

MUHAMMAD DENTAL COLLEGE (MDC)

3.2: ALIGNMENT OF ISU VISION WITH MDC MISSION

ALIGNMENT OF ISU VISION WITH MDC MISSION AND BDS PROGRAM OUTCOME

ALIGNMENT OF BDS PROGRAM OUTCOME WITH KNOWLEDGE, ATTRIBUTE AND SKILLS

ISU Vision	MDC Mission		Program Outcomes		Blooms
					Taxonomy
Internationally Recognised Institute	Highest qua	lity education	1. kn	Demonstrate appropriate basics owledge of medical sciences and dental sciences.	Knowledge
Famous for Ethical Work	Producing individuals with strong values		2.	To exhibit ethical patient centered care based on integrity, humility, social accountability and high ethical values of this sacred profession	Knowledge, Attitude, Skills
Importance of Integrity, Honesty, Moral Principles	Compassion	Professionalism	3.	Recognise patient with special care and perform dental emergencies having good communication skills	Knowledge, Attitude, Skills
Commitment to Serving the Community	Emphasizing community engagement	Marginalised segment of rural population	4.	Engage in research activity aimed at improvement of quality of health care including behaviour modification of individual and community for quality life	Knowledge, Attitude, Skills
Producing Unbiased and Empathetic Educated People	Become Empathetic			community for quality me.	
Engaged in Research	Contributing to advancements through research				
Critical Thinking	Socially responsible professionals		5.	Evaluate the use of laboratory tests and imaging studies and interpret the results to arrive at clinical decision making by critical thinking.	Knowledge, Attitude, Skills
Innovation	Training	Innovation	6.	Commit to lifelong learning to keep up to date with developments in dental practice and trends in disease at population level by strong leadership and management skills.	Knowledge, Attitude, Skills
Evidence Based Best Practices	Best Evidence Based Practice		7.	Elicit professional skills while providing patient centered care by relevant and comprehensive physical and dental examination.	Knowledge, Attitude, Skills

4.1: NEED FOR BDS CURRICULUM

Learning is a lifelong process for Tomorrow's Doctor. Learning and training in dentistry has different periods as formal/undergraduate/foundation education and articulated in Curriculum and non-formal/post graduate education is earned through climbing the ladder of FCPS/MDS/MHPE/M-Phil and Ph D and demonstrated via Professional Development Programs, Capacity Building and Continuous Medical Education.

The Curriculum Document of BDS Program is addressing the content provided by the accreditation/regulator bodies' such as Pakistan Medical & Dental Council (PM&DC) & Higher Education Commission (HEC). This document is developed to guide dental undergraduates who are capable to provide the quality and competent healthcare to the patients by addressing the needs of the society.

The graduate program of BDS was initiated in 2019 and the curriculum is merged in the study guides of every year which is provided to every student and the teaching faculty of the respective year. This study guide will be revised every year according to the need. The curriculum highlighted integration of the disciplines in a horizontal & vertical manner. Integration is what is needed by the graduate to function competently in real-world practice settings.

The curriculum document of BDS graduate program is addressing the elements mentioned in the document of Pakistan Medical & Dental Council, (National Accreditation Framework for Medical and Dental Schools in Pakistan 2019) & standards/framework/Guideline for development of Competency-Based Medical education. This document expressed the quality standards for accreditation of Medical and Dental Colleges in Pakistan such as vision and mission statement of the Institute which should be reflected in the outcome of the extended BDS Program, Curricular Organization, Educational Content, Curriculum Management, Assessment Plan, Student Awards, Faculty Development, Program Evaluation and Continuous Renewal, Governance Services and Resources and Research and Scholarship. The syllabus/educational content that needed to be covered during the four years of BDS program was provided by PMDC as well as the number of hours each subject needed to be taught. Guidance was sought from Pakistan Medical & Dental Council & LHMHS in this regard and the University's proposal of curricular review was endorsed by both bodies.

The curriculum document of MDC is developed according to the syllabus provided by the Liaquat University of Medical and Health Sciences (LUMHS) which was initially traditional based. LUMHS has introduced integrated Modular Curriculum ever first time in 2021 for First Year BDS. This was the start of the needs assessment process as per PMDC standards. The curriculum of MDC is hybrid curriculum which is the combo of traditional and integrated curriculum implemented as modular in the learning environment of MDC. Hence, curricular committee was developed and comprised of principal Dental (MD C), all subject specialists and Medical Educationists to suggest methodologies to cultivate a curriculum. Various learning strategies were incorporated such as interactive lectures, tutorials, case based learning, PBLs, self-directed learning and directed self-learning. All teaching strategies are interactive & small group format. In addition, non-formal experiential learning for student is promoted by CME. All this has been structured taking into account the Best Evidence Based Medical Education literature and our local culture and context. Moreover, the Electives are not part of the curriculum. Students can avail electives whenever he/she has completed the Academic Contact Session and during vacations. PERLs (Professionalism, Ethics, Research and Leaderships Skills) are part of the Curriculum and will be taught in every year. No transformation is possible without the involvement of a dedicated faculty and staff, which took on the task with unfathomed zeal and through their efforts, the outcomes which initially were thought to be a dream took on the shape of reality.

Hopefully with the passage of time this document will prove to be the step ahead in continuing curricular reforms in medical and dental colleges of our country as it is an imperative step which is needed to be taken to produce graduates who can accomplish what society demands from them that is quality patient care.

Prof: Dr. Qadeer-ul-Hassan PRINCIPAL Muhammad Dental College

Prof Dr Qadeer-ul-Hassan Dean Muhammad Dental College Mirpurkhas

Prof Dr Syed Razi Muhammad Chancellor Ibne-Sina University Mirpurkhas

4. 2: GOAL OF CURRICULUM DOCUMENT

"The philosophy of any good educational system is that it focuses on making its participant a problem solver as well as a life-long self-directed learner/directed self- learner and these were the guiding principles for this process.

This competency based curriculum is aimed to abide the standards of accreditation system in order to ensure that the planning, implementation and evaluation of the curriculum is in alignment with the educational outcomes. Graduates should be competent to apply evidence-based medicine to health promotion, disease prevention, curative and rehabilitative care".

4.3: RATIONALE OF CURRICULUM DOCUMENT

"The rationale of this document is to meet the guiding principles of Pakistan Medical Commission (PMC), National Accreditation Framework for Medical and Dental Schools in Pakistan-2019 & LUMHS in order to expect the core competencies in a Dental graduate of the country and oversee the proficiency of Medical Education"

- To equip dental students with the essential knowledge of basic medical and dental sciences and their relevance to clinical dentistry.
- To fosters the development of clinical skills, such as effective communication, compassion, problem- solving, and teamwork.
- Students will learn through interactive lectures, practical sessions, demonstrations, and casebased learning.
- They will apply their knowledge and skills to realistic scenarios under supervision and prepare for real life practice.
- As future dentists, they will be expected to keep abreast of the latest evidence and best practices to address the health needs of the community.

4.4:

THE CORE COMPETENCIES OF DENTAL UNDERGRADUATES

This competency-based curriculum assesses the incremental acquisition of following competencies in medical graduate:

- 1. Skillful
- 2. Knowledgeable
- 3. Community Health Promoter
- 4. Critical Thinker
- 5. Professional & Role Model
- 6. Researcher
- 7. Leader and Role Model

A 'seven-star doctor' Pakistani medical/dental graduate should be able to demonstrate various traits as detailed under each competency. These attributes are a minimum and not exhaustive by any means.

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 Well versed with basic dental morphology and application of dental materials

II. Knowledgeable:

A. Assessment, Diagnosis, and Treatment Planning: Under Graduates must be competent to:

2.1 Manage the oral health care of the 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 for the patients.

B. Establishment and Maintenance of Oral Health: *Under Graduates must be competent to:*

- 2.7 Utilize universal infection control guidelines for all clinical procedures.
- 2.8 Prevent, diagnose, and manage pain and anxiety in the dental patient.
- 2.9 Prevent, diagnose temporo-mandibular joint disorders.
- 2.10 Prevent, diagnose, and manage periodontal diseases.
- 2.11 Develop and implement strategies for the clinical assessment and management of caries.
- 2.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.
- 2.13. Diagnose and manage developmental or acquired occlusal abnormalities.
- 2.14 Manage the replacement of teeth for the partially or completely edentulous patient.
- 2.15 Diagnose, identify, and manage pulpal and peri-radicular diseases.

- 2.16 Diagnose and manage oral surgical treatment needs.
- 2.17 Prevent, recognize, and manage medical and dental emergencies.
- 2.18 Recognize and manage patient abuse and/or neglect.
- 2.19 Recognize and manage substance abuse.
- 2.20 Evaluate outcomes of comprehensive dental care.
- 2.21 Diagnose, identify, and manage oral mucosal and osseous diseases.

III. **Community Health Promoter:** *Under Graduates must be competent to:*

3.1 Provide prevention, intervention, and educational strategies.

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

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

IV. Critical Thinker: Under Graduates must be competent to:

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

4.2 Utilize critical thinking and problem-solving skills.

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

V. Professional and Role Model: 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.

VI. Researcher: Under Graduates must be competent to:

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

6.2 Conduct independent researches based on the community requirements

VII. Leader: Under Graduates must be competent to:

- 7.1 Manage self, taking responsibility and utilizing the time to the best of his/her ability.
- 7.2 Effectively work in a group, as a leader or as a team member
- 7.3 recognize and comply with the working system of any Institute.

4.5:

CURRIULUM FRAMEWORK OF FOUR YEARS BDS PROGRAM

The BDS Curriculum in MDC is spiral in which students will learn the same topics throughout their education program with each encounter increasing in complexity and reinforcing previous learning.

Vacations: Students will avail vacations in accordance with the schedule decided by the College Academic Council. Hospital teaching continues during summer vacation. Students performing hospital duty will be divided in batches.

Timetables for various batches will be prepared by the timetable Committee as received the timetable grid from LUMHS. If needed, classes may also be continued during the summer vacation. Time Table of lectures, SGDs, practical classes and hospital training will be notified by the head of the institution before the commencement of the academic session and during the session if a change is required. Classes teaching, training, syllabus, courses, End of Module examinations & final professional examination are carried out according to the rules and regulations of the LUMHS.

- The Liaquat University of Medical & Health Sciences (LUMHS) has designed a four-year modular framework for Integrated Curriculum based on Specific Themes, Clinical Clerkships, Quran and Professionalism, Ethics, research & Leadership.
- **4** The time calculation for completion of module is based on 35 hours per week.
- Total hours of teaching, learning and formative/summative internal assessment to be completed in a year are 1200.

Year	Module	Modular Configuration	Weeks
	1	Foundation-I	8 Weeks
	2	Foundation-II	8 Weeks
	3	Craniofacial Complex &	10 Weeks
		Neuroscience	
First Year BDS	4	Orofacial Complex	10 Weeks
	General Education	PERLs 1 (Professionalism, Ethics, Research & Leadership), Behavioral Sciences, Medical Education, ICT, Islamiat, Pakistan Studies & ICT.	36 Weeks
		Pre-Clinical (Rotation in Operative, Prosthodontics, Clinical Care, Dental Anatomy)	34 Weeks
		Disease, Infections & Therapeutics I	9 Weeks
		Disease, Infections & Therapeutics II	9 Weeks
Second Year BDS		Neoplasia, Hemodynamics & Genetics	9 Weeks
		Dental Materials & Pre-Clinical Dental Sciences	9 Weeks
	General Education	PERLs 2 (Professionalism, Ethics, Research & Leadership), Behavioral	36 Weeks

1			
		Sciences, Medical Education & ICT.	
	1	Cariology & Removal Prosthesis+	7 Weeks
		Research	
	2	Oral disease, Exodontia, Pain	7 Weeks
Third Year		Management & Anxiety Control	
BDS		(OMFS+ Oral Medicine & Diagnosis)	
	3	Periodontics (Gingiva & Periodontal	7 Weeks
		Disease) + Behavioral Sciences	
	4	Community Dentistry & Public	7 Weeks
		Health Services	
	5	Oral Radiology & Dental Informatics	7 Weeks
		General Medicine & General Surgery	35 Weeks
	General	PERLs 3 (Professionalism, Ethics,	35 Weeks
	Education	Research & Leadership), Behavioral	
		Sciences, Medical Education & ICT.	
	1	Oral Maxillofacial Surgery	7 Weeks
	2	Operative Dentistry & Endodontic	7 Weeks
	3	Orthodontics	7 Weeks
Final Year BDS	4	Prosthodontics	7 Weeks
	5	Paediatric Dentistry	7 Weeks
	General	PERLs 4 (Professionalism, Ethics,	35 Weeks
	Education	Research & Leadership), Behavioral	
1 1			

A few salient features that have been incorporated for all the three domains of training after deliberations and through an iterative process by subject experts, medical educationists and the university lead as follows.

• Horizontal Integration- COGNITIVE:

The Curriculum framework has 15 modules spanning 03 years. The horizontal integration is evident in the modular configuration where different basic disciplines approach the themes simultaneously. Modules have been structured where all the basic disciplines are represented based on their respective weightage of content. Assessment framework ensures that the applied/clinical aspect also is inculcated in the concept development of the learner keeping the clinical relevance and context at the core.

• Clinical Relevance & Theme-COGNITIVE:

All module objectives are preceded by the recommended themes and clinical relevance. These are grounded in the rationale of the module so that pattern of learning could be steered for a

practical professional approach. However institutional discretiondoes not prohibit adopting any other thematic approach provided that the program outcomes are adequately achieved.

• Vertical Integration- COGNITIVE:

Spiral placement of the modules within the frameworkensures a revisit of the basic sciences. In the first step the applied / clinical learning objectives orientate the learner and the repetitive module horizontally rhymes with the clinical rotations with a backdrop of basic sciences. The final year of clerkship is the final revisit, which is primarily workplace based/log books and principally involves the perfect integrated blend of tri-domain learning.

• C-FRC-PSYCHOMOTOR:

Clinical Skills follow a spiral which is entirely skills dominant. This spiral is the core of psychomotor training. The first two years will be of **Clinical Skills- Foundation** which will represent clinical orientation. The clinical orientation will be conducted in OPD, skills lab and simulation centers (depending on the available resources). The clinical orientation along with the applied/clinical component of the knowledge base will channelize the learner for the practical and professional aspect of learning.

The subsequent two years the spiral will move on to **Clinical Skills Rotations**. The rotations in different wards will be based on foundational developmental already commenced in pre-clinical years. The year 3 and year 4 which have the rotations will also have the second visit of the modules which would now be more clinically inclined with a stronger base of Pharmacology and Pathology. Community oriented practices will also be broadening the element of systems thinking and diversity of practice for a healthcare leader of tomorrow.

 Clinical Clerkship: Finally, Clinical Clerkships are aimed to be entirely facilitated in workplace environments. The clerkship model will involve the delegation of duties thus adding to the acquisition of professional accountability as a competency. The psychomotor training and skills acquisition will be the maximum in the year of clerkship. The entire process of C-FRC will be endorsed in a logbook which would be the training base of the learner for future references and exam evaluations.

• PERLs-AFFECTIVE:

Affective training has been formally inculcated in the curricular framework. The model of PERLs has been introduced so that the yield of doctors has a strong, resilient, ethically driven character. PERLs stands for Professionalism, Ethics, Research and Leadership skills. PERLs rounds up professional development for the effective application of the knowledge and skills base achieved. For a professional to be social accountable and to be able to play the healthcare leadership role for societal elementslike advocacy, equity or resources and healthcare access, a formal training is a must.

The spiral of PERLs will be monitored directly by the respective department of Medical Education. However, the teaching sessions, and mentoring process, can and will be assigned to other disciplines. For example, communication skills can have an input from the faculty of Family Medicine and research can be facilitated by the Community Medicine & Public Health faculty. Ethics can be jointly covered by the Forensic department and Behavioral sciences. Leadership is an ambit where the students will be motivated if the institutional leads themselves get involved and can also have the input of the successful alumni. The Faculty of Medical Education will look after the entire process and will also engage in the teaching sessions, when and wherever required.

Type of evidence, activities to be performed, learning situation for the acquirement of the competencies, for the portfolio should be defined and enlisted by the academic council along with the help of the department of medical education. A 'mentoring platform' can flaunt the spirit of affective learning through the PERLS spiral. So it is recommended that a mentorship program should be developed at the respective institutes.

Note: All subjects, topics, laboratory, practical and clinical work to be examined regularly by SURVIVE and credit to be accounted in internal evaluation.

5.1: ELIGIBILITY CRITERIA FOR APPEARING IN ANNUAL PROFESSIONAL EXAMINATION OF LUMHS

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

- a. At least 75% of attendance in each subject.
- b. Have cleared all financial dues.
- c. Must appear in all three end-of-module/term examinations.
- d. No breach of discipline should have occurred for which the Disciplinary Committee has advocated a punishment.
- e. No student can appear in one subject in an annual professional examination but must appear in all the subjects for that year.
- f. Subjects may be designated for the supplementary exams or for students repeating a year.
- g. There will be no remedial or extra classes in any subject for compensation of the shortfall in attendance.
- h. Departments may offer revision classes but these will not be considered formal classes and will not be entered in the regular attendance.

5.2: COLLEGE ASSESSMENT POLICY FOR MODULES/DISCIPLINE/SUBJECT

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

Formative or ongoing assessment:

- Marks for CBL sessions, logbooks, history taking, Tasks performed during clinical supervision or clerking of patients.
- End of OPD rotation examinations, CATs, SURVIVE, quizzes and tests held in a department during modules or session.

Summative Assessment:

- The end-of-module test comprises:
 - OSCE or OSPE examination
 - Viva voce exam.
 - Written theory examination
 - $\circ~$ 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 by LUMHS.

5.3: STUDENT AWARD POLICY

1. MEDALS

• Committee

Dr. Muhammad Aqeel Aslam Prof. Dr. Zaibun Nisa HOD Science of Oral Medicine & Diagnosis HOD Periodontology

• Eligibility criteria is as under

1. Gold Medals

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

2. <u>Silver Medal</u>

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

2. SCHOLARSHIP CRITERIA

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

3. MERIT CERTIFICATES

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

5.4: POLICY FOR ELECTIVES

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

- b. The Electives Rotation will be of four weeks' duration.
- c. It will be planned at least six months in advance during the 3rd or 4th Year.
- d. The Elective will be planned during the **SUMMER HOLIDAYS** preferably.
- e. The institution or department will be of the student's choice.
- f. During the elective, the student will not get credit for attending lectures at MDC.
- 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 Vice Principal or Concerned HOD designated for this purpose who will take permission from the Principal.
- i. The student will sign a waiver to the effect that any shortfall in attendance is his /her own responsibility and will be dealt with as per rules of Liaquat University of Medical & Health Sciences (LUMHS).
- j. The adequacy of education during the elective is the student's own responsibility.
- Permission to attend an elective is given by the Associate Dean designated for this purpose.
 This simply implies that the college authorities are aware that the student is away for this period so that admission is not cancelled.
- I. The student will ensure that the Elective Supervisor completes an evaluation report at the end of the elective.
- m. MDC will not provide any financial assistance for the elective.

5.5: DISTRIBUTION OF TOTAL TEACHING HOURS FOR UNDERGRADUATE DENTAL EDUCATION (BDS) CURRICULUM						
SUBJECTS	1 st YEAR= 1300	2 ND YEAR =1320	3 RD YEAR= 1245	4 TH YEAR= 1210	TEACHING HOURS=5065	RANGE OF TEACHING HOURS
Anatomy (Embryology, Histology, Gross Anatomy)	300				300	300-350
General Physiology	300				300	300-350
Biochemistry	180		-	-	180	180-200
Oral Biology & Tooth Morphology	300				300	250-350
Islamic Studies/Pak Studies	50				50	
Research	40	50	10		100	
Pharmacology	-	220			220	200-250
Pathology (General Pathology, Special Pathology, haematology, Parasitology etc)		220			220	150-250
Dental Materials Sciences		300		-	300	300-350
Oral Pathology		180			180	150-250
Dental Public Health/Preventive Community Dentistry			200		200	200
Oral Medicine/Diagnosis/Radiology			150		150	150
Periodontology			180		180	200
General Medicine			180		180	180
General Surgery			170		170	
Pre-Clinical (Operative, Prosthodontics, DM		80 80 80	80 80		400	80
Oral Surgery (Forensic Odontology assessed with OMFS)			80+5=85	250	335	335
Paediatric Dentistry				100	100	100
Orthodontics				250	250	250
Operative Dentistry				250	250	250
Prosthodontics				250	250	250
SDL General Education (Behavioural Sciences, English, Art & Humanities, Communication Skills, Clinical Care, Professionalism, Leadership, Management, dental & Dental Ethics, patient Safety & Infection Control, ICT (Computer Skills, Self Study, Extra-curricular Activities)	130	110	110	110	440	420

565: TIME TABLE OF THE FIRST YEAR

The syllabus of every module of BDS is displayed in the form of weekly timetable along with the mode of transfer. As a sample; the most recent timetable has been displayed in the following table. To make it more generalize the name of the faculty member and the venue of the teaching is eliminated.

		08:30-09:30	09:30-10:30	40.00	11:00-13:00	12.00	14:00 -15:00	15:00=16:00	
DAY		Venue: Lectur Floo	e Hall C (1 th r)	10:30- 11:00	11:00 Lab Skills		Tutorial	SDL	
MON	IDAY	ANATOMY	PHYSIOLOG Y		A.Oral Biology B.Biochemistry		A. Anatomy B. Physiology	SDL	
TUES	DAY	PHYSIOLOGY	ΑΝΑΤΟΜΥ		A.Biochemistry B.Oral Biology		A-Physiology B-Anatomy	SDL	
WED Y	NESDA	BIOCHEMISTRY	ΑΝΑΤΟΜΥ	REAK	A.Anatomy B.Physiology	REAK	Communication Skills	SDL	
				ΒF		BF	SHA		
THU	RSDAY	ORAL BIOLOGY	BIOCHEMIST -RY		Oral Biology Tutorial		Biochemistry	SDL	
FRID	ΑY	Library session	ORAL BIOLOGY		A- Physiology B- Anatomy		Combined Tutorial	SDL	
							Anatomy		

5

5.7: TABLE OF SPECIFICATION

MUHAMMAD DENTAL COLLEGE TABLE OF SPECIFICATION (TEACHING AND ASSESSMENT)

Teaching strategies must be developed as per the TOS as suggested by Liaquat University of Medical and Health Sciences (LUMHS).

TOS OF TEACHING OF PRE-CLINICAL SUBJECTS					
Subject	Cognition	Psychomotor	Affective	Total	
Anatomy	60%	30%	10%	100%	
Physiology	60%	30%	10%	100%	
Biochemistry	70%	10%	20%	100%	
Dental Materials	50%	40%	10%	100%	
Oral Biology	70%	20%	10%	100%	
Community	60%	20%	20%	100%	
Dentistry					
Pathology	70%	25%	5%	100%	
Pharmacology	65%	25%	10%	100%	

	TOS OF TEACHING OF CLINICAL SUBJECTS				
Subject	Cognition	Psychomotor	Affective	Total	
Medicines	60%	30%	10%	100%	
Surgery	70%	20%	10%	100%	
Oral Medicine	60%	30%	10%	100%	
Periodontology	70%	10%	20%	100%	
Orthodontics	70%	20%	10%	100%	
Prosthodontics	50%	30%	20%	100%	
Operative Dentistry	50%	30%	20%	100%	
Paedodontics	60%	30%	10%	100%	
Oral & Maxillofacial Surgery	50%	30%	20%	100%	

TABLE OF SPECIFICATION: (FOR ASSESSMENT).

Assessment strategies must be based upon TOS of the teaching strategies that includes cognition, Psychomotor and affective domain. As all these domains may not be adequately assessed by any single methods. It is imperative to develop different methods to address all three domains. These methods may be both Direct and Indirect assessment. Therefore, the table

of specification developed is a general guide line and each department has liberty to developed assessment methods based upon teaching strategies.

Subject	Weekly Oral test,	Skills Labs	Attitude	Total
	Monthly SBQ.			
Anatomy	60%	30%	10%	100%
Physiology	60%	30%	10%	100%
Biochemistry	70%	10%	20%	100%
Dental Materials	50%	40%	10%	100%
Oral Biology	70%	20%	10%	100%
Community	60%	20%	20%	100%
Dentistry				
Pathology	70%	25%	5%	100%
Pharmacology	65%	25%	10%	100%

Subject	Ward Test, SBQ,	Clinical	Empathy	Total
	Journal Club,	Examination		
Medicines	60%	30%	10%	100%
Surgery	70%	20%	10%	100%
Oral Medicine	60%	30%	10%	100%
Periodontology	70%	10%	20%	100%
Orthodontics	70%	20%	10%	100%
Prosthodontics	50%	30%	20%	100%
Operative	50%	30%	20%	100%
Dentistry				
Paedodontics	50%	30%	20%	100%
Oral &	50%	30%	20%	100%
Maxillofacial				
Surgery				

*SBQs=Scenario Based Questions

5.8: MODE OF INFORMATION TRANSFER-(MIT)

The educational strategies in this curriculum are various and aligned with domain of learning and according to the desired outcome and known as The Mode of Instructional Transfer (MITs). Following MITs are integrated in learning.

- 1. Large Group Interactive Session (LGIS)
- 2. Team Based learning (TBL)
- 3. Case Based learning (CBL)
- 4. SURVIVE
- 5. Tutorials
- 6. Assignments
- 7. Case Presentation
- 8. Bedside Teaching/Ward Base Teaching
- 9. Simulations
- **10. Skills Laboratories**
- 11. Case based Conference
- 12. Lab Practical
- 13. Demonstrations
- 14. Ward Rounds
- 15. Flipped Classroom

OPERATIONAL DEFINITION OF DIFFERENT TEACHING STRATEGIES

Delivery of a curriculum also needs a diversity of educational Vernacular for the different learning styles. Following are a few of recommended Instructional Strategies. It is advised that at least three different methods of Instructions should be adopted in the institutional Planning. This will enable the diversity of Learning patterns to be facilitated.

	Lecture format is the most widely used approach to teaching especially in a large
	class size with average attention span of 20-30 mins.
	Interactive lecturing involves a two-way interaction between the presenter and the
	participants.
	> Interactive methods like brainstorming, buzz group, simulation, role play, and clinical
	cases canbe used.
	Significance of its usage:
	Relaxed environment
	Diverse opinions
Interactive	Active involvement
Session (Large	Increase attention and motivation.
Group LGIS)	Independence and group skills.
	Cost effective.
	Suitable for taking advantage of available audiovisual technologies
	TBL is a uniquely powerful form of small group learning.
	It provides a complete coherent framework for building a flipped course experience.
	There are four essential elements of TBL which include:
	 Teams must be properly formed and managed 5-7
	students).
	 Getting students ready.
Teem Deced	Applying course concepts
Team Based	Making students accountable
learning (TBL)	Significance of its usage
	Students are more engaged.
	Increased excitement in TBL classroom.
	Teams outperform best members.
	 Students perform better in final and standardized exams.
	It is an instructional student-centered approach in which students work in small
	groups on a health problem.
	Identifying their own educational needs.
	Being responsible for the acquisition of the knowledge required to understand the
Problem Based	scenario.
Learning (PBL)	Significance of its usage
	Teamwork
	Critical evaluation of literature
	Self-directed learning.
	Use of resources
	Presentation skills
	Leadership
	Respect for Colleagues view.
Case Based	It is an inquiry structured learning experience utilizing live or simulated patient cases
Learning (CBL)	to solve, or examine a clinical problem, with the guidance of a teacher and stated
	learning objectives.
	Induce a deeper level of learning by inculcating critical thinking skills.
	Flexibility on use of case 27

	Helps students acquire insightful information.
	Stay abreast with novel advancements in healthcare
	Tutorial is a class or short series of classes, in which one or more instructors provides
	intensive instruction on some subject to a small group.
	Its purpose is to explore student point of view for discussion.
	It directed reflective learning skills.
	Significance of Its Usage
lutorials	Develop and assess the extent of background knowledge of students which enables
	them to properly understand concepts which may not have been understood in
	lectures.
	• Develop problem-solving skills. Develop practice of self-learning. Reduced time to
	understand the topic.
	It is a metacognitive process that occurs before, during and after the situation with
	the purpose of developing greater understanding of both the self and situation so
	that future encounters with the situation are informed from previous encounters.
- (I .:	Significance of its usage
Reflective	Questioning attitude and new
Writing	perspectives. Areas for change and
	improvement.
	Respond effectively to new challenges.
	Critical thinking and coping skills
	 It is a teaching method which provides descriptive information about a clinical patient
	scenario and to share this educational experience with the general medical and
	scientific community
	 It prepares students for clinical practice using authentic clinical cases by linking
	theory to practice with the help of inquiry-based learning methods
	Significance of its usage
Case	Cultivate the capacity for critical analysis
Presentations	
	 Judgment and Decision making.
	Facilitate creative problem solving.
	Allow students to develop realistic solutions to complex problems
	> Teaching and learning that occurs with actual patient as the focus.
	It occurs in wards, emergency departments, operating rooms, and high dependency
	units.
	Significance of its usage
Bedside	Stimulus of clinical contact.
Teaching	Psychomotor skills
	Communication skills
	Language skills.
	Interpersonal skills
	Professional attitudes and empathy
	Role modeling
	 Person, device or set of conditions, which attempts to present education and
	evaluation of problems authentically.
	> The student or trainee is required to respond to the problems as s/he would under
. .	natural circumstances.
Simulation	Significance of its usage
	Safety for patients Liberty to make mistakes.
	Manageable/variable complexity of tasks
	Opportunity to develop self-efficacy before real patient encounter.
L	

	Repeatability of tasks.						
	Learning at different pace is permissible						
	It refers to specifically equipped practice rooms functioning as training facilities						
	offering hands on training for the practice of clinical skills within hon-threatening						
	environment prior to their real-life application.						
	F Inis applies to both basic clinical skillsas well as complex surgical skills.						
	Significance of its usage						
Skills	Controlled, anxiety-free, and risk-free learning environment to students.						
Laboratorios	 A platform for repeated practice for mastery in relevant clinical skills. 						
Laboratories	 Increase the preparedness of student learners before transitioning to the real 						
	hospital setting.						
	Build strong communication skills.						
	Enable learners to make critical decisions.						
	Clinical Case based conferences allow clinicians and medical students to present difficult case						
	material and include discussions of diagnostic, clinical formulation, and/or treatment issues.						
Case Based	Significance of its usage						
Conference	Provides detailed (rich qualitative) information.						
contenence	Provides insight for further research.						
	Permitting investigation of otherwise impractical (or unethical) situations.						
	Lab practical involve things like identifying a structure, a type of stain through a						
	microscope, a problem with a preparation, reading biochemical test results andanswering						
	safety questions. These simulations allow students to attempt theexperiments in the						
	laboratory in a risk-free way that provides the opportunity to makemistakes and learn how to						
	correct them using the immediate feedback generated. Significance of its usage						
Lab Practical	Enhance mastery of subject						
	matter.Develop scientific						
	reasoning.						
	Develop practical skills. Develop teamwork abilities.						
	The demonstration method in teaching can be defined as giving a demo or performing a						
	specific activity or concept. It is a teaching-learning process carried outin a very systematic						
	manner.						
Demonstrations	Significance of its usage						
Demonstrations	 Promotes learning and correlates theory with practice. 						
	Sharpens the observation skills.						
	Sustain interests in learning environment						
	Helps teacher to evaluate student's response.						
	It is a composite clinical practice to review inpatients management and progress, tomake						
	decisions about further investigations, treatment options and discharge from hospital. It is an						
	opportunity for clinicians, students, and patients to participate in education and training at						
	bedside.						
Ward Rounds	Significance of its usage						
	Patient management skills						
	History taking						
	Physical						
	examination Time						
	management skills						
	Communication						
	skills						
L							

6.1: RATIONALE OF CURRICULUM OF FIRST YEAR MBBS

This modular curriculum aims to equip dental students with the essential knowledge of basic medical and dental sciences and their relevance to clinical dentistry. It also fosters the development of clinical skills, such as effective communication, compassion, problem- solving, and teamwork. Students will learn through interactive lectures, practical sessions, demonstrations, and case-based learning. They will apply their knowledge and skills to realistic scenarios under supervision and prepare for real life practice. As future dentists, they will be expected to keep abreast of the latest evidence and best practices to address the health needs of the community.

INTRODUCTION TO INTEGRATED CURRICULAR FRAMEWORK						
Paper-I	Paper-I Paper-II					
Module-I Module-II Module-III						
Foundation - I & II	Craniofacial complex	Orofacial Complex				
10 Weeks 10 Weeks 10 Weeks						
Human Anatomy, Human Physiology, Biochemistry and						
Oral Biology & Tooth Morphology						

Paper-III: Module-IV
Pre-Clinical Dental Sciences-I
32 Weeks (on rotations basis group wise)
Oral Anatomy & Tooth Morphology, Biomaterials and Pre- clinical Sciences of Operative
Dentistry-I, Biomaterials and Pre-clinical Sciences of Removable Prosthodontics-I,
Introduction to Dental Care and Professionalism-I (on rotation basis) and Research
Methodology-I and Dental Informatics-I

6.1: PROGRAM INTENDED LEARNING OUTCOMES OF FIRST YEAR BDS

Knowledge and Understanding	Cognitive Skills	Practical Skills	Transferable/Capability Skills		
	Knowledge and	d Understanding			
After undergoing this prog	gram, a student will be able	e to			
 Identify and desc 	ribe the anatomy and phys	iology of the stomatogna	thic system		
 Identify and desc 	ribe various pathology asso	ciated with the stomatogr	nathic system and		
understand relev	ant diagnostic aids				
Describe treatme	ent methodologies to restor	re the stomatognathic sys	tem to health		
Explain methods	of prevention of oral diseas	ses in the individual and t	he community		
	Cogniti	ive Skills			
After undergoing this prog	gram, a student will be able	e to			
• Diagnose the ora	l condition of the patient in	relation to systemic cond	itions and		
 Interpret diagnos 	tic data to design a treatme	ent plan			
Apply multidiscip	linary simulation technique	es available to optimize tr	eatment plans		
 Modify known tr 	eatment methodologies to	best resolve the patient's	s oral disease		
 Develop a cost ef 	fective strategy based on Pr	rinciples of Oral Health pro	omotion for the		
community at lar	ge to improve oral health st	atus while valuing patient	ts and community as		
partners					
	Practic	al Skills			
After undergoing this prog	gram, a student will be able	e to			
 Differentiate mar empathetic manr 	nifestations of oral diseases ner	by performing clinical exa	mination in an ethical and		
 Perform relevant appropriate equi 	procedures for oral disease pment, instruments, simula	es to restore oral health of tion labs and materials	the patient by selecting		
Construct a treat	ment plan for patients with	oral symptoms of systemi	ic health conditions and		
perform procedu	res and referral to restore h	ealth of the patient with	compassion		
Alleviate pain and infection by administration of appropriate medications and manage					
medical emergencies associated with dental treatment and maxillofacial trauma in an					
empathetic manr	ner				
	Transferable/0	Capability Skills			
After undergoing the prog	gram, a student will be able	e to			
Manage informat	tion, develop technical repo	orts and make presentation	ons		
• Build, Manage an	d Lead a team to successful	lly complete a project and	communicate across		
teams and organi	zations to achieve profession	onal objectives.			
Work under varie	ous constraints to meet pro	ject targets			
 Adopt to the cho- understanding th 	sen profession by continuou rough Life-long Learning ph	usly upgrading his/her kno ilosophy	wledge and		

	TEACHING AND LE	ARNING STRATEGIES					
Multiple educational methods will be used comprising of self-study, interactive							
lectures, group	ectures group discussions and practical and manual skill sessions						
For domain wis	e learning objectives, the	e teaching strategies are	mentioned as below				
Knowledge and	Knowledge and Cognitive Skills Practical Skills Transferable/Capability						
Understanding			Skills				
	Cognit	ive Skills					
Interactive lecture	ures (IL) using audio visu	ual aids on power point p	presentation				
Group discussion	ons in form of large grou	p and small group					
Collaborative le	Collaborative learning						
 Self-study and reading from learning resources 							
Psychomotor Skills							
Focusing the histological slides on microscope							
Identification of normal histological structures on slides under different							
magnification							
 Drawing and labeling the histological slides on practical note books 							
Measurement of BP and Pulse rate							
Skills learn in skills Lab							
Transferable/Capability Skills							
Interaction with	• Interaction with peers, group members, teachers, support staff etc.						
Group discussions (small and large)							
Oral presentations by students							

MODULE-I: FOUNDATION-I						
Anatomy	Physiology	Biochemistry	Oral Biology & Tooth			
			Morphology			
 Introduction to the subject of Anatomy and its subdivisions Anatomical position, Anatomical planes & terms of position Terms of movements Introduction to the parts of axial and appendicular skeleton Structure of the Cell Membrane and Nucleus Cell Organelles Microscope (Practical) 	 Introduction to Physiology Functional Arrangement- Levels of organization Sterilization & Hand Washing (Practical) Cell and its membrane Study of Microscope (Practical) Cell organelles Intro to Power Lab. (Practical) Body Fluids Homeostasis 	 Introduction to Biochemistry Macromolecules Introduction to Lab.(Practical) Cell Membrane Solutions / Chemical Regents (Practical) Cells Organelles (Mitochondria/ E.R) PH & Buffers PH Meter (Practical) Carbohydrates-I (Classification & Function) Monosaccharides Analysis of Carbohydrates (Practical) 	 Introduction to Oral Biology Introduction to Structure of Tooth & Supporting Structure Clinical Relevance of Structure of Tooth Age changes of structure of tooth Cytoskeleton Intracellular Junctions Fibroblast Secretory products of fibroblast 			

				1		
	Human Body	•	Transport	•	Disaccharides &	
	(Connective tissue)	•	Composition &		Oligosaccharides	
•	Slide preparation		Function of Blood	•	Analysis of	
	and the H&E	٠	RBC +		Carbohydrates-2	
	Staining (Practical)		Erythropoiesis		(Practical)	
•	Skeletal System	٠	How to collect	•	Polysaccharides	
	(Classification of		blood sample	•	Polysaccharides	
	Bones)		(Practical)		(Practical)	
•	Epithelium:	•	Hemoglobin-1	•	Amino Acids	
	Structure &		Structure &	•	Amino Acids	
	Classification		System + Types		(Practical)	
	(Practical)	•	Blood Film			
•	Joints and its types		(peripheral blood			
•	Bone (Practical)		film) (Practical)			
•	Classification of	•	Hemoglobin			
	muscles		(Practical)			
•	Integumentary	•	Anemia +			
	System: Skin and		polycythemia			
	fascia	•	WRC type +			
•	Histology of muscle	•	function			
	(Practical)		Monogra			
•	Cartilage and its	•	macrophage			
	types (Practical)		nacrophage			
	Male & Female		System DLC (Dreatical)			
•	Reproductive	•	DLC (Practical)			
	System	•	Overview of			
	Cell cycle: Mitosis		Immune by			
•	and Meiosis		classification			
	Gametogenesis	•	Innate immunity			
	Outletion %	•	ESR (Practical)			
•	Eartilization	•	Acquired			
			immunity			
•	First week of	•	Bleeding Time			
			Clotting Time			
•	Second Week of		(Practical)			
	Development	•	Blood group-1			
•	inird Week of		ABO + capacity			
		•	Blood group-2			
•	I hird to Eight Week		RH +			
	of Development		Erythroblastosis			
	(Embryonic period)	•	Platelet structure			
•	Derivatives of Germ		& function			
	Layers	•	Blood Group			
•	Fetal Period		(Practical)			
•	Placenta & Fetal	•	Hemostasis & its			
	Membranes		natural			
•	Teratology		mechanism			
		•	Clotting pathway			
1		I	,	i		

PT (Prostical)]					
BI (Practical)							
Anti-Clotting +							
bleeding disorder							
CI (Practical)							
MODULE-I: FOUNDATION-II							
Physiology	Biochemistry	Oral Biology & Tooth Morphology					
 Physiology Overview of Respiration Respiratory Rate-1 depth (Practical) Pulmonary ventilation (Mechanism) Lung volume + capacity + dead space Spirometry (Practical) Exchange of gases Foleys (Practical) Transport of O2 & CO2 Oxygen-Hemoglobin curve Regulation of respiration Hypoxia & its types Overview of CVS + properties of cardiac muscle Pulse (examination) (Practical) Conductive System of Heart Heart Sounds (Practical) ECG ECG (Practical) Cardiac cycle Hemodynamics CPR (Practical) Cardiac output & its regulator Micro circulation 	Biochemistry Protein Protein (Practical) Plasma Proteins Immunoglobulin (Practical) Lipids Lipid (Practical) Fatty Acids Cholesterol Cholesterol (Practical) Prostaglandins Nucleic Acids	Oral Biology & Tooth Morphology Development of Tooth Saliva Formation and secretion of saliva Clinical Consideration of saliva					
exchange+starling for+etc)							
	 BT (Practical) Anti-clotting + bleeding disorder CT (Practical) MODULE-I: F Physiology Overview of Respiration Respiratory Rate-1 depth (Practical) Pulmonary ventilation (Mechanism) Lung volume + capacity + dead space Spirometry (Practical) Exchange of gases Foleys (Practical) Transport of O2 & CO2 Oxygen-Hemoglobin curve Regulation of respiration Hypoxia & its types Overview of CVS + properties of cardiac muscle Pulse (examination) (Practical) Conductive System of Heart Heart Sounds (Practical) ECG ECG (Practical) Cardiac cycle Hemodynamics CPR (Practical) Cardiac output & its regulator Micro circulation (fluid exchange+starling for+etc) 	 BT (Practical) Anti-clotting + bleeding disorder CT (Practical) MODULE-I: FOUNDATION-II Physiology Biochemistry Overview of Respiration Protein Protein (Practical) Pulmonary ventilation (Mechanism) Lung volume + capacity + dead space Spirometry (Practical) Foleys (Practical) Foleys (Practical) Fransport of O2 & CO2 Oxygen-Hemoglobin curve Regulation of respiration Hypoxia & its types Overview of CVS + properties of cardiac muscle Pulse (examination) (Practical) Conductive System of Heart Heart Sounds (Practical) ECG ECG (Practical) Cardiac cycle Hemodynamics CPR (Practical) Cardiac output & its regulator Micro circulation (fluid exchange+starling for+etc) 					

Blood pressure & its regulation Blood pressure (Practical) Masticate + swallowing Composition function+regulation of saliva Motor function of stomach + lower end off esophagus Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation o GFR is its regulation i Moturi reabsorption + secretion Hormones action an kidney Micturition reflex MODULE-II: CRANIOFACIAL COMPLEX Module
regulation Blood pressure (Practical) Masticate + swallowing Composition function+regulation of saliva Motor function of stomach + lower end off esophagus Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & Nephron parts & types, steps of urine formation of GFR is its regulation GFR is its regulation it tubular reabsorption + secretion Hormones action an kidney Midey Miduely Noturtivitor reflex Oral Biology & Tooth Morphology Morphology Isochemistry Oral Biology & Tooth Morphology Skull nervous system Enzymes Cell of Bone Norma verticalis Types of neurons Physiology Histology of Bone
 Blood pressure (Practical) Masticate + swallowing Composition function+regulation of saliva Motor function of stomach + lower end off esophagus Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation of GFR is its regulation Tubular reabsorption + secretion Hormones action an kidney Micturition reflex Micturition reflex Carl Biology & Tooth Morphology External features of skull Organization of nervous system Funzymes Cell of Bone enzymes Hitsology of Bone Hitsology of Bone
(Practical) Masticate + swallowing Composition function+regulation of saliva Motor function of saliva Motor function of saliva Motor function of stomach + lower end off esophagus Composition, function & regulation of gastric juice Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation is the secretion GFR is its regulation is the secretion Hormones action an kidney Motorule-II: CRANIOFACIAL COMPLEX Morphology Mattorule-II: CRANIOFACIAL COMPLEX Morphology External features of skull Organization of nervous system Enzymes Norma verticalis Types of neurons Physiology
 Masticate + swallowing Composition function+regulation of saliva Motor function of stomach + lower end off esophagus Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation GFR is its regulation Tubular reabsorption + secretion Hormones action an kidney Micturition reflex MODULE-II: CRANIOFACIAL COMPLEX Anatomy Organization of nervous system External features of skull Organization of nervous system Enzymes Cell of Bone Histology of Bone Histology of Bone
 Swallowing Composition function+regulation of saliva Motor function of stomach + lower end off esophagus Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation
 Composition function+regulation of saliva Motor function of stomach + lower end off esophagus Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation Tubular reabsorption + secretion Hormones action an kidney Micturition reflex MODULE-II: CRANIOFACIAL COMPLEX Anatomy Organization of nervous system External features of skull Organization of nervous system Function of Bone Histology of Bone
function+regulation of saliva Motor function of stomach + lower end off esophagus Image: Stomach + lower end off esophagus Composition, function & regulation of gastric juice Function of liver Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation Nephron parts & types, steps of urine formation GFR is its regulation Tubular reabsorption + secretion Hormones action an kidney Micturition reflex MODULE-II: CRANIOFACIAL COMPLEX Oral Biology & Tooth Morphology External features of skull Organization of nervous system Enzymes Enzymes - Cell of Bone Norma verticalis Types of neurons (Practical) Ossification of Bone
Anatomy Physiology Corganization of saliva Motor function of stomach + lower end off esophagus Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation GFR is its regulation Tubular reabsorption + secretion Moturition reflex MODULE-II: CRANIOFACIAL COMPLEX Morphology External features of skull Norma verticalis Types of neurons (Practical) Oral Biology & Tooth Morphology
 Motor function of stomach + lower end off esophagus Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation Tubular reabsorption + secretion Hormones action an kidney Micturition reflex MODULE-II: CRANIOFACIAL COMPLEX Anatomy Physiology External features of skull Organization of nervous system External features of skull Types of neurons (Practical)
stomach + lower end off esophagus - Composition, function & regulation of gastric juice - Function of liver - Overview of urinary system (function of kidney) - Nephron parts & types, steps of urine formation - GFR is its regulation - Tubular reabsorption + secretion - Hormones action an kidney - Micturition reflex - MODULE-II: CRANIOFACIAL COMPLEX - Motourition of skull - Norphology Biochemistry Oral Biology & Tooth Morphology • - - Physiology Biochemistry - • - - • - - • - - • - - • - - • - - - • - - - • - - - • - - - • - - - • - -<
 Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation Tubular reabsorption + secretion Hormones action an kidney Micturition reflex Moturition reflex Oral Biology & Tooth Morphology External features of skull Organization of nervous system Enzymes Cell of Bone Histology of Bone Norma verticalis Types of neurons
 Composition, function & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation Tubular reabsorption + secretion Hormones action an kidney Micturition reflex MODULE-II: CRANIOFACIAL COMPLEX Anatomy Physiology Biochemistry Oral Biology & Tooth Morphology External features of skull Organization of nervous system Enzymes Cell of Bone Histology of Bone Ossification of Bone
Infection & regulation of gastric juice Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation Tubular reabsorption + secretion Hormones action an kidney Micturition reflex MODULE-II: CRANIOFACIAL COMPLEX Anatomy Physiology Biochemistry Oral Biology & Tooth Morphology External features of skull Norma verticalis Types of neurons (Practical) Ossification of Bone
 Function of liver Function of liver Overview of urinary system (function of kidney) Nephron parts & types, steps of urine formation GFR is its regulation Tubular reabsorption + secretion Hormones action an kidney Micturition reflex MODULE-II: CRANIOFACIAL COMPLEX Monumentation Anatomy Physiology Biochemistry Oral Biology & Tooth Morphology • External features of skull Organization of nervous system Enzymes Cell of Bone Histology of Bone Histology of Bone
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 Hormones action an kidney Micturition reflex MODULE-II: CRANIOFACIAL COMPLEX Module-II: CRANIOFACIAL COMPLEX Anatomy Physiology Biochemistry Oral Biology & Tooth Morphology External features of skull Organization of nervous system Enzymes Enzymes Histology of Bone Histology of Bone Orspanization of procession (Practical)
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MODULE-II: CRANIOFACIAL COMPLEX Anatomy Physiology Biochemistry Oral Biology & Tooth Morphology • External features of skull • Organization of nervous system • Enzymes • Cell of Bone • Norma verticalis • Types of neurons (Practical) • Ossification of Bone
Anatomy Physiology Biochemistry Oral Biology & Tooth Morphology • External features of skull • Organization of nervous system • Enzymes • Cell of Bone • Norma verticalis • Types of neurons (Practical) • Ossification of Bone
External features of skull Norma verticalis Types of neurons (Practical) (Figure 2 (1997)) (Figure 2 (1997)
 External features of skull Norma verticalis Types of neurons Provide the state of t
skull nervous system • Enzymes • Histology of Bone • Norma verticalis • Types of neurons (Practical) • Ossification of Bone
Norma verticalis Types of neurons (Practical) Ossification of Bone
and occipitalis and function • Classification of • Bone Turnover
Norma frontalis Synapse types, and Enzymes Histology of TMI
Norma lateralis physiology types of Enzyme Inhibition Biomechanics of TMI
Temporal fossa and synapses Factors affecting Clinical consideration of
infratemporal fossa Sensory receptors, on enzyme TMI
Pterygopalatine types and properties activity Basics of Occlusion
fossa
Mandible & Anterolateral column Normal Hb% Nerve and vascular
temporomandibular Pain pathway Structure / Supply of teeth
joint
Norma basalis Spinal cord reflexes, Abnormal
Introduction to reflex arc, Reflex Hemoglobin &
pharyngeal action causes

	apparatus	•	Classification of	•	Degradation of	
•	Model Study		nerve fiber		Heme /	
•	Development of	•	Sensory pathways.		Formation of Bile	
	mandible		Dorsal column	•	Oxygen Binding	
•	Cranial Cavity		medial lemniscal		Capacity of Hb%	
•	Scalp		system		& its factors	
•	External features of	•	Spinal cord reflexes,	•	Hyperbilirubinemi	
	skull		reflex arc, Reflex		a (Jaundice)	
•	Norma verticalis		action			
	and occipitalis	•	Examination of			
•	Norma frontalis		sensory system			
•	Norma lateralis	•	Examination of			
•	Temporal fossa and		motor system			
	infratemporal fossa	•	Motor pathway			
•	Pterygopalatine		(pyramidal tracts)			
	fossa	•	UMN + LMN			
•	Mandible &	•	Cerebellum function			
	temporomandibular		+ disorder			
1	joint	•	Basal ganglion			
•	Norma basalis		function disorder			
•	Introduction to	•	Hypothalamus			
	pharyngeal	•	ANS			
	apparatus	•	Membrane potential			
•	Model Study		(RMP + Graded +			
•	Development of		Nernst)			
	mandible	•	Action potential			
•	Cranial Cavity		(saltatory conduction)			
•	Scalp	•	Types + feature +			
•	Muscles of facial		characteristic of			
	expression		muscle			
•	Muscles of	•	NMJ + motor unit			
	mastication	•	Contraction of			
•	Derivatives of		skeletal			
	pharyngeal arches	•	Smooth muscle & its			
•	Development of		Contraction			
	face	•	Comparison of			
•	Model Study		skeletal & smooth			
•	, Derivatives of		muscle Contraction			
	pharyngeal pouches	•	Somatic sensory			
	and clefts		pathway (dorsal)			
•	External carotid	•	Somatic sensory			
	artery and its		pathway (anterio			
	branches		lateral)			
•	Maxillary artery	•	Pain pathway			
	and its branches	•	Anlagesic system			
•	Facial artery and its	•	Spinal cord & it			
	branches		functions (reflexes)			
		1				
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•	Opthalamic artery					
•	Facial vein and its					
	connections					
•	External juglar vein,					
	retromandibular					
	vein, anterior &					
	internal juglar vein.					
•	Superficial cervical					
	and Deep cervical					
	lymph nodes					
•	Deep cervical lymph					
	nodes					
•	Trigeminal nerve					
	and its branches					
•	Facial nerve and its					
	branches in the					
	face					
•	Parasympathetic					
	ganglion					
•	Meninges					
•	Bony orbit					
•	Lacrimal apparatus					
•	Eve ball					
•	, Eve ball (model					
	study) Group					
	Discussion					
•	Ear					
•	Nose					
•	Development of					
	nose					
•	Microscopic					
	features of nasal					
	cavity (Practical)					
•	Organization of					
	nervous system and					
	Gross anatomy of					
	spinal cord					
•	Gross features of					
	brain stem and					
	attachment of					
	cranial nerves					
•	Gross features of					
	cerebellum					
•	Gross features of					
	diencephalon					
•	Cerebrum: White					
	matter, functional					
•	features of nasal cavity (Practical) Organization of nervous system and Gross anatomy of spinal cord Gross features of brain stem and attachment of cranial nerves Gross features of cerebellum Gross features of diencephalon Cerebrum: White matter, functional					

cortical areas			
Blood supply of			
brain and spinal			
cord			
Development of			
nervous system			
Autonomic nervous			
system			
	MODULE-III: ORO	FACIAL COMPLEX	
Anatomy	Physiology	Biochemistry	Oral Biology & Tooth
			Morphology
 Microscopic features of contents of oral cavity (Tonsils) (Practical) Gross anatomy of 	 accommodation Function of Ear-I Physiology of Taste Physiology of Smell Classification of 	General Functions of Vitamins Vitamin A Vitamin D	 Movements Post-Eruptive tooth movement Abnormal tooth movement
 Cross anatomy of tongue Microscopic features of tongue (Practical) Cervical vertebrae Skin, Fascia and neck muscles Triangles of neck Major vessels of neck Gross anatomy of parotid gland Gross anatomy of submandibular and sublingual gland 	 Classification of Hormones Mechanism of Action of Hormones Anterior Pituitary Hormone Posterior Pituitary Hormone Thyroid Hormones Calcium Hoemostasis (PTH) 	 Vitamin D Vitamin E Vitamin K Vitamin B1 Vitamin B2 & B3 Vitamin B6 & B9 Sodium & potassium Calcium Phosphorus Magnesium & Fluoride Vitamin C Saliva 	 Shedding of tooth Enamel Amelogenesis Structure of Enamel Clinical consideration of Enamel Dentine Dentinogenesis Histology of Dentine Cell of Pulp Histolgy of Pulp Theory of dentine sensitivity Age changes of dentine pulp complex Periodontium Structure of Cementum Periodontal Ligament Alveolar bone Clinical considerations of PDL Ductal system of salivary gland Cells of salivary gland
			 Wound Healing in Oral Tissue Repair of tooth & supporting structure.

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	Oral Mucosa
	Clinical Types of Oral
	Mucosa
	Components of Oral
	Mucosa
	Dentogingival junction
MODULE-IV: DENTAL ANATOMY, PRE-CLIN	NICAL DENTAL SCIENCES & DENTAL MATERIALS
Bio-Materials & Pre-Clinical Operative	Bio-Materials & Pre-Clinical Removable
Dentistry-I	Prosthodontics-I
Introduction to Operative Dentistry,	Terminology of Prosthodontics, Objectives of
Enamel, dentine, pulp, periodontium	partial/complete denture, types of dentures
and tooth surfaces	 Types of dentures and their objectives
• Dental Caries; etiology and classification	(Practical)
Instruments used in Operative Dentistry	 Kennedy's Classification and Applegate's rules
Ergonomics, chair positioning in	for applying Kennedy's classification
Operative Dentistry	 Kennedy's Classification (Practical)
Aims, objectives and Fundamental of	 Impression Materilas-1 (SDM-1)
tooth preparation	 Impression for Removable partial denture
Class-I Cavity Tooth Preparation	(Practical)
Mechanical & Thermal Properties of	 Impression Materilas-2 (SDM-2)
Bio-Dental Materials	 Impression for Complete denture (Practical)
Methods of Isolation (Rubber Dam	Surveying
Practice)	Use of Surveyor (Practical)
Bio-material Dental Amalgam,	 Stainless steel & wrought alloys (SDM-3)
Composition, manufacturing,	Clasp Formation
classification, setting reaction.	Clasp construction (Practical)
Bio-material Dental Amalgam	Outline and Surfaces of maxillary & mandibular
Manipulation, Uses and Properties	dentures (Lecture & Practical)
Class-I Restoration (Lining, Filling)	• Gypsum (SDM-4)
CBL-1: Class-I Cavity Restoration &	Model making (Practical)
Selection of Restorative Materials	Beading and Boxing (SDM-5)
Liner and Bases (Zinc Phosphate	 Beading and Boxing the Impression (Practical)
Class II Covity Tooth Drosperities	Acrylic material (SDM-6)
Class-II Cavity Tooth Preparation	Construction of customized tray (Practical)
CBL-2: Selection of Lining Materials	• Waxes (SDM-7)
Puip Capping Materials (Calcium Hydropyide Campant)	Construction of wax occlusal rims (Practical)
Deep carious losion and MTA as Puls	Articulation
Deep carlous lesion and MTA as Pulp canning material	Articulation and Articulators (Practical)
	Anterior teeth arrangement
Class-II Alliaigaili Restoldtion Moreury Hazard & Handling	Anterior teeth arrangement (Practical)
Iviercury nazaru & naridiing Amalgam Esilura & Dansir	Posterior teeth arrangement
Amaigam Failure & Kepair	Posterior teeth arrangement (Practical)
Iviatrix Banu System	• Flasking
CBL-3: IVIANAgement of deep carlous losion and Selection of direct and	 Dental flask and flasking (Practical)
indirect Pulp Capping Materials	Separating medias
munect Fulp Capping Materials	

	 Application of separating medias (Practical) Dewaxing, Packing and Curing Processing of Denture (Practical) Finishing & Polishing materials & procedure Definition and Polishing (Practical)
	 Denture liners Faults in Finished Denture (Practical)
	 Denture Cleansers Follow-up Instructions (Practical) Completion of practical work
	Complete denture remaining work (Practical)
Introduction to Clinical Care & Professionalism-	Dental Anatomy & Tooth Morphology-I
 Orientation, Course Overview, Class Code of conduct Introduction to Ethics and Ethical theories Fundamental Principles of Biomedical ethics Dental Practice Management–I: Introduction to dental Chair, position of Dentist and Assistant Dental Practice Management–II: Basic Instrumentation for Dental Practice Cross Infection Control–I: Hand Hygiene Standards and Personal Protection Equipment. Cross Infection Control–II: Waste Management and Needle Stick injury Management Cross Infection Control–III: Sterilization and Disinfection Dental Practice Management–III: Record Keeping Dental Practice Management– IV: Dental Material: Available in Clinic and Appropriate Selection Stress Management Communication Skills–I: Patient, Professional Colleagues, and Dental Staff 	 Introduction to Dental Anatomy Eruption and shedding of primary and permanent teeth Landmarks of tooth Tooth Numbering System Contact areas, embrasures orofacial spaces Anatomy of Decidious teeth Difference between decidious and permanent teeth Maxillary Central Incisor Mandibular Central Incisor Maxillary Lateral Incisor Maxillary Canine Mandibular Canine Mandibular Later Incisor Maxillary first Premolar Mandibular first Premolar Mandibular first Molar Mandibular second Premolar Maxillary & mandibular third Molar Maxillary first Molar Maxillary first Molar Maxillary second Molar
Communication Skills–II: Prescription Writing, Medical Consultation Writing, progress note	

 Writing and Referrals to specialists. Professionalism in Dentistry Informed Consent in Dental Practice 	
 Dentist Patient Relationship Confidentiality and Privacy Ethical Issues in Dental Practice–I: Malpractice, Harassment Ethical Issues in Dental Practice–II: Patient or Dentist with Infectious 	
 diseases: Conflict of interest and relationship with Pharmaceutical Companies Photography in Dental Practice Radiography in Dental Practice 	
Research Methodology-I	Dental Informatics-I
 Introduction to Health Sciences Research Introduction to Biostatistics Types of Research Variables Central Tendencies & Measures of Dispersion Research Methodology Literature Review Basic Biostatistics Basic Research Study Designs Literature search Basic Laboratory techniques What is research proposal and how to write it? What are the components of proposal writing? Presentation of Research Proposal 	 Introduction to IT: To Learn the basics of IT, Importance, benefits and Areas of Information Technology Computer System and Parts: To Learn about the Parts of computer. Hardware and Software: To Learn about the Hardware: Processor. Memory, Storage devices and Input and output devices. Software: system and Application software Operating System: To study about operating system and how to operate the computer MS Word Basics: To learn basics of MS Word Formatting text and Paragraphs: To Learn about Formatting the text, paragraphs and working on pages Create and modify list: Students will be able to numbers and bullets format a list level Apply built-In styles to text: Working on word Art, change text to word Art Insert tab Tables: Creating tables in MS word document and all formats Insert tab: Learn to insert shapes, pictures Insert tab: Learn to insert Header and Footer Page layout tab: Printing the document Internet: To learn about the internet concepts, uses of Internet Search Engine and basic search: Exploring Search Engines MS PowerPoint: Introduction to Power point
	 Features of PowerPoint: Designs, Transition and Animation.

	MODULE-I WEEK-1 INTRODUCTORY					
S.NO.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT		
	Α	NATOMY	1			
1	State the history subject of Anatomy including its various branches and practical applications of Anatomy as a foundation in different fields of dental sciences	Introduction to the subject of Anatomy and its subdivisions	IL	BCQs, SEQs,OSPE		
2	Discuss the integration of structures and functions of human body by relating with thearrangement of different levels organization	The arrangement of different levels organization	IL	BCQs, SEQs,OSPE		
3	Comprehend the exact location of dissected/prosecuted part /organ of human body with respect to various terms of positions, direction, and body planes. Interpret the movements of different parts of human body the knowledge of various terms of movement.	Anatomical planes, Anatomical position and Terms of movements and position	IL	BCQs, SEQs,OSPEs		
4	Explain the appendicular and axial skeleton	Introduction tothe parts of axial and appendicular skeleton	IL	BCQs, SEQs,OSPE		
5-6	Demonstrate the parts and handling of light microscope	Microscope	Practical	BCQs, SEQs, OSPE		
7	Enlist steps of tissue processing, Know the basichistological stains	Fixation, Embedding, Sectioning, Staining,Steps of H&E staining	IL	BCQs, SEQs,OSPE		
	PH	IYSIOLOGY				
8	Define physiology and enumerate the branchesof physiology	Introduction to Physiology and its sub branches	IL	BCQs, SEQs,OSPE		
9	Discuss the integration of structures and functions of human body by relating with thearrangement of different levels organization	Functional arrangement of different levels of organization	IL	BCQs, SEQs		
	BIO	CHEMISTRY				
10	Introduction of bio-chemistry including its various branches and clinical applications of Bio-chemistry as a foundation in different fields of dental sciences	Introduction to biochemistry and its implicationin medicine	IL	BCQs, SEQs		
11	Describe macromolecules. Relate macro-molecules with different functions	Macromolecules	IL	BCQs, SEQs		

12	Define Extra-cellular matrix. Describe the structure of proteins, carbohydrates and mineral content of ECM. Describe the functions of various molecules of ECM. Describe the variousforms of Extra-cellular matrix (intercellular space, subcutaneous tissue, cartilage, bone) the variations in protein carbohydrates and mineral contents.	ExtracellularMatrix		BCQs, SEQs, OSPE, Viva
	URAL BIOLOGY &		UGY	
18	Introduction to the subject of oral	Introduction to	IL	BCQs, SEQs
	anatomy andits subdivisions, The	Oral Biology &		
	structure of tooth & Supporting tissue	Structure of tooth		
	of tooth			
	INFORMA	TION TECHNOLOGY		
23	Define Information Technology (IT) and	Importance of IT	IL	BCQs, SEQs
	itsimportance in medicine	skills		
	RESEARCH	H METHODOLOGY		
31	To develop the practical research skills	Introduction to	Interacti	Workplace based
	and an ability to critically assess the	Health Sciences	ve	assessment
	quality of healthscience research	Research	Lecturer	
S.NO	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT
	Α	NATOMY		
1	Describe the structural Organization of differentcomponents of a cell	Cell Introduction, Cell Organelles (Endoplasmic Reticulum, Golgi Apparatus, Ribosomes, Centrioles, Mitochondrion, Lysosomes, Peroxisomes & Nucleus)	IL	BCQs, SEQs,OSPE
2	Show basic structure of cell membrane	Cell Membrane: Composition & Structure	IL	BCQs, SEQs,OSPE
3-4	Describe components of cell	Cell surface	IL	BCQs, SEQs, OSPE
	surfacemodifications and junction	modifications and		
	complex	celljunctions	Practical	
5	Differentiate between normal and abnormal celldivision and their consequences	Cell cycle, Mitosis and Meiosis cell divisions (Embryology)	IL	BCQs, SEQs,OSPEs
6-7	Describe the microscopic features of epithelialtissues and their Classification, explain their functional importance and their surface	Epithelium: Structure & Classificatio n	Practical	BCQs, SEQs, OSPE, Viva

	modification			
8-9	Discuss microscopic features of different types of glandular epithelium	Glandular Epithelium	Practical	
	PH	IYSIOLOGY	11	
10	Describe the Functional organization of differentcomponents of a cell	General structure of cell	IL	BCQs, SEQs
		Composition, Cell organelles, Mitochondria, Lysosomes,		
		Peroxisomes, Gogi apparatus, Endoplasmic Poticulum, Golgi		
		complex, nucleus		
11-12		Sterilization, types and Methods	Practical	BCQs, SEQs
13	Describe types and process of transport acrossthe membrane and their effects.	Transportation Across Cell Membrane (Passive)Diffusion	IL	BCQs, SEQs
14	Explain the physiological mechanism and typesof transport (Active transport)	Transport Across Cell Membrane Protein Medicated	IL	BCQs, SEQs
	BIO	CHEMISTRY	1 1	
15	Describe the structure of cell membrane. Explain the concept of Fluid Mosaic Model. Differentiate the structural and functional differences between membrane peripheral and integral proteins with examples and references.	Cell Membrane	IL	BCQs, SEQs, OSPE, Viva
16	Define pH: Discuss the hydrogen ion productionin the body. Define buffers: Explain the mechanism of action of	PH and Buffer	IL / Practica I	BCQs, SEQs, OSPE, Viva
16	buffers. Justify that bicarbonate buffer is the major buffer of the body. Discuss the clinical states of disturbed pH			
17	Describe structure of water Justify that water is universal solvent. Justify that water forms the medium of cytosol, ECM and blood.	Water Structure and dissociation		
	Discuss the dissociation of water and			
22	Describe terminologies related to cytoskeleton	Cytoskeleton	IL	BCQs, SEQs
23	Describe Intercellular junctions	Junctional	IL	BCQs, SEQs

			1				
24	Describe Secretory products of	Fibroblast	IL	BCQs, SEQs			
	fibroblast						
25-26-	Introduction to subject	Introduction to	Practical	BCQs, SEQs			
Α		Oral Anatomy &					
		Tooth					
		Morphology-III					
27-28-		Introduction to	Practical	BCQs, SEQs			
Α		Oral Anatomy &					
		Tooth					
		Morphology-IV					
29-30-		Introduction to	Practical	BCQs, SEQs			
Α		Oral Anatomy &					
		Tooth					
		Morphology-V					
	INFO	RMATION TECHNOLOG	iΥ				
		-		I			
31		IT-2:	IL/Practical	BCQs, SEQs			
	INTEGRATED LEARNING						
32-33	Cell Structure, Chemistry and Function	CBL-1&2:	CBL	FEEDBACK			

	WEEK-III			
S.NO.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT
		ANATOMY		
1	Describe and differentiate the microscopicfeatures of	Histology of Connective tissue, types of	IL	BCQs, SEQs, OSPE, Viva
2	connective tissues	connective tissues: loose connective regular and irregular	Practical	
3	Discuss classification of cartilage, Demonstrate histological features	Types of cartilage histological features of	IL	BCQs, SEQs, OSPE Viva
4	of cartilage	cartilage	Practical	031 2, 1100
5	Describe the gross features of bone, Demonstratehistological	Classification of bones. Grossstructure of adult	IL	BCQs, SEQs, OSPE, Viva
6	features of bones	young long bone, young long bone, Histology of bones	Practical	
7	Definition and classification of	Muscle(General Features),	IL	BCQs, SEQs,
8	muscles	features)	Practical	OSPE, Viva
		PHYSIOLOGY		
9	Explain the physiological mechanism and typesof transport (Passive & Active)	Primary & Secondary Active Transport	IL	BCQs, SEQs, OSPE
10	Describe the membrane potential its development & maintenance of resting membrane potential.	Resting membrane potential, Graded potential	IL	BCQs, SEQs, OSPE

11	Explain Permeability of cell membrane; Explain the Propagation of action	Factors affecting membrane potential/ Action Potential,	IL	BCQs, SEQs, OSPE
	potential, and its ionic basis.	potential		
12	Describe the structure of actin and myosinfilaments, and sliding mechanism	Structure andfunction of skeletal muscle	IL	BCQs, SEQs, OSPE
		BIOCHEMISTRY		
13	Define carbohydrates. Classify carbohydrates onthe basis of functional group and carbohydrate moiety	Carbohydrates	IL/Practic al	BCQs, SEQs, OSPE, Viva
14	Describe the structure of mono, di and polysaccharides. Discuss the biomedical importance of mono, di and polysaccharides. Describe the functions of mono, di and polysaccharides	Carbohydrates	IL/Practic al	BCQs, SEQs, OSPE, Viva
15	Explain isomerism in carbohydrates. Discuss biomedical importance Describe the monosaccharide derivatives (sugar acids, sugaralcohols, aminosugars and deoxysugars). Discuss the clinical importance of: monosaccharide derivative (GAGs, detoxification, cataract, diabetes mellitus, hexosamines, DNA)	Carbohydrates	IL/Practic al	BCQs, SEQs, OSPE, Viva
16	Discuss the role of Biochemical aspects for themaintenance of homeostasis.	pH & Buffer	IL/Practic al	BCQs, SEQs, OSPE
	ORAL BIOLOG	Y & TOOTH MORPHOLOG	GY	
23	Describe terminologies	Introduction totooth Morphology	IL	BCQs, SEQs
24	Type of dentition	Nomenclature	IL	BCQs, SEQs
25	Describe FDI, Palmer, Universal Notation	Tooth numbering system	IL	BCQs, SEQs

	INFORMATION TECHNOLOGY					
32Fnd-S1-IT-3:IL/PraBCQs, SEQs						
			ctical			
33-	Cell Structure, Chemistry and Function	CBL-	CBL	FEEDBACK		
34						

		WEEK - IV		
S.N O.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT
		ANATOMY		
1	Recognize the role of Skin, fascia in support and protection	Introduction to Integumentary system:	IL/	SBQs, SEQs, OSPE
2		Microscopic anatomy of skin and fascia	Practical	
3	Recognize the different parts of male and femalereproductive system	Overview ofMale and female reproductive	IL	SBQs, SEQs, OSPE
4	Describe the process of Gametogenesis Discussovulation and phases and outcomes of fertilization	Gametogenesis, Ovulation & Fertilization	IL	SBQs, SEQs, OSPE
	· · · · · · · · · · · · · · · · · · ·	PHYSIOLOGY		
	NO CLASS			
	BI	IOCHEMISTRY		
5	Importance Describe the monosaccharide derivatives (sugar acids, sugar alcohols, aminosugars and deoxysugars). Discuss the clinical importance of monosaccharide derivative(GAGs, detoxification, cataract, diabetes mellitus, hexosamines, DNA)	Carbohydrates	IL	BCQs, SEQs, OSPE
6	Describe the structure and functions of nucleicacid and their relationship in central dogma. Define nucleic acids Discuss the structure and types of nucleic acids DNA and RNA. Differentiate between DNA and RNA. Define central dogma and justify its relation with livingstate.	Nucleic Acid	IL	BCQs, SEQs, OSPE, Viva
7	Describe nitrogenous bases present in the nucleicacids. Describe the structure of nucleoside and nucleotides. Discuss the functions of nucleotides (energy carrier, coenzymes, electron carrier, metabolite activator, nucleic acids). Explain polymerization of nucleotides via 3'-5' phosphodiester bonds. Justify that the nucleotide polymers have a direction from 5' to 3'.	Nucleic Acid	IL	BCQs, SEQs, OSPE, Viva

8	Define replication. List the	Replicationand Repair	IL	BCQs, SEQs,
	requirements for replication.	(?Protein)		OSPE, Viva
	Explain the process of replication.			
	Justify the need for RNA primer in			
	replication.			
	Differentiate the process of			
	replication on leading and lagging			
	strand.			
	Justify that replication is a flawless			
	process (proofreading activity).			
	Explain the processes of repair in			
	DNA replication and relate this with			
	disease processes like xeroderma			
	pigmentosa.			
	Differentiate the replication of DNA			
	in pro andeukaryotes			

	ORAL BIOLOGY & TOOTH MORPHOLOGY			
21	Division into Thirds, Line angles and	Landmarks of	IL	BCQs, SEQs
	Point angles	teeth		
22	Importance of primary teeth	Deciduous	IL	BCQs, SEQs
		dentition		
23	Major contrast between primary and	Deciduous	IL	BCQs, SEQs
	permanent tooth	dentition		
26-	Describe the following dental tissues:	Tooth and supporting	IL/Practica	BCQs, SEQs,
А	enamel, dentin, pulp, cementum and	tissues	I	Psychomotor
	periodontalligament.			Assessment
	Describe the weight and volume	Structure ofcells in	IL/Practica	
27-	composition ofthose dental tissues;	dental tissues	I	BCQs, SEQs,
А	name the cellular elements involved			Psychomotor
	and the blood and nerve supply.			Assessment
28-	Describe the type and distribution of	Fine structures present in	IL/Practica	
А	cells in the dental pulp, including age	cells ofdental tissues	I	
	changes, structure andultrastructure			
	of odontoblasts.			
29-	Name all the cells of the pulp and	Blood andnerve supply	IL/Practica	
А	describe the blood vessels and their	of dental tissues	I	
	interaction with nerves and			
	relationship to tissue fluid pressure.			

	INFORMATION TECHNOLOGY					
30		Fnd-S1-IT-4:	IL/Practica	BCQs, SEQs		
			I			
	RESEARCH METHODOLOGY					
31	Apply basic statistical concepts	Introductionto	IL	Research		
	commonly usedin Health and Medical	Biostatistics		Protocol		
	& Dental Sciences.			Writing		
32-	Cell Structure, Chemistry and Function	CBL-5&6:	CBL	FEEDBACK		
33						

	WEEK-V			
S.N O.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT
	1	ANATOMY	<u> </u>	1
1	Enumerate the events of first week of development	First week of development (cleavage and blastocyst formation and implantation)	IL	SBQs, SEQs, OSPE
2	Enumerate the events of second week ofdevelopment	Second weekof development (Formation of amniotic cavity, amnion, bilaminar embryonic disc, yolk sac, chorionic sac and primary chorionic villi)	IL	SBQs, SEQs, OSPE
3	Explain main events of third week ofdevelopment	Formation of primitive streak, Gastrulation and notochord, Formation of neural tube and somites	IL	SBQs, SEQs, OSPE
4	Describe the process of folding of embryo, Formation of intra embryonic coelom and itsoutcomes	The process of folding of embryo, Formation of intra embryonic coelom and itsoutcomes	IL	SBQs, SEQs, OSPE
5	Enlist the derivatives of three germ layers	Derivatives ofgerm layers and neural crest cells	IL	SBQs, SEQs, OSPE
6	Explain the interchange of substances between maternal and fetal blood by applying the knowledge of structure and functions of placenta and fetal membranes	Placenta andfetal membranes	IL	SBQs, SEQs, OSPE
7	Define teratogenesis and the basic principles of teratogenesis. Categorize the common teratogens	Teratogenesis	IL	SBQs, SEQs, OSPE
		PHYSIOLOGY	1	Ι
	NO CLASS			
	B			
8	Define transcription. Define transcription factors. Describe the properties of RNA polymerase. Differentiate between coding and non-coding strand of DNA. Explain the process of transcription. Differentiate the process of transcription in pro and eukaryotes. Define posttranscriptional modification. Define interest and	Transcriptionand Post transcriptional modification		BCQs, SEQs, OSPE

	exons. Describe the post-transcriptional modifications of the primary transcript with theirsignificance. Discuss the clinical significance of the abnormal post-transcriptional modifications.			
9	Define and Describe characteristics of genetic code. Justify that language of nucleotides changeto language of amino acids to exhibit phenotype. Define mutations and its types (missense, nonsense, silent, frameshift, nonframeshift, deletions and insertions). Define protein synthesis as the process of translation. Explain the steps of translation. Discuss regulation of translation. Describe the post-translational modification of proteins with examples	TranslationMutations	IL	BCQs, SEQs, OSPE, Viva
10	Define the term regulation Recognize that all humans carry the same set of genes yet they are different from each other. Justify that the genome is selectively expressed in each individual influenced by various genetic and environmental factors. Describe the structure of an operon. Explain the process of regulation of gene expression both in pro and eukaryotes	Regulation ofGene Expression	IL	BCQs, SEQs, OSPE, Viva

	ORAL BIOLOGY & TOOTH MORPHOLOGY				
17	Form and Function	Orofacial	IL	BCQs, SEQs	
		complex			
18	Embrasure	Orofacial	IL	BCQs, SEQs	
		complex			
19	Contact areas of tooth	Orofacial	IL	BCQs, SEQs	
		complex			

INFORMATION TECHNOLOGY				
26		IT-5:	IL/Practical	BCQs, SEQs

	RESEARCH METHODOLOGY				
28	To disentangle the data received and make validinferences that can be used to solve problems in public health.	Types of Research Variables	IL	Research Protocol Writing	
29	Use basic analytical techniques to generateresults.	Central Tendencies & Measuresof Dispersion	IL	Research Protocol Writing	
30	To learn the basics of methodology (samplingtechniques).	ResearchMethodology	IL	Research Protocol Writing	
31	How to search the literature online	LiteratureReview	IL	Research Protocol Writing	

	WEEK VI				
S.NO	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT	
	ŀ	ANATOMY		I	
1	Discuss the different parts of	Anatomical Basis of	IL	SBQs, SEQs,	
	respiratory system	Respiratory System-I		OSPE	
2		Anatomical Basis of			
		Respiratory System-II			
				PHYSIOLOGY	
3	Briefly describe the function of resp:	Pulmonary Ventilation:	IL	BCQs, SEQs	
	passages with reference to thoracic	Mechanism of Resp			
	cage & muscles of respiration.				
4-5	Discuss transpulmonary pressure and	Record	Practical	BCOs. SEOs.	
	its changes during respiration	Resp Rate. Standing		OSPE, Viva	
6	List the pul. vol& capacity with their	PulmonaryCapacities:	IL	BCQs, SEQs	
	normal values & significance.	Volumes, Dead Space,			
	Determine functional residual	Lung Compliance			
	capacity, residual volume & total lung				
	capacity. Define lung compliance &				
	list factorsaffecting lung compliance				
7-8	To estimate the normal respiratory	Record	Practical	BCQs, SEQs,	
0	rate in sitting position.	Resp Rate, Sitting		OSPE, Viva	
9	membrane		11	BCUS, SEUS	
	Describe mechanics of diffusion	gases			
	across respiration membrane &				
	factors affecting diffusion				
	• List partial pressure of respiration				
	gases in atmosphere, humidified,				
	alveolar & expired air				
	Briefly described the diffusing				
10.11	capacity of O2 and CO2	Descel Desce Deta	Duritud		
10-11	To determine the respiratory rate,	Record Resp Rate,	Practical	BCQS, SEQS,	
	duringcougning and deglutition.	Coughing & Deglutition		USPE, VIVa	
12	List the respiratory centers & their	Regulation of	IL	BCQs, SEQs	
	effect on regulation of respiration	Respiration			
	Describe the chemicalcontrol of				
12.14	respiration (chemo receptors)		Duestiant		
13-14	To estimate the normal pulse rate	io determine the pulse	Practical	BLQS, SEQS,	
14-A	Respiration	-CBL-5:	CBL	FEEDBACK	
		DIOCHEMISTRY			
		ΟΙΟΓΠΕΙΫΙΙΟΙ ΚΥ			
15	Define bioenergetics.	Process of Energy Flow	IL	BCQs, SEQs,	
	Define energy, energy carriers and			OSPE, Viva	
	low, moderate and high energy				

	compounds. Differentiate between			
	Discuss the methods of electron flow			
	from substrate to oxygen (Hydronium			
	ion hydrogen atom free electrons			
	and oxygen)			
	Enumerate the substrates used for			
	energy			
	Justifythe role of mitochondria in			
	generation of energy (structure.			
	enzymes in membranes and matrix .			
	own DNA).			
	List the enzymes of electron			
	transport chain in the increasing			
	redox potential order.			
	Justify that electron transport chain is			
	also termed as respiratory chain.			
	Explain that oxidation is linked with			
	phosphorylation of ATP			
16	Define lipids Classify lipids.	Lipids	IL	BCQs, SEQs,
	Describe the functions of various			OSPE, Viva
	classes of lipids.			
17	Justify that cell membrane is made	Lipids	IL	BCQs, SEQs,
	up of phospholipids.			OSPE, Viva
	Justify that milk is needed for post			
	natal development of brain			
	(phospholipids,glycolipids,			
	sphingolipids).			
18	Discuss the clinical significance of	Lipids	IL	BCQs, SEQs,
	lipids (obesity, diabetes mellitus,			OSPE, Viva
	cardiovascular diseases, vitamin D			
	deficiency, hypertension,			
	storage diseases)			

	ORAL BIOLOGY & TOOTH MORPHOLOGY					
21	Dates of eruption of teeth		IL	BCQs, SEQs		
22	Types of permanent teeth	Permanent	IL	BCQs, SEQs		
		Dentition				
23	Dates of calcification of Anterior teeth	Anterior teeth	IL	BCQs, SEQs		
24-	Create the ideal dental anatomy of	Canine	20 min	BCQs, SEQs,		
Α	permanentCanine by drawing on graph		Lecture&	Psychomotor		
	book(Maxillary and Mandibular)		Practical	Assessment		
25-	Demonstrate the knowledge about	First pre-molar	20 min			
Α	ideal morphology of First pre-molar		Lecture&			
	(Maxillary and Mandibular)		Practical			
26-	Create the ideal dental anatomy of	First pre-molar	20 min	BCQs, SEQs,		
Α	permanentFirst pre-molar by drawing on		Lecture&	Psychomotor		
	graph book(Maxillary and Mandibular)		Practical	Assessment		
	INF	ORMATICS				
30		IT-6:	IL/	BCQs, SEQs		
			Practical			
RESEARCH METHODOLOGY						
	Exploring the different search engines	LiteratureReview	IL	Protocol		
31	(research data bases).			Writing		
	Be able to access appropriatedatabases.					

	WEEK-VII					
S.N	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING	ASSESSMENT		
0			STRATEGY			
		ANATOMY				
1	Discuss the different parts of	Anatomical Basis of	IL	SBQs, SEQs,		
	cardiovascularsystem	cardiovascular system		OSPE		
2	Discuss the components of vascular	Blood	IL	SBQs, SEQs,		
	system	Vascular System		OSPE		
3	Overview of lymphoid system	Lymphoid	IL	SBQs, SEQs,		
		System		OSPE		
4-5	Histological features of vessels,	Histological features of	Practical	SBQs, SEQs,		
	capillaries and lymphatic	vessels, capillaries and		OSPE		
		lymphatic				
	l	PHYSIOLOGY				
6	To discuss the cellular components	Composition & Function	IL	BCQs, SEQs		
	of blood,	of Blood & RBC				
	To discuss the various stages of					
	RBC'S formation					
	To describe the structure &					
	functions of RBC& its membrane					
7-8	Perform blood sampling, Identify	Venous Blood Sampling	Practical	BCQs, SEQs		
	different bloodgroups	Blood Grouping				

9	To describe the process of leukoc	yte	White BloodCells Genesis	IL		BCQs, SEQs
	genesis.		& Function			
	Enlist various types of granulocyte	es				
	and agranulocytes, their functions	s&				
	normal values.					
10-	Determine hemoglobin concentra	ation	Hb%	Practica	al	BCQs, SEQs
11	(Sahli's method)					
12	To understand the overall		Immunity,Innate &	IL		BCQs, SEQs
	organization of immune system.		Acquired			
	To understand cell mediated					
	immunity and humoral immunity,					
	Active and passive immunity.					
13-	Estimate bleeding time, clotting ti	ime	BleedingTime, Clotting	Practica	al	BCQs, SEQs
14	(BT & CT)		Time			
15	To define Agglutinogen, agglutinir	٦,	Blood Groups	IL		BCQs, SEQs
	and agglutination & what takes pl	ace				
	when incompatible blood types a	re				
	mixed. Identify different blood gr	oups				
		BIO	DCHEMISTRY			
16	Define fatty acids. Describe the		Fatty Acids	IL/		BCQs, SEQ <mark>s</mark> ,
	structure of fattyacids.			Practic		OSPE, Viva
	Classify fatty acids on the basis of			al		
	saturation and nutrition.					
	Describe the functions of fatty ac	ids.				
	Discuss the clinical significance of	:				
	fatty acids in health and disease					
	ORAL BIC	DLOGY	& TOOTH MORPHOLOGY	1		
17	Morphology of the permanent		Permanent	IL	BC	Qs, SEQs
	Maxillary Central incisors		maxillary incisors			
18	Morphology of the permanent		Permanent			
	morphology of the permanent			16	BC	us, seus
	Maxillary lateral incisors		maxillary incisors	16	BC	us, seus
19	Maxillary lateral incisors Morphology of the	Perr	maxillary incisors nanentmandibular incisors	IL	BC BC	Qs, SEQs
19	Maxillary lateral incisors Morphology of the permanent Mandibularcentral	Perr	maxillary incisors nanentmandibular incisors	IL	BC BC	Qs, SEQs
19	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors	Perr	maxillary incisors nanentmandibular incisors	IL	BC BC	Qs, SEQs
19 20	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental	Perr	maxillary incisors nanentmandibular incisors Molar teeth	IL IL 20 min	BC BC BC	Qs, SEQs Qs, SEQs
19 20	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental anatomy of permanent molar	Perr	maxillary incisors nanentmandibular incisors Molar teeth	IL IL 20 min IL &	BC BC BC psy	Qs, SEQs Qs, SEQs CQs, SEQs, chomotor
19 20	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental anatomy of permanent molar teeth by drawing on graph	Perr	maxillary incisors nanentmandibular incisors Molar teeth	IL 20 min IL & Practic	BC BC BC psy As	Qs, SEQs Qs, SEQs Qs, SEQs, CQs, SEQs, chomotor sessment
19 20	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary	Perr	maxillary incisors nanentmandibular incisors Molar teeth	IL 20 min IL & Practic al	BC BC BC psy As	Qs, SEQs Qs, SEQs Qs, SEQs, chomotor sessment
19 20	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular)	Perr	maxillary incisors nanentmandibular incisors Molar teeth	IL 20 min IL & Practic al	BC BC BC psy As	Qs, SEQs Qs, SEQs Qs, SEQs, chomotor sessment
19 20 21	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular) Describe the anatomy and function of the muscles and	Perr	maxillary incisors nanentmandibular incisors Molar teeth Ligaments ofTMJ	IL 20 min IL & Practic al 20 min	BC BC BC psy As	Qs, SEQs Qs, SEQs Qs, SEQs, chomotor sessment
19 20 21	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular) Describe the anatomy and function of the muscles and linaments involved in	Perr	maxillary incisors nanentmandibular incisors Molar teeth Ligaments ofTMJ	IL 20 min IL & Practic al 20 min IL & Practic	BC BC psy As	Qs, SEQs Qs, SEQs CQs, SEQs, chomotor sessment
19 20 21	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular) Describe the anatomy and function of the muscles and ligaments involved in mastication	Perr	maxillary incisors nanentmandibular incisors Molar teeth Ligaments ofTMJ	IL 20 min IL & Practic al 20 min IL & Practic	BC BC psy As	Qs, SEQs Qs, SEQs, CQs, SEQs, chomotor sessment
19 20 21	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular) Describe the anatomy and function of the muscles and ligaments involved in mastication. Describe the anatomy and	Perr	maxillary incisors nanentmandibular incisors Molar teeth Ligaments ofTMJ	IL 20 min IL & Practic al 20 min IL & Practic al	BC BC psy As	Qs, SEQs Qs, SEQs, CQs, SEQs, chomotor sessment
19 20 21 22	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular) Describe the anatomy and function of the muscles and ligaments involved in mastication. Describe the anatomy and function of the anatomy and function of the anatomy and	Perr	maxillary incisors nanentmandibular incisors Molar teeth Ligaments ofTMJ Bones	IL 20 min IL & Practic al 20 min IL & Practic al 20 min U &	BC BC psy As:	Qs, SEQs Qs, SEQs, CQs, SEQs, chomotor sessment
19 20 21 22	Maxillary lateral incisors Morphology of the permanent Mandibularcentral incisors Create the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular) Describe the anatomy and function of the muscles and ligaments involved in mastication. Describe the anatomy and function of the temporomandibular joint	Perr	maxillary incisors nanentmandibular incisors Molar teeth Ligaments ofTMJ Bones involved in joint (TMJ)	IL 20 min IL & Practic al 20 min IL & Practic al 20 min IL & Practic	BC BC psy As: BC psy	Qs, SEQs Qs, SEQs, chomotor sessment
19 20 21 22	Maxillary lateral incisorsMaxillary lateral incisorsMorphology of the permanent Mandibularcentral incisorsCreate the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular)Describe the anatomy and function of the muscles and ligaments involved in mastication.Describe the anatomy and function of the temporomandibular joint.	Perr	maxillary incisors nanentmandibular incisors Molar teeth Ligaments ofTMJ Bones involved in joint (TMJ)	IL 20 min IL & Practic al 20 min IL & Practic al 20 min IL & Practic	BC BC psy As: BC psy As:	Qs, SEQs Qs, SEQs, CQs, SEQs, chomotor sessment CQs, SEQs, chomotor sessment
19 20 21 22 22	Maxillary lateral incisorsMaxillary lateral incisorsMorphology of the permanent Mandibularcentral incisorsCreate the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular)Describe the anatomy and function of the muscles and ligaments involved in mastication.Describe the anatomy and function of the temporomandibular joint.	Perr	maxillary incisors nanentmandibular incisors Molar teeth Ligaments ofTMJ Bones involved in joint (TMJ)	IL 20 min IL & Practic al 20 min IL & Practic al 20 min IL & Practic al 20 min	BC BC psy As: BC psy As:	Qs, SEQs Qs, SEQs, CQs, SEQs, chomotor sessment
19 20 21 22 23	Maxillary lateral incisorsMaxillary lateral incisorsMorphology of the permanent Mandibularcentral incisorsCreate the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular)Describe the anatomy and function of the muscles and ligaments involved in mastication.Describe the anatomy and function of the temporomandibular joint.Contrast isometric and isotonic musclecontraction	Perr	maxillary incisors manentmandibular incisors Molar teeth Ligaments ofTMJ Bones involved in joint (TMJ) Musclemovements	IL 20 min IL & Practic al 20 min IL & Practic al 20 min IL & Practic al 20 min IL & Practic al	BC BC psy As: BC psy As:	Qs, SEQs Qs, SEQs, chomotor sessment
19 20 21 22 23	Maxillary lateral incisorsMaxillary lateral incisorsMorphology of the permanent Mandibularcentral incisorsCreate the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular)Describe the anatomy and function of the muscles and ligaments involved in mastication.Describe the anatomy and function of the temporomandibular joint.Contrast isometric and isotonic musclecontraction.	Perr	maxillary incisors nanentmandibular incisors Molar teeth Ligaments ofTMJ Bones involved in joint (TMJ) Musclemovements	IL 20 min IL & Practic al 20 min IL & Practic al 20 min IL & Practic al 20 min IL & Practic	BC BC psy As: BC psy As:	Qs, SEQs Qs, SEQs, CQs, SEQs, chomotor sessment

24	Describe the articular surfaces	Comparisonof TMJ with other	20 min	BCQs, SEQs,
	of the TMJ eminence and	joints	IL &	psychomotor
	Mandibular condyle and		Practic	Assessment
	contrastthese to surfaces in		al	
	limb joints.			
25	Describe how the medial	Muscle Influencing Dental	20 min	
	pterygoid muscle could	Impressions	IL &	
	influence an impression of the		Practic	
	upper dental arch.		al	
	Contrast the difference in			
	function of the superior and			
	inferior lateral pterygoid			
	muscles.			

INFORMATION TECHNOLOGY				
		IL / Practical	BCQs, SEQs	
RES	EARCH METHODOLOGY			
To learn the measures of dispersion, P-value,hypothesis testing	BasicBiostatistics	IL	Workplace based assessment	
Blood & Cardiovascular System	CBL-6:	CBL	FEEDBACK	

	WEEK-VIII					
S.N O	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT		
		ANATOMY	I			
1	Describe the chambers, blood supply and nerve supply of heart	Heart	IL	SBQs, SEQs, OSPE		
	Р	HYSIOLOGY				
2	Describe the Physiologic anatomy of heart and properties of cardiac muscles. Explain the phenomenon of generation of action potential in cardiac muscle & process of excitation contraction coupling.	Properties of Cardiac Muscles	IL	BCQs, SEQs		
3	Describe conducting system of heart & role ofpacemaker in maintaining cardiac rhythm. Explain neural regulation of heart through autonomic nervous system & its effect on cardiacrate (chronotropic), force of contraction (ionotropic), & velocity of conduction (dromotropic).	ConductiveSystem of Heart	IL	BCQs, SEQs		
4	Describe events of cardiac cycle & associatedevents (pressure changes, heart sound generation, & effect on volume of heart chambers & vessels)	Cardiac Cycle	IL	BCQs, SEQs		
5	Define cardiac output and factors regulating cardiac output. Explain preload/after load & its effect on heart	Cardiac Output& Venous Return	IL	BCQs, SEQs		
6	To describe the four-basic mechanisms of Hemostasis. To explain the general mechanism of blood coagulation. To enlist the clotting factors. To describe the role of clotting factors incoagulation.	Hemostasis & Coagulation	IL	BCQs, SEQs		

	Discuss the steps involved in intrinsic			
	and extrinsic pathway for			
	coagulation			
7-8	Record blood pressure and explain	Blood Pressure Sitting	Practical	
_	changes inarterial pressure in	Standing		
	different body positions (lying,	C C		
	upright, standing)			
	BI	OCHEMISTRY	•	
	NO CLASS			
	ORAL BIOLOGY & TOOTH MO	RPHOLOGY		
18	Morphology of the permanent	Permanentmandibular	IL	BCQs, SEQs
	Mandibular lateralincisors	incisors		
10	Comparison of maxillany and	Difference of		
19	mandibular incicors	Difference of	16	BCUS, SEUS
20	Marphalagy of the normanant	Dormanont		
20	Canines	maxillany coning		DUUS, SEUS
21 ^	Analyze proper dental acclusion		20 min	BCOC SEOC
21-A	and develop skills to identify ideal	OCCIUSION	20 IIIII Lecture &	DUUS, SEUS,
	occlusion for permanent teeth		Practical	Assessment
22-A	Describe intra-arch alignment of the	Intra-archrelationship	20 min	Assessment
	dentition.including concepts of the		Lecture&	
	Curve of Spee, the Curve of Wilson,		Practical	
	arch length, and arch width.			
23-A	Describe inter-arch alignment of the	Cusp to cuspRelationship	20 min	BCQs, SEQs,
	dentition, including concepts of		Lecture&	Psychomot
	supporting centric cusps; vertical		Practical	or
	dimension of occlusion; guiding or			Assessme
	non- centric cusps; maximum			nt
	Intercuspal position (ICP); retruded			
	contact position (RCP); posterior			
	and 2) and Illelassification of molar			
	relationships: overiet: overhite: deen			
	bite: and anterior open bite.			
24-A	Describe anterior guided, group	Balanced	20 min	
	function, and balanced occlusion.	occlusion	Lecture	
			& Practical	
25-A	Describe the concept of "mutually	Mutuallyprotected	20 min	BCQs, SEQs,
	protectedocclusion."	occlusion	Lecture&	Psychomotor
			Practical	Assessment
26-A	Explain what is meant by balancing	Mandibularmovements	20 min	
	(non- working side) contacts and		Lecture&	
	functional (working side) contacts		Practical	
	and name the surfaces of the teethin			
	contact.			
	Describe mandibular movements			
	Describe mandibular movements during chewing			

			1	
27			IL	BCQs, SEQs
	RESEARC	CH METHODOLOGY		
28	Evaluate study design and measures		IL	Proposal
	for validityand reliability.	Basic Research		Writing
29	To identify the overall process of		IL	Proposal
	designing aresearch study from its			Writing
	inception to its report			
30	Understand the literature search		IL	Proposal
	cvcle.	Literature search		Writing
	, Be able to identify appropriate			0
	soarch terms fortheir tenis or			
	search terms for their topic of			
	research question.			
31-		CBL-7:	CBL	FEEDBACK
32				

		WEEK-IX		
S.N O.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT
		ANATOMY		
1	Discuss the different parts of Gastrointestinalsystem	AnatomicalBasic of the Gastrointestinal System-II	IL	SBQs, SEQs, OSPE
2		AnatomicalBasic of the Gastrointestinal System-II		
3	Describe the overview of Endocrine / Exocrinesystem	AnatomicalBasis of Endocrine / Exocrine System	IL	SBQs, SEQs, OSPE
	F	HYSIOLOGY		
4	Differentiate between slow wave and spike potential Differentiate between mesenteric	Basic Physiological Functionality of GIT	IL	BCQs, SEQs
5	andsubmucosal plexus. Describe the secretion of saliva and its nervous regulation	Basic Physiological Functionality of GIT	IL	BCQs, SEQs
6	Describe characteristics of the gastric secretions. Describe the functions of HCl and other constituents of gastric secretions Discuss the mechanism of synthesis and secretion of HCl from gastric mucosa	HCL Secretion, Composition, Function & Regulation	IL	BCQs, SEQs
7	Describe the functional types of movements in the gastrointestinal tract	Movement of Small & Large Intestine	IL	BCQs, SEQs
8	Explain the structure and functions of	PhysiologicalBasis of	IL	BCQs, SEQs

	allendocrine organs in the body.	Endocrine System		
	Define the termsendocrine, paracrine			
	and autocrine.			
9	Describe the concept of hormone	PhysiologicalBasis of	IL	BCQs, SEQs
	receptors and second messenger in	Endocrine System		
	hormone action.			
	Describe the synthesis, functions and			
	regulations of the hormones			
	BIC	OCHEMISTRY		
	NO CLASS			
	ORAL BIOLOGY	& TOOTH MORPHOLOGY		
14	Composition, pH, volume, function of	Saliva	IL	BCQs, SEQs
	saliva			
¹ 15	Describe taste pathway along with its	Neurological	IL	BCQs, SEQs
	neurological control	control of saliva		
16	Describe clinical condition related to	Xerostomia	IL	BCQs, SEQs
	quantity of saliva			
17-A	Describe the general differences	Differencesbetween	20 min	BCQs, SEQs,
	between thepermanent and	permanent and deciduous	Lecture&	Psychomotor
	deciduous teeth.	teeth	Practical	Assessment
18-A	Describe each surface of the crown and	Deciduousteeth surface	20 min	
	root of all deciduous teeth by	markings	Lecture&	
	describing identifying from a diagram	indi kings	Bractical	
	any of the following footunes:		Flactical	
	any of the following features:			
	1. Structural entities such as			
	grooves, pits, ridges, cusps, or			
	fossae.			
	2. Relative dimensions and shapes			
	root numbers, location, and			
	contours.			
	3. Compare any of these features			
	between the various deciduous			
	tooth			
10.4	Identify which desiduous tooth is	Idantifudacidu que taath	20 min	
19-A	described arithustrated sensidering the	identifydeciddous teeth	20 11111	BCUS, SEUS,
	described orillustrated, considering the		Lecture&	Psychomotor
	following: classification, arch, or right or		Practical	Assessment
	left.			
20-A	Determine the correct universal number	Tooth	20 min	
	for agiven diagram, model or sample	numbering system	Lecture&	
	tooth, or description of any deciduous		Practical	
	tooth.			

			-	
21-A	Correctly identify the general outline,	Root canalmorphology	20 min	BCQs, SEQs,
	shape, or dimensions of the pulp		Lecture&	Psychomotor
	chamber, as well as normal numbers		Practical	Assessment
	and dimensions of pulp canals, for any			
	of the deciduous teeth.			
22-A	List the normal pattern or order of	Sequence ofdeciduous	20 min	
	eruption forthe deciduous teeth.	tooth eruption	Lecture&	
			Practical	
	INFORMA	TION TECHNOLOGY		
23			IL/	BCQs, SEQs
			Practical	
	RESEAR	CH METHODOLOGY		
24-25	Learn to use scientific apparatus.	Basic Laboratory	IL	Workplace
	Develop intuition and deepen	techniques		based
	understanding of concepts.			assessment
26-27	Understand research design, and be		IL	Workplace
	able to choose rigorous and practical	What is research proposal		based
	research methodsto address a	and how to write it?		assessment
	problem focused research question(s)			
28-29	Students should be familiar with the		IL	Workplace
	steps involved in identifying and	What are the		based
	selecting a good instrument to use in a	components of		assessment
	study.	proposal writing?		
	Be able to developresearch questions	proposal writing.		
	and hypotheses			
30-31	Be able to structure, present and write	Presentation of Research	IL	Workplace
	a researchproposal, using high level	Proposal		based
	written and verbal communication skills			assessment
32-33	Gastrointestinal & Secretory System	Fnd-S1-CBL-8:	CBL	FEEDBACK
	(Endocrine/ Exocrine)			

	WEEK-X					
	ASSESSMENT					
1	MODULE EXAM FORMMATIVE	BCQS ,SEQS ,OSPE, VIVA				
	MODULE EXAM FORMMATIVE	BCQS ,SEQS ,OSPE, VIVA				

ORAL BIOLOGY / FIRST YEAR BDS / MODULE-2					
S.No.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT	
	Theme-1: OSTEOLOGY OF THE CF	RANIOFACIAL REGION/	FRACTURES OI	SKULL	
	V	VEEK-I			
1	Morphology of the permanent Mandibular canine	Permanent Mandibular Canine	IL	BCQs, SEQs	
2	Difference between Morphology of PermanentMaxillary and Mandibular canine	Difference of Canine	IL	BCQs, SEQs	
	N	/EEK-II			
3	Describe histology and function of osteoblast, osteocyte and osteoclasts	Cell of Bone	IL	BCQs, SEQs	
4	Discuss histology of compact and spongy bonein terms of lamellae, Haversian and volkman's canals	Histology of Bone	IL	BCQs, SEQs	
5	Describe and identify histological changes andfeatures of intramembranous and intracartilaginous ossification	Ossification of Bone	IL	BCQs, SEQs	
	W	EEK-III			
6	Describe remodeling phases in cortical and	Bone Turnover	IL	BCQs, SEQs	
	trabecular bone				
7	Morphology of permanent Maxillary First premolar	Permanent Maxillary premolar	IL	BCQs, SEQs	
8	Morphology of permanent Maxillary Second premolar	Permanent Maxillary premolar	IL	BCQs, SEQs	
	W	EEK-IV			
9	Morphology of permanent Mandibular first premolar	Permanent Mandibular premolar	L	BCQs, SEQs	
	W	/EEK-V			
10	Morphology of permanent Mandibular second premolar	Permanent Mandibular premolar	IL	BCQs, SEQs	
11	Difference of Morphology of Maxillary andMandibular Premolars	Difference between Maxillary andMandibular Premolars	IL	BCQs, SEQs	
12	Describe temporomandibular joint in terms ofits development, histology of its components	Histology ofTMJ	IL	BCQs, SEQs	
	W	EEK-VI			

13	Describe articular disk in terms of its shape, location, histology location, function, vascularity along with their attachment	Histology of Articular Disk	IL	BCQs, SEQs
14	Describe attachment, function of joint capsule and synovial membrane	Bio Mechanics of TMJ	IL	BCQs, SEQs
15	Describe temporomandibular joint in terms ofits clinical significance (dislocation, articular disk displacement, TMJ Dysfunction)	Clinical relevance of TMJ	IL	BCQs, SEQs
	W	EEK-VII		
16	Discuss central sensitization of Trigeminalnerve	Clinical relevance of Trigeminalnerve	L	BCQs, SEQs
17	Revision Class	Revision Class	IL	

PHYSIOLOGY / FIRST YEAR BDS / MODULE-II				
S. No.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT
		NEEK-I		·
1	 Definition & Organization of the 	Organization	IL	BCQs, SEQs,
	nervoussystem	ofNervous		Structured Viva
	 To understand about Physiological 	system –		
	divisionof nervous system	overview		
	Determine Levels of nervous system			
2	 Discuss Structure of neuron 	Neuronsand its	IL	BCQs, SEQs,
	 Define Myelin sheath 	functions		Structured Viva
	 Define Salutatory conduction 			
	 Regeneration of nerve fiber 			
	 Discuss functions of neurons 			
3-4	Define Synapse	Synapses and its	IL	BCQs, SEQs,
	 Give Types of synapses 	typesand neural		Structured Viva
	 Determine Structure of synapses 	integration		
	Define Synaptic transmission			
	V	VEEK-II		
5-6	 Define Plan of sensory system 	Sensorysystem,	IL	BCQs, SEQs,
	 What are Modalities of sensation 	types and		Structured Viva
	and itsphysiology	properties		
	Define Receptors & Its types			
7	 Define types of nerve fiber 		IL	BCQs, SEQs,
	 Morphological and 	Classification of		Structured Viva
	physiologicalclassification	nervefiber		

8-9	Discuss Dorsal column laminiscal	Ascending	IL	BCQs, SEQs.
	system, itslocation, receptors, tracts	pathways.		Structured Viva
	and sensory modalities	Sensory		
	 Discuss Antero-lateral system (spino- 	, pathways, Dorsal		
	thalamic) & its location, receptors,	column,		
	tracts and sensory modalities	Anteriolateral		
		column		
	w	/EEK-III		
10	Define Pain Types	Painsensation	IL	BCQs, SEQs,
	 Which Pathways are involved 			Structured Viva
	Which are main Sensory areas			
11	 Define Analgesic system of brain & its 		IL	BCQs, SEQs,
	physio	Analgesic		Structured Viva
	 What is Referred Pain? 	system of brain		
	 Differentiate btw somatic & visceral 			
	pain			
	Define Methods of analgesia			
40	W	EEK-IV		
12	• To explain the motor function of	Spinal cord,	IL	BLUS, SEUS,
	spinal cord	reflexes, reflex arc		Structured viva
	• To explain the structure & function of			
	muscle spindle			
	• To determine the muscle, stretch			
	reflex & its clinical applications.			
	• To explain the mechanism of Goigi			
	tendon reflex & its significance in			
10	Controlling motor activities.	Curinal cand naflance		
13	• To determine the mechanism of flexor	Spinal cord, reflexes,	IL	BCQS, SEQS,
	reflex, crossed extensor reflex, scratch	reflex arc, reflex		Structured viva
	Tendefine animal condition and transaction a	action.		
	• To define spinal cord transection &			
	spinal shock (Brown Sequard			
1.4	Syndrome)			
14	Describe Scheme of motor activity &	wotor system	IL	BLUS, SEUS,
	iviotor areas of the cerebral cortex			Structured Viva
	Describe Coroballym & Describe Coroball			
	Describe Cerebellum & Basal ganglia & Spina			
	Spilla • Give functions of the motor groop			
1 Г	Give functions of the motor dreas	Eurotian and		
12	Orve the special reduces of cerebellum	disorders of	IL	DUUS, SEUS,
	- Name its physiological divisions & their	Coroballum		
	Evolution	Cerebellum.		
	• Explain the internal neuronal			
	IUIICUOIIIIg			
4.0	IESIONS	Decel workstrand to d		
16	• Name the basal ganglia	Basal nuclei and its'	IL	BLUS, SEUS,
	LIST THE FUNCTIONS OF DASAI ganglia	aiseases		Structured Viva
	Describe the functions of caudate &			
	putamen			

	Describe the lesions of basal			
17	Define structure & function of Cerebrospinal fluid (CSF)	Cerebrospinal fluid	IL	BCQs, SEQs, Structured Viva
	Define structure & function of Blood brain barrier (BBB) How brain gets putrition			
	• now brain gets nutrition	l /EEK-V		
18	 To perform superficial & deep reflexes andits significance in different neurological disorders To perform corneal reflexes To perform abdominal reflexes To perform plantar reflexes 	Superficial reflexes	Practical	BCQs, SEQs, OSPE, Viva
19-20	• To perform superficial deep reflexes and its significance	Deep reflexes	Practical	BCQs, SEQs, OSPE, Viva
	W	EEK-VI		
	Nil			
	W	EEK-VII		
21	Revision Class	Revision Class	Interactive Lecture	

	ANATOMY / FIRST YEAR BDS / MODULE-II			
S. No.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHIN G STRATEG Y	ASSESSMENT
	Theme-1: OSTEOLOGY OF THE CRAN	IOFACIAL REGION/ FRA	CTURES OF SK	CULL
	V	VEEK-I		
1	* Discuss the overview of skull* Describe the external features of skull	External features of skull	IL	BCQs, SEQs, OSPE, Viva
2	 * Describe the different views of skull * Discuss the bones that form norma verticalisand occipitalis * Identify the different sutures 	Norma vertical's and occipitals	IL	BCQs, SEQs, OSPE, Viva
3	 * Discuss the bones that form norma frontalis * Differentiate the bones that form normafrontalis 	Norma frontalis	IL	BCQs, SEQs, OSPE, Viva
4	* Describe the bones that are visible in the lateral view of skull	Norma laterals	IL	BCQs, SEQs, OSPE, Viva

r	1			
5	* Describe the boundaries of	Temporal fossa and	IL	BCQs, SEQs,
	temporal fossaand infratemporal	infratemporalfossa		OSPE, Viva
	fossa			
	* Discuss the connections of			
	temporal fossaand infratemporal			
	fossa			
	* Differentiate the contents of			
	temporal fossaand infratemporal			
	fossa			
6	* Describe the boundaries of		IL	BCOs, SEOs,
•	Ptervgonalatinefossa	Ptervgonalatine fossa		OSPE Viva
	* Discuss the contents of			001 2, 1114
	ntervgonalatine fossa			
	* Identify the openings/			
	connections of ntervisionalatine			
	forse			
7	* Define the mandible	Mandible &		BCOs SEOs
	* Discuss the parts of mandible	temporomandibular	12	OSEE Viva
	* Discuss the parts of manufible	ioint		USPE, VIVa
	* Describe the temporonandibular joint	JUIIIL	Crown	
8	* Discuss the bones of skull	-iviodei	Group	BCQS, SEQS,
	* Identity the different bones of skull	study	Discussion	OSPE, VIVa
	V	VEEK-II		
9	* Define the boundaries of norma	Norma basalisi	IL	BCQs, SEQs,
	basalis			OSPE, Viva
	* Identify the different bones forming			
	normabasalis			
10	* Identify the anatomical land marks on	Norma basalis II	IL	BCQs, SEQs,
	the norma basalis			OSPE, Viva
11	* Discuss the different views of skull	Model	Group	
		study	Discussio	
			n	
12	* Define the pharyngeal apparatus	Introduction to	IL	BCQs, SEQs,
	* Discuss the development of	pharyngeal apparatus		OSPE, Viva
	pharyngeal			
14	* Discuss the development of mandible	Development	IL	BCQs, SEQs,
	p	of mandible		OSPE, Viva
16	* Define the cranial cavity	Ana-G31-Cranial	IL	BCQs, SEQs.
_	* Describe the division of cranial cavity	Cavity-I		OSPE, Viva
18	* Identify the anatomical land marks	, Ana-G32-Cranial cavity	IL	BCOs. SEOs.
	seen			OSPE Viva
	within the cranial cavity			0012, 110
1	within the clama cavity	1		

Theme-2: MUSCULATURE OF CRANIOFACIAL REGION/ SCALP INJURY/ FACIAL MUSCLE INJURY/INJURY TO THE MUSCLES OF MASTICATION				
WEEK-III				
19	* Define the scalp	Scalp	IL	BCQs, SEQs,
	* Discuss the different layers of scalp			OSPE, Viva
20	* Discuss the muscles of face	Muscles offacial	IL	BCQs, SEQs,

-					
	* Identify the different muscles of facial expression	expression		OSPE, Viva	
21	* Describe the muscles of mastication	Muscles of	IL	BCQs, SEQs,	
	* Discuss the action of different muscles	mastication		OSPE, Viva	
	of mastication				
22	* Discuss the development of	Derivatives of	IL	BCQs. SEQs.	
	pharvngeal	pharyngeal arches		OSPE. Viva	
	arches			,	
	* Identify the derivatives of different	-			
	pharvngeal arches				
23	* Define the pharyngeal pouches and	Derivatives of	IL	BCOs, SEOs,	
	cleft	pharyngeal		OSPE. Viva	
	* Discuss the derivatives of pharyngeal	pouches and			
	nouches and clefts	clefts			
24	* Identify the different muscles of face	Modelstudy	Group		
27	on	wouldtudy	Discussi		
	model		on		
	* Identify the different muscles of	-	on		
	mastication				
	on model				
	OE EACE/HEMORDAGE (Evtradural Subdural)				
	OF FACE/ HEIMORK		alj		
26	Define the origin and division of	VVEEN-IV			
20	Define the origin and division of	External carotid	IL	BCQS, SEQS,	
	external	artery and its		OSPE, VIVa	
	carotid artery	branches			
	Discuss the branches of external carotid				
27	artery				
27	Describe the different parts of maxillary	Maxillary artery	IL	BCQs, SEQs,	
	artery with origin and division	and its branches		OSPE, Viva	
	Discuss the branches of maxillary artery				
28	Discuss the facial artery	Facial arteryand	IL	BCQs, SEQs,	
	Identify the different branches of facial	its branches		OSPE, Viva	
	artery within the face				
29	Identify the Ophthalmic artery	Ophthalmic artery	IL	BCQs, SEQs,	
	Discuss the branches of Ophthalmic			OSPE, Viva	
	artery				
30	Describe the formation of facial vein	Facial vein and	IL	BCQs, SEQs,	
	Discuss the connections of facial vein	its connections		OSPE, Viva	
31	Discuss the formation of external	External jugularvein,	IL	BCQs, SEQs,	
	jugular vein, retro mandibular vein and	retro mandibular		OSPE, Viva	
	internal jugular vein	vein, anterior jugular			
	Identify the tributaries of veins	vein,			
		internal jugular vein			
		WEEK-V			
32	Define the location of superficial and	Superficial cervical	IL	BCQs, SEQs,	
	deep	andDeep cervical		OSPE, Viva	
	cervical lymph nodes	lymph nodes			
	Discuss the drainage areas of superficial	1 .			
	and deep cervical lymph nodes				
	· · · ·	1			

33	Describe the trigeminal nerve	Ana-G46-Trigeminal nerve and its Branches L	IL	BCQs, SEQs, OSPE, Viva
	Discuss the branches of trigeminal nerve	branchest		
34	Discuss the sensory supply of trigeminal	Trigeminal nerve	IL	BCQs, SEQs,
	Discuss the motor supply of trigeminal nerve			
35	Describe the facial nerve	Facial nerveand its branches in the face	IL	BCQs, SEQs, OSPE, Viva
	Identify the branches of facial nerve within the face			
36	Define the parasympathetic ganglion	Parasympathetic	IL	BCQs, SEQs, OSPE, Viva
	Discuss the otic and ciliary ganglion			
37	Describe the pterygopalatine ganglion and its connections	Parasympath eticganglion II	IL	BCQs, SEQs, OSPE, Viva
	Discuss the submandibular ganglion and its connections			
38	Describe the meninges	Meninges I	IL	BCQs, SEQs, OSPE, Viva
	Discuss the different types of meninges			
	Discuss the dural partitions and its attachment			
39	Define the dural venous sinuses	Meninges II	IL	BCQs, SEQs, OSPE, Viva
	Discuss the dural venous sinuses and its drainage			
	Theme-4: VISCERA	OF THE CRANIOFACIAL	REGION	
		WEEK-VI		
40	Describe the bony orbit	-Bony orbit	IL	BCQs, SEQs, OSPE, Viva
	Identify the different bones that form bony orbit			
41	Define the lacrimal apparatus	Lacrimal apparatus	IL	BCQs, SEQs, OSPE, Viva
	Discuss the components of lacrimal apparatus			
42	Discuss the layers of eye ball	-Eye ball I	IL	BCQs, SEQs, OSPE, Viva
	Discuss the neurovascular bundle of eye ball			
43	Discuss the model of eye ball in groups	Eye ball (model study)	IL	
	Identify the different layers of eye ball			
-				

44	Describe the parts of ear	Farl	11	BCOs SEOs
		Lari		OSPE Viva
	Discuss the external and middle ear			0012,1110
	Discuss the external and made car			
45	Describe the different components of	Ear II	IL	BCQs, SEQs,
	inner ear			OSPE, Viva
	Identify the different parts of ear on			
	model			
46	Define the nose	Nose I	IL	BCQs, SEQs,
				OSPE, Viva
	Discuss the parts of nose			
47	Discuss the boundaries of nasal cavity	Nose II	IL	BCQs, SEQs,
				OSPE, Viva
	Identify the different vessels of nose			
	١	WEEK-VII		
48	Describe the development of nose	Development	IL	BCQs, SEQs,
		of nose		OSPE, Viva
49	Identify the epithelium that lines the	H21&22-	Practical	
	nasal	Microscopic		
	cavity	features ofnasal		
	,	cavity (Practical)		
	Discuss the histological features of nasal	· · · ·		
	cavity			
50	Revision Class	Revision Class	IL	BCQs, SEQs,
				OSPE, Viva

BIOCHEMISTRY / FIRST YEAR BDS / MODULE-II				
S.NO.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT
	WEE	K-I		
1	Define proteins. Describe the classification ofamino acids.	Proteins-I	IL /Practical	BCQs, SEQs, OSPE, Viva
2	Classify proteins on the basis of shape and size, solubility and physical properties andfunctional properties.	Proteins-II	IL / Practi cal	BCQs, SEQs, OSPE, Viva
	WEEI	K-11		
3	Describe the general properties of proteins. Describe the color reactions of Proteins	Proteins-III	IL / Practi cal	BCQs, SEQs, OSPE, Viva
4	Describe the structural organization of proteins. Define denaturation of proteins.	Proteins-IV	IL /Practical	BCQs, SEQs, OSPE, Viva
	WEEK	(-III		

5	Define enzymes and related terms	Enzyme	IL/	BCQs, SEQs,
	(coenzyme,cofactor, holoenzyme,	s-I	Practic	OSPE, Viva
	apoenzyme, prosthetic group, active		al	
	site, allosteric site, specificity, enzyme			
	activity).			
	Describe the structure of enzymes.			
	Describe the classification of enzymes.			
6	Describe the mechanism of action of	Enzymes	IL/	BCQs, SEQs,
	enzymes.	-11	Practic	OSPE, Viva
	Define energy of activation and energy		al	
	barrier.			
	Explain factors affecting enzyme			
	activity.			
	WEEK	(-IV		
	Nil			
	WEEI	K-V		
7	Explain enzyme inhibition.	Enzymes-	IL/	BCQs, SEQs,
		III	Practical	OSPE, Viva
8	Discuss isoenzymes.	Enzymes-	IL/	BCQs, SEQs,
	Discuss the generalclinical	IV	Practical	OSPE, Viva
	significance of enzymes.			
	WEEK	(-VI		
9	Describe the synthesis of	Hemoglobin-	IL/	BCQs, SEQs,
	Haemoglobin. Discuss porphyria's.	I	Practical	OSPE, Viva

10	Describe the fate of haemoglobin in the	Hemoglobin-II	IL/	BCQs, SEQs,	
	body.	Practical		OSDE Vivo	
	Describe the metabolism of bile			USPE, VIVa	
	pigments.				
WEEK-VII					
11	Revision Class	Revision Class	IL		

BIOCHEMISTRY / FIRST YEAR BDS / MODULE-III					
OROFACIAL COMPLEX-I					
S.NO.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT	
Theme-1: Biological consideration of teeth					
WEEK-I					
1	Classification of vitamins and	Bioc-40:	IL	BCQs, SEQs,	
	general functions of vitamins	Vitamin		OSPE, Viva	

Image: Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-41: Vitamin A IL BCQ: OSP 4 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-42: Vitamin D IL BCQ: OSP 5 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-43: Vitamin D IL BCQ: OSP 6 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-43: Vitamin E IL BCQ: OSP 7 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-45: Vitamin K IL BCQ: OSP 7 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-45: Vitamin B1 IL BCQ: OSP 7 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-45: Vitamin B2 IL BCQ: OSP 9 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-47: Vitamin B2 IL BCQ: OSP 10 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-48: Vitamin B3 IL BCQ: OSP 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-49: Vitamin B9 Vitamin B9 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-49: Vitamin B9<	, Viva , SEQs, , Viva
WEEK-II 3 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Visual Cycle Bioc-41: Vitamin A IL BCQ: OSP 4 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-42: Vitamin D IL BCQ: OSP 5 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-43: Vitamin E IL BCQ: OSP 6 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-44: Vitamin E IL BCQ: OSP 7 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-45: Vitamin B1 IL BCQ: OSP 7 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-45: Vitamin B1 IL BCQ: OSP 9 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-46: Vitamin B2 IL BCQ: OSP 9 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-48: Vitamin B3 IL BCQ: OSP 10 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-49: Vitamin B6 OSP 11	, SEQs, E, Viva
3 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Visual Cycle Bioc-41: Vitamin A IL BCQ: OSP 4 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-42: Vitamin D IL BCQ: OSP 5 Sources, RDA, Active forms, Deficiency states & Hypervitaminosis. Bioc-43: Vitamin E IL BCQ: OSP 6 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-43: Vitamin E IL BCQ: OSP 7 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-44: Vitamin K IL BCQ: OSP 7 Sources, RDA, Active forms, Absorption, Functions, Deficiency States. Bioc-45: Vitamin B1 IL BCQ: OSP 8 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-46: Vitamin B2 IL BCQ: OSP 9 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-48: Vitamin B3 IL BCQ: OSP 10 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-48: Vitamin B6 IL BCQ: OSP 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-49: Vitamin B9 Sources, RDA,	, SEQs, E, Viva
4 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-42: IL BCQ: 5 Sources, RDA, Active forms, Absorption, Functions, Deficiency WEEK-III Sources, RDA, Active forms, Absorption, Functions, Deficiency Bioc-43: IL BCQ: 6 Sources, RDA, Active forms, Absorption, Functions, Deficiency Sources, RDA, Active forms, Absorption, Functions, Deficiency Bioc-44: IL BCQ: 7 Sources, RDA, Active forms, Subsorption, Functions, Deficiency Vitamin K OSP 7 Sources, RDA, Active forms, Deficiency Bioc-45: IL BCQ: 7 Sources, RDA, Active forms, Deficiency Vitamin B1 OSP 7 Sources, RDA, Active forms, Absorption, Functions, Deficiency Vitamin B1 OSP 8 Sources, RDA, Active forms, Absorption, Functions, Deficiency Vitamin B2 OSP 9 Sources, RDA, Active forms, Absorption, Functions, Deficiency Vitamin B3 OSP 10 Sources, RDA, Active forms, Absorption, Functions, Deficiency Vitamin B6 IL BCQ: 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency Vitamin B9 OSP States. OSP <t< td=""><td>SEOs</td></t<>	SEOs
WEEK-III 5 Sources, RDA, Active forms, Deficiency Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-43: Vitamin E IL BCQ: OSP 6 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-44: Vitamin K IL BCQ: OSP 7 Sources, RDA, Active forms, Bioc-45: IL BCQ: OSP 8 Sources, RDA, Active forms, Absorption, Functions, Deficiency States. Bioc-45: Vitamin B1 IL BCQ: OSP 8 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-46: Vitamin B2 IL BCQ: OSP 9 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-46: Vitamin B2 IL BCQ: OSP 10 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-48: Vitamin B6 IL BCQ: OSP 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-49: Vitamin B9 Vitamin B9 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-50: IL BCQ:	BCQs, SEQs, OSPE, Viva
5 Sources, RDA, Active forms, Absorption, Functions, Deficiency States & Hypervitaminosis. Bioc-43: IL BCQ: 6 Sources, RDA, Active forms, Absorption, Functions, Deficiency States & Hypervitaminosis. Bioc-44: IL BCQ: 7 Sources, RDA, Active forms, States & Hypervitaminosis. Bioc-45: IL BCQ: 7 Sources, RDA, Active forms, Deficiency States. Bioc-45: IL BCQ: 8 Sources, RDA, Active forms, Deficiency States. Vitamin B1 OSP 8 Sources, RDA, Active forms, Deficiency States. Vitamin B1 OSP 8 Sources, RDA, Active forms, Deficiency States. Bioc-46: IL BCQ: 9 Sources, RDA, Active forms, Deficiency States. Bioc-47: IL BCQ: 9 Sources, RDA, Active forms, Deficiency States. Bioc-47: IL BCQ: 10 Sources, RDA, Active forms, Deficiency States. Bioc-48: IL BCQ: 11 Sources, RDA, Active forms, Deficiency States. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency States. WEEK-V Vitamin B9 OSP <td< td=""><td></td></td<>	
6 Sources, RDA, Active forms, Absorption, Functions, Deficiency states & Hypervitaminosis. Bioc-44: Vitamin K IL BCQ: OSP 7 Sources, RDA, Active forms, Absorption, Functions, Deficiency States. Bioc-45: Vitamin B1 IL BCQ: OSP 8 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. WEEK-IV IL BCQ: OSP 9 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-46: Vitamin B2 IL BCQ: OSP 9 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-47: Vitamin B3 IL BCQ: OSP 10 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-48: Vitamin B4 IL BCQ: OSP 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-49: Vitamin B9 Vitamin B9 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-50: IL BCQ: DSP	, SEQs, E, Viva
7 Sources, RDA, Active forms, Deficiency States. Bioc-45: IL BCQ: 8 Sources, RDA, Active forms, Absorption, Functions, Deficiency States. WEEK-IV Bioc-46: IL BCQ: 9 Sources, RDA, Active forms, States. Bioc-47: IL BCQ: 9 Sources, RDA, Active forms, States. Bioc-47: IL BCQ: 9 Sources, RDA, Active forms, States. Bioc-47: IL BCQ: 9 Sources, RDA, Active forms, States. Bioc-47: IL BCQ: 10 Sources, RDA, Active forms, Deficiency States. Bioc-48: IL BCQ: 11 Sources, RDA, Active forms, Deficiency States. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Deficiency States. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Deficiency States. WEEK-V Vitamin B9 EXERVITION EXERVITION 7 General introduction and classification Bioc-50: IL BCQ:	, SEQs, E, Viva
WEEK-IV 8 Sources, RDA, Active forms, Deficiency states. Bioc-46: IL BCQ: 9 Sources, RDA, Active forms, Deficiency states. Vitamin B2 OSP 9 Sources, RDA, Active forms, Deficiency states. Bioc-47: IL BCQ: 10 Sources, RDA, Active forms, Deficiency states. Bioc-48: IL BCQ: 10 Sources, RDA, Active forms, Deficiency states. Bioc-48: IL BCQ: 11 Sources, RDA, Active forms, Deficiency states. Bioc-49: Vitamin B6 OSP 11 Sources, RDA, Active forms, Deficiency states. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Deficiency states. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Deficiency states. Bioc-50: IL BCQ: 7 General introduction and classification Bioc-50: IL BCQ:	, SEQs, E, Viva
8 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-46: IL BCQ: 9 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-47: IL BCQ: 9 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-47: IL BCQ: 10 Sources, RDA, Active forms, Deficiency states. Bioc-48: IL BCQ: 11 Sources, RDA, Active forms, Deficiency states. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Deficiency states. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Deficiency states. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Deficiency states. Bioc-49: Vitamin B9 OSP 12 Sources, RDA, Active forms, Deficiency states. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Deficiency states. Bioc-50: IL BCQ:	
9 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-47: IL BCQ: 10 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-48: IL BCQ: 10 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-48: IL BCQ: 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-49: Vitamin B9 Vitamin B9 7 General introduction and classification Bioc-50: IL BCQ:	, SEQs, E, Viva
10 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-48: IL BCQ: 11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Vitamin B6 OSP 11 Sources, RDA, Active forms, Deficiency states. Bioc-49: Vitamin B9 OSP 11 Sources, RDA, Active forms, Deficiency states. WEEK-V Vitamin B9 Deficiency Vitamin B9 7 General introduction and classification Bioc-50: IL BCQ:	, SEQs, E, Viva
11 Sources, RDA, Active forms, Absorption, Functions, Deficiency states. Bioc-49: Vitamin B9 Vitamin B9 WEEK-V 7 General introduction and classification Bioc-50: IL BCQs	, SEQs, E, Viva
WEEK-V 7 General introduction and classification Bioc-50: IL BCQ:	
7 General introduction and classification Bioc-50: IL BCQ:	
of Minerals. Classification of OSP Minerals	, SEQs, E, Viva
8 Sources, RDA, Absorption, transport, Functions, Clinical Aspects Bioc-51: IL BCQs 9 Functions, Clinical Aspects Sodium & Potassium OSP	, SEQs, E, Viva
Theme-2: Orofacial Gland Consideration	
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9	Sources, RDA, Absorption, transport,	Bioc-52:	IL	BCQs, SEQs,
	Functions, Clinical Aspects	Calcium &		OSPE, Viva
		Phosphorus		
10	Sources, RDA, Absorption, transport,	Bioc-53:	IL	BCQs, SEQs,
	Functions, Clinical Aspects	Magnesium &		OSPE, Viva
		Fluoride		
Theme-3: Oral Mucosa				
WEEK-VII				
11	Sources, RDA, Active forms,	Bioc-53:	IL	BCQs, SEQs,
	Absorption, Functions, Deficiency	Vitamin C		OSPE, Viva
	states.			

FIRST YEAR BDS / PRACTICAL FOR BIO-MATERIALS & PRECLINICAL						
	OPERATIVE DENTISTRY-I					
Week	DAY	Торіс	Interactive Lecture/Demo 08:00-09:00 AM	Practical 09:00-11:00 AM		
			Monday, Tuesday &	Wednesday		
I	Thursday	Introduction to Operative Dentistry, Enamel, dentine, pulp, Periodontium and tooth surfaces	Dr Priya / Dr Nourain			
II	Tuesday	Dental Caries; etiology and classification	Dr Priya			
	Wednesday	Instruments used in Operative Dentistry	Dr Nourain			
	Thursday	Ergonomics, chair positioning in Operative Dentistry	Dr Nourain/ Dr Priya			
III	Tuesday	Aims, objectives and Fundamental of tooth preparation	Dr Priya			
	Wednesday	Class-I Cavity Tooth Preparation	Dr Priya			
	Thursday	Mechanical & Thermal Properties of Bio-Dental	Dr Nourain			
		Materials				
IV	Tuesday	Methods of Isolation (Rubber Dam Practice)	Dr Priya/ Dr Norain			
	Wednesday	Bio-material Dental Amalgam, Composition, Manufacturing, classification, setting reaction.	Dr Nourain			
	Thursday	Bio-material Dental Amalgam Manipulation, Uses	Dr Nourain			
		and Properties				
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V	Tuesday	Class-I Restoration (Lining, Filling)	Dr Priya			
	Wednesday	CBL-1: Class-I Cavity Restoration &				
	,	Selection of Restorative Materials				
	Thursday	Liner and Bases (Zinc Phosphate	Dr Nourain			
		Cement)				
VI	Tuesday	Class-II Cavity Tooth Preparation	Dr Priya			
	Wednesday	CBL-2: Selection of Lining Materials				
	Thursday	Pulp Capping Materials (Calcium	Dr Nourain			
		Hydroxide				
VII	Tuesday	Deep carious lesion and MTA as	Dr Nourain			
		Pulp capping material				
	Wednesday	Class-II Amalgam Restoration	Dr Pirya			
	Thursday	Mercury Hazard & Handling	Dr Pirya			
VIII	Tuesday	Amalgam Failure &	Dr Nourain			
	Wednesday	Repair Matrix Band System	Dr Pirya			
	Thursday	CBL-3: Management of deep carious le	sion and Selection of			
	-	direct and indirect Pulp Capping Mater	rials			
IX	Tuesday	Revision	Dr Nourain			
	Wednesday	Posting End Test & Psychomotor	Dr Pirya			
		Skill Assessment Test				

BIO-M	BIO-MATERIALS & PRE-CLINICAL OPERATIVE DENTISTRY PRACTICAL'S FOR GROUP-B WEEK 1 TO WEEK 8				
S.NO.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING	ASSESSMENT	
			STRATEGY		
24	Introduction to subject	Introduction to	Practical	BCQs, SEQs	
		Operative			
		Dentistry-I			
25	Introduction to subject	Introduction to	Practical	BCQs, SEQs	
		Operative			
		Dentistry-II			
25-27	Introduction to subject	Introduction to	Practical	BCQs, SEQs	
		Operative			
		Dentistry-III			
28	Introduction to subject	Introduction to	Practical	BCQs, SEQs	
		Operative			

		Dentistry-IV		
29-30	Introduction to subject	Introduction to Operative Dentistry-V	Practical	BCQs, SEQs
26-27-Е	Discuss the basic need to study biologic basis of operative dentistry	Introduction to Operative Dentistry	IL / Practical	BCQs, SEQs
28-29-E	Diagnose and classify the dental caries	Dental Caries: Caries Etiology and Classification	IL / Practical	BCQs, SEQs, Work place based assessment
30-31-E	To understand the method of cavity preparation and requirements of different armamentariums for specific cavity design	Fundamentals of Tooth Preparation	IL / Practical	BCQs, SEQs, Work place based assessment
24-25- B	Describe the indications. Explain the instrument classification and use, instrument grasps, and Black's formula	Dental Instruments	IL / Practical	BCQs, SEQs, Work place based assessment
24-25- B	Describe the indications. Explain the instrument classification and use, instrument grasps, and Black's formula	Dental Instruments	IL / Practical	BCQs, SEQs, Work place based assessment
26-27- В	Describe the correct positioning of the operator, the patient and the chair side assistant for accomplishing clinical procedures in any give segment of the oral cavity	Ergonomics	IL / Practical	BCQs, SEQs, Work place based assessment
28-29- B	Describe the rationale and methods to achieve field isolation	Isolation	IL / Practical	BCQs, SEQs, Workplace based assessment
20-21- B	General introduction Composition, properties manipulation and rationale behind using each material	Biomaterials; dental amalgam cavity liners	IL / Practical	BCQs, SEQs, Workplace based assessment
22-23- B	Define and explain cavity sealers	Cavity Sealers	IL / Practical	BCQs, SEQs
24-25- B	Discuss the metal alloys in dentistry	Metal Alloys	IL / Practical	BCQs, SEQs
24-25- В	Define the principles of tooth preparation for Class-I amalgam preparations	Class-I Cavity	IL / Practical	BCQs, SEQs, Work place based

				assessment
26-27- B	Define the principles of tooth	Class-I	IL / Practical	BCQs, SEQs,
	preparation for Class-I amalgam preparations	Cavity		Work place based assessment
28-29- B	Define the principles of tooth	Class-I	IL / Practical	BCQs, SEQs,
	preparation for Class-I amalgam preparations	Cavity		Work place based assessment
26-27- B	Prepare a Class-II amalgam preparation	Class-II	IL / Practical	BCQs, SEQs,
	according to specified measurements on any posterior tooth in the oral cavity.	Cavity		Workplace based assessment
23-24- В	Describe the rationale characteristics and functions of matrix system. Discuss about other methods for tighter contacts	Matrix Band System	IL / Practical	BCQs, SEQs, LOG Book
25-26- В	Describe the rationale characteristics and functions of matrix system. Discuss about other methods for tighter contacts	Matrix Band System	IL / Practical	BCQs, SEQs, Work place based assessment
17-18- B	Give indications and Contraindications principles and steps used for preparation of complex amalgam restoration	Complex amalgam restoration	IL / Practical	BCQs, SEQs
19-20- В	Students able to understand why does amalgam restoration fail? Discuss repair of amalgam restoration benefits over replacement, criteria for repair	Amalgam failure and repair	IL / Practical	BCQs, SEQs
21-22- В	Discuss the issues related to amalgam hygiene in clinical practice and management	Mercury hazards and handling	IL / Practical	BCQs, SEQs
21-22- В	Prepare a Class-II amalgam	Class-II	IL / Practical	BCQs, SEQs, Work
	preparation according to specified measurements on any posterior tooth in the oral cavity.	Cavity		place based assessment

Bio-Materials & Pre-Clinical Prosthodontics for Group-C WEEK 1 TO WEEK 8				
S.NO.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT

25-26- C	Introduction to subject	Introduction to Prosthodontics-I	Practical	BCQs, SEQs
27-28- C		Introduction to Prosthodontics-II	Practical	BCQs, SEQs
29-30- C		Introduction to Prosthodontics-III	Practical	BCQs, SEQs
29-30- C		Introduction to Prosthodontics-IV	Practical	BCQs, SEQs
29-30- C		Introduction to Prosthodontics-V	Practical	BCQs, SEQs
26-27- C	State the different important terminologies of prosthodontics, what is denture and its type. The purpose of complete and partial denture.	Terminology of Prosthodontics, Objectives of Partial/ Complete Denture, Types of Dentures.	IL	BCQs, SEQs
	Recognize and discuss different types of denture and their possible implementation.	Types of denture and their objectives	Practical	Psychomotor Assessment
28-29- C	Discuss 4 classes of Kennedy's and their modifications along with Applegate's rules.	Kennedy's Classification and Appligate's rules for applying Kennedy's classification.	IL	BCQs, SEQs
	Interpret and recognize the classes of Kennedy's and their modification on cast models.	Kennedy's classification.	Practical	Psychomotor Assessment
30-31- C	Explain important features of anatomy of maxilla and mandible.	Outline and surfaces of maxillary/mandib ular dentures.	IL	BCQs, SEQs
	Demonstrate and delineate the anatomy of maxilla and mandible on cast models.	Outline and surfaces of maxillary/mandib	Practical	Psychomotor Assessment

		ular dentures.		
24-25- C	Enlist the impression materials and their characteristics, used in construction of removable prosthesis.	Impression materials in relation to removable prosthodontics	IL	BCQ, SEQ
	Recognize the tray for both jaws and their types, delineate their parts.	Tray selection, parts and types of trays.	Practical	Psychomotor Assessment
26-27- C	Define impression, differences in primary and secondary impressions along with the materials used in their construction.	Impression materials in relation to removable prosthodontics	IL	BCQs, SEQs
	Perform the steps in taking primary and Secondary impressions.	Primary and secondary Impressions.	Practical	Psychomotor Assessment
28-29- C	Define and describe materials involved in construction of special trays for individual patients.	Materials used in construction of special tray.	IL	BCQs, SEQs
	Construct the special trays customized for individual patients through different techniques.	Methods of construction of special trays.	Practical	Psychomotor Assessment
24-25- C	Enlist the impression materials and their characteristics, used in construction of removable prosthesis.	Impression materials in relation to removable prosthodontics	IL	BCQ, SEQ
	Recognize the tray for both jaws and their types, delineate their parts.	Tray selection, parts and types of trays.	Practical	Psychomotor Assessment
20-21- C	Define and describe the surveyor in terms of its objective, usage.	Definition, Objective, Uses and Component Parts of Surveyor.	IL	BCQs, SEQs
	Recognize different parts of dental surveyor.	Component Parts of Surveyor	Practical	Psychomotor Assessment

22-23- C	Define clasps its usage .Enlist types of wires used in construction of clasps.	Types of wires. Clasps.	IL	BCQs, SEQs
	Construction of different types of clasps	Techniques of	Practical	Psychomotor
	used in formation of removable	clasp formation.		Assessment
	prosthesis.			
24-25- 0	Define occlusal rims. Enlist the materials	Materials used in		BCOs SEOs
24 25 0	used in construction of rims	construction of		
	Construct the occlusal rims with proper	Construction and	Practical	Psychomotor
	specifications on the special travs	specification of	riactical	Assessment
	specifications on the special trays.	specification of		Assessment
		maxillary/manulo		
		ular occlusal		
24-25- C	Define and describe articulators	Definition,	IL	BCQs, SEQs
		Objective, Uses		
		and Types of		
		Articulators		
	Recognize different types of articulators.	Types of	Practical	Psychomotor
		Articulators.		Assessment
26-27- C	Define artificial teeth and its types.	Types and	IL	BCQs, SEQs
		Selection Criteria		
		of Artificial Teeth.		
	Enlist the methods and criteria to select	Artificial teeth and	Practical	Psychomotor
	artificial teeth.	selection criteria		Assessment
		of artificial teeth		
8-29- C	Describe arrangement criteria of	Arrangement of	IL	BCQs, SEQs
	anterior teeth.	Anterior Teeth		
	Perform anterior teeth setup by	Arrangement of	Practical	Psychomotor
	following the criteria.	anterior teeth.		Assessment
4-25- C	Describe arrangement criteria of	Arrangement of	IL	BCQs, SEQs
	posterior teeth.	Posterior Teeth.		
	Perform posterior teeth setup by	Arrangement of	Practical	Psychomotor
	following the criteria for posterior teeth.	posterior teeth.		Assessment
26-27- C	Define and explain the types and uses	Waxes:	IL	BCQs, SEQs
	of Waxes			
		Types and Uses.		
	Perform wax up procedure and different	Wax-up	Practical	Psychomotor
	technique to finish it.	procedure /		Assessment
		finishing of wax.		
28-29-	Define and Explain gypsum	Gvpsum	IL	BCQs. SEOs
с.		- /		
č	Enlist different parts of flask.	Parts of Flask	Practical	Psvchomotor

21-22- C	Define and Explain gypsum	Gypsum	IL	BCQs, SEQs
	Perform the flaking procedure with	Flasking	Practical	Psychomotor
	proper manipulation of gypsum	procedure		Assessment
23-24- C	Define and describe Acrylic, its types	Introduction to	IL	BCQs, SEQs
	and uses.	acrylic material.		
	Perform the procedure of packing and	Packing and bench	Practical	Psychomotor
	bench curing.	curing practical		Assessment
25-26- C	Describe the curing procedure.	Curing Procedure	IL	BCQs, SEQs
	Perform the procedure of curing and	Long and short	Practical	Psychomotor
	knowledge about differences in types of	curing cycles		Assessment
	cycle	practical		
17-18- C	Enlist the steps of deflasking.	Deflasking	IL	BCQs, SEQs
	Perform the procedure of deflasking	Deflasking and	Practical	Psychomotor
	and retrieval of denture from the flask.	retrieval of		Assessment
		denture practical		
19-20- C	Enlist the finishing and polishing tools	Finishing and	IL	BCQs, SEQs
	and techniques in construction of	polishing		
	complete denture	techniques and		
		materials lecture		
	Perform the finishing and polishing of	Finishing and	Practical	Psychomotor
	the cured denture.	polishing of		Assessment
		complete denture		
		practical		
21-22-	Recognize the faults in cured denture	Faults in	IL	BCQs, SEQs
С		cured denture		
	Recognition and correction of errors in	Errors in cured	Practical	Psychomotor
	cured denture	denture		Assessment

	INTRODUCTION TO CLINICAL CARE & PROFESSIONALISM FOR GROUP-D			
S.NO.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT
25-26- C	Introduction to subject	Introduction to	Practical	BCQs, SEQs
		Dental Practice /		
		Professionalism-I		
27-28- C		Introduction to	Practical	BCQs, SEQs
		Dental Practice /		
		Professionalism-II		

29-30- C	Introduction to subject	Introduction to	Practical	BCOs. SEOs
		Dental Practice/		
		Professionalism-III		
29-30- C		Introduction to	Practical	BCQs. SEQs
		Dental Practice/		
		Professionalism-IV		
29-30- C		Introduction to	Practical	BCQs, SEQs
		Dental Practice/		
		Professionalism-		
		V		
26-27- D	Provide the complete overview on entire	Orientation,	Demonstration	Workplace based
	, course work	Course		Assessment
		Overview, Class		
		Code of conduct		
28-29- D	Understand the concepts of ethics and	Introduction to	Demonstration	BCQs/SEQs
	ethical theories to apply in dental	Ethics and		
	practice	Ethical theories		
30-31- D	Understand the fundamental principle of	Fundamental	Demonstration	BCQs/SEQs
	Biomedical ethics and able to apply in	Principles of		
	dental practice.	Biomedical		
		ethics		
24-25- D	Understand the manoeuvre of dental	Dental Practice	Demonstration	OSCE
	unit and appropriate positions in dental	Management–I,		
	practice	Introduction to		
		Dental Chair,		
		Position of		
		Dentist and		
		Assistant		
24-25- D	Understand the manoeuvre of dental	Dental Practice	Demonstration	OSCE
	unit and appropriate positions in dental	Management–I,		
	practice	Introduction to		
		Dental Chair,		
		Position of Dentist		
		and Assistant		
26-27- D	Identify the basic instruments and their	Dental Practice	Demonstration	Quiz / BCQs/ OSCE
	applications dental practice	Management–II,		
		Basic		
		Instrumentation		
		for Dental		
		Practice		
28-29- D	Protect from exposure to workplace	Cross	Demonstration	Quiz/ OSCE
	hazards and the risk of injury	Infection		
		Control–I, Hand		
		Hygiene		

-	1	1		1
		Standards and		
		Personal		
		Protection		
		Equipment.		
20-21- D	Understand adverse impacts of waste on	Cross Infection	Demonstration	BCQ/ OSCE
	human health and the environment.	Control–II, Waste		
	Recognize and manage the needle-stick	Management and		
	injuries that may occurs during clinical	Needle Stick iniurv		
	practice.	Management		
22-23- D	Discuss the rational for sterilization and	Cross Infection	Demonstration	BCQ/ SEQ
	disinfections.	Control–III.		
	Enumerate the methods of sterilization	Sterilization and		
	and disinfection.	Disinfection		
	Discuss the appropriate methods of			
	sterilization and disinfection.			
24-25- D	Recognize the importance of record	Dental Practice	Demonstration	SEQ
	keeping.	Management–III.		
	Ensure the continuity of patient-care	Record Keeping.		
	and enable third party to see what	1 0		
	treatment has been provided			
24-25- D	Select the appropriate dental	Dental Practice	Demonstration	Quiz/ BCO
2125 5	materials for general dental procedure	Management-IV	Demonstration	
	in the dental practice	Dental Material		
		Available in Clinic		
		and Appropriate		
		Soloction		
	Develop propetivo responso to	Stross	Domonstration/	OSCE
20-27- D	develop proactive response to	Stress		USCE
	stressiul situations. Recognize the	wanagement	Role playing	
	number of stressors and improve the			
	ability to cope with stress.			
28-29- D	Understand the importance of time	Time	Demonstration	OSCE
	management.	Management		
	Enable them to clarify and priorities			
	their procedure and goals in schedule			
	time			
24-25- D	Teach basic communication and	Communication	Demonstration/	OSCE
	counseling skills to improve their	Skills–I. Patient,	Case based	
	overall clinical competency.	Professional	discussion	
	Demonstrate effective strategies to	Colleagues and		
	communicate in the dental practice	Dental Staff		
26-27- D	Enable to write medical prescription,	Communication	Demonstration/	OSCE/OSPE
	clinical opinion and progressive note.	Skills–II.	Case based	
	How to write for referrals to specialist.	Prescription	discussion	

		Writing Medical		
		Consultation		
		Writing progress		
		noto Writing and		
		Referrals to		
		Referrais to		
		specialists.		
28-29- D	Recognize the importance of		Case based	Quiz
	professionalism in dentistry.	Professionalism in	discussion	
	Discuss the elements of professionalism.	Dentistry		
21-22- D	Recognize the importance of informed		Demonstration/	SEQ/ OSCE
	consent.	Informed Consent	Case Based	
	Explain the informed consent process.	in Dental Practice	Discussion	
23-24- D	Describe the different types of destict	Dentist Patient	Demonstration/	SEQ/ BCQ
	Describe the different types of defitist	Relationship	Case based	
	patient relationship.		Discussion	
	Recognize the boundaries of			
	Relationship.			
25-26- D	Recognize the importance of		Demonstration/	SEQ/ BCQ/ OSCE
	confidentiality and privacy.	Confidentiality and	Case based	
	Methods of maintaining confidentiality	Privacy	Discussion	
	and privacy of patients.			
17-18- D	Become familiar with elements and	Ethical Issues in	Case based	Writing
	principles of ethical decision making in	Dental Practice–I.	discussion	Assignment
	ethical dilemmas encountered in dental	Malpractice,		
	practice	Harassment		
19-20- D	Become familiar with elements and	Ethical Issues in	Case based	Writing assignment
	principles of ethical decision making in	Dental Practice-	discussion	0 0
	ethical dilemmas encountered in dental	II. Patient or		
	practice	Dentist with		
		Infectious		
		diseases: Conflict		
		of interest and		
		relationshin with		
		Pharmaceutical		
		Companies		
ח רר 11	Pocognizo occontial principles for taking		Domonstration	
21-22- D	high quality photographs for actiont	Photography in	Demonstration	USPE
	ingli quality photographs for patient	Dental Practice		
	education and protessional			
	aevelopment.			

DENTAL ANATOMY GROUP-A

S.NO.	LEARNING OBJECTIVES	ΤΟΡΙϹ	TEACHING STRATEGY	ASSESSMENT
26-A	Given a diagram, photograph or description, identify permanent teeth by their proper name and/or number	An introduction to dentalnomenclature	20 min Lecture& Practical	BCQs, SEQs, Psychomotor Assessment
27-A	Identify the type and number of permanent teeth per quadrant, arch, and in total; and identify the type and number of teeth which are anterior or Posterior.	Introductionto anterior and Posterior teeth	20 min Lecture& Practical	BCQs, SEQs, Psychomotor Assessment
28-A	Identify or describe dental formulae by supplyingor selecting the correct Information regarding a given dental formula.	Tooth numbering system	20 min Lecture& Practical	BCQs, SEQs
29-A	Identify the correct eruption sequence for permanent teeth and list the correct anticipatederuption dates for all permanent teeth.	Eruptionsequence for permanent teeth	20 min Lecture& Practical	BCQs, SEQs
30-A	Identify the proper name for tooth surfaces, line and point angles of a tooth when given a diagram or a description.	Tooth surfaces	20 min Lecture& Practical	BCQs, SEQs, Psychomotor Assessment
31-A	Identify or describe dental formulae Identify the correct eruption sequence for permanent teeth and list the correct anticipated eruption dates for all permanent teeth.	Dental formulae for correct eruption sequence	20 min Lecture& Practical	BCQs, SEQs
20-A	Describe the variations in the degree of mineralization and age changes of primary, secondary, and tertiary dentin. Describe peritubular and intertubular dentin, dentinaltubules and their branches.	Fnd-S1-OB-23(A): Dental hardtissues and there histological variations	20 min Lecture& Practical	BCQs, SEQs
21-A	Demonstrate the knowledge about ideal morphology of Central Incisor (Maxillary And Mandibular)	CentralIncisor	20 min Lecture& Practical	Psychomotor Assessment
22-A	Create the ideal dental anatomy of permanentCentral Incisor by drawing on graph book(Maxillary And Mandibular)	CentralIncisor	20 min Lecture& Practical	BCQs, SEQs

	Interpret and recognize the classes of Kennedy's and their modification on cast models.	Kennedy's classification.	Practical	Psychomotor Assessment
	Create the ideal dental anatomy of permanent molar teeth by drawing on graph book(Maxillary And Mandibular)	Molar teeth	20 min Lecture& Practical	BCQs, SEQs, Psychomotor Assessment
	Describe the anatomy and function of the muscles and ligaments involved in mastication.	Ligaments of THJ	20 min Lecture& Practical	
	Describe the anatomy and function of thetemporomandibular joint.	Bones involved in joint (TMJ)	20 min Lecture& Practical	BCQs, SEQs, Psychomotor Assessment
	Contrast isometric and isotonic muscle contraction.	Musclemovements	20 min Lecture& Practical	
	Describe the articular surfaces of the TMJ eminence and mandibular condyle and contrastthese to surfaces in limb joints.	Comparisonof TMJ with other joints	20 min Lecture& Practical	BCQs, SEQs, Psychomotor Assessment
18	Morphology of the permanent Mandibular lateralincisors	Permanent mandibular incisors	IL	
24-A	Identify the proper name for tooth surfaces, line and point angles of a tooth when given a diagramor a description. Describe the tooth-numbering systems used in dentistry.	Tooth- numbering systems used in dentistry	20 min Lecture& Practical	
25-A	Describe, select the correct response from a list,or use a drawing to identify or label these: mamelons, grooves, pits, ridges, fossae, lobes, cingula, heights of contour, contact areas, developmental depressions, tubercle, cusps, embrasure etc.	Tooth surface markings	20 min Lecture& Practical	
26-A	Describe the following dental tissues: enamel, dentin, pulp, cementum and periodontalligament.	Fnd-S1-OB-19(A): Tooth and supporting tissues	20 min Lecture& Practical	BCQs, SEQs, Psychomotor Assessment
27-A	Describe the weight and volume composition ofthose dental tissues; name the cellular elements involved	Structure ofcells in dental tissues	20 min Lecture& Practical	

	and the blood and nerve supply.			
28-A	Describe the type and distribution of cells in the dental pulp, including age changes, structure andultrastructure of odontoblasts.	Fine structures present in cells of dental tissues	20 min Lecture& Practical	BCQs, SEQs, Psychomotor Assessment

6.6: LEARNING RESOURCES

The learning resources for the educational contents of BDS program are available for the students which assist learners to achieve the outcomes and by focusing on educational content. Ina addition; the names of the books for each subject as a learning resources is available with the educational content of the same subject. Following learning resources can be used by the undergraduates;

- Books
- Evidence based articles from journals
- Digital library to search the material for self-directed learning
- Video Tapes
- Displays
- Models
- Phantom Heads
- Printed Notes
- Case based scenarios'
- Community Visits

Recommended Books First YEAR BDS				
Anatomy	Physiology	Biochemistry	Oral Anatomy & Tooth Morphology	
 Snell's Clinical Anatomy, 9th Edition. Langman's Medical Embryology 14th Edition By T.W. Sadler Phd. Wheater's Functional Histology – 6th Edition – Elsevier. Snell's Clinical Neuroanatomy, Eighth Edition. 	 Guyton and Hall Textbook of Medical Physiology – 15th Edition. Ganong's Review of Medical Physiology, 27th Edition. 	 Harper's Illustrated Biochemistry, 32 edition. Lippincott' Illustrated Reviews- Biochemistry 7th edition. 	 Ten Cate's Oral Histology 9th edition. Wheeler's Dental Anatomy, Physiology and Occlusion 11th edition 	

6.2: CURRICULAR FRAMEWORK OF SECOND YEAR BDS

INTRODUCTION TO INTEGRATED CURRICULAR FRAMEWORK OF SECOND YEAR					
MBBS					
Paper-I	Paper-I Paper-II				
Module-I	Module-II Module-III				
Disease, Infections &	Disease, Infections &	Neoplasia, Hemodynamics &			
Therapeutics I	Therapeutics II	Genetics			
16 Weeks 10 Weeks 10 Weeks					
Human Anatomy, Human Physiology, Biochemistry and Oral Biology & Tooth					
Morphology					

Paper-III: Module-IV		
Pre-Clinical Dental Sciences-II		
32 Weeks (on rotations basis group wise)		
Oral Anatomy & Tooth Morphology, Biomaterials and Pre- clinical Sciences of		
Operative Dentistry-I, Biomaterials and Pre-clinical Sciences of Removable		
Prosthodontics-I, Introduction to Dental Care and Professionalism-2 (on rotation		
basis) and Research Methodology-I and Dental Informatics-2		

PROGRAM INTENDED LEARNING OUTCOMES OF SECOND YEAR BDS

MODULE-1 DISEASE INFECTION & THERAPEUTICS (DIT)-1					
PATHOLOGY	PHARMACOLOGY	ORAL PATHOLOGY			
 Introduction to pathology Cellular adaptations (practical) Mechanism of cell injury Intracellular accumulation & pigmentation (practical) Necrosis Necrosis (practical) Apoptosis Calcification (practical) Cell aging Introduction to acute inflammation Acute inflammation vascular and cellular events Chemical mediator of inflammation Acute inflammation (practical) Chemical mediator of inflammation Acute inflammation (practical) Chronic inflammation (practical) Innate & adaptive immunity Cell mediated immunity Structure and function and immunoglobulins Autoimmunity Hypersensitivity reactions MHCs Immunodeficiency disorders Introduction to microbiology Structure of bacterial cell Bacterial growth cycle Simple staining (practical) Classification & normal flora Grams staining (practical) 	 Overview of pharmacology Introduction to pharmacology (practical) Routes of drug administration-1 Weight & measurement (practical) Routes of drug administration-2 Abbreviation (practical) Drug absorption Prescription writing (practical) Bioavailability & half life Pharmaceutical preparation (practical) Drug distribution Biotransformation Drug excretion Pharmacodynsmics-1 Prepare & dispense carminative mixture (practical) Pharmacodynamics-2 Factors effecting drug action Prepare & dispense100ml of normal saline (pracgigal) Adverse drug reaction Teratogenic drugs 	 Oral mucosa Oral epithelial changes Reactive white lesion Vascular lesion Hyper plastic lesion Pulpitis-1 Leukoplakia-2 Pulpitis Pulp polyp, healing and necrosis Hemangioma and lymphangioma Hyper plastic lesion Periodontitis Osteomyelitis Spread of inflammation Osteomyelitis Immunological disorder-1 Immunological disorder-2 Immunological disorder-3 Immunological disorder-4 Immunology Caries-1 Caries-2 Bacterial infection 1 Syphilis Candidiasis-1 Candidiasis-2 Discoloration of teeth Non-bacterial tooth loss Cyst-3 Cyst-4 Cyst-5 			
Bacterial genetics	 mepare & Sulphur ointment (practical) 	• Cyst-6			

Bacterial pathogenesis-1	NSAIDS-1	 Cyst-7 	
 Bacterial pathogenesis-2 	NSAIDS-2	 Cyst-8 	
 ZN staining (practical) 	Corticosteroid		
Host defence	 Introduction to 		
Culuture media-1 (practical)	antibiotics		
Laboratory diagnosis of bacterial	 prescription writing-1 		
disease	(practical)		
Culuture media-2 (practical)	 cell wall synthesis 		
• Sterilization (practical)	inhibitors-1		
Staphylococcus	 prescription writing - 		
Sterptococuus	2(practical)		
Streptococcus pneumonia	 cell wall inhibitors-2 		
• Lab.diagnosis of Neisseria	To prepare & dispense		
(practical)	terpantine oil		
Bacillus	(practical)		
Lab diagnosis of	 Aminoglycosides 		
corynebacterium diphtheria	Discussion class		
(practical)	(practical)		
Clostridia	To prepare terpantine		
• E.coli & klebsiella (practical)	oil		
Salmonella & shigella	Tetracyclin		
• Gram negative curved rods	Macrolids		
-	 To prepare and 		
Proteus & pseudomonas	dispense potassium		
(practical)	permanganate		
Mycobacterium tuberculosis	(practical)		
• H.influenza & B. pertussis	Flouroquinolones		
Basic mycology	Sulfonamides		
	Tuberculosis		
	 Anti-fungal 		

MODULE-II DISEASE INFECTION & THERAPEUTICS (DIT)-2					
PATHOLOGY PHARMACOLOGY ORAL PATHOLOGY					

 Structure and classification of virus Viral Replication Viral Pathogenesis Host Defense Lab diagnosis of viral diseases Hepatitis virus HIV Polio & Dengue Virus E. Histolytica; Giardia Leishmania Lab diagnosis of Malaria (Practical) Trichomonas & Toxoplasma Intestinal nematodes Tissue nematodes Lab Diagnosis of Ischemic Heart Disease (Practical) Anaemia Lipid Profile (Practical) Chronic Obstructive Lung Diseases Lab interpretation of Diabetes mellitus (Practical) Ulcerative lesions of GIT Thyroid function test (Practical) 	 Anti-viral Therapy (AVT)-I Anti-viral Therapy (AVT)-II Anti-viral Therapy (AVT) (Practical) AVT: Drugs used in CMV AVT: Drugs used in Retrovirus (H.I.V)-I AVT: Drugs used in Retrovirus (H.I.V)-II AVT: Drugs used in Hepatitis Drugs used in Malaria Drugs used in Amebiasis Prescription writing for Malaria and Amebiasis (Practical) CVS: Drugs used in Hypertension-I CVS: Drugs used in Hypertension-II CVS: Diuretics-I CVS: Diuretics-I CVS: Drugs used in Asthma-I Drugs used in Asthma-II Drugs used in Asthma-II CVS: Cardiac Glycosides Drugs used in Acid Peptic Ulcer Emetics and Anti-Emetics Endocrinology: Drugs used in Diabetic Mellitus Endocrinology: Drugs used in Hypo and Hyperthyroidism Blood: Anticoagulants Blood: Prescription regarding the treatment of anaemia (Practical) 	 Vesiculobullous Conditions-I Vesiculobullous Conditions-II Ulcerative Conditions-I (L&CBL) Ulcerative Conditions-II Fungal Infections Reactive lesions of salivary glands (L&CBL) Alteration in salivary flow rate Bacterial infection of Salivary Gland Viral Infection of Salivary Glandss Salivary Gland Tumors-I Salivary Gland Tumors-II Metabolic & Endocrinal Disorder of Bone-I Metabolic & Endocrinal Disorder of Bone-I Metabolic & Endocrinal Disorder of Bone-III (L&CBL) Central giant cell granuloma, Exostosis, Cherubism Tumors of Bone-I Tumors of Bone-I Tumors of Bone-II History-taking principles, medical and dental history demonstration Fundamental principles of light microscopy and how to set a slide on a microscope with different magnifications Different parts of the oral cavity, teeth, and dental caries History-taking in OPD and history- form filling Steps of tissue processing for paraffin sections and basic steps and requirements for performing an H&E staining Dental caries detection and

COURSE OUTCOME MODULE-III NEOPLASIA, HAEMODYNAMICS & GENETICS				
PATHOLOGY	PHARMACOLOGY	ORAL PATHOLOGY		
Introduction to neoplasia	Anti-neoplastic drugs-I	Developmental Anomalies of		
Characteristic features of	Introduction to	Teeth-I		
tumor	pharmacodynamics-I	Developmental Anomalies of		
Benign and malignant	Anti-neoplastic drugs-2	Teeth-2		
epithelial tumor (practical)	Introduction to	Developmental Anomalies of		
Molecular basis of cancer-1	pharmacodynamics-II	Teeth-3		
Benign and malignant	Introduction to autonomic	Dentinogenesis Imperfecta		
connective tissue tumor	nervous system	Anomalies of Pulp		
(practical)	Introduction to autonomic	Odontomes		
Molecular basis of cancer-2	nervous system (Practical)	Mix odontogenic tumors		
Carcinogenic agent-1	Introduction to ANS-2	Odontogenic tumors 1		
Carcinogenic agent-2	Cholinergic Agonists (Direct	Odontogenic tumors 2		
Diagnostic approach to	acting)	Oral Squamous Cell		
Neoplasia (Practical)	Cholinergic Agonists (Indirect	Carcinoma (OSCC)-1		
Tumor virus	acting)	Oral Squamous Cell		
• Edema	Discuss Receptor Distribution	Carcinoma (OSCC)-2		
Hyperemia, congestion,	and Classification of	Oral Squamous Cell		
hemorrhage	Cholenergic Agonists	Carcinoma (OSCC)-3		
Thrombosis	(Practical)	Oral Squamous Cell		
Embolism	Cholinergic Antagonist	Carcinoma (OSCC)-4		
Infarction	 Adrenergic agonist -1 	Oral Squamous Cell		
Shock	•	Carcinoma (OSCC)-5		

•	Classification of genetic	•	To observe the effect of	•	Oral submucous fibrosis
	diseases & Mutation		pilocarpine on rabbit eye		(OSF)-1
•	Mendelian disorder		(Practical)	٠	Oral Squamous Cell
•	Chromosomal disorder	•	Adrenergic agonist-2		Carcinoma (OSCC)-6
•	Inborn error of metabolic	•	To observe the effect of	•	Oral submucous fibrosis
	disorders		atropine on rabbit eye		(OSF)-2
•	Diagnosis of genetic diseases		(Practical)		
		•	Alpha blockers		
		•	Beta Blockers		
		•	Discussion class		
		•	Introduction to CNS		
		•	Drugs used in Epilepsy		
			(Practical)		
		•	Opioids		
		•	Drugs used in Parkinson's		
			disease (Practical)		
		•	Sedative Hypnotics		
		•	Alcohol (Practical)		
		•	General Anaesthesia		
		•	Local Anaesthetic (Practical)		
			. ,		

COURSE OUTCOME MODULE-IV: DENTAL MATERIALS & PRE-CLINICAL DENTAL SCIENCE				
Biomaterial Pre-Clinical & Clinical Operative Dentistry- II	Biomaterials Pre-Clinical & Clinical Prosthodontics-II	Clinical Care & Professionalism-II		
 Instruments used in composite restoration Adhesive Dentistry Rubber dam isolation Principles of Adhesion to Enamel and Dentin Acid Etch Technique Dentin bonding agents Dental composite (composition and classification) Dental composite (properties and applications) Class-I Tooth preparation 	 Objectives of Fixed Prosthodontics and related Terminologies History taking, Examination and Radiographs Diagnostic Casts and their Articulation Metal and Alloys Full Metal Crown Base Metal Alloys PBL Based Learning Porcelain Bonding Alloys (Gold Alloys) Ceramic System Porcelain Eurod to Metal 	 Orientation, Course Overview, Class Code of Conduct Dentition and Notation Examination of Oral Cavity and Examination Instruments Individual differences Personality (Intelligence & Emotions) Introduction to Community & Preventive Dentistry, Instruction about Oral HygieneMeasures 		

and restoration

- PBL-1: Posterior Restoration
- Dental Composite Handling
- Class-II cavity preparation & Restoration
- Class-III cavity preparation & Restoration
- Class-IV cavity preparation & Restoration
- Cervical Restoration
- Pits and fissure sealants
- PBL-2: Anterior Restoration
- Cavity designs in deciduous teeth
- Materials used in pulpotomy for primary teeth
- Pulpectomy in deciduous teeth and restoration
- Early childhood caries and its management
- Model preparation
- Access cavity, Working length determination, root canal preparation
- Sealers and root canal filling materials, Restoration of endodontically treated teeth
- PBL-3: Pulpotomy & Endodontic Materials
- Evaluation (Didatic Component)
- Evaluation (Psychomotor Component)

Crown

- All Ceramic Crown
- Elastomers Impression Materials and relevant techniques
- Working Casts and Dies.
 Basic PINDEX Technique
- Wax Pattern Fabrication
- Investment Materials and
 Investing Technique
- Casting Technique
- PBL Based Learning
- Colour and Dental Shade
 Principles
- Dental Cements
- Provisional Restoration
- Resin Bonded Restoration
- Implant Supported and Retained Prosthesis
- PBL Based Learning
- Discussion & Revision

- Research Design in Oral Epidemiology
- Individual differences
 Personality (Motivation / Need / Drive and Learning)
- Dental OPD Management-1: Specific Department
- Biostatistics-I
- Interviewing / Psychosocial History Taking
- Ethical Decision making Model-I and Anatomy of Medical / Dental Malpractice
- Biostatistics-II
- Anthropology: Culture and Medical / Dental Practice
- Dental OPD Management-II: Specific Department
- Ethics and Dental Research
- Psychological Reaction
- Dental OPD Management-III: Specific Department
- Ethics Issues in Dental Practice-I (Harassment)
- Communication Skills, Counselling, Information Care
- Dental OPD Management-IV: Specific Department
- Ethics Issues in Dental Practice-II (Patient or Dentist with Infectious Diseases)
- Ethical Issues in Dental Practice-III (Conflict or Interest & Relationship withPharmaceutical Companies)
- Case Based Learning / Discussion & Revision

RESEARCH METHODOLOGY-II	DENTAL INFORMATICS-II
 Introduction to research protocol Types of research drafts How to search literature: -Access to a types of research databases Finding an award winning title for rese Designing research project: -Basic gu -Computer programs -MS word How to prepare title page of project How to write an introduction and a r How to add research hypothesis and the objective(s) of research How to write material and methods the project: -Study designs, -Setting, Period, Types of sampling techniques Types of Research designs: -Observar and Experimental studies How to calculate Sample size: - Types of online sample size calculators, -Sample Selection, -Data collection procedure Creating Gantt Chart of the project How to add the table of content and numbers to the research draft Introduction to SPSS Installation of SPSS licensed version Types of statistical and methodologic variables How to code in SPSS How to transform continuous variable categories in SPSS. How to analyze categorical variables Tabular presentation, - Graphical presentation How to analyze numerical variables: presentation, -Graphical presentation? - ull hypticalternative/research hypothesis 	 Computer Maintenance Data Backup Data Recovery File Conversion File Compression Search Engines Effective Search techniques Accessibility to Medical Research Materials Personalized Google Page (Google Apps) Google Calendar Creating Surveys, Quizzes and Polls through Google Forms LinkedIn the pathway to search for job Advance Features of MS WORD Table of Contents (TOS) using MS Word Create and Manage Reference Advance Formulas and functions in MS Excel

- What is P value and confidence interval?
- How to interpret the significance of the study
- Measures of central tendency: -Mean, Median and Mode
- Measure of Dispersion: -Range, Inter-quartile range, Standard deviation
- Understanding parametric and nonparametric data: -Normal distribution, -Skewedcurve
- Types of statistical tests
- Indications of Chi square test
- Indication of Independent sample t-test
- When to apply Paired sampled t-test?
- What in ANOVA and repeated measure ANOVA test?
- What is Correlation?
- Binary logistic and multi-logistic regression analysis
- Types of research articles
- How to design questionnaire and pro forma
- What is citation? -Types of reference styles, -types of reference managementsoftware
- Introduction to Mandalay: -
 - How to create Mandalay ID,
 - How to create Mandalaylibrary
 - How to add references to the Mandalay library? –
 - Mandalay plugin for MS word, -
 - Mendeley importer, -What is DOI?,
 -What is PMID?
 - How to add references to MS word file from Mandalay? -citation and bibliography.
 - How to apply different citation styles in Mandalay? -More than 6000 references stylesare available to selected, -Any reference style can be applied with one click
- How to avoid duplication of references: -Importing references from other referencemanagement applications to Mandalay, -Exporting references to other reference management applications

- How to get research grant/fund: -National and International funding agencies
- How to prepare Informed consent and information sheet for participants/guardians? -translation of IC into local languages
- Filling of research ethics committee form
- How to submit research project for ethical approval? -obtaining REC approval letterprior conducting research
- What is plagiarism? How to avoid plagiarism? Writing tools"
- What is HJRS?
- How to select target journal for publication using HJRS?

	MODULE I SCIENCE OF DENTAL MATERIALS		
	SCIENCE OF DENTAL MATERIALS	MIT	ASSESSMENT
	At the end of the module, student should be able to:		TOOLS
1.	Understand the structure of tooth and supporting tissues	IL	BCQs, SEQs,
			Viva
2.	Enlist tooth numbering systems	IL	BCQs, SEQs.
3.	Enlist different groups of dental materials and their nomenclature	IL	BCQs
4.	Define 'the science of dental materials'	IL	Viva
5.	Identify the role of ADA specification concerning dental materials	IL	BCQs, Assign
6.	Explain the selection criteria of dental materials	IL	BCQs, Viva,
			Assign
7.	Identify different dental appliances, prosthesis and restorations	PBL, SD	OSPE, PBL,
			Viva.
8.	Enlist the properties of dental materials during storage, mixing,	IL	BCQs, SEQs,
	manipulation and setting		Assign, Viva
9.	Differentiate between mixing time, working time and setting time	IL	BCQs, SEQs,
			OSPE
10.	Enlist the mechanical properties of dental materials	PBL	BCQs, SEQs,
	96		OSPE, Assign,
			PBL, Viva.
11.	Define the following terms: stress, strain, yield stress, proportional limit,	IL, SD	BCQs, SEQs,
	modulus of elasticity, resilience, toughness, ductility, malleability, impact		OSPE, PBL,
	strength, fatigue, hardness, creep , flow		Viva, Assign

12.	Relate stress and strain through graph	IL	SEQs, Assign
13.	Differentiate between abrasive wear ,erosion and solubility	IL	BCQs, SEQs,
			Viva.
14.	Differentiate between elasticity and viscoelasticity	IL	BCQs, SEQs,
			Viva.
15.	Differentiate between creep and flow	IL	BCQs, SEQs,
			Viva
16.	Define vicker's hardness number	IL	BCQs, SEQs
17.	Define rheology	IL	BCQs, SEQs
18.	Discuss the relationship of shear rate with flow index	IL	SEQs
19.	Enlist the thermal properties characterizing dental materials	IL	BCQs, SEQs,
			Viva, Assign.
20.	Define adhesion, adhered and adhesive	IL	BCQs, SEQs,
			Viva
21.	Explain bonding of restorative materials through micromechanical	IL	BCQs, SEQs,
	retention, micromechanical retention and chemical adhesion		OSPE, Viva,
			Assign,
22.	Correlate contact angle, wetting and surface tension	IL	BCQs, SEQs,
			OSPE
23.	Enlist factors which affect dimensional stability of dental materials	IL	SEQs, Assign,
			CQ
24.	Define hue, chroma and value	IL	BCQs, SEQs,
			OSPE, Assign,
			CQ
25.	Discuss corrosion and tarnish	IL	BCQs, SEQs,
			Viva,
26.	Discuss biological properties and health hazards of various materials	IL	SEQs, CQ
27.	Discuss chemical properties related to the chemical stability of materials	IL	BCQs, SEQs, CQ
28.	Enlist the types of dental gypsum products as identified by the ISO	IL	BCQs, SEQs,
	standard		OSPE, Viva,
			Ppt, CQ.
			competition
29.	Discuss the ideal requirements for dental cast materials	IL	BCQs, SEQs,
			Viva,
30.	Differentiate between model and die	IL, SD	BCQs, SEQs,
			OSPE,
31.	Discuss the composition and formation of dental plaster and stone	IL	BCQs, SEQs,
			OSPE, Assign,
			Viva, PW
32.	Differentiate between the properties of dental plaster and stone	IL, SD	BCQs, SEQs,
			OSPE, , Viva,

			PW
33.	Enlist the types of dental gypsum products as identified by the ISO	IL	BCQs, SEQs,
	standard		OSPE, Assign, Viva
34.	Discuss and demonstrate the manipulation of dental plaster and stone	IL, SD, VD	BCQs, Assign, Viva, PW
35.	Explain the setting reaction of dental gypsum products	IL	BCQs, SEQs, Assign, Viva, PW
36.	Enumerate the factors which affect setting time of dental plaster and stone	IL	BCQs, SEQs, Viva
37.	Discuss the advantages and disadvantages of gypsum to be used in making die and models	IL	BCQs, SEQs, Viva
38.	Enlist alternate materials for making dental casts	IL	SEQs, OSPE, Viva
39.	Discuss faults in casts	IL	BCQs, SEQs, Viva, Assign
40.	Highlight methods for disinfection of casts	IL	BCQs, SEQs ,OSPE
41.	handling of dental plaster and stone through video demonstration	VD	PW
42.	Demonstrate manipulation of dental plaster and stone in laboratory	SD	PW
43.	Fabricate a ¾ plaster slab in laboratory	SD	PW
44.	Effect of temperature of water on the setting reaction of gypsum	IL, SD	SEQs, Viva, PW
45.	Classify and identify the different types of dental waxes and discuss their clinical applications.	IL	BCQs, SEQs ,OSPE
46.	Discuss the composition of dental waxes	IL	BCQs, SEQs, Viva
47.	Discuss the general properties of dental waxes	IL	BCQs, SEQs, Viva
48.	Discuss the specific types, properties and uses of denture modeling wax	IL	BCQs, SEQs ,OSPE, Viva
49.	Discuss the specific types, properties and uses of inlay wax	IL,VD	BCQs, SEQs ,OSPE,
50.	Demonstrate manipulation of modeling wax in laboratory	SD	PW
51.	Outline the steps in making a cast restoration	PBL	BCQs, SEQs ,OSPE, PBL
52.	Discuss the procedure of investment for casting alloys	IL,VD	BCQs, SEQs ,OSPE, Assign,
53.	Discuss the requirements of investments for alloy casting procedures	IL	SEQs , Assign, Viva
54.	Enlist the three main groups of investment material	IL	SEQs,OSPE

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55.	Discuss their composition, types, setting reaction, properties and uses	IL	BCQs,
56	Discuss in detail the compensating expansion taking place in each of the		BCOs
50.	investment materials and relate it to their clinical use	12	SEOs OSPE
57	Compare the properties of investment materials	11	BCOs SEOs
57.		12	Deg3, 5Eq3
58.	State the types of polymerization reactions	IL	BCQs, SEQs,
			OSPE, Viva
59.	Discuss the steps taking place in each type of polymerization reaction	IL	SEQs, OSPE,
			Viva,
60.	Correlate the molecular weight and degree of chain branching with	IL	BCQs, SEQs,
	properties of the resulting polymer		Viva, Assign
61.	Give examples of dental materials for each type of polymerisation	IL	SEQs, OSPE,
			Viva, Assign
62.	Discuss the physical changes occurring during polymerisation including	IL	BCQs, SEQs,
	the changes in phase ,temperature and dimension		OSPE, Viva
63.	State and explain the factors which control the structure and properties	IL	BCQs, SEQs,
	of polymers		Viva,
64.	Define glass transition temperature	IL	BCQs, Viva,
65.	Discuss the methods of fabricating polymers	IL	SEQs, Assign
66.	State the materials available for construction of denture base	IL	SEQs, OSPE,
			Viva
67.	Discuss the ideal requirements for denture base polymers	IL	SEQs, Viva,
			Assign
68.	Classify acrylic denture base materials according to the ISO standard	IL	SEQs, Viva
69.	Discuss the composition of acrylic denture base materials	IL	SEQs,OSPE,
70.	Discuss the manipulation/mixing of heat cure acrylic resin	IL, SD	PW
71.	Identify the transitional stages which occur after mixing heat cured	IL, SD	SEQs,OSPE,
	acrylic resin		PW,
72.	Discuss dough moulding technique for making denture base	IL	BCQs, SEQs,
			Viva
73.	Differentiate between doughing time and working time	IL	SEQs, BCQ
74.	Discuss the curing cycles for heat cured acrylic resin	IL, SD	BCQs, SEQs,
			OSPE, Viva, PW
75.	State the possible reasons for warpage and its solution	IL	SEQs, Viva
76.	Give reasons for crazing in acrylic resin	IL	BCQs, SEQs,
			OSPE, Viva
77.	Discuss the different types of porosities which may occur in set acrylic	IL	BCQs, SEQs,
	resin and suggest ways to avoid their formation		OSPE, Viva
78.	Differentiate between injection moulding and dough	IL	SEQs, CQ,
	moulding/compression moulding technique		Assign
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79.	Discuss the uses of different types of acrylic resin	IL, SD	SEQs, Viva
80.	Enlist and explain the properties of acrylic resin	IL	SEQs, OSPE,
			Viva, Assign
81.	Discuss the advantages of modified acrylic resins	IL	SEQs, BCQ,
			Assign
82.	State methods for disinfection of acrylic prosthesis	IL	SEQs, Viva
83.	Demonstrate the manipulation of heat cured acrylic resin	IL, VD	PW
84.	Fabricate heat-cured acrylic partial dentures	SD	PW
85.	Classify denture lining materials	IL	SEQs
86.	Discuss the types and composition of hard reline materials	IL	BCQs, SEQs, OSPE,
87.	Discuss the advantages and disadvantages of hard reline materials	IL	SEQs, Viva,
88.	State the composition and requirements of tissue conditioners		SFOs OSPF
		12	5EQ3, 05FE
89.	Explain the manipulation of tissue conditioners	IL	SEQs, OSPE, Viva
90.	Correlate the properties of tissue conditioners with their use	PBL	PBL, SEQs
91.	State the criteria for using temporary soft lining materials	IL	SEQs, Assign
92.	Discuss the requirements for long term soft lining materials	IL	SEQs, Assign
93.	Enlist and compare the materials available as permanent soft liners	IL	SEQs, OSPE
94.	Discuss the harmful use of self-administered relining materials	IL	SEQs
95.	Discuss the requirements of artificial teeth	IL	CQ, Viva
96.	Enlist the materials available for making artificial teeth	IL	SEQs, Viva,
07	Discuss the properties of these materials		
97.		IL	CO Viva
98.	Discuss the advantages and disadvantages of acrylic and porcelain teeth	IL.	BCOs. SEOs.
			OSPE. Quiz.
			Ppt, Viva
	PHARMACOLOGY		
99.	Describe the scope of pharmacology with a brief background of history.	IL	BCQs, OSPE,
	terminologies, rational use of drugs, pre-clinical and clinical trials of drug		Viva
	development.		
100.	Explain the routes of administration of drugs with their advantages and	SGD, Lab	BCQs, SEQs,
	disadvantages	Skills	OSPE, Assign,
			Viva
101.	Describe the principles of various pharmacokinetic parameters	IL, SGD, Lab	BCQs, SEQs,
		Skills	OSPE, Assign,
			Viva
	100	I	

102.	Describe factors affecting the pharmacokinetic parameters	IL, SGD,	BCQs, SEQs,
			Viva
103.	Discuss the Drug -Drug interactions at pharmacokinetic level	IL,	BCQs, SEQs,
			Viva
104.	Describe the principles of various pharmacodynamics parameters	IL, SGD.	BCQs, SEQs,
			OSPE, Assign,
			Viva
105.	Describe factors affecting the pharmacodynamics parameters	IL, SGD.	BCQs, SEQs,
			Viva
106.	Describe various types of adverse drug reactions	IL, SGD.	BCQs, SEQs,
			Viva
107.	Discuss the drug – drug interactions at pharmacodynamics level plot the	IL, SGD.	BCQs, SEQs,
	given values on the graph paper and calculate therapeutic index and		Viva
	therapeutic window from it		
108.	Describe the pharmacokinetics and pharmacodynamics of	IL	BCQs, SEQ,
	glucocorticoids		Viva
109.	Describe the pharmacokinetics and dynamics of NSAIDS	IL, SGD, PBL	BCQs, SEQs,
			Assign, Viva
110.	Describe the pharmacology of opioid analgesic drugs and their	IL, SGD.	BCQs, SEQs,
	antagonists		Viva
111.	Describe the drug treatment of migraine	IL	BCQs, SEQs,
			Viva
112.	Describe the drug treatment of rheumatoid arthritis	IL	BCQs, SEQs,
			Viva
113.	Discuss the treatment of acute gout and chronic gout	IL	BCQs, SEQs,
			OSPE, Viva
114.	Describe the pharmacokinetics, clinical uses, contraindications, adverse	IL, SGD, PBL	BCQs, SEQs,
	effects And toxicity of cholinoceptor activators.	Lab Skills	OSPE, Assign,
			Viva
115.	Describe the mechanism of action, clinical uses, contraindications,	IL, SGD, Lab	BCQs, SEQs,
	adverse effects and toxicity of cholinoceptor blocking drugs	Skills	OSPE, Assign,
			Viva
116.	Describe the pharmacokinetics, clinical uses, contraindications, adverse	IL, SGD, Lab	BCQs, SEQs,
	effects and toxicity of adrenoceptor activators	Skills	OSPE, Assign,
			Viva
117.	Describe the pharmacology of autacoids	IL	BCQs, SEQs,
			Viva
118.	Describe the pharmacology of antiasthmatic and antitussive drugs	IL	BCQs, SEQs,
			Viva
119.	Describe the pharmacokinetics and pharmacodynamics of adrenoceptor	IL, SGD, Lab	BCQs, SEQs,
	blocking drugs	Skills	OSPE, Assign,
			Viva
120.	Identify the sources of drugs	Lab Skills	OSPE
		1	1

121.	Define the basic pharmacological terminologies	Lab Skills	OSPE
122.	Identify the pharmaceutical preparations. (Part-1)	Lab Skills	OSPE
123.	Identify the pharmaceutical preparations. (Part-2)	Lab Skills	OSPE
	a. Identify the units of weights and measures belonging to		
	different systems		
	b. Interconvert the units of weights & measures		
124.	Identify the different routes (I/V, I/M, S/C, I/P, I/D, topical) of drug	Lab Skills	OSPE
	administration in laboratory animals (mice, rat, rabbit, frog), and manikin		
	(Skill Lab)		
125.	(a) Prepare one percent stock solution of KMnO ₄	Lab Skills	OSPE
	(b) Find out the ingredients needed to prepare 100 ml of 0.01 % solution		
	of MnO₄ from a stock solution of 1% strength		
126.	Calculate the drip rate in adults and children	Lab Skills	OSPE
127.	Find out the amount of the ingredients needed to prepare 60ml of 5%	Lab Skills	OSPE
	dextrose in normal saline solution		
128.	Calculate the dose of drugs in adults & children	Lab Skills	OSPE
129.	Study the given case-1 and discuss it in small group session	Lab Skills	OSPE
130.	Study the given case-2 and discuss it in small group session	Lab Skills	OSPE
	PATHOLOGY		
131.	Define: atrophy, hypertrophy, hyperplasia and metaplasia. Describe the	IL	BCQ/SEQ
	pathogenesis and clinical significance of these adaptive responses.		
132.	Define cell injury.	IL	BCQ
133.	Describe the following mechanisms of cell injury: hypoxic,	IL	BCQ/SEQ
	ischemic/reperfusion, chemical and free-radical cell injury.		
134.	Differentiate between reversible and irreversible cell injury on the basis	SGD	SEQ/BCQ
	of biochemical and structural changes.		
135.	Describe the mechanisms and morphological types of necrosis	SGD	BCQ
136.	Describe the mechanisms and significance of apoptosis	IL	SEQ/BCQ
137.	Describe the taxonomic criteria used to place bacteria into related	IL	BCQ
	groups		
138.	Define bacteria, viruses, fungi, parasites	IL	BCQ
139.	Classify medically important bacteria	IL	SEQ/BCQ
140.	Describe the etiology, pathogenesis and morphology of intracellular	SGD	BCQ
	accumulations, lipids, proteins, glycogen and pigments		
141.	Describe the pathogenesis and clinical significance of pathologic	SGD	BCQ
	calcifications: dystrophic and metastatic calcifications		
142.	Define virulent factors, endotoxin, exotoxin, capsule and pili	IL	BCQ/SEQ
143.	Describe the determinants of bacterial pathogenesis	IL	BCQ

144	Discuss Koch's postulate	11	всо
			beq
145.	Define acute inflammation and give examples of diseases resulting from acute inflammation	IL/PBL	BCQ
146.	Describe the mechanisms of vascular changes in acute inflammation	IL	SEQ/BCQ
147.	147. Describe the following cellular events in acute inflammation:		SEQ/BCQ
	margination, pavementing, adhesion, diapedesis, chemotaxis,		
	recognition, opsonization, phagocytosis and degranulation.		
148.	48. Discuss the role of local and systemic chemical mediators in		BCQ
	inflammation.		
149.	49. Describe the different morphological patterns and outcomes of acute		SEQ/BCQ
	inflammation.		
150.	Describe chronic inflammation, its causes and morphological features.	IL	BCQ
151.	Describe the role of different cells in chronic inflammation.	IL	BCQ
152.	Discuss the pathogenesis and morphology of chronic granulomatous	IL	BCQ
	inflammation.		
153.	Describe the systemic effects of inflammation	SGD	SEQ/BCQ
154.	Discuss the mechanisms of wound healing by primary and secondary	IL/PBL	BCQ
	intention.		
155.	Discuss the local and systemic factors influencing wound healing.		SEQ/BCQ
156.	Discuss the mechanism of action of different antimicrobial drugs.		BCQ/SEQ
157.	Describe the complications of cutaneous wound healing.		BCQ/SEQ
158.	Discuss the significance of different bacterial vaccines.	SGD	SEQ/BCQ
159.	Define disinfection and sterilization.		BCQ
160.	Describe the different methods of sterilization and their benefits.	IL	BCQ
161.	Discuss different types of disinfectants.	IL	BCQ
162.	Describe different factors important for bacterial growth.	IL	BCQ
163.	Discuss the significance of normal human flora.	IL	BCQ
164.	Discuss the interpretation of different lab investigations. AS/SGE		BCQ
165.	Hyperplasia (Prostate)	Lab Skills	OSCE/VIVA
166.	Atrophy (Uterus,kidney)	Lab Skills	OSCE/VIVA
167.	Hypertrophy (Heart)	Lab Skills	OSCE/VIVA
168.	Infarction (Bowel)	Lab Skills	OSCE/VIVA
169.	Caseation necrosis (Lymph node)	Lab Skills	OSCE/VIVA
170.	Gangrene (intestine)	Lab Skills	OSCE/VIVA
171.	Calcification (uterus)	Lab Skills	OSCE/VIVA

172.	Acute Inflammation (Appendix)	Lab Skills	OSCE/VIVA	
173.	Chronic Inflammation (Gall Bladder)	Lab Skills	OSCE/VIVA	
174.	Hyperplasia (prostate, endometrium	Lab Skills	OSCE/VIVA	
175.	Hypertrophy (heart)	Lab Skills	OSCE/VIVA	
176.	Metaplasia (oesophagus	Lab Skills	OSCE/VIVA	
177.	Coagulative necrosis (kidney)	Lab Skills	OSCE/VIVA	
178.	Liquefactive necrosis (brain)	Lab Skills	OSCE/VIVA	
179.	Caseation necrosis (Lymph Node) Lab Skills		OSCE/VIVA	
180.	Fatty change (Liver)	hange (Liver) Lab Skills		
181.	Hemosiderosis (liver)	osis (liver) Lab Skills		
182.	Calcification	Lab Skills	OSCE/VIVA	
183.	Acute inflammation (appendix)	Lab Skills	OSCE/VIVA	
184.	Chronic inflammation (Gall bladder) Lab Skills		OSCE/VIVA	
185.	Chronic granulomatous inflammation (Lymph Node, Intestine) Lab Skills		OSCE/VIVA	
186.	To study different parts of a compound microscope Lab Skills		OSCE/VIVA	
187.	To perform simple staining and study the morphology of bacteria Lab Skills		OSCE/VIVA	
188.	To perform simple staining ,Gram staining	m simple staining ,Gram staining Lab Skills		
189.	To study various types of culture media	Lab Skills	OSCE/VIVA	
190.	To perform streaking of microorganism on culture media	Lab Skills	OSCE/VIVA	
191.	To perform and observe antimicrobial drug sensitivity	Lab Skills	OSCE/VIVA	
	PRECLINICS-PROSTHODONTICS			
192.	Define appliance, prosthesis, restoration, denture, support, stability,	SGD	SEQ/BCQ	
	retention, partial dentulism, edentulous, temporary prosthesis,			
	abutment, undercut, guide planes, angle of cervical convergence, residual			
	ridge, and denture foundation.			
193.	Classify different dentate and edentate oral states.	SGD	SEQ/BCQ	
194.	Apply Applegate's rule on different partially dentate states. SGD		SEQ	
195.	Enlist consequences of tooth loss.	SGD	SEQ	
196.	Discuss the need of prosthesis.	SGD	SEQ	
197.	Delineate the phases of treatment planning of a prosthodontics patient.	SGD	SEQ	
198.	Identify different types of prosthesis.	SGD	OSPE	
199.	Choose appropriate treatment modality (prosthesis) according to number	SGD	SEQ/BCQ/OSPE	
	or missing teeth with justification.			

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200.	Select appropriate instrument for a given procedure.	SGD	OSPE	
201.	Identify equipment used in prosthodontics.	SGD	OSPE	
202.	Identify materials used in prosthodontics with its use.	SGD	OSPE	
203.	Differentiate between different types of cast according to material used.	SGD	OSPE	
204.	Define model and die.	SGD	SEQ/VIVA	
205.	Classify casts.	lassify casts. SGD		
206.	Define primary and secondary impression.	SGD	SEQ/VIVA	
207.	7. Differentiate types of secondary impressions in regard to custom tray		SEQ/BCQ/OSPE	
	requirements and materials used			
208.	Enlist impression materials for different types of impressions.	SGD	SEQ	
209.	Define overjet, overbite, buccal overlap, centric relation, centric	SGD	SEQ/VIVA	
	occlusion, Maximum intercuspation, curve of Spee and curve of			
	Monsoon.			
210.	Enlist steps of examining an edentulous mouth.	CS	SEQ/VIVA	
211.	Differentiate between natural teeth and artificial dentures.	SGD	SEQ/BCQ	
212.	Enumerate surfaces of complete dentures.	PW	OSPE	
213.	Sequence laboratory and clinical steps of complete denture fabrication.	PW	OSPE	
214.	Produce properly contoured edentulous casts using silicone molds.	PW	OSPE/LB	
215.	Identify the surfaces of the cast.	PW	OSPE	
216.	Mark denture bearing area on the cast.	PW	OSPE	
217. Recognize anatomic landmarks and denture extensions/borders on the		PW	OSPE	
	edentulous cast.			
218.	Differentiate between custom tray and baseplate.	PW	OSPE	
219.	Enlist different materials used for temporary and permanent baseplates	SGD	SEQ	
	with their properties			
220.	Identify common relief areas on edentulous maxilla and mandible.	PW	OSPE	
221.	Enlist different methods of providing relief.	SGD	SEQ	
222.	Provide relief before making a baseplate.	PW	OSPE/LB	
223.	Fabricate permanent baseplates with heat cure acrylic resin.	PW	OSPE/LB	
224.	Construct occlusal rims for tooth setup following proper guidelines.	PW	PW OSPE/LB	
225.	Define articulation and articulators.	SGD	SEQ/VIVA	
226.	Enlist types of articulators.	SGD	SEQ/VIVA	
227.	Seal upper and lower occlusal rims in orthognathic relation.	PW	OSPE	
228.	Articulate the upper and lower cast on a semiadjustable articulator.	PW	OSPE/LB	

229.	Perform zeroing of a semi adjustable articulator	PW	OSPE
230.	230. Describe briefly different selection methods for choosing the shape, size		SEQ
	and color of artificial teeth.		
231.	Enlist types of artificial teeth.	SS	SEQ/VIVA
232.	Differentiate between porcelain and acrylic teeth.	SS	SEQ/BCQ/OSPE
233.	Elucidate the relationship of teeth to the casts with proposed guidelines	PW	OSPE/SEQ/BCQ
	for tooth setup.		
234.	Orient the anterior upper teeth according to five planes in the occlusal	PW	OSPE/LB
	rims.		
235.	Orient the anterior lower teeth according to five planes in occlusal rims.	PW	OSPE/LB

	MODULE-I			
	At the end of the module, students should be able To;			
	LEARNING OBJECTIVES	MITS	ASSESSMENT TOOLS	
	ORAL PATHOLOGY			
1.	Describe the developmental disturbances in number and shape of teeth.	IL	BCQs/SEQs	
2.	Enlist the syndromes associated with hypodontia.	SGD	BCQs	
3.	Discuss briefly about hypohidrotic ectodermal dysplasia.	SGD	OSPE	
4.	Define hyperdontia; discuss its various types and its implication on oral health.	IL	BCQs	
5.	Compare the taurodont tooth with a normal tooth on a radiograph	PW	OSPE	
6.	Describe the causes and classification of environmental enamel hypoplasia.	IL	BCQs	
7.	Demonstrate the different steps involved in the preparation of slide.	PW	OSPE	
8.	Recognize and interpret anatomical features on a panoramic radiograph.		OSE	
9.	Describe the developmental disturbances in structure of teeth.		SEQs	
10.	Identify the different types of intraoral x-rays and study OPG x-rays.	PW	OSPE	
11.	Describe the causes and clinical features of pulpitis.		BCQs/SEQs	
12.	Discuss the histopathological features of pulpitis.	IL	BCQs/SEQs	
13.	Describe the clinical and histological features of pulp polyp		BCQs/SEQs/OSP E	
	106			

14.	Discuss briefly about pulp calcification and pulp necrosis.	IL	BCQs
15.	Interpret the carious lesions on a periapical x-ray.	PW	OSPE
16.	Locate the normal anatomical landmarks on orthopentamogram x-ray.	PW	OSPE
17.	Describe the acute and chronic periapical periodontitis.		BCQs/SEQs
18.	Describe the sequelae of pulpitis.	SGD	SEQs
19.	Define Dental caries.	IL	SEQs
20.	Describe the various theories of cariogenesis.	IL	BCQs/SEQs
21.	Explain the widely accepted theories of dental caries.	IL	SEQs
22.	Describe the role of microorganism in the etiology of dental caries		BCQs/SEQs
23.	Describe the clinical aspects of dental caries.	IL	SEQs/OSPE
24.	Discuss the contributing factors in dental caries.	SGD	BCQs/SEQs
25.	Explain the histopathology of enamel and dentin caries.	IL	SEQs / OSPE
26.	Describe the methods of caries prevention.	IL	SEQs
27.	Define the following terms: Incipient caries, rampant caries, nursing bottle caries, arrested caries.	IL/SGD	BCQs/SEQs
28.	Discuss the route of spread of periapical infections.	IL	SEQs
29.	Describe the etiology and clinical features of cellulitis.	IL	BCQs/SEQs
30.	Describe the clinical features and complications of Ludwig's angina.	IL	BCQs
31.	a. Perform Blood sugar test. b. Make a blood smear to examine the blood cells	PW	OSPE
32.	Learn the techniques of using Field's stain	PW	OSPE

Commencement of Module		Weekly Schedule of Module-I ORAL PATHOLOGY				
Activity	Week	Lecture 1	Lecture 2			
	Week- 1	Anomalies of number of teeth LO (1-5)	Anomalies of Size and Shape of teeth I LO (1)			
	Week- 2	Anomalies of Size and Shape of teeth II LO (1)	Anomalies of Structure of teeth LO (6-9)			
	Week- 3	Amelogenesis imperfect LO (10)	Dentinogenesis Imperfecta Hypercementosis LO (10)			
hird	Week- 4	Definition and Etiology of dental Caries LO (19-22, 24)	Pathology of dental caries LO (23, 27)			
– BDS T nal	Week- 5	Histopathology of enamel caries LO (25)	Histopathology of dentin caries LO (25)			
c Session Professio	Week- 6	Prevention of dental caries LO (26)	Pulpitis (Clinical features, Aetiology and Histopathology) LO (11-12. 18)			
Academi	Week- 7	Pulp polyp, Pulp calcification & Necrosis LO (13 - 14)	Periapical Periodontitis (Acute and chronic) LO (17)			
	Week- 8	Spread of oral infections 1 LO (29-30)	Spread of oral infections II LO (29-30)			
	Week- 9	Revision	CAT -2			
	Week- 10	Guest Lecture	Case-Based Presentation of Students			
	Week-10	THEORY AND VI	VA EXAMINATION			
Weekly schedule of Module I						
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WEEK NO.	LECTURE 1	LECTURE 2	LECTURE 3			
	luture du etiene terresiene en ef		Ducucation			
	introduction to science of	Introduction to science of	Properties used to			
weeк – 1	dental materials	dental materials	characterize materials			
	(LO = 01-04)	(LO = 05-08)	(LO = 09- 12)			
	Properties used to	Properties used to	Properties used to			
Week – 2	characterize materials	characterize materials	characterize materials			
	(LO = 13- 15)	(LO = 16-18)	(LO = 19- 21)			
	Properties used to	Properties used to				
Week – 3	characterize materials	characterize materials	TEST			
	(LO = 22-25)	(LO = 25-27)	(LO = 01- 27)			
Week 4	Gypsum Products	Gypsum Products	Gypsum Products			
Week – 4	(LO = 27- 30)	(LO = 31-35)	(LO = 36-40)			
Week F	Gypsum Products	Dental Waxes	Dental Waxes			
week – 5	(LO = 41-44)	(LO = 45- 47)	(LO = 48-50)			
Week 6	Investment Materials	Investment Materials	TEST			
week – o	(LO = 51-53)	(LO = 54-57)	(LO = 27-57)			
Week 7	Synthetic Polymers	Synthetic Polymers	Synthetic Polymer			
vveek – 7	(LO = 58-59)	(LO = 60-61)	(LO = 62)			
Maak 9	Synthetic Polymers	Synthetic Polymers	Denture Base Polymers			
vveek –o	(LO = 63)	(LO = 64-65)	(LO = 66- 67)			
Maak 0	Denture base polymers	Denture base polymers	Denture base polymers			
vveek -9	(LO = 68-72)	(LO = 73-75)	(LO = 76-79)			
	Denture base polymers	Denture lining materials	Denture lining materials			
Week -10	(LO = 80-84)	(LO = 85- 87)	(LO = 88-89)			
	Denture lining materials	Artificial Teeth	Artificial Teeth			
Week -11	(LO = 91-93)	(LO = 94 -96)	(LO = 97- 98)			
Week –12	Revision	Revision	Revision			
Week-13		THEORY EXAMINATION				
Week 14	4 VIVA EXAMINATION					

WEEKLY SCHEDULE OF MODULE I						
	PHARMACOLOGY					
Week	Lecture-1	Lecture-2	Lecture-3			
Number						
Week- 1	Scope of pharmacology/	Preclinical and clinical	Routes of administration of			
	Rational use of drugs	trials- 99	drugs- 100			
	99					
Week- 2	Pharmacokinetic principles:	Drug Metabolism &	Pharmacodynamics Principles:			
	Distribution-101		103			
			105			
Week- 3	Pharmacodynamics	Adverse drug	Pharmacokinetic drug-drug			
	Principles: Drug Response-	reactions-106	interactions-107			
	104-105					
Week- 4	Pharmacodynamics drug-	Nonsteroidal anti-	Nonsteroidal anti- inflammatory			
	drug interactions- 108	inflammatory drugs-	drugs- 109			
Week E	Onioid analgosis drugs 110	109 Onioid analgosic	Drug treatment of migraine 111			
Week- 5	Opioid analgesic drugs-110					
Week- 6	Class Test	Histamine and	Drug treatment of Rheumatoid			
	99-111	Antihistamine- 118	arthritis- 112			
Week- 7	Drug treatment of acute and	Cholinoceptor	Cholinoceptor activating drugs-2-			
	chronic gout- 113	activating drugs-1-	115			
		114				
Week- 8	Cholinoceptor blocking	Cholinoceptor	Adrenoceptor activating drugs-1-			
	drugs-1- 115	blocking drugs-2-	116			
		115				
week- 9	Adrenoceptor activating	Drug treatment of	Adrenoceptor blocking drugs-1-119			
Wook 10	Adrenoceptor blocking drugs-	Astrind-118 Povision-Conoral	Pavision-General pharmacology			
WEEK- 10	2- 119	nharmacology-	Revision-General pharmacology			
		120-130				
Week- 11	Revision-Cholinergic	Revision Adrenergic	Revision Analgesics			
	agonist/antagonist	agonist/antagonist				
Week-12						
	REVISION	REVISION	REVISION			
Week -13						
Week 10	Theory Examination					
Week -14						

	WEEKLY SCHEDULE OF MODULE I				
	DEPARTMENT OF PATHOLOGY				
WEEK NO.	LECTURE 1	LECTURE 2			
	Adaptation 1	Bacteria compared with other			
Week – 1	(LO= 131)	microorganisms			
		(LO=139)			
Week - 2	Adaptation 2	Structure of Bacteria-I			
Week - 2	(LO=)	(LO=140)			
Wook - 2	Mechanism of cell injury	Structure of Bacteria-II			
Week - 5	(LO=132-135)	(LO=137)			
Wook – 4	Apoptosis 1	Classification of Bacteria			
weeк – 4	(LO= 136)	(LO=138)			
Week – 5	Apoptosis 2(LO=)	Normal Flora of human body(LO=163)			
Wook – 6	Acute inflammation 1(LO=144-147	Pathogenesis of Bacterial infection-			
Week - 0)	I(LO=196)			
Wook - 7	Acute inflammation 2(LO=149)	Pathogenesis of Bacterial Infection-			
WEER - 7		II(LO=152-)			
Week-8	Chemical mediators of inflammation	Laboratory Diagnosis(LO=217)			
WCCK 0	(LO= 148)				
Week -9	Chronic inflammation	Antimicrobial Drugs			
WEER-J	(LO=152,184)	(LO=186-191)			
Week -10	Tissue repair and wound healing	Antimicrobial Vaccines			
WEEK-10	(LO=155-157)	(LO=158)			
Wook 11	Pathological aspects of repair	Sterilization and Disinfection(LO=159-			
WEEK-II	(LO=)	151)			
Week –12	REVISION	REVISION			
Week-13	THEORY E	XAMINATION			
Week-14	k-14 VIVA EXAMINATION				

Commencement of		Weekly Schedule of Module I		
Mo	dule IV	Prosthodontics		
Activity	Week	Laboratory Session	Tutorial Session	
	1.	Lab – Identify materials and	Introduction of Prosthodontics	
		equipment	Prosthodontics Terminologies	
	2.	Mold pouring	Classification of partially dentate arch	
a	3.	Applied Anatomical Land	Introduction to edentulous state-	
ofession		mark Baseplate wax up demonstration	consequences of tooth loss	
Pro	4.	Practice session -Baseplate	Treating Prosthodontics patients-	
- puo:		wax up	Prosthodontics treatment modalities	
DS Sec	5.	Baseplate Curing	Anatomic Landmarks- 1	
n – B[6.	Baseplate Finishing	Anatomic Landmarks- 2	
Sessio	7.	Occlusal rims - Demonstration	Introduction, components & steps of CD	
demic	8.	Occlusal rims – Laboratory work	Impressions for complete & partially dentate state	
Clinical Acad	9.	Programming of semi- adjustable articulator Occlusal rims – Laboratory work	Casts & Dies	
Pre-	10.	Upper anterior tooth setup- demonstration	Record bases & occlusion rims	
	11.	Laboratory Work	Articulators and articulation	
	12.	Lower anterior setup- demonstration	Revision/Class Test/ Laboratory work	
	13.	MO	DULE EXAMINATION	
	14.			

MODULE-II

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

S.No	Objectives	Teaching	Assessment
		strategy	τοοι
1.	Enumerate the inflammatory, metabolic and endocrine disorders of bone.	IL	BCQs/SEQs
2.	Enumerate the developmental disorders of bone.	IL	BCQs/SEQs
3.	Explain types and clinical features of osteogenesis imperfecta.	IL/SGD	BCQs/SEQs/ OSPE
4.	Identify the clinical slide of osteogenesis imperfecta.	PW	OSPE
5.	Describe the clinical features of marble bone disease (osteopetrosis).	IL/SGD	BCQs/SEQs
6.	Differentiate between cleidocranial dysplasia and achondroplasia.	IL	BCQs/SEQs/ OSPE
7.	Classify the fibro-osseous lesions.	L	BCQs/SEQs/ OSPE
8.	Differentiate between monostotic and polyostotic fibrous dysplasia.	SGD	OSPE
9.	Identify the clinical picture of cleidocranial dysplasia.	PW	OSPE
10.	Interpret the radiological features of fibrous dysplasia of maxilla on an OPG x-ray.	PW	OSPE
11.	Discuss the clinical features of cherubism.	SGD	BCQs/SEQs
12.	Discuss the radiographic features of cherubism	SGD	BCQs/SEQs
13.	Understand the mechanism of healing of an extraction socket.	SGD	BCQs
14.	Discuss briefly about dry socket.	SGD	BCQs
15.	Define osteomyelitis. Describe its classification.	IL	BCQs/SEQs
16.	Enumerate the metabolic and endocrine disorders of bone.	IL	BCQs/SEQs
17.	Classify the tumors of bone.	IL	BCQs/SEQs
18.	Recognize the clinical presentation of bony exostosis.	SGD	BCQs/SEQs
19.	Discuss the types of giant cell lesions.	IL	SEQs
20.	Discuss briefly the process of healing of extraction socket.	SGD	BCQs
21.	Define the following terms: Attrition, abrasion, erosion and abfraction.	IL	BCQs/SEQs/ OSPE
22.	Discus the causes of pathological attrition.	SGD	BCQs/OSPE
23.	Classify the types of abrasion of teeth.	SGD	BCQs/OSPE
24.	Describe the internal and external resorption of teeth.	SGD	SEQs

25.	Enlist the causes of discoloration of teeth	SGD	BCQs/SEQs
26.	Classify the infective lesions of oral mucosa (bacterial, viral and fungal infections).	IL	BCQs/SEQs/ OSPE
27.	Describe the clinical features and oral manifestations of tuberculosis.	IL	BCQs/SEQs
28.	Describe the etiology and clinical features of acute necrotizing ulcerative gingivitis.	IL	BCQs/SEQs
29.	Describe the types and oral manifestations of syphilis.	IL	BCQs/SEQs
30.	Differentiate between acquired and congenital syphilis.	SGD	BCQs/SEQs
31.	Discuss briefly about actinomycosis, leprosy and sarcoidosis.	IL	BCQs/SEQs
32.	Describe the clinical features of herpetic gingivostomatitis.	SGD	BCQs/SEQs
33.	Discuss the clinical features of herpes zoster.	IL	BCQs/SEQs
34.	Classify oral candidosis. Discuss the clinical features of thrush and angular cheilitis.	IL	BCQs/SEQs/ OSPE
35.	Enlist the factors predisposing to oral candida infection	SGD	SEQs
36.	Discuss the classification of oral candidosis	IL	SEQs
37.	Identify clinical images and discuss its etiology and clinical presentation (MRG,AC, GT, Thrush)	SGD/PW	SEQs/OSPE
38.	Enumerate the immune mediated oral diseases.	IL	BCQs/SEQs
39.	Identify the clinical pictures of vesiculobullous disease	PW	OSPE
40.	Discuss the types, etiopathogenesis, clinical and histological features of pemphigus.	IL	BCQs/SEQs
41.	Describe the clinical and histological features of mucous membrane pemphigoid.	IL	SEQs/OSPE
42.	Discuss the erythema multiforme.	IL	SEQs/OSPE

	MODULE I <mark>I</mark> At the end of the module, students should be able to:		
	SCIENCE OF DENTAL MATERIALS	MITS	ASSESSMENT TOOLS
1.	Identify the process of casting as a means of shaping metal and alloys	IL	BCQs, SEQs,VivaOSPE, Assign
2.	Give examples of cast restorations and prosthesis	IL	BCQs, SEQs. OSPE, Assign
3.	State the components of an investment mould	IL	BCQs, SEQs, OSPE, Assign
4.	Discuss the different types of casting machines	IL	BCQs, SEQs, OSPE, quiz
5.	Enlist the most common faults which may occur in a casting	IL	SEQs
6.	Discuss reasons for faults in casting	PBL	BCQs, SEQs, OSPE, PBL
7.	Suggest ways to avoid such faults	IL	SEQs, OSPE, Assign

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8.	Outline the clinical applications of metal and alloys in dentistry	IL	SEQs, Assign, Viva
9.	Discuss the shaping of metal and alloys through casting, cold working and amalgamation	IL	BCQs, SEQs, OSPE, Viva
10.	Appreciate the crystalline structure of metals	IL	SEQs, Viva, Assign
11.	Relate yield stress, dislocation and ductility/malleability	IL	BCQs, SEQs,
12.	Discuss quenching and coring	IL	BCQs, SEQs, Viva, Assign
13.	Explain cold working and its application in dentistry	IL	SEQs, OSPE, Viva.
14.	Discuss the structure and properties of alloys	IL	SEQs, OSPE, Viva.
15.	Explain cooling curves for metal and alloys	IL	BCQs, SEQs, OSPE.
16.	Discuss the phase diagrams of solid-solution alloy	IL	SEQs, OSPE
17.	Discuss eutectic phase diagrams	IL	SEQs, OSPE
18.	Discuss properties and use of a eutectic alloy	IL	BCQs, SEQs, Viva.
19.	Differentiate between noble and base metals	IL	SEQs, Viva
20.	Enlist the properties of pure gold	IL	SEQs, OSPE, Viva
21.	Discuss cold welding in relation to pure gold filling	IL, VD	BCQs, SEQs, Viva
22.	Discuss advantages and disadvantages of pure gold filling	IL	SEQs, Viva
23.	Discuss the composition, properties and clinical uses of different type of casting gold alloys	IL	SEQs, OSPE, Viva, Assign
24.	Discuss hardening heat treatment	IL	SEQs, Viva, Assign
25.	Differentiate between soldering and brazing	IL	BCQs, SEQs
26.	Discuss the use of noble alloys in metal-bonded ceramic restorations	IL	BCQs, SEQs
27.	Discuss the composition and properties of cobalt-chromium alloys and nickel chromium alloys	IL	BCQs, SEQs, Viva,
28.	Discuss the manipulation of base metal casting alloys highlighting the fusion temperatures, mode of melting, type of investment material used, and methods of trimming and polishing	IL	BCQs, SEQs, OSPE, Viva, Assign
29.	Discuss the process of electrolytic polishing	IL, VD	SEQs, Viva
30.	Compare and contrast the properties of base metal casting alloys and castinggold alloys	IL	BCQs, SEQs
31.	Correlate the clinical applications of base metal alloys with their properties	PBL	BCQs, SEQs, Viva, PBL
32.	Discuss the types of base metal casting alloys for fixed restorations according to ISO standard	IL	BCQs, SEQs, OSPE, Viva, Assign
33.	Discuss the biocompatibility of various constituents of base metal casting alloys	PBL	PBL, BCQs, SEQs
34.	Discuss formation of a wrought alloy	IL	BCQs, SEQs

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35.	State the composition of Steel	IL	BCQs, SEQs
36.	Explain the iron-carbon phase diagram	IL	SEQs, Viva
37.	Identify the phases of cementite and ferrite and discuss their properties	IL	SEQs, OSPE, Assign
38.	Explain the terms: austenite, cementite, ferrite, pearlite, eutectoid alloy, martensite, hypereutectoid alloy and hypoeutectoid alloy	IL	BCQs, SEQs, Viva,
39.	Explain the hardening and tempering cycles of heat treatment done on steel	IL	SEQs, Assign
40.	Differentiate between steel and stainless steel	IL	BCQs, SEQs, OSPE, Viva, Assign
41.	Discuss properties and clinical uses of austenitic and martensitic stainless steel	IL	BCQs, SEQs, OSPE, Viva, Assign, Ppt, Quiz
42.	Discuss advantages and disadvantages of stainless steel as a denture base	IL	BCQs, SEQs, Viva
43.	Discuss the requirements of wire	IL	SEQs, OSPE, Viva
44.	Explain the use of various materials for making wires	IL	SEQs, Assign
45.	Develop skills at bending wire into alphabets and clasps	SD	PW
46.	State the composition of different types of dental ceramic	IL	SEQs, Assign
47.	State the uses of dental porcelain	IL	BCQs, SEQs, Viva
48.	Explain the manipulation of porcelain with respect to its compaction, firing and glazing	IL, VD	BCQs, SEQs, Assign
49.	Enlist the properties of porcelain	IL	SEQs, Viva, Assign
50.	Discuss aluminous porcelain	IL	BCQs, SEQs, Viva,
51.	Explain the formation of sintered alumina core ceramics	IL	SEQs, Viva, Assign
52.	Discuss injection molded and pressed ceramics	IL	SEQs, Viva, Assign
53.	Discuss cast glass and polycrystalline ceramics	IL	BCQs, SEQs, Assign
54.	Discuss the advantages of CAD-CAM restorations	IL, VD	BCQs, SEQs, OSPE, Viva
55.	Discuss porcelain veneers and alternate materials available for veneers	IL	BCQs, SEQs, OSPE, Viva, Assign
56.	Discuss porcelain fused to metal restorations highlighting the requirements for alloys available for porcelain bonding	PBL	BCQs, SEQs, PBL
57.	Compare the properties of different types of alloy used in PFM	IL	Viva, Assign
58.	Classify impression materials on the basis of viscosity and elastic properties	IL, SGD	BCQs, SEQs, OSPE, Viva, Assign, Quiz, Ppt
59.	Classify impression materials on the basis of viscosity and elastic properties	IL	SEQs, OSPE, Viva
60.	Discuss the ideal requirements of impression materials	IL	SEQs, OSPE, Viva, Assign, Quiz, Ppt
61.	Define the terms: elastic, non-elastic/rigid and viscoelastic	IL	SEQs, OSPE, Viva, CQ

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62.	Discuss clinical considerations (choice of material, trays, tissue management, technique, cross infection control).	IL	SEQs, OSPE, Viva,
63.	Classify impression trays	IL, SD	BCQs, SEQs, Viva
64.	Discuss the use of tray adhesives	IL	BCQs, SEQs
65.	Discuss impression techniques.	IL, SD	BCQs, SEQs, OSPE, Viva, Assign, Quiz
66.	Discuss infection control	IL	SEQs, OSPE, Viva
67.	Classify non- elastic impression materials.	IL	BCQs, SEQs, Viva
68.	Discuss composition, manipulation, setting reaction, properties and uses of impression plaster, impression compound ,impression waxes and zinc oxide	IL, SD	BCQs, SEQs,Viva
69.	Classify elastic impression materials.	IL	BCQs, SEQs, OSPE
70.	Differentiate between sol and gel forms	IL	SEQs
71.	Discuss reversible hydrocolloids with respect to their composition, type's properties, handling and uses.	IL	BCQs, SEQs, OSPE, Viva, Assign, Quiz
72.	Discuss irreversible hydrocolloids with respect to their composition, properties, handling and uses	IL, SD	BCQs, SEQs, Viva, PW
73.	Discuss their advantages and disadvantages	IL	SEQs
74.	Define modified alginate	IL	SEQs, OSPE, Viva
75.	State methods for disinfection of alginate impression	IL	BCQs, SEQs
76.	Discuss the making of an alginate impression through video demonstration	IL, VD, SD	PW
77.	Enlist the types of synthetic elastomers	IL	SEQs, OSPE
78.	Classify synthetic elastomers according to consistency	IL	SEQs, OSPE, Viva
79.	Discuss their composition ,properties, handling, setting reaction and clinical uses	IL	BCQs, SEQs, Viva,
80.	Compare and contrast their properties, advantages and disadvantages.	IL	BCQs, SEQs, CQ
81.	State methods for disinfection of each type	IL	BCQs, SEQs, OSPE
82.	Discuss the process for a putty wash type impression through video demonstration	VD	PW
	PHARMACOLOGY		
83.	Describe the pharmacology of various types of diuretics	IL, SGD	BCQs, SEQs, Viva
84.	Describe the pharmacokinetics and pharmacodynamic of antihypertensive drugs	IL, SGD, PBL, Assign	BCQs, SEQs, Viva,
85.	Explain the common drug-drug interactions of antihypertensive agents	SGD	BCQs, SEQs, Viva
86.	Describe the drugs used in the treatment of heart failure	IL, SGD, Assign	BCQs, SEQs, Viva
87.	Describe the common types of atrial and ventricular arrhythmias	IL	BCQs, SEQs, Viva

88.	Describe the drugs used in various types of cardiac arrhythmias	IL	BCQs, SEQs, Viva
89.	Describe the pharmacology of vasodilator drugs with respect to angina pectoris	ILSGD	BCQs, SEQs, Viva
90.	Describe parenteral anticoagulant drugs	IL	BCQs, SEQs, Viva
91.	Describe oral anticoagulants	IL	BCQs, SEQs, Viva
92.	Describe thrombolytic and antiplatelet drugs	IL	BCQs, SEQs, Viva
93.	Explain the pharmacology of coagulants	IL	BCQs, SEQs, Viva
94.	Describe the pharmacodynamic and pharmacokinetics of drugs used in anemias	SGD	BCQs, SEQs, Viva
95.	Describe the pharmacology of antihyperlipidemic drugs	IL, SGD,PBL, Assign	BCQs, SEQs, Viva
96.	Classify penicillin's on the basis of their clinical spectrum	IL, SGD	BCQs, SEQs, Viva
97.	Compare the pharmacological properties of penicillin's	IL, SGD	BCQs, SEQs, Viva
98.	Describe the pharmacokinetics and pharmacodynamic of cephalosporin's	IL	BCQs, SEQs, Viva
99.	Explain the clinical uses and adverse effects of carbapanems&monobactams BCQs, SEQs, Viva	SGD	BCQs, SEQs, Viva
100.	Explain the mechanism of action, clinical uses and adverse effects of vancomycin	SGD	BCQs, SEQs, Viva
101.	Describe the pharmacokinetic properties, mechanism, clinical uses and adverse effects of tetracvcline's	IL, SGD	BCQs, SEQs, Viva
102.	Describe the pharmacokinetic properties, mechanism, clinical uses and adverse effects of aminoglycosides	IL	BCQs, SEQs, Viva
103.	Describe the pharmacokinetic properties, mechanism, clinical uses and adverse effects of macrolides	IL	BCQs, SEQs, Viva
104.	Describe the pharmacokinetic properties, mechanism, clinical uses and adverse effects of chloramphenicol	IL	BCQs, SEQs, Viva
105.	Describe the pharmacokinetic properties, mechanism, clinical uses and adverse effects of clindamycin	IL	BCQs, SEQs, Viva
106.	Describe the pharmacokinetic and dynamic properties of sulfonamides	IL	BCQs, SEQs, Viva
107.	Describe the pharmacokinetic and dynamic properties of fluoroquinolones	IL	BCQs, SEQs, Viva
108.	Explain the first line drug therapy for tuberculosis	IL, SGD	BCQs, SEQs, Viva
109.	Explain the 2 nd line drug therapy for tuberculosis	SGD	BCQs, SEQs, Viva
110.	Describe the mechanism of action, clinical uses and adverse effects of various types of antiviral drugs	IL	BCQs, SEQs, Viva
111.	Classify anticancer drugs based on cell cycle specificity	IL	BCQs, SEQs, Viva
112.	Describe mechanism of action and adverse effects of anticancer drugs	IL, SGD	BCQs, SEQs, Viva
113.	Describe mechanism of resistance to anticancer drugs	IL, SGD	BCQs, SEQs, Viva
114.	Describe pharmacology of emetics and antiemetic drugs	IL	BCQs, SEQs, Viva

115.	Describe the drug treatment of acid peptic disease	IL, SGD	BCQs, SEQs, Viva
116.	Describe the pharmacology of purgatives and anti-diarrheal drugs	IL	BCQs, SEQs, Viva
117.	Prepare dilutions from 1mg of the given drug having strength of 10^{-3} up to 10^{-8}	Lab Skills	OSPE
118.	Dilution	Lab Skills	OSPE
119.	Interpret the effect of antibiotic drugs on bacterial colonies	Lab Skills	OSPE
120.	Interpret the effects of given drugs on the eyes of rabbit	Lab Skills	OSPE
121.	Interpret the effects of agonist and antagonist drugs on the eyes of rabbit	Lab Skills	OSPE
122.	Identify the parts of kymograph and organ bath assembly	Lab Skills	OSPE
123.	Interpret the effects of different dilutions of a given drug on an isolated piece of rabbit intestine. (Drug-A)	Lab Skills	OSPE
124.	Interpret the effects of different dilutions of a given drug on an isolated piece of rabbit intestine. (Drug-B)	Lab Skills	OSPE
	PATHOLOGY		
125.	Describe pathophysiology of edema with special emphasis on CCF.	ILD/SGD	BCQ/SEQ
126.	Classify gram positive cocci	SGD	SEQ/BCQ
127.	Discuss the pathogenesis, clinical features and diagnosis of staphylococcal infections	ILD/SGD	BCQ
128.	Describe the pathogenesis ,clinical features and diagnosis of streptococcal infection	ILD/SGD	SEQ/BCQ
129.	Define thrombosis and discuss the pathogenesis of thrombosis	ILD/SGD	BCQ/SEQ/AS
130.	Describe the possible consequences of thrombosis and embolism.	ILD/SGD	BCQ
131.	Describe various types of emboli.	ILD/SGD	SEQ/BCQ
132.	Define spores, resistance and incubation	SGD	BCQ
133.	Classify gram positive bacilli as spore forming or non spore forming.	ILD/SGD	BCQ/SEQ
134.	Illustrate the different features of clostridium species.	ILD/SGD	OSCE
135.	Describe the pathogenesis, clinical features and diagnosis of diphtheria.	ILD/SGD	BCQ/AS/SEQ
136.	Classify gram negative rods and describe gram negative lactose fermenting rods	ILD/SGD	BCQ/AS
137.	Describe infarction with special reference to the factors that influence the development of an infarct.	ILD/SGD	BCQ/SEQ
138.	Describe the clinical feature, pathogenesis and diagnosis of infections by different species of <i>E. coli</i> .	ILD/SGD	BCQ
139.	Describe the pathogenesis of different types of shock with their causes.	ILD/SGD	OSCE
140.	Define different terms related to Neoplasia: dysplasia,	ILD/SGD	BCQ

	anaplasia, atypia.		
141.	Describe the nomenclature of tumors.	ILD/SGD	SEQ/BCQ
142.	Describe the pathogenesis, clinical manifestation and lab investigation of Helicobacter pylori.	ILD/SGD	BCQ
143.	State lab investigation and properties of salmonella.	ILD/SGD	SEQ/BCQ
144.	Compare the characteristics of benign and malignant tumors.	ILD/SGD	BCQ
145.	Recognize the infections cause by the Pseudomonas.	ILD/SGD	BCQ
146.	State gram negative cocci.	ILD/SGD	SEQ/BCQ
147.	Describe the role of physical, chemical and viral carcinogens in tumorigenesis.	ILD/SGD	BCQ/SEQ
148.	Describe the pathogenesis, clinical manifestation and diagnosis of Mycobacteria.	ILD/SGD/PBL	BCQ/SEQ
149.	Identify the basic structure of viruses and Classify the medically important viruses	ILD/SGD	BCQ
150.	Describe the grading and staging systems of tumors.	SGD	BCQ/AS
151.	Describe the structure, pathogenesis, diagnosis and immunization of influenza virus	ILD/SGD	BCQ
152.	Describe the host defenses against tumours.	ILD/SGD	BCQ/SEQ
153.	Describe the pathogenesis, clinical features and diagnosis of Viral Hepatitis.	ILD/SGD	BCQ/SEQ
154.	Distinguish between different type of Hepatitis: Hepatitis A, B, C and E	ILD/SGD	OSCE/BCQ
155.	Describe viral markers of hepatitis.	ILD/SGD	BCQ/SEQ
156.	Discuss the local and systemic effects of tumors.	ILD/SGD	SEQ/BCQ
157.	Describe the structure and clinical manifestations of human immunodeficiency virus	ILD/SGD	BCQ
158.	Discuss the laboratory diagnosis of tumors.	ILD/SGD	SEQ/BCQ
159.	Describe tumor markers and discuss the role in diagnosis of disease	ILD/SGD	BCQ
160.	Keloid	Lab Skills	OSCE/VIVA
161.	Leiomyoma	Lab Skills	OSCE/VIVA
162.	Follicular adenoma	Lab Skills	OSCE/VIVA
163.	Fibroadenoma (Breast)	Lab Skills	OSCE/VIVA
164.	Dermoid cyst	Lab Skills	OSCE/VIVA
165.	Carcinoma-uterus	Lab Skills	OSCE/VIVA
166.	Carcinoma-Breast	Lab Skills	OSCE/VIVA
167.	Keloid	Lab Skills	OSCE/VIVA
168.	Granulation tissue	Lab Skills	OSCE/VIVA

169.	Thrombus	Lab Skills	OSCE/VIVA
170.	Lieomyoma (uterus)	Lab Skills	OSCE/VIVA
171.	Fibroadenoma (breast	Lab Skills	OSCE/VIVA
172.	Follicular adenoma (thyroid	Lab Skills	OSCE/VIVA
173.	Leimyosarcoma (uterus)	Lab Skills	OSCE/VIVA
174.	Breast carcinoma	Lab Skills	OSCE/VIVA
175.	To study Staphylococci and laboratory investigations for their Identification	Lab Skills	OSCE/VIVA
176.	To study Streptococci and laboratory investigations for their Identification	Lab Skills	OSCE/VIVA
177.	To study Mycobacterium and laboratory investigations for its Identification	Lab Skills	OSCE/VIVA
178.	To study Salmonella and laboratory investigations for its identification	Lab Skills	OSCE/VIVA
179.	To study Escherichia coli and laboratory investigations its identification	Lab Skills	OSCE/VIVA
180.	To perform different biochemical reactions for identification of Microorganisms	Lab Skills	OSCE/VIVA
	PRECLINICS-PROSTHODONTICS		
181.	Orient the posterior teeth according to five planes in occlusal rims	PW	OSPE
182.	Define the compensating curves.	SGD	SEQ/VIVA
183.	Define balanced occlusion and articulation.	SGD	SEQ/VIVA
184.	Perform final esthetic wax up of complete denture.	PW	OSPE
185.	Achieve bilateral occlusal contacts in centric relation according to BULL's rule on the articulator.	PW	OSPE
186.	Identify the components of the flask.	PW	OSPE
187.	Invest removable partial and fixed prosthesis by soft plaster using open technique in a flask	PW	OSPE
188.	Enumerate the principles of flasking.	SGD	SEQ/BCQ
189.	Understand the use of separating media during investment procedure.	PW	SEQ/BCQ
190.	Perform dewaxing of the investment mould completely using curing pots.	PW	OSPE
191.	Apply cold mould seal without pooling of liquid in the investment mould.	PW	OSPE
192.	Identify the stages of heat cure acrylic resin setting.	PW	OSPE
193.	Pack the mould with acrylic resin at appropriate setting stage.	PW	OSPE
194.	Undertake three trial closures before curing commences using hydraulic and manual press	PW	OSPE

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195.	Enlist the different curing cycles for heat cure acrylic resin.	SGD	SEQ/VIVA
196.	Cure the removable prosthesis using curing pots.	PW	OSPE
197.	Invest the prosthesis without its breakage.	PW	OSPE
198.	Finish and polish the prosthesis.	PW	OSPE
199.	Assort the finishing materials in sequence	PW	OSPE
200.	Sort the steps of finishing of acrylic prosthesis	PW	OSPE
201.	Elucidate the finishing and polishing materials for acrylic prosthesis.	SGD	SEQ/BCQ
202.	Balance occlusion using BULL's rule by using proper armamentarium and technique	PW	OSPE
203.	Justify the prescription of removable partial denture in a patient.	SGD	BCQ/VIVA
204.	Classify removable partial dentures according to support.	SGD	BCQ/VIVA
205.	Enumerate the types of removable partial dentures on the basis of material, uses and clinical requirements.	SGD	BCQ/VIVA
206.	Outline different components of removable partial dentures with their basic functions	SGD	BCQ/VIVA
207.	List the uses of interim removable partial dentures.	SGD	BCQ/VIVA
208.	Justify the prescription of interim removable partial dentures.	SGD	BCQ/VIVA
209.	Outline clinical and laboratory procedures for interim removable partial dentures.	SGD	BCQ/VIVA
210.	Outline clinical and laboratory steps of fabrication for cast partial dentures.	SGD	VIVA
211.	Identify different stages of laboratory procedures	PW	OSPE
212.	Sort laboratory procedures in the proper sequence	PW	OSPE
213.	Classify crowns.	SGD	SEQ/OSPE
214.	Select appropriate crown material and crown type for a given case.	SGD	OSPE
215.	Classify fixed partial dentures.	SGD	VIVA
216.	Identify components.	SGD	VIVA
217.	Select appropriate type of FPD for a given patient.	SGD	VIVA
218.	Apply material science in association to FPDs.	SGD	VIVA

Weekly Schedule of Module V				
	Scien	ce of Dental Materials		
Week no.	Lecture 1	Lecture 1Lecture 2Lecture 3		
Wook 1	Metal and Alloys	Metal and Alloys	Metal and Alloys	
week – 1	(LO=)	(LO=)	(LO=)	
Wook 2	Gold and Alloys of Nobel	Gold and Alloys of Nobel	Gold and Alloys of	
weer – z	metal (LO=)	metal (LO=)	Nobel metal (LO=)	
Wook - 2	Gold and Alloys of Nobel	Base metal casting alloys	Base metal casting	
week - 5	metal (LO=)	(LO=)	alloys (LO=)	
Wook - 4	Steel and wrought alloys	Casting	Casting	
Week - 4	(LO=)	(LO=)	(LO=)	
	Requirements of	Requirements of impression	Non- Elastic impression	
Week – 5	impression materials	materials	materials	
	(LO=)	(LO=)	(LO=)	
	Non- Elastic impression	Non- Elastic impression		
Week – 6	materials	materials	TEST	
	(LO=)	(LO=)	(LO=)	
Wook - 7	Elastic impression	Elastic impression materials	Elastic impression	
Week - 7	materials (LO=)	(LO=)	materials (LO=)	
	Elastic impression	Elastic impression materials	Elastic impression	
Week –8	materials (LO=)	(LO=)	materials (LO=)	
	Synthetic Elastomers	Synthetic Elastomers	Synthetic Elastomers	
Week -9	(LO=)	(LO=)	(LO=)	
	Ceramics	Ceramics	Ceramics	
Week -10	(LO=)	(LO=)	(LO=)	
Week-11		Theory Examination		
Week-12 Viva Examination				

Commonwort of		Weekly Schedule of Module		
Commen Mc	dule	ORAL PATHOLOGY		
Activity	Week	Lecture 1	Lecture 2	
	Week- 1	Classify inflammatory, metabolic and endocrine disorders of bone and Genetic disorders of bone I LO (1-6, 9,11-12)	Genetic disorders of bone II LO (9,11-12)	
	Week- 2	Fibrous Dysplasia LO (7-8, 10)	Metabolic & Inflammatory disorders of bone LO (14-16)	
	Week- 3	Tumors of bone	Wound Healing LO (13, 20)	
Third	Week- 4	САТ	Non-Bacterial loss of Tooth substance I LO(21-22)	
iession – BDS ⁻ ofessional	Week- 5	Non-Bacterial loss of Tooth substance II LO (23-25)	Classify infections of oral mucosa and Bacterial infections I LO (26-28)	
cademic S Pro	Week- 6	Bacterial infections II LO(29-31)	Viral infections LO (32-33)	
Ac	Week- 7	Fungal infections LO(34-37)	Immunology I LO(39-40)	
	Week- 8	Immunology II LO(41-42)	САТ	
	Week- 9	CME on Ameloblastoma	Revision	
	Week- 10	Revision	Revision	
	Week- 11	THEORY AND VIVA E	KAMINATION	

WEEKLY SCHEDULE OF MODULE II					
DEPARTMENT OF PATHOLOGY					
WEEK NO.	LECTURE 1	LECTURE 2			
Week – 1	Thrombosis(LO=)	Gram Positive cocci and Staphylococcus (LO=)			
Week – 2	Thrombosis 2 (LO=)	Streptococcal Infections (LO=)			
Week – 3	Embolism (LO=)	Spores, resistance and incubation; Clostridium Species (LO=)			
Week – 4	Infarction (LO=)	Classification of spore forming and Non Spore Forming Bacteria; Diphtheria (LO=)			
Week – 5	Shock (LO=)	Gram Neg Rods and Lactose fermenting Rods; Features and Pathogenesis E.Coli (LO=)			
Week – 6	Nomenclature of neoplasia (LO=)	Salmonella (LO=)			
Week – 7	Characteristics of benign and malignant Tumors (LO=)	Pseudomonas (LO=)			
Week –8	Carcinogenesis(LO=)	Basic Structure and classification of medically important viruses (LO=)			
Week -9	Tumor immunity(LO=)	Influenza Virus (LO=)			
Week -10	Clinical features of tumor (LO=)	Viral Hepatitis (LO=)			
Week -11	Tumor marker (LO=)	HIV (LO=)			
Week –12	REVISION	REVISION			
Week-13	Theory Examination				
Week-14	Viva Examination				

Commencement of		Weekly Schedule of Module II		
Мо	dule V	Prosthodontics		
Activity	Week	Laboratory Session	Tutorial Session	
	1.	Posterior Teeth maxillary	Introduction to basic concepts of occlusion	
		setup- Demonstration		
	2.	Laboratory work	Artificial teeth- types & selection guideline	
_	3.	Posterior Teeth	Relationship of teeth to cast	
l		mandibular setup-		
fessio		Demonstration		
Pro	4.	Laboratory work	Complete denture occlusion	
pu	5.	Final wax up (Carving and	Investment, packing and curing	
eco		Festooning)-		
Š		Demonstration		
BDS	6.	Final waxup (Carving and	Finishing and Polishing Protocols	
l - uo		Festooning)- Laboratory work		
essi	7.	Investment, Packing and	Introduction to removable partial dentures-	
nic S		curing- Demonstration	components	
Iden	8.	Investment, Packing and	Interim removable partial dentures	
Aca		curing- Laboratory work		
a	9.	Finishing and Polishing-	Fabrication of cast partial dentures –	
lini		Demonstration	Demonstration	
Ū	10.	Finishing and Polishing-	Introduction to Fixed partial dentures	
Pre		Laboratory work		
	11.	High spots Grinding-	Revision/ Class test	
		Demonstration		
	12.	Laboratory work	Laboratory work	
	13.	M	ODULE EXAMINATION	
	14.			

WEEKLY SCHEDULE OF MODULE II PHARMACOLOGY					
WEEK NUMBER	LECTURE 1	LECTURE2	LECTURE 3		
Week- 1	Diuretics-	Diuretics-2	Antihypertensive drugs-1		
Week- 2	Antihypertensive drugs-2	Drugs used in CCF	Antiarrythmic drugs-1		
Week- 3	Antiarrythmic drugs- 2	Antiarrythmic drugs-3	Antianginal drugs		
Week- 4	Antihyperlipidemic 144	Drugs used to treat anemia	Parenteral anticoagulants		
Week- 5	Oral anticoagulants	Thrombolytic & Antiplatelet	Coagulants		
Week- 6	CLASS TEST Penicillins Cephalospe		Cephalosporin		
Week- 7	Tetracyclines	Aminoglycosides	Macrolides		
Week- 8	Chloramphenicol	Clindamycin	sulfonamides		
Week- 9	Fluoroquinolones	Antituberculous drugs (1 st Line)	Antituberculous drugs (1 st Line)		
Week- 10	Anticancer-1	Anticancer-2	Emetics and Antiemetics		
Week- 11	Drug treatment of peptic ulcer	of Antidiarrheal drugs and Antiviral drug purgatives			
Week-12	REVISION CVS Drugs	REVISION Chemotherapy	REVISION		
Week-13	Theory Examination				
Week -14	Viva Examination				

MODULE-III

S. No	Learning Objectives	Teaching	Assessment
	At the end of the session, students will be able to;	strategy	tool
1.	Classify the cyst of jaws.	IL	BCOs/SEOs
-	Understand the mechanism of radioular aust formation		
Ζ.	onderstand the mechanism of radicular cyst formation.	200	SEUS
3.	Describe the clinical and histopathological features of odontogenic cysts.	IL	BCQs/SEQs/OS PE
4.	Compare and contrast clinical, histological and radiological features	SGD	BCQs/SEQs/OS
	of dentigerous cysts and odontogenic keratocyst.		PE
5.	Discuss odontogenic developmental cysts in detail.	SGD	BCQs/SEQs
6.	Describe the features of naevoid basal cell carcinoma syndrome (NBCCS).	SGD	BCQs/OSPE
7.	Give an account of non-odontogenic epithelial cysts.	IL	BCQs/SEQs
8.	Understand the clinical and histological features of soft tissue cysts	IL	BCQs/SEQs/OS
	(skin, mucous membrane and glandular).		PE
9.	Discuss in detail the non-epithelial cysts of jaws.	IL	BCQs/SEQs
10.	Classify odontogenic and non-odontogenic tumors of jaws.	IL	BCQs/SEQs
11.	Describe the clinical, radiological and histological features of Ameloblastoma.	IL	BCQs/SEQs
12.	Discuss clinical, radiological and histological features of calcifying epithelial odontogenic tumor.	SGD	BCQs/SEQs
13.	Define odontomes and differentiate between Compound and Complex odontomes.	SGD	OSPE
14.	Discuss mesenchymal tumors	IL	BCQs/SEQs
15.	Enlist and differentiate between the premalignant lesions & conditions of oral cavity.	SGD	BCQs/SEQS/O SPE
16.	Discuss etiopathogenesis, histological and clinical features of oral submucous fibrosis.	IL/SGD	BCQs/SEQs/OS PE
17.	Describe etiopathogenesis, types, and clinical features of oral lichen planus.	IL	BCQs/SEQs/OS PE
18.	Define and recall the key features of epithelial dysplasia.	SGD	SEQs
19.	Describe etiology, types, and clinical features of leukoplakia.	IL	BCQs/SEQs/OS PE
20.	Discuss etiology and clinical features of oral squamous cell carcinoma	SGD	BCQs/SEQs
21.	Discuss the infective, obstructive and traumatic disorders of major salivary glands.	IL/SGD	BCQs/SEQs/OS PE
22.	Discuss necrotizing sialometaplasia and sjögren syndrome in detail.	IL/SGD	BCQs/SEQs
23.	Classify the tumors of salivary glands.	IL	BCQs/SEQs
	128		

24.	Define xerostomia and enlist its causes.	IL	BCQs/SEQs
25.	Describe the clinical and histological features of pleomorphic	IL	BCQs/SEQs/OS
	adenoma, warthin's tumour and mucoepidermoid carcinoma.		PE
26.	Identify the Stafne bone defect on a radiograph	PW	OSPE
27.	Identify the clinical images of precancerous lesions & conditions	PW	OSPE

	MODULE III		
At the	end of the Module, Students should be able to:		
	SCIENCE OF DENTAL MATERIALS	MIT	ASSESSMENT
			TOOLS
1.	Differentiate between direct and indirect restorations and give examples	IL	BCQs,
			SEQs,Viva
			OSPE
2.	Enumerate the requirements of direct filling materials	IL	SEQs
3.	Discuss composition of dental amalgam	IL	BCQs, SEQs,
			Viva
4.	Classify dental amalgam on basis of copper content, zinc content, shape of	IL	BCQs, SEQs,
	the alloy particle, number of alloy metals, and size of alloy		OSPE, CQ
5.	Discuss manufacture of alloy powder	IL	SEQs, Assign
6.	Differentiate between amalgamation and trituration	IL	BCQs, SEQs,
			OSPE, Assign
7.	Explain the setting reaction of amalgam (Y phases).	IL	BCQs, SEQs,
			Assign, Viva
8.	Enlist the properties of amalgam.	PBL	BCQs, SEQs,
			Viva, PBL
9.	Define creep, tarnish and corrosion	PBL	SEQs, OSPE,
			PBL, Viva
10.	Discuss clinical handling of dental amalgam	IL	BCQs, SEQs,
			OSPE, Viva
11.	Discuss its manipulative variables including selection of materials,	IL, VD	BCQs, SEQs,
	proportioning and dispensing, trituration, mulling, condensation, shaping		OSPE, Viva
	and finishing		
12.	Discuss zinc free alloys	IL	SEQs, Viva
13.	Outline uses of dental amalgam	PBL	BCQs, SEQs,
			OSPE, Viva,
			PBL
14.	Compare dental amalgam with composite restorative materials	IL	BCQs, SEQs,
			Viva
15.	Discuss 'amalgam controversy'	IL	SEQs

16.	Discuss the previous use of silicate and acrylic resin as permanent filling	IL	BCQs, SEQs,
	materials		Viva
17.	State the classification of composite resin according to the type of	IL	BCQs, SEQs,
	monomer, filler size and content, modes of activation and viscosity		Viva
18.	State the composition, properties and use of self-cured composite	IL	BCQs, SEQs
19.	State the composition, properties and use of light activated composite resin	IL	BCQs, SEQs,
			Viva, Assign
20.	Discuss the different light systems used for activation of composite resin	IL	SEQs
21.	Discuss the various types of composites based on filler content and size	IL	SEQs, OSPE
22.	Discuss the effect of filler size and content on properties of composite	IL	BCOs. SEOs.
			OSPE, Viva.
23.	Discuss the clinical application of various types of composite resin	IL	BCOs. SEOs.
_			OSPE, Viva.
24.	Explain the properties of resin based composites including biocompatibility.	PBL	BCQs, SEQs.
	setting characteristics, polymerization shrinkage thermal properties.		OSPE, Viva,
	mechanical properties, surface hardness , appearance, adhesion/bonding		PBL, Assign
25.	Discuss factors affecting depth of cure	IL	BCOs. SEOs.
_			Viva
26.	Discuss compensation for polymerisation shrinkage	IL	BCOs. SEOs.
_			OSPE. Viva
27.	Describe C-factor	IL	BCOs. SEOs.
			PBL. Viva
28.	Discuss fiber reinforcement of composite structures and their use	IL	BCQs. SEQs.
_			Viva.
29.	Differentiate between finishing and polishing	IL	BCOs
30.	Discuss the benefits of finishing and polishing	IL	BCQs, SEQs
31.	Discuss instruments used for finishing and polishing of composite	IL	BCQs, SEQs,
	restorations Enlist types of abrasives		OSPE, Viva.
32.	Discuss immediate and delayed finishing	IL	BCQs, SEQs
33.	Discuss variables which may affect the finishing and polishing of composite	IL	BCQs, SEQs,
	restoration		Viva
34.	Understand manipulation of light-cured composites through a video	VD	PW
	demonstration		
35.	Briefly discuss acid etch systems.	IL	BCQs, SEQs,
			OSPE, Viva,
			Assign
36.	Describe enamel etching.	IL	BCQs, SEQs,
			OSPE, Viva
37.	Explain applications of acid etch technique.	IL	SEQs, OSPE,
			Viva.
38.	Explain dentine bonding.	IL	BCQs, SEQs,

			OSPE, Viva.
39.	Explain hybrid layer.	IL	BCQs, SEQs, Viva.
40.	Define smear layer.	IL	SEQs, Viva.
41.	Understand chemical structure of enamel and dentine.	IL	BCQs, SEQs, Viva
42.	Differentiate between primer and bonding agent.	IL	BCQs, SEQs, OSPE
43.	Discuss the generations of bonding systems	IL	BCQs, SEQs, Viva
44.	Compare and contrast total etch method and self-etching primer method	IL	BCQs, SEQs
45.	Discuss dry and wet bonding	IL	BCQs, SEQs, OSPE
46.	Understand and discuss bonding to alloys, amalgam and ceramics.	IL	BCQs, SEQs
47.	Briefly discuss bond strength resin with enamel and dentine	IL	BCQs, SEQs, Viva.
48.	Enlist the composition of conventional glass ionomer restorative material	IL	BCQs, SEQs
49.	Discuss its the setting reaction ,properties and uses	IL	BCQs, SEQs, Viva
50.	Discuss Cermets.		BCQs, SEQs, Viva
51.	Discuss the sandwich technique and its applications.		BCQs, SEQs, Viva
52.	Discuss ART	IL	BCQs, SEQs, Viva
53.	Compare glass ionomers with composite restorative materials	IL	BCQs, SEQs, Viva
54.	Discuss resin modified glass ionomers.	IL	BCQs, SEQs
55.	Enlist its composition and properties.	IL	SEQs, CQ
56.	Outline their clinical applications and handling	IL, VD	BCQs, SEQs
57.	Discuss giomers and compomers	IL	BCQs, SEQs, CQ, Viva
58.	Compare and contrast conventional glass ionomers with resin modified	IL	SEQs, OSPE, Viva
59.	Explain the need for temporization	IL	BCQs, SEQs
60.	Enlist the requirements for temporary crown and bridge resins	IL	SEQs, Viva
61.	Discuss the types, composition and properties of temporary crown and bridge resins	IL	BCQs, SEQs, Viva.
62.	Explain direct and indirect technique for making temporary crown and	IL	SEQs, OSPE,

63.	State the uses of dental cements and give examples	IL	BCQs, SEQs,
			OSPE, Viva.
64.	Differentiate between a liner and base	IL	BCQs, SEQs,
			OSPE, Viva.
65.	Discuss the requirements of cavity liner/base	IL	BCQs, SEQs,
			OSPE, Viva.
66.	Discuss the requirements of luting cement	IL	BCQs, SEQs,
			OSPE, Viva.
67.	State the requirements of endodontic cements	IL	BCQs, SEQs,
			Viva
68.	State the requirements of orthodontic cements	IL	BCQs, SEQs,
	entra constato de contra de c		OSPE, Viva.
69.	Enlist cements based on phosphoric acid.	IL	SEQs
70.	Enlist the composition , properties and uses of zinc phosphate cements	IL	BCQs, SEQs,
			Viva
71.	Discuss silicophosphate cements.	IL	SEQs, Viva.
72.	Discuss copper cements	IL	BCQs, SEQs
73.	Enlist cements based on organometallic chelate compounds.	IL	SEQs, Viva.
74.	Classify zinc oxide eugenol cements.	IL	SEQs, OSPE
75.	Enlist the composition, properties and uses zinc oxide eugenol cements.	IL	BCQs, SEQs
76.	Discuss ortho-ethoxybenzoic acid (EBA) cements.	IL	BCQs, SEQs
77.	Enlist the composition, properties and uses of calcium hydroxide cements	IL	BCQs, SEQs,
			Viva
78.	Explain pulp capping	PBL	BCQs, SEQs,
			OSPE, Viva,
			PBL
79.	Discuss the composition, properties and uses of polycarboxylate cements	IL	SEQs, Viva
80.	Discuss the composition, properties and uses of glass ionomer cements	IL	BCQs, SEQs,
			OSPE, Viva
81.	Discuss the composition, properties and uses of resin modified glass	IL	BCQs, SEQs,
	ionomer cement		OSPE, Viva
82.	Compare and contrast dental cements belonging to different groups	IL	BCQs, SEQs
83.	State the objectives of endodontics	IL, SGD	BCQs, SEQs,
			OSPE, Viva.
84.	List the different materials used during endodontic treatment	IL, SGD	BCQs, SEQs,
			OSPE, Viva.
85.	State ideal requirements for lubricants and irrigants and give examples	IL, SGD	BCQs, SEQs,
			OSPE, Viva.
86.	Discuss intracanal medicaments	IL, SGD	BCQs, SEQs,
			OSPE, Viva.

87.	Discuss sealants and their properties	IL	CQs, OSPE
88.	Discuss bulk filling materials in endodontic treatment	IL	CQs, OSPE, Viva
89.	Classify dental implants	IL	BCQs, OSPE,
90.	Enlist materials for dental implants	IL	BCQs, OSPE, Viva
91.	State uses of dental implants	IL	BCQs, OSPE, Viva.
92.	Discuss advantages and disadvantages of dental implants	IL	OSPE, Viva.
93.	Explain ossteointegration	IL	OSPE.
94.	Discuss biocompatibility of dental implants	IL	OSPE.
	PHARMACOLOGY		
95.	Describe the drug treatment of ameobiasis and giardiasis	IL	BCQs, SEQs, Viva
96.	Describe the drug treatment of plasmodium infections	IL	BCQs, SEQs, Viva
97.	Describe the pharmacokinetics of benzodiazepines	IL, SGD, PBL,	BCQs, SEQs, Viva
98.	Describe the mechanism of action, clinical uses and adverse effects of		BCQs, SEQs,
	benzodiazepines	Assign	Viva
99.	Describe the pharmacokinetics of barbiturates	IL	BCQs, SEQs, Viva
100.	Describe the mechanism of action, clinical uses and adverse effects of barbiturates	IL	BCQs, SEQs, Viva
101.	Describe the mechanism and adverse effects of various groups of anti- seizure drugs	IL	BCQs, SEQs, Viva
102.	Describe the mechanism of action of general anaesthetic agents	IL, SGD	BCQs, SEQs, Viva
103.	Describe merits, demerits and adverse effects of intravenous and inhalational anesthetic agents	IL, SGD	BCQs, SEQs, Viva
104.	Describe the pharmacology of local anesthetic drugs	IL, SGD, Assign	BCQs, SEQs, Viva
105.	Describe the mechanism, uses and adverse effects of skeletal muscle relaxants	IL	BCQs, SEQs, Viva
106.	Describe the drug treatment of Parkinsonism	IL	BCQs, SEQs, Viva
107.	Describe mechanism, uses and adverse effects of antipsychotic drugs and lithium	IL	BCQs, SEQs, Viva
108.	Describe the various antidepressant drug groups according to their mechanism of action	IL	BCQs, SEQs, Viva

109.	Describe the pharmacology of alcohol	IL	BCQs, SEQs,
			Viva
110.	Describe the mechanism of action, uses and adverse effects of CNS	IL	BCQs, SEQs,
	stimulants		Viva
111.	Describe the pharmacology of anti-thyroid drugs	IL	BCQs, SEQs,
			Viva
112.	Describe the mechanism of action and adverse effects of female sex	IL	BCQs, SEQs,
	hormones		Viva
113.	Describe the clinical uses of female sex hormones	IL	BCQs, SEQs,
			Viva
114.	Explain the mechanism of action, clinical uses and adverse effects of male	IL	BCQs, SEQs,
	sex hormones		Viva
115.	Describe the clinical uses of anti-androgens	IL	BCQs, SEQs,
			Viva
116.	Describe the parenteral drug treatment of diabetes mellitus	IL, SGD.	BCQs. SEQs.
		Assign	Viva
117.	Describe the oral drug treatment of diabetes mellitus	IL. SGD. PBL.	BCOs. SEOs.
		Assign	Viva
118.	Describe the pharmacology of parathyroid hormone	IL	BCOs. SEOs.
			Viva
119	Describe the pharmacology of antifungal drugs		BCOs
115.		12, 300	SEOs Viva
	ΡΑΤΗΟLOGY		0200,000
120.	Describe the pathogenesis , clinical features and diagnosis of herpes viruses	ILD	BCQ
	infections		
121.	Describe the immune response and its various types with examples.	ILD	BCQ/SEQ
122.	Describe cells of immune system.	ILD	BCQ/SEQ
172	Describe the properties of different types of antibodies	SCD	
125.	Describe the properties of different types of antibodies.	300	SEQ/BCQ
124.	Define Major Histocompatibility Complex (MHC) and discuss its	SGD	BCQ/SEQ
	significance in the immune response and graft rejection		
125.	Discuss the mechanisms for activation and regulation of the complement	SGD	SEQ/BCQ
	system		
126.	Describe hypersensitivity reactionstype I, type II, type III, and type IV with	ILD/SGD	BCQ/SEQ
	Relevant examples		
127.	Memorize the pathogenesis, clinical finding and investigation of dengue	ILD	BCQ/SEQ
	fever.		
128.	Define Tolerance and describe various mechanisms involved in the	IL	SEQ/BCQ
	development of immune tolerance.		
129.	Define autoimmunity and discuss the mechanisms involved in the	IL	BCQ/SEQ
	development of autoimmune diseases.		
130.	Explain the morphology, general characteristic and classification of	IL	BCQ
	medically important fungi		

131.	Classify the immunodeficiency disorders on the basis of deficiency of major	IL	SEQ
	Immune components		
132.	Describe the patterns of inheritance of single gene disorders: autosomal	IL	BCQ/SEQ/OSC
	dominant, autosomal recessive, X-linked, Y- linked		E
133.	Describe the pathogenesis and clinical features of infections cause by	IL	BCQ/SEQ
	Candida albicans.		
134.	Describe the patterns of inheritance of single gene disorders with atypical	IL	BCQ/SEQ/AS
	patterns of inheritance, i.e. Mitochondrial disorders, Triplet repeat		
	mutations and Genomic imprinting		D00 (050
135.	Describe the patterns of inheritance of cytogenetic disorders involving	IL	BCQ/SEQ
120	autosomes and sex chromosomes.		
136.	Reproduce the lifecycle of Entamoedanistolytica.	SGD	BCQ/SEQ
137.	Reproduce the life cycle of plasmodium and identify the medically	IL	BCQ/SEQ
	important stages.		
138.	Describe the clinical features, diagnosis and treatment of Plasmodium	IL	BCQ/SEQ
	infection		
139.	Identify the morphological features of Ascarislumbricoides and discuss its	IL	OSCE/BCQ/SE
	life cycle		Q
140.	Describe the etiology, pathogenesis and morphological features of		BCQ/SEQ
	leukoplakia, erythroplakia and submucous fibrosis (SMF).		
141.	1. Discuss the risk factors, pathogenesis, morphological characteristics,		SEQ/BCQ
	grading and staging of carcinoma of oral cavity		
142.	List the causes of salivary gland swellings.	SGD	BCQ/AS
143.	Describe the clinical and morphological features of pleomorphic adenoma.	SGD	SEQ/BCQ
144.	Describe the clinical features and immunization of Measles.	SGD	BCQ
145.	Discuss important features of Mumps virus.	IL	BCQ
146.	Describe different species of Leishmania and diseases caused by them.	IL	SEQ/BCQ
147.	Outline the treatment of Leishmaniasis.	IL	BCQ
148.	Describe the principles and applications of Molecular analysis, i.e. PCR and	IL	BCQ/SEQ
149.	Lipoma	Lab Skills	OSCE/VIVA
150	Squamous cell carcinoma- Lanuny	Lab Skills	
130.			
151.		Lad Skills	USCE/VIVA
152.	Carcinoma-stomach	Lab Skills	OSCE/VIVA
153.	Ductal carcinoma of breast	Lab Skills	OSCE/VIVA
154.	Squamous cell carcinoma	Lab Skills	OSCE/VIVA

155.	Basal cell carcinoma	Lab Skills	OSCE/VIVA
156.	Malignant melanoma	Lab Skills	OSCE/VIVA
157.	Lipoma	Lab Skills	OSCE/VIVA
158.	Liposarcoma		OSCE/VIVA
159.	Adenoma	Lab Skills	OSCE/VIVA
160.	Adenocarcinoma	Lab Skills	OSCE/VIVA
161.	To isolate and observe candida.	Lab Skills	OSCE/VIVA
162.	To study hepatitis virus and laboratory investigation of hepatitis virus.	Lab Skills	OSCE/VIVA
163.	To observe different stages of plasmodium microscopically.	Lab Skills	OSCE/VIVA
164.	To study the interpretation of different Lab investigations.	Lab Skills	OSCE/VIVA
165.	To study different biohazards in Lab.	Lab Skills	OSCE/VIVA
	PRE-CLINICS- OPERATIVE DENTISTRY		
166.	Introduction of Conservative/Operative Dentistry	IL	BCQs (one best)
167.	List the aims of Conservative/Operative Dentistry	IL	BCQs/SEQs
168.	168. Repeat Nomenclature of dentition IL/SG		BCQs/SEQs
169.	9. Illustrate Tooth Numbering systems, ADA, Zsigmondy- Palmer, and FDI IL,		BCQs/SEQs
170.	Define Dental caries	IL/SGDD	OSCE
171.	Review G.V. Black classification of dental caries	IL/SGD	OSCE
172.	Describe Graham Mount classification of dental caries	IL	BCQs/SEQs/OS CE
173.	Differentiate between G.V. Black & Graham Mount classification of Dental caries	IL/SGD	BCQs/OSCE
174.	Know the parts of dental unit	Skill Lab	BCQs/ OSCE
175.	Operate dental unit in phantom lab	Skill Lab	OSCE
176.	Demonstrate about positioning the patients and the dentist in operatory	Skill Lab	BCQs/SEQs
177.	Identify hand instruments	SGD/Skill Lab	OSCE
178.	Recognize the design of hand instruments	SGD/Skill Lab	BCQs/OSCE
179.	Apply different grips to hold hand instruments	SGD/Skill Lab	OSCE
180.	Identify rotary instruments	SGD/Skill Lab	BCQs

181.	Demonstrate tooth preparation with rotary instruments	Skill Lab	BCQs/OSCE
182.	Express various steps in Class 1 cavity preparation	Skill Lab	OSCE
183.	Plan Class 1 cavity on plaster models/ acrylic teeth in phantom lab	Skill Lab	OSCE
184.	Discuss different steps in Class V cavity preparation	Skill Lab	OSCE
185.	Prepare Class V cavity on plaster models/ acrylic teeth in phantom lab	Skill Lab	BCQs/OSCE
186.	Memorize parts of matrix band retainer		OSCE
187.	Apply matrix band Retainer & wedge	SGD/Skill Lab	BCQs/ OSCE
188.	Explain cavity liners and bases	IL/SGD	BCQs/ SEQs
189.	Manipulate lining material/filling materials	SGD/Skill Lab	OSCE
190.	Demonstrate placement of lining on acrylic tooth	Skill Lab	OSCE
191.	Express filling of Amalgam in Class I tooth cavities	Skill Lab	OSCE
192.	Perform finishing and polishing of amalgam restoration	Skill Lab	BCQs
193.	Illustrate steps of Class II Slot preparation	SGD/Skill Lab	BCQs/SEQs
194.	Prepare Class II Slot cavity on plaster models/ acrylic teeth in phantom lab	SGD/Skill Lab	BCQs
195.	Restore Class II Slot preparation with amalgam	SGD/Skill Lab	BCQs/SEQs
196.	Discuss steps of Class II MO/DO/ MOD cavity design		OSCE
197.	Execute Class II MO/DO cavity design on plaster models/ acrylic teeth in phantom lab.	Skill Lab	BCQs/SEQs/OS CE
198.	Perform Class II MOD cavity design on plaster models/ acrylic teeth in phantom lab.	Skill Lab	BCQs/SEQs/OS CE
199.	Demonstrate restoration of Class II MO/DO/MOD preparation with amalgam	SGD/Skill Lab	BCQs/SEQs
200.	Discuss steps of Class III cavity preparation	SGD/Skill Lab	BCQs /OSCE
201.	Prepare Class III cavity on plaster models/ acrylic teeth in phantom lab.	Skill Lab	OSCE
202.	Explain purpose of Acid Etching of Enamel/Dentin	IL/SGD	BCQs /SEQs
203.	Discuss bonding to enamel and dentine	IL/SGD	BCQs /SEQs
204.	Explain Composite as a restorative material	SGD	BCQs /SEQs
205.	Propose steps of Class 1V cavity preparation	SGD/Skill Lab	BCQs/SEQs/OS CE
206.	Prepare Class IV cavity design on plaster models /acrylic teeth in phantom	Skill Lab	OSCE
P			

	lab		
207.	Apply Etchant on the tooth cavities	SGD	BCQs /SEQs
208.	Use bonding agent on the tooth cavities	SGD	BCQs /SEQs
209.	Demonstrate how composite is placed in Class III/IV tooth cavities	Skill Lab	OSCE
210.	Perform the finishing and polishing of composite restoration	Skill Lab	OSCE

Commencement of Module		Weekly Schedule of Module III ORAL PATHOLOGY		
	Week- 1	Classification of Cyst of Jaws Dentigerous Cyst LO (1, 4)	Radicular Cyst LO (2)	
	Week- 2	Odontogenic Keratocyst tumor LO (4, 6)	Odontogeniccyst of jaws LO (3)	
	Week- 3	Non-Odontogenic cyst of jaws LO (7)	False Cyst and soft tissue cyst of Jaws LO (9- 10)	
	Week- 4	CAT -3	Pre-cancerous Lesions and Conditions I LO(15)	
Second	Week- 5	Pre-cancerous Lesions and Conditions II LO (16- 17)	Pre-cancerous Lesions and Conditions III LO (18- 20, 27)	
ssion – BDS ofessional	Week- 6	Classify Odontogenic and Non – Odontogenic tumors and Odontogenic Epithelial tumors I LO (10- 11)	Odontogenic Epithelial tumors LO (11-12)	
demic Se Pro	Week- 7	Mesenchymal tumors LO (14)	Odontomes LO (13)	
Acad	Week- 8	Infective, obstructive, traumatic diseases of salivary glands I LO (21)	Infective, obstructive, traumatic diseases of salivary glands II LO (21)	
	Week- 9	Sjogren syndrome LO (22, 24)	Benign & Malignant tumors of salivary glands I LO (23, 25)	
	Week- 10	Benign & Malignant tumors of salivary glands II LO (25-26)	CAT -4	
	Week-11	THEORY AND VI	' VA EXAMINATION	

WEEKLY SCHEDULE OF MODULE III SCIENCE OF DENTAL MATERIALS			
WEEK NO.	LECTURE 1	LECTURE 2	LECTURE 3
Week – 1	Requirements of direct	Requirements of direct	Dental Amalgam
Week – 2	Dental Amalgam (LO=)	Dental Amalgam	Dental Amalgam (LO=)
Week – 3	Resin based filling materials (LO=)	Resin based filling materials (LO=)	Resin based filling materials (LO=)
Week – 4	Adhesive restorative materials (LO=)	Adhesive restorative materials (LO=)	Adhesive restorative materials (LO=)
Week – 5	GIC (LO=)	GIC (LO=)	GIC (LO=)
Week – 6	Resin- modified GIC (LO=)	Resin- modified GIC (LO=)	Resin- modified GIC (LO=)
Week – 7	Temporary crown and bridge (LO=)	Temporary crown and bridge (LO=)	TEST
Week –8	Requirements of dental cement (LO=)	Requirements of dental cement (LO=)	TEST
Week -9	Cements based on phosphoric acid (LO=)	Cements based on phosphoric acid (LO=)	Cements based on organometallic chelate compounds (LO=)
Week -10	Cements based on organometallic chelate compounds (LO=)	Polycarboxylate cements (LO=)	Polycarboxylate cements (LO=)
Week -11	Endodontics (LO=)	Endodontics (LO=)	Revision
Week-12		THEORY EXAMINATION	
Week-13	VIVA EXAMINATION		

WEEKLY SCHEDULE OF MODULE III PHARMACOLOGY				
WEEK NO. LECTURE 1 LECTURE 2		LECTURE 2	LECTURE 3	
Week – 1	Antifungal drugs	Drug treatment of ameobiasis & giardiasis	Drug treatment of plasmodium infections	
Week – 2	Benzodiazipines	Barbiturates	Antiseizure drugs-1	
Week – 3	Antiseizure drugs-2	General anesthetic agents-1	General anesthetic agents-2	
Week – 4	Local anesthetics-1	Local anesthetics-2	Skeletal muscle relaxants	
Week – 5	Drug treatment of parkinsonism	Antipsychotic drugs	Antidepressant drugs	
Week – 6	Class test	Alcohol	CNS stimulants	
Week – 7	Antithyroid drugs	Female sex hormones-1	Female sex hormones-2	
Week –8	Parenteral drug treatment of diabetes mellitus	Oral drug treatment of diabetes mellitus	Oral drug treatment of diabetes mellitus	
Week -9	Drug treatment of ameobiasis& giardiasis Drug treatment of plasmodium infections	Revision- CNS	Revision-ENDO	
Week -10	Revision-CNS	Revision-CNS	Revision-ENDO	
Week –11		THEORY EXAMINATION	L	
Week-12	VIVA EXAMINATION			

WEEKLY SCHEDULE OF MODULE III				
DEPARTMENT OF PATHOLOGY				
WEEK NO.	LECTURE 1	LECTURE 2		
Week – 1	Immune response(LO=	HPV (herpes)(LO=)		
Week – 2	Cells of immune system(LO=)	Introduction to Mycology(LO=)		
Week – 3	Hypersensitivity reactions type I &II(LO=)	Candida Albicans(LO=)		
Week – 4	Hyper sensitivity reactions type –III & IV(LO=)	Entamoaeba Hystolitica(LO=)		
Week – 5	Immune tolerance(LO=)	Plasmodium (LO=)		
Week – 6	Auto immune disorders(LO-)	Ascaris lumbricoides (LO=)		
Week – 7	Primary immune deficiency disorders(LO=)	Mumps and Measles(LO=)		
Week –8	Secondary immune deficiency disorders(LO=)	Leishmaniasis-I (LO=)		
Week -9	Single gene disorders-I(LO=)	Leishmaniasis-II (LO=)		
Week -10	Single gene disorder –II(LO=)	Other Protozoa of medical Importance (LO=)		
Week -11	Single gene disorders with atypical pattern of inheritance(LO=)	Other Fungi of Medical importance (LO=)		
Week –12	REVISION	REVISION		
Week –13	THEORY E	XAMINATION		
Week-14	VIVA EXAMINATION			

Pre- Clinical Academic Session – BDS Second Professional					
Commencement of Module III Operative Dentistry					
Week	Laboratory Session (Group A & B)	Tutorial Session			
1.	Introduction & Aims of Operative Dentistry Know the part of dental unit & position of dentist in Operatory	Nomenclature of dentition Definition & classification of dental caries			
2.	Dental instruments	Graham Mount classification of dental caries			
3.	Tooth preparation of Class I Cavity with rotary instruments	Demonstration of matrix band			
4.	Demonstration on Class V cavity preparation	Practice of matrix band			
5.	Demonstration of amalgam filling on phantom tooth	Cavity liners and bases			
6.	Practice of cavity preparation Class (I & V)	Steps of class II slot preparation			
7.	Demonstration of Class II MO/DO/MOD cavity	Discuss steps of Class III cavity preparation			
8.	Demonstration of Class III cavity preparation	Discuss etching & bonding of enamel and dentine			
9.	Practice of cavity preparation Class II slot, MO/DO)	Restorative materials			
10.	Discuss steps of Class IV cavity preparation	Demonstration of Class IV cavity preparation			
11.	Demonstration of application of etchant, bond and composite placement in Class III & IV cavities	Practice of cavity preparation of Class III			
12.	Practice of cavity preparation of Class IV	Practice of cavity preparation Class IV			
13.	Module Examination Theory				
14.	Practical OSP	E /Viva			

6.6: LEARNING RESOURCES SECOND YEAR BDS

Recommended Books Second YEAR BDS							
Pathology	Pharmacology	Science of Dental Material	Operative Dentistry				
 Peter D. Turnpenny, Emery's Elements of Medical Genetics (14thed.). New York: Churchill Livingstone. 2011. Cotran RS, Kumar V and Collins T. Robbin's Pathologic Basis of Disease (8thed.). Philadelphia: W.B. Saunders. 2010. Walter JB and Talbot IC. Walter and Israel's General Pathology (7thed.). New York: Churchill Livingstone. 1996. Kumar V, Cotran RS, and Robbins SL. Basic Pathology (8thed.). Philadelphia: W.B. Saunders. 2007. Rubin E, Pathology (4thed.) Philadelphia: Lippincott- Raven. 2005 Ivan Roitt. Riott's Essential Immunology (11thed.). New Delhi:I.K. International Pvt. Ltd. 2007. Harsh Mohan. Textbook of pathology. 6th ed. Jaypee broth. 2010. ATLAS Wheater P et al. Basic Histopathology: A Color Atlas and Text (2nded.) Edinburgh: 	 Lazo JS & Parker. Goodman and Gillman's The Pharmacological basis of therapeutics 12th edition McGrawHillCompany ,USA 2006. Katzung BG, Masters SB & Trevor AJ. Basic and Clinical Pharmacology- Katzung 14th edition TATA McGrawHill Education Private Ltd, New Delhi 2009. Finkel R Cubeddu L X, Clark MA, Harvey R &Champe P. Lippincott's Illustrated Reviews Pharmacology. 7th edition, Wolters Kluwer-Lippincott Williams & Wilkins New Delhi 2009. 	Material1.Applied Dental Materials, John F McCabe (Latest Edition)2.Philips Science of Dental Materials, Kenneth J. Anusavice (Latest Edition)3.Sturdevant Art and Science of Operative Dentistry, Harald O Heyman, Edward J Swift.(Latest Edition)4.Craig's Restorative Dental Materials, John M Powers Ronald L Sakaguchi. (Latest Edition)	 Joseph R Evans John H Wilke. Atlas of Operative Dentistry: Preclinical and clinical procedures. Quintessence books Publishing Co. Richard L Kahn, Pinkerton RJ, Kagihara LE. Fundamentals of Preclinical Operative Dentistry. The Art & Science of Operative Dentistry by Sturdurant. Pickardards Manual of Operative Dentistry by EAM Kidd. Fundamentals of Operative Dentistry by EAM Kidd. Fundamentals of Operative Dentistry by Schwartz Dental Restorative Materials – Craig 				
and Text (2 nd ed.). Edinburgh: Churchill Livingstone. 1990. 2. Harsh Mohan. Pathology practical book. 2 nd ed. Jaypee broth. 2007			7. Textbook of Operative Dentistry by Vimal K Sikri				

	Microbiology	WEBSITES
1.	Jawetz .medical	
	microbiology.25 th ed.2010	Department of Pharmacology
	Lange/McGrawHill	www.studentcorner.com
2.	Levinson W. Microbiology and	www.drugs.com
	Immunology: Review. 10 th ed.	www.pharmacology.com
	2009 Lange/TataMcGrawHill	www.medicalstudent.com
3.	Michael j pelczar	Department of Pathology
	.Microbiology.6 th ed.	The internet pathology laboratory for medical
	TataMcGraw	education
4.	Richard a harvey.	library. med .utah.edu/WebPath/webpath.html
	Microbiology.lippincottsillustr	Microbiology
	ated review 2 nd edition.	www.asm.org
6.3: INTRODUCTION TO CURRICULAR FRAMEWORK OF THIRD YEAR BDS

INTRODUCTION TO INTEGRATED CURRICULAR FRAMEWORK				
Paper-I	Paper-II			
Module-I	Module-II Module-III		Module-IV	Module-V
	Oral disease,	Periodontics		Oral Radiology &
	Exodontia, Pain	(Gingiva &		Dental Informatics
Cariology & Removal	Management &	Periodontal	Community	
Prosthesis+ Research	Anxiety Control	Disease) +	Dentistry & Public	
	(OMFS+ Oral	Behavioral	Health Services	
	Medicine &	Sciences		
	Diagnosis			
07 Weeks	07 Weeks	07 Weeks	07 Weeks	07 Weeks
General Medicine & General Surgery				

Clinical Dental Sciences-I
Pre-Clinical Dental Sciences-I
32 Weeks (on rotations basis group wise)
Clinical Sciences of Operative Dentistry-I, Biomaterials and Pre-clinical Sciences
of Removable Prosthodontics-I, Introduction to Dental Care and Professionalism-
I (on rotation basis) and Research Methodology-I and Dental Informatics-I

TABLE OF SPECIFICATION OF ORAL PATHOLOGY

S. No.	Topics	BCQ's	SEQ's
1	Principal and investigation of diagnosis	1	0
2	Disorders of development of teeth and related tissue	5	1
3	Dental caries	4	0
4	Pulpitis, periapical periodontitis and hypercementosis	4	1
5	Gingivitis and periodontitis	2	0
6	Major infections of mouth, jaws and perioral tissue	7	1
7	Cyst of jaw	5	1
8	Odontogenic tumor and tumor like lesion of the jaw	4	0
9	Non-odontogenic tumors of jaw	4	0
10	Genetic, metabolic and other neoplastic bone disease	4	0
11	Disorders of TMJ	2	0
12	Infectious diseases of oral mucosa	4	1
13	Non-infectious diseases of oral mucosa	4	0
14	Tongue disorders	2	0
15	Benign chronic white lesions	5	0

16	Oral pre-malignancy	5	0
17	Oral Cancer	4	0
18	Diseases of salivary glands	4	0
19	Benign mucosal swellings	2	0
20	Soft tissue neoplasm	2	0
21	Endocrine disorders	1	0
Total		75	5

TABLE OF SPECIFICATION		
PERIODONTOLOGY		
TOPICS	BCQs	SEQs
Cross contamination and cross infection control protocol		1
The Anatomy, structure and functions of The Periodontal Tissues/The normal periodontium	1	
Oral Bio film and Calculus	1	1
Periodontal microorganism		
Pathogenesis of Plaque associated Periodontal disease		
Etiology and susceptibility in Periodontal Disease -Local risk factors.	1	1
Etiology and susceptibility in Periodontal Disease -Systemic risk factors for periodontal diseases		
Instruments use in periodontal therapy-classification	1	
Instruments use in periodontal therapy-handling, grasping, finger rests, maintenance	1	
Chair position, patient and dentist position-ergonomics	1	
Identification and diagnosis of periodontal diseases in general dental practice- Basic Periodontal Examination (BPE)	1	
Record of periodontal Examination/periodontal charting		
Radiographic aids in the diagnosis of periodontal disease	1	
Initial Periodontal Therapy/non surgical periodontal therapy in general dental practice-Oral hygiene Motivations for plaque control and periodontal care	1	1
Initial Periodontal Therapy Mechanical and chemical Supra gingival plaque control,		
Sonic and ultrasonic scaling technique and methods	1	
Subgingival scaling, root planning and curettage		
Local delivery antibiotics	1	

Systemic Chemotherapeutic agents		
Maintenance in Periodontal therany		
Gingivitis – Clinical features	1	1
Acute gingival infections	1	
Desquamative gingivitis		
Gingival enlargement	1	
Gingival recession	1	
Gingival diseases in childhood	1	
The periodontal pocket		
Radiographic Examination of Bone loss ,pattern of Bone loss and Periodontal pockets	1	
Chronic Periodontitis		
Aggressive Periodontitis	1	
Necrotizing Periodontal disease	1	
Periodontal abscess	1	
Halitosis/Breath Malodor causes and management	1	
periodontal diseases in female patient	1	
Restorative and periodontal interrelationship	1	
Endodontics and Periodontics interrelationship	1	
Orthodontics and Periodontics interrelationship	1	
Periodontal disease as a risk for systemic disease	1	
Periodontal treatment of medically compromised patients		
Treatment of periodontal emergencies		
General principle of periodontal surgery		1
Periodontal Pocket irradication/periodontal flap technique for pocket therapy	1	

Periodontal surgical therapy-periodontal flap surgery	1	
Periodontal surgical therapy- Periodontal surgical technique(gingival curettage,		
gingivectomy)		
Periodontal dressing	1	
Treatment of Gingival enlargement	1	
Periodontal plastic and aesthetic surgery/Muco-gingival Therapy/ -introduction		1
Periodontal plastic and aesthetic surgery- therapy to correct marginal tissue recession –flap procedures		
Periodontal plastic and aesthetic surgery- therapy to correct marginal tissue recession – Grafts		
Periodontal plastic and aesthetic surgery- Therapy to Correct Excessive Gingival Display -Surgical crown lenghthening		
Periodontal plastic and aesthetic surgery- Frenectomy and Frenotomy	1	1
Periodontal Regenerative and Reconstructive Therapy- Introduction	1	
Periodontal Regenerative and Reconstructive Therapy-Flap Techniques		
Periodontal Regenerative and Reconstructive Therapy	1	
Ridge Augmentation Procedures		
Treatment of Furcation Involved teeth	1	
Supportive periodontal therapy/Maintenance in periodontal surgical therapy	1	
Trauma from occlusion/periodontal response to external forces		
Periodontal splinting		
TOTAL	35	08

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6.3: CURRICULUM OUTLINES OF THIRD YEAR BDS

GENERAL MEDICINE			
INTRODUCTION TO GENERAL MEDICINE: PRINCIPLES OF HISTORY, EXAMINATION, INVESTIGATION &			
DIAGNOSIS			
S:NO	ΤΟΡΙϹ	LEARNING OBJECTIVES	
1.	Introduction To General	Discuss the scope of general medicine.	
	Medicine	Identify goals of studying general	
		medicine.	
		• Discuss the importance of a doctor and patient relation.	
		Explain the importance of Ethics when managing patients	
	Clinical teachings-	Take dental history of a patient presenting to general medicine	
	History, examination,	ward/clinic.	
2.	investigationsand	Interpret various signs and their clinical correlation whenperforming a	
	diagnosis	general physical examination:	
		Pallor;	
		Cyanosis;	
		• Jaundice;	
		Clubbing;	
		• Thyroid;	
		• Lymph nodes;	
		Dehydration;	
		• Edema;	
		• Pulse, B.P Temp, R/R.	
	GAS	STRO-INTESTINAL & LIVER DISEASES	
Discuss the etiology, clinical features, types, differential diagnosis,			
1.	Liver Diseases	investigations, diagnosis, management and complications of the	
		following GI/Liver diseases:	
		➢ GERD;	
		 Gastritis/Peptic Ulcer; 	
		 Gastroenteritis; 	
		Mal-Absorption;	
		➢ IBS/IBD;	
		 Hepatitis (Acute/Chronic); 	
		CLD and Hepatocellular Carcinoma.	
		Take a comprehensive history for a patient presenting to the	
		general medicine clinics with complaints of GI/Liver disease.	
2.	Clinical teachings-	Perform clinical examination of patient presenting to the	
	History and	generalmedicine clinics with complaints of GI/Liver disease:	
	Examination of	1. Inspection;	
	GI/ LiverDisease	2. Palpation;	
		3. Percussion;	
		4. Auscultation	
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		CARDIOVASCULAR DISEASES
1.	Cardiovascular Diseases	 Discuss the etiology, clinical features, types, differentialdiagnosis, investigations, diagnosis, management and complications of the following cardiovascular diseases: Ischemic Heart Diseases (Angina/MI) CHF Rheumatic Fever Infective Endocarditis Hypertension Valvular Heart Diseases (MS/MR/AS/AR) Congenital Heart Diseases (VSD/TOF)
2.	Clinical Teachings- History takingin CVS	 Take a comprehensive history for a patient presenting to the general medicine clinics with complaints of cardiovascular disease pain and symptoms: Chest pain; Dyspnea; Syncope.
	1	
1.	RespiratoryDiseases	 Discuss the etiology, clinical features, types, differential diagnosis, investigations, diagnosis, management and complications of the following respiratory diseases: TB; COPD; Pneumonia; Asthma; Bronchogenic Carcinoma;
		Bronchiectasis;
		Pneumothorax/Pleural effusion.
2.	Clinical Teachings- History taking and clinical examination inRespiratory disease	 Take a comprehensive history for a patient presenting to the general medicine clinics with complaints of respiratory disease painand symptoms: Cough; Chest pain; Wheezing; Haemoptysis. Perform clinical examination (front and back of chest) of patient presenting to the general medicine clinics with complaints of respiratory disease: Inspection; Palpation; Auscultation.

		 Interpret findings seen on chest x-rays for Pneumothorax/ pleural effusion. 	
	NEUROLOGICAL DISEASES		
1.	Neurological diseases	 Discuss the etiology, clinical features, types, differential diagnosis, investigations, diagnosis, management and complications of the followingneurological diseases Facial Pain/Palsy; Headache; Stroke; Epilepsy: 	
		 Parkinsons; Meningitis 	
		Take a comprehensive history for a patient presenting to the generalmedicine clinics with complaints of neurological disease	
2.	Clinical Teachings- History taking and clinical examination in Neurological disease	 pain and symptoms: Headache; Facial pain; Dizziness; Coma; Amnesia 	
		 Assess higher mental functions of patients presenting to the generalmedicine clinics: Level of consciousness; Behavior; Speech; Memory. Perform examination of: Cranial nerves; Motor system and reflexes; Sensory system Crude touch, pain and temperature; Fine touch, pressure, vibration, joint position; Two-point localization and two-point discrimination Cerebellem 	
		KIDNEY AND URINARY TRACT	
1.	Diseases of Kidney and	 Discuss the etiology, clinical features, types, differential diagnosis, investigations, diagnosis, management and complications of the following diseases of kidney and urinary tract: Acute and Chronic Benal Failure: 	
		 Nephrotic and Nephritic Syndrome; UTI; Electrolytes Imbalances. 	

	Diseases of	Discuss the etiology, clinical features, types, differential diagnosis,	
1.	Endocrine System:	investigations, diagnosis, management and complications of the	
		followingdiseases	
		 Pituitary Diseases; 	
		 -Thyroid Disorders; 	
		 -Parathyroid Disorders; 	
		 -Adrenal Disorders; 	
		 -Diabetes Mellitus; 	
		-Vitamin Deficiencies (Vit. B, C, D).	
	I	INFECTIOUS DISEASE	
	1		
		Discuss the sources, etiology, clinical features, types, differential	
_		diagnosis, investigations, diagnosis, managementand	
1.	InfectiousDiseases	complications of the following Infectious diseases:	
		Tetanus;	
		Malaria;	
		Viral Fevers (Dengue, Chikungynea);	
		HIV/Mumps;	
		Sepsis;	
		Diphtheria;	
		Hospital Acquired Infections (Hepatitis, Pneumonia, Candidiasis).	
	BLOOD		
		Discuss the sources, etiology, clinical features, types, differential	
1.	Blood Disorders	diagnosis, investigations, diagnosis, management and	
		complications of the following blood disorders:	
		Anemia;	
		Leukemia;	
		Lymphoma;	
		Thrombocytopenia;	
		 Bleeding disorders/Anti-coagulants; 	
		 Blood products and transfusions; 	
		Shock (anaphylactic, cardiogenic, hypovolemic).	
		Discuss the following: Blood products and transfusion;	
		 Anticoagulant and antithrombotic therapy; 	
		Haematopoietic stem cell transplant	
	RI	HEUMATOLOGICAL AND BONE DISEASES	
	Diseases of joints and	 Discuss the sources etiology clinical features types 	
	bones	differentialdiagnosis investigations diagnosis management	
1.	Nones	and complications of the following diseases of joints and	
±.		hones:	
		> SLE:	
		► RA;	
	1		
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		Sero-negative Arthropathy;
		 Osteoporosis/ Osteomalacia;
		Sjogren's syndrome.
		GENERAL SURGERY
		PRINCIPLES OF SURGERY
S/No.	Торіс	Learning Objectives
		Discuss the classical concepts of homeostasis and thephysiochemical and
		biochemical changes associated with it.
1.	Physiological	• Enlist:
	response to Surgical	 Mediators of metabolic response to injury;
	Traumaand	Avoidable factors that compound the metabolicresponse to injury.
	homeostasis	Describe changes in body composition.
		Describe optimal perioperative care.
		Describe the normal healing response.
		Discuss management of wound.
2.	Wound and itsRepair	List disorders of healing.
		Categorize variety of scars and their treatment
	Pathophysiologyand	Discuss the pathophysiology and patterns of shock.
	Management of	Prioritize the sequence of resuscitation.
3.	Shock	Discuss the use of blood and blood products in shock.Describe risks of
		blood transfusion.
		Classify infections.
4.	Investigation and	 List the determining factors for development of infection.
	treatment of infection	Discuss the local and systemic manifestation, sign and symptoms of bacterial
	and parasitic	and parasitic infections
	infestation of surgical	Describe the principles of antimicrobial treatment.
		Justify the choice of antibiotics and prophylaxis in various infections.
		Define:
	Unomorrhogo	 Haemorrnage; Blood transfusion
E	Blood Transfusion	 BIOOU transition. Discuss the types and nathenbysiology of Uppmerrhage.
5.	andtheir	 Discuss the types and pathophysiology of Haemorrhage. List various blood and blood products used for transfusion.
	implications	 List various blood and blood products used for transfusion. Describe the propagation of blood products and the proceedure for
	implications	Describe the preparation of blood products and theprocedure for transfusion
		נו מוזטונטוטוו.

		Define:
	Management of	Trauma;
6.	Acutely injured and	 Aspiration pneumonia;
	critically ill patients	Embolic phenomenon.
		Describe types of injuries
		Discuss:
		 Primary and secondary survey;
		Resuscitation.
7.	Principles in	• Discuss the sign and symptoms of acutely injured and critically ill patients.
	management of	• Diagnose acutely injured and critically ill patients basedon history and
	common Skin and	clinical examination and investigations.
	Soft Tissue	 Formulate treatment and prevention plan for acutely injured and
	problems	critically ill patients.
		Define:
		> Ulcers;
		Abscess;
		Sinus;
		Fistula;
		Swelling.
		Embedded foreign bodies and Minor injuries
		 Discuss types, sign and symptoms and pathophysiologyof common skin and
		soft tissue problems.
		 List investigations.
		 Diagnose common skin and soft tissue problems basedon history and
		clinical examination and investigations.
		 Justify management of common skin and soft tissue problem by antibiotics.
		surgery or a combination of both
		Define Anaesthesia
		Classify various types of anaesthesia
8.	Principles of	 Discuss the mechanism and stages of different anesthesia
0.	Anaesthesia	Manage nations that are scheduled for general anesthesia including
		considerations for pre-operative facting and airway assessment
•		Discuss pre-operative and post-operative malnutrition. Describe balance
9.	Nutrition of surgical	of electrolytes.
	patients	Evaluate the nutritional status of surgical patients. Manage the
		nutritional status of surgical patients
		EMERGENCIES
		Discuss initial evaluation and intervention of patients with polytrauma
1.	Poly trauma with	and airway difficulty.
	airway difficulty ar	• Discuss steps of intubation of trauma patient.
	circulatory instabil	• Describe simple airway strategy
L	l	

2.	UncontrolledExternal Hemorrhage	 Define uncontrolled external hemorrhage. Discuss types of uncontrolled external hemorrhage. Describe primary and secondary survey. Manage patients with uncontrolled external hemorrhage
3.	Patient in Hypovolemic or Septicemic Shock	 Define: Hypovolemic; Septicaemic Shock. Classify hypovolemic and septicaemic shock. Differentiate between hypovolemic and septicemic shockbased on pathogenesis and signs and symptoms. Discuss management of hypovolemic and septicemicshock.
4	Tension Pneumothorax	 Define Tension Pneumothorax. Discuss pathophysiology, signs and symptoms andtreatment of Tension Pneumothorax
5.	Cardiac Tamponade	 Define Cardiac Tamponade. Discuss pathophysiology, signs and symptoms andtreatment of cardiac tamponade
6.	Unconscious patient due toHead Injury	 Discuss signs, symptoms and management ofunconscious patient due to head injury.
7.	Gas Gangreneand Tetanus	 Define: Gas Gangrene;Tetanus. Discuss types of Gas Gangrene and Tetanus. Differentiate gas gangrene and tetanus based on signand symptoms and treatment.
8.	Burns	 Discuss depth of burn, quantity of fluid to be given, techniques and pathophysiology of burn. Manage patients presenting to the department withburns.
		HEAD & NECK
1.	Development abnormalities ofpalate, lip	 Discuss types and features of development abnormalities of palate and lip. Manage developmental abnormalities of palate and lip
2	Principles of management ofHead Injuries and its complications	 List types of head injuries. Manage patients presenting to the hospital with headinjuries. Discuss complications of patients presenting with headinjuries
3	Diseases of Salivary glands(Inflammation, Calculus, Tumors)	 Describe various diseases and abnormalities of salivaryglands. Discuss clinical features and management of variousdiseases and abnormalities of salivary glands
		157

4.	Neck lumpsincluding LymphaticsThyroid, Parathyroid Conditions Causing Acute Abdomen	 Discuss clinical features, abnormalities and managementof neck lumps including: Lymphatics; Thyroid Parathyroid GASTRO-INTESTINAL TRACT Discuss causes, clinical features and management of conditions causing acute abdomen.
2	Abdominal Wall IHernia	 Discuss clinical presentation and management of patients with abdominal wall hernia
	11	LIVER
1	Obstructive Jaundice	Discuss clinical features and management of ObstructiveJaundice
2	Hydated cyst	 Discuss clinical features and management of Hydated cyst.
		GALL BLADDER
1	Acute and chronic Cholecystitis	• Discuss types, clinical features and management ofacute and chronic cholecystitis
2	Cholelithiasis and its Complications	 Discuss clinical features, management and complications of Cholelithiasis
		SKIN AND SOFT TISSUE
1	Common benign and malignant skin lesions	 Discuss causes, clinical features and management of common benign and malignant skin lesions
2	Infections	 Discuss clinical features and management of: > Wounds; > Ulcers; > Abscesses; > Sinuses; > Fistulae.
3	Soft Tissue Lumps	Discuss clinical features and management of Soft TissueLumps.
		VASCULAR AND NERVE DISORDERS
1	Arterial Disorders (Aneurysm and Gangrene	Discuss causes, clinical features and management of Aneurysm and Gangrene
2	Varicosities	Discuss causes, clinical features and management of Varicosities
3	Deep Venous Thrombosis	 Discuss causes, sign and symptoms and management of Deep venous thrombosis
4	Peripheral nerve Injuries	 Discuss causes, clinical features and management of Peripheral nerve Injuries

	1	
		ORAL MEDICINE
		PRINCIPLES OF INVESTIGATION & DIAGNOSIS
S. No	Торіс	Learning Objectives
1	History Taking	 Record a comprehensive history. Discuss the significance of each component of history, e.g. importance of recording the presenting complaint inthe patient's own words, impact of an underlying dental condition on the patients' oral health management.
2	Investigations	 Perform General Physical, Extraoral and Intraoral examination: TMJ and muscles of mastication; Cervical lymph nodes; Cranial nerve examination, with emphasis on CN- Vand VII. Interpret findings seen on the following investigations: Haematological; Radiological; Histological:
		 Specialized imaging, e.g Sialography, CT scan, MRI, Radioisotope scan; Molecular biology; Culture and sensitivity testing, Serology, PCR; Immunohistochemistry.
3	Diagnosis	 Formulate differential diagnoses for common oral pathologies on the basis of Site of lesion; Type/physical characteristics of the lesion
4	Treatment planning	Formulate treatment plans for common oral and maxillofacial pathologies presenting to the dental OPD.
		Oral Infections
1	Bacterial Infections	 Describe the signs, symptoms and clinical features ofbacterial infections of the oro-facial region: > Odontogenic infections > Cellulitis > Ludwig's angina; > Actinomycosis; > Sumbilic
		 Syphilis. List the investigations required to reach a diagnosis Manage patients presenting with bacterial infections to the dental OPD. Justify the choice of antibiotic use in treating bacterial infections. List down reasons for failure of antibiotic therapy
2	Viral Infections	 Discuss signs, symptoms and clinical features of viralinfections of oro-facial region: Herpes simplex virus;

3	Fungal Infections	 Varicella zoster virus; Coxsackie virus; Epstein Barr virus; Cytomegalovirus; Human immunodeficiency virus. Manage patients presenting with viral infections to thedental OPD. Justify the choice of antiviral therapy. Classify fungal infections. Manage patients presenting with fungal infections to thedental OPD. Discuss reasons for failure of antifungal therapy Discuss the signs, symptoms and clinical features offungal List investigations required for diagnosis infections of the oro-facial region
		ORAL ULCERATIVE LESION
1	Classification	Classify oral ulcerative lesions on the basis of etiology
2	Non- vesiculobullous conditions	 Discuss the clinical features of the non-vesiculobullousconditions affecting the oral cavity. List the investigations available for diagnosis of non-vesiculobullous conditions. List the common pharmacological treatment options formanagement of non-vesiculobullous conditions
3	Vesiculo- bullous ulcers conditions	 Discuss the clinical features of vesiculo-bullous conditionsaffecting the oral cavity. List investigations available for diagnosis of vesiculo-bullous conditions. Discuss the common pharmacological treatment optionsfor management of vesiculo-bullous conditions.
		ORAL SOFT TISSUE LESIONS
1	White Lesions	 Classify white lesions of the oral cavity. Differentiate white lesions on the basis of their etiology, history and clinical features. Discuss management options of persistent, unresolving white lesions.
2	Red Lesions	 Classify red lesions of the oral cavity. Differentiate red lesions on the basis of their etiology, history and clinical features. Discuss management options of persistent, unresolving red lesions.
3	Pigmented Lesions	 Classify pigmented lesions of the oral cavity. Differentiate between malignant melanoma and other pigmented lesions of the oral cavity. Discuss management of malignant melanoma
4	Premalignant lesions and conditions	 Differentiate between premalignant lesions and conditions. Discuss management of dysplastic lesions. List risk factors for malignant changes in oralpremalignant lesions/conditions.

		FACIAL PAIN
1	Facial Pain	 Describe causes of Oro-facial Pain. Differentiate amongvarious presentations of facial pain based on the historyand clinical examination. Describe clinical features, diagnosis and management of:Trigeminal neuralgia; Atypical facial pain; Burning mouth syndrome.
2	Facial Palsy	 List causes of facial palsy. Diagnose Bell's palsy in patients presenting to the dentalclinic. Manage patients presenting to the dental clinic with facialpalsy. SALIVARY GLAND DISORDERS
1	Salivary Flow Obstruction	Classify salivary flow obstruction on the basis of aetiology.
2	Infections (Sialadenitis)	 Describe the clinical features of bacteria land viral sialadenitis. Manage patients presenting to the dental OPD with sialadenitis
		TEMPOROMANDIBULAR JOINT DISORDER
1	Evaluation	 Discuss common signs and symptoms associated withTMJ disorders. Discuss current investigations available for the evaluation of TMJ disorders, e.g. arthrography, CT scan, MRI.
2	Treatment	• List common pharmacological treatment options, occupational therapy, prosthetic splint therapy, alternativedental therapy for pain.
		SYSTEMIC DISORDERS
1	Cardiovascular Diseases	 Discuss clinical considerations for dental management of patients: with cardiovascular diseases; on warfarin therapy; on anti-platelet medication. Describe current guidelines for antibiotic prophylaxis for infective endocarditis.
2	Respiratory Diseases	 Discuss oral manifestations of antihypertensivemedication Discuss the management of an asthmatic and chronicobstructive pulmonary disease patient. Discuss clinical features, investigations and treatment of Sarcoidosis
3	Gastrointestinal Diseases	 Discuss oral manifestations of GI diseases: Crohn's disease; Ulcerative colitis; Orofacial granulomatosis; Coeliac disease; Hepatitis B and C. Discuss considerations for dental management of a patient with
4	Renal Diseases	 inflammatory bowel disease, Hepatitis B and C. Discuss oral manifestations of renal diseases. Discuss considerations for dental management of apatient with chronic renal disease.

5 Haematological Diseases Discuss considerations of haematological diseases: Anaemia: Leukaemia; Discuss considerations of nemorrhagic disease: Purpura; von Willebrand's disease; Haemophilia.			
6 Haemorrhagic Diseases 6 Haemorrhagic Diseases 6 Haemorrhagic Diseases 1 Management of Medically Compromised Patients Discuss considerations of nemotinagic diseases: Amemorrhagic diseases. MEDICAL ASPECTS OF ORAL SURGERY Diagnose dental problems in medically compromised patient How to obtain informed written consent Discuss dental management of patients with compromising medical condition Management of patients with compromising medical staff preparation. Explain post-surgical asepsis Discuss and demonstrate incisions and flap design Prevention of flap necrosis, flap debiscence and flap tearing Discuss and means of promoting wound haemostasis Explain decontamination and depridement, edema control Patient general health and nutrition Discuss surgical significance of wound healing concepts Facial neuropathy of traumatic origin Classification of nerve injury and discuss nerve healing. Explain uses of various instruments used in oral surgery for exodomia purpose Discuss mechanical principles involved in tooth extraction Principles of use of instruments<th>5</th><th>Haematological Diseases</th><th> Discuss oral manifestations of haematological diseases: Anaemia; Leukaemia; Lymphoma. Discuss considerations for dental management of apatient with haematological disease. </th>	5	Haematological Diseases	 Discuss oral manifestations of haematological diseases: Anaemia; Leukaemia; Lymphoma. Discuss considerations for dental management of apatient with haematological disease.
1 Management of Medically Compromised Patients Diagnose dental problems in medically compromised patient How to obtain informed written consent Discuss dental management of patients with compromising medical condition Management of pregnant patient in dentistry PRINCIPLES OF ORAL SURGERY 1 Sterilization Aseptic techniques and universal precautions Techniques of instrument sterilization and disinfection Maintenance of sterility Operating disinfection Surgical staff preparation. Explain post-surgical asepsis Discuss and demonstrate incisions and flap design Post-Operative care, Hemostasis, nutrition and prevention of infection 4 Wound Healing Discuss causes of tissue damage Discuss surgical significance of wound healing concepts Facial neuropathy of traumatic origin Classification of nerve injury and discuss nerve healing. EXODONTIA Principles of use of instruments Explain uses of various instruments used in oral surgery for exodontia purpose Discuss the instrument tray system Post-surgical Extraction Explain uses of various for removal of teeth Discuss surgical signification s or removal of teeth Discuss surgical signification s or oremoval of teeth Discuss surgical signification s for removal of teeth Discuss surgical signification s for removal of teeth Discuss surgical signification s for removal of teeth Discuss specific techniques for	6	Haemorrhagic Diseases	 Discuss oral manifestations of haemorrhagic diseases: Purpura; von Willebrand's disease; Haemophilia. Discuss considerations for dental management of apatient with haemorrhagic disease. MEDICAL ASPECTS OF ORAL SURGERY
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2 Incision, Flap Design and tissue handling • Surgical staff preparation. Explain post-surgical asepsis 2 Incision, Flap Design and tissue handling • Discuss and demonstrate incisions and flap design • Prevention of flap necrosis, flap dehiscence and flap tearing 3 Post-Operative care, Hemostasis, nutrition and prevention of infection • Discuss haemostasis and means of promoting wound haemostasis 4 • Discuss causes of tissue damage • Discuss causes of tissue damage 4 • Discuss causes of tissue damage • Discuss surgical significance of wound healing 9 • Discuss surgical significance of wound healing 0 Discuss surgical significance of wound healing • Classification of nerve injury and discuss nerve healing. EXODONTIA • Explain uses of various instruments used in oral surgery for exodontia purpose 2 No- Surgical Extraction • Discuss mechanical principles involved in tooth extraction 2 No- Surgical Extraction • Discuss specific techniques for removal of each tooth 9 Discuss specific techniques for removal of each tooth	1	Sterilization	 Aseptic techniques and universal precautions Techniques of instrument sterilization and disinfection Maintenance of sterility Operating disinfection
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167	2	No- Surgical Extraction	 Discuss indications and contraindications for removal of teeth Discuss mechanical principles involved in tooth extraction Principles of forceps use Discuss specific techniques for removal of each tooth Post extraction care of tooth socket

		Discuss the potential side effects
		Principles of flap design, development and management
	Surgical Extraction	Design parameters of soft tissue flap
		Types of mucoperiosteal flap
		Principles of suturing
		Indications, principles and techniques of surgical extraction
		Technique for open extraction of single and multirooted teeth
		Removal of small root tip and fragment
		Discuss policy for leaving root fragments
		Sequence of multiple extractions
		BASICS OF PAIN AND ANXIETY CONTROL
		The goal of the pain and anxiety control module is to help
		dentistry students learn how to administer and utilise local
		anaesthetics.
	Module Outcome	Knowing the pharmacology, neurophysiology, neurochemistry,
		and anatomy of administering local anaesthetics.
		Aware and skilled in assessing the patient's physical and mental
		health before administering local anaesthetic, sedation, or having
		dental treatment. Knowledgeable about the difficulties, side
		effects, and treatment of those issues related to sedatives and
		local anaesthetic drugs.
		Critical Thinking:
		Apply biomedical science knowledge in the delivery of patient
		care.
		Communication and interpersonal Skills
		Apply the fundamental principles of behavioural sciences
	Course Competencies	and maintaining anal health
	course competencies	Assessment Diagnosis and Treatment
		Datient Assessment Diagnosis Treatment Dianning and
		Informed Consent:
		 Provide oral health care within the scope of general dentistry
		to include national assessment diagnosis comprehensive
		treatment planning, prognosis, and informed consent.
		Establishment and Maintenance of Oral Health
		Provide oral health care within the scope of general dentistry
		to include local anesthesia and pain and anxiety control,
		including consideration of the impact of prescribing practices
		and substance use disorder.
S.NO	TOPICS	LEARNING OBJECTIVES
		• Discuss the differences between the types of sedation /
	Scope of Pain And	anesthesia
		ancstricsia
	Anxiety Control	 Discuss the pros and cons of each method of sedation /

2	Neurophysiology of anxiety / pain conduction / pain control	 anesthesia Describe the risks and benefits of each method of sedation / anesthesia Summarize the requirements of state law regarding the administration of local anesthesia, sedation and general anesthesia Discuss the legal ramifications of administration of local anesthesia, sedation and general anesthesia Discuss the desirable properties of local anesthetics Discuss the fundamentals of impulse generation and transmission Discuss the mode and site of action of local anesthetics Discuss the active forms of local anesthetics Discuss the kinetics of local anesthetics Discuss the kinetics of local anesthetics
3	Pharmacology of local anesthetics / vasoconstrictors	 Discuss the pharmacokinetics of local anesthetics, including uptake, distribution, metabolism, and excretion Discuss the systemic actions of local anesthetics on the following: a. Central nervous system b. Cardiovascular system c. Respiratory system d. Other miscellaneous actions Describe the indications for using a vasoconstrictor in a local anesthetic solution. Consider the following: a. Mechanism of action b. Metabolism c. Maximum dosage d. Toxic effects e. Contraindications Discuss the following information for lidocaine, mepivacaine and bupivacaine: a. Type of anesthetic, ester or amide b. Brand name(s) c. Onset and duration of action d. Metabolism, including uptake, redistribution, inactivation, and excretion e. Common concentrations used in dentistry Maximum dosage Explain the two general categories of topical anesthetics Discuss benzocaine, lidocaine, and tetracaine topical anesthetics Calculate the amount of anesthetic solutions
	Armamentarium	 Identify the components of the breech-loading aspirating syringes, needles, and carpules.
1		Discuss the problems that can occur with the syringes, needles 164

2	Anatomic considerations, clinical application and supplemental injection techniques	 and carpules Discuss the component chemicals contained within the cartridge and their function Explain when local anesthetic is no longer safe to administer. Discuss the following types of administration of local anesthetics: a. Maxillary anesthesia b. Mandibular anesthesia c. Gow-Gates d. Akinosi Vazirani e. PDL Injection f. Interosseous g. Controlled delivery devices
3	Local and systemic complications	 Discuss the causes, problems, prevention and management of the following local complications: a. Needle breakage b. Pain on injection c. Persistent anesthesia: paresthesia d. Trismus e. Hematoma f. Infection g. Tissue sloughing h. Lip chewing i. Facial nerve paralysis Discuss the causes, problems, prevention and management of the following systemic complications: a. Local anesthetic overdose b. Epinephrine overdose c. Allergy d. Idiosyncratic reaction
1	Pharmacology of Sedative Agents – PO, IM, IV	 Discuss the risks, benefits and complications associated with each route of sedation Discuss the pharmacological properties, therapeutic effects and side effects of the each of the following sedative agents: a. Benzodiazepines b. Narcotics c. Barbiturates d. Chloral hydrate e. Phenothiazines f. Phenergan
	Nitrous Oxide/Oxygen Sedation	 Discuss the pharmacology of nitrous oxide / oxygen sedation Discuss the equipment safety features Discuss patient preparation Discuss the clinical effects

	Discuss the potential side effects
	EVALUATION
Basic Injection Techniques	Students must bring their own dental charts/medical history, stethoscopes, safety glasses, a sterilized syringe and dental mirror for their assigned lab. Anesthetics, topical, needles and the required supplies will be provided. Students must make an appropriate chart entry.
Review	 Injection Videos in the document section, prior to your lab session Chapters 5-15, Malamed (Local Anesthesia) (Armamentarium, Anatomy technique to supplement videos) Chapters 2, 3, 5, 6 Malamed (Medical Emergencies) (Basic Emergency Information)
Demonstrate the following injection techniques	 Anterior Superior Alveolar Nerve Injection Middle Superior Alveolar Nerve Injection Posterior Superior Alveolar Nerve Injection Greater palatine injection Inferior alveolar nerve block Lingual nerve injection Long buccal nerve injection Mental foramen injection, mandibular anterior infiltration

PERIODONTOLOGY		
Learning Outcomes	 Students must acquire the knowledge of oral hygiene promotion, disease prevention and management of periodontal problems. Students should become proficient in basic clinical skills of history taking, clinical examination, data interpretation and basic clinical treatment of periodontal problems. Student must develop sympathetic attitude towards patients and take care of patient safety. Students should develop a desire for self-learning and become lifelong learners. Able to visualize the impact of disease on the community as a whole and able to study pathogenesis of specific disease and to plan prevention of those. Students should adopt good clinical practices with knowledge of preventive, standardized care and management of common periodontal problems. 	

•	Students are equipped with know of facilitator, supervisor and organ program.	vledge and confidence to play a role nizer in a primary health care
	LEARNING OBJECTIVES	
Knowledge and Cognition	Skills	Attributes
 Student should be able to give description of common periodontal problems and diseases at different ages. Student should show an understanding of national strategies aimed for health promotion, disease prevention and community management of periodontal disease. Student should show understanding of importance of oral hygiene on systemic health, oral health and oral manifestation of systemic disease. Student should show an understanding of interaction between genetic and environmental factors in the genesis of periodontal disease. Student should be able to describe oral health care of periodontium when suffering from periodontal disease along with etiological factors causing it. 	 Students should be able to: Obtain a proper clinical history from patient. Perform adequate clinical examination of patient. Interpret clinical and laboratory investigation. Arrive at provisional/ definitive diagnosis regarding periodontal problems. Advice proper oral hygiene maintenance measures for healthy periodontium. Perform essential clinical procedures to treat periodontal disease. 	To develop the right attitude to acquire knowledge and the willingness to learn newer concept; also seek opinion from a dental specialist when required.
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LEARNING OBJECTIVES DURING CLINICAL POSTINGS

During Clinical posting and at the end of academic year, students must have thorough knowledge of:

- Infection control
- Periodontal instrumentation
- Chair position, Patient position, History taking 20 cases
- Principle of instrumentation; maintenance of instruments
- Tissue-gingiva, periodontal ligament, cementum, alveolar bone.
- Plaque control-both mechanical and chemical
- Motivation of patients-oral hygiene instructions
- Common soft and hard tissues in disease and health
- Pathologies related to Gingiva, Periodontal ligament, Cementum and Alveolar Bone.
- Be capable to establish differential diagnosis for common hard and soft periodontal tissues.
- Examination of Patients with Periodontal disease and emphasis should be given towards:
 - o Gingival texture and consistency
 - Gingival bleeding
 - Gingival swelling (hyperplasia)
 - o Gingival recession/Muco-gingival defects
 - \circ $\;$ Gingival pigmentation and ulceration
 - Epidemiological evaluation/Examination methods/Index system:
 - Plaque Index
 - Oral hygiene Index
 - Debris index
 - Calculus index
 - Sulcus bleeding index
 - Gingival index
 - Mucogingival index
 - Periodontal index
 - Community Periodontal Index and Treatment Needs (CPITN)
 - Tooth mobility Grade 1,2,3 Method
- Perio Pockets Type: Gingival/Suprabone/Infrabone
- Probing methods
- Dental Plaque and calculus recognition
- Dental Radiographic analysis of bone loss and patterns of bone destruction Purposes/General Aspects/ClinicalvsRadiographic Information
- Perio disease recognition and diagnosis
- Plaque induced
- Non-plaque induced

- Conditions
- Risk Factor
- Smoking
- Importance of Supragingival plaque removal
- Importance of Instruction/motivation
- Self-performed plaque control:
 - o Brushing
 - o Interdental cleaning
 - o Adjunctive aids
 - o Side effects
- Chemical Supragingival and Subgingival plaque control:
 - o Local: Vehicle for the delivery of chemical agent and drugs
 - Systemic: Toxicology, Safety and side effects
- Non-surgical therapy:
 - Detection and removal of dental calculus, halitosis control
 - Methods used for Non-surgical root surface debridement
 - o Hand instruments, Sonic and ultrasonic scalar, manual and ultrasonic instrumentation
 - o Implication of furcation involvement
 - \circ $\;$ Pain and discomfort following non-surgical therapy
 - \circ $\;$ Re-evaluation, Prediction of outcome and evaluation of treatment
- Surgical therapy:
 - \circ Introduction
 - o Periodontal surgical procedures
 - o Techniques in Periodontal pocket surgical therapy
 - o Gingivectomy procedures
 - \circ $\;$ General guidelines for Periodontal Surgery/Instrument
 - o Indications, Contraindications, Objectives, Local anesthesia in periodontal surgery
- Suturing techniques:
 - Periodontal dressings
 - o Postoperative pain control
 - Post-surgical care
- Diagnosis /classification of periodontal disease
- Determination of prognosis and treatment plan
- Radiographic interpretation and lab diagnosis
- Principle of periodontal surgery
- Occlusion-correction & management.
- Splinting techniques
- Treatment of dental hypersensitivity
- Implants-basics
- GCF and Saliva

- Plaque and calculus
- Basic Periodontal Examination
- Lab investigations
- Systemic disease:
 - Diagnosis of Gingivitis, Periodontitis (Acute, Chronic)
 - Clinical features of Acute, Chronic
- Treatment planning protocolof patient with periodontal disease and Oral manifestation of Periodontal diseases:
 - Screening for Periodontal disease
- Initial Periodontal therapy (Infection control)
- Oral hygiene motivation
 - \circ $\,$ Counseling in Periodontal Care $\,$
 - o Giving advise
- Mechanical Supra-gingival plaque control including Curettage/Root planning
- Surgical therapy all above
- Gingivectomy Procedures
- Flap procedures
- Regenerative procedures (Guided Tissue Regeneration/Guided Bone Regeneration)
- Osseous surgery
- Selection of surgical technique
- Outcomes of surgical periodontal therapy
- Healing following surgical pocket therapy
- Clinical outcome of surgical access therapy in comparison to non-surgical therapy
- Treatment of Furcation involved teeth
- Treatment of Endodontic and Periodontic lesions
- Muco-gingival therapy
- Dental Implant maintenance
- Diagnosis and management of Peri-implant disease
- Antibiotics in Periodontal therapy
- Regenerative Periodontal therapy (Barrier materials)

ASSESSMENT				
Knowledge and Cognition	Skills	Attributes		
Case Discussion/PBL	Case Discussion/PBL	Case Discussion/PBL		
Session/Clinical Rotation	Session/Clinical Rotation test:	Session/Clinical Rotation test:		
test:				
*OSCE: Objective	*OSCE: Objective Structured	*OSCE: Objective Structured		
Structured Clinical	Clinical Examination	Clinical Examination		
Examination				
	OSPE: Objective Structured			

Performance Evaluation	

PRACT.#	SCHEDULE OF SKILLS AND PROCEDURES	FACILITATORS
	Following Skills & Procedures Performed by the	
	Students under Supervision	Faculty of
1	Cross Infection control protocol	Periodontology
2	History Taking	
3	Basic Periodontal Examination (BPE)	
4	Periodontal Charting	
5	Instruments, Equipment and their uses	
6	Chair Position, Patients Position, Instruments grasping and	
	Finger	
	Rests	
7	Clinical features, Diagnosis of Gingivitis. (All types	
	and classifications), emphasis should towards	
	Gingival texture & consistency	
	Gingival bleeding	
	 Gingival swelling(hyperplasia) 	
	Gingival recession / Muco gingival Defects	
	 Gingival pigmentation and ulceration 	
8	Examination of Patients with Periodontal Disease- recognition	
	and diagnosis	
9	Identification of types of Periodontal Pockets	
	Gingival / Supra Bone / Infra Bone	
10	Periodontal Probing methods	
11	Dental Plaque and calculus recognition	
12	Dental Radiographic examination	
	Purposes / General Aspects / Clinical VS –	
	Radiographic information	
13	Recognition of systemic risk factors causing periodontal	
	diseases.	

14	Epidemiological evaluation / Examination methods / Index	
	system	
	/ Grading/Scoring	
	Plaque Index	
	Oral Hygiene Index	
	Debris Index	
	Calculus Index	
	Sulcus bleeding Index	
	Gingival Index	
	 Mucogingival Index /gingival recession index 	
	Periodontal Index	
	Tooth mobility grading	
	 Furcation involvement grading 	
15	Initial Periodontal Therapy (Plaque	
	Control) Oral Hygiene motivations	
	Counseling in Periodontal Care	
	 Giving instructions and advise 	
	Self performed plaque control techniques and methods	
	Brushing techniques	
	 Inter dental Cleaning aids and techniques 	
	Adjunctive aids	
	Side effects of each techniques and methods	
16	Chemical Supra gingival plaque control	
	Local : Vehicle for the delivery of chemical agent	
	Systemic: Toxicology, Safety and side effects	
17	Non-Surgical Periodontal Therapy:	
	Hand scaling	
	 Sonic and Ultra sonic scaling 	
	 Non-surgical root surface debridement and root planning 	
	 Management of Pain and discomfort following 	
	Non-surgical Therapy	
	Re-evaluation, Prediction of outcome and	
	evaluation of treatment	
	Halitosis/breath Malodor control	
18	General guide lines for Periodontal Surgery / Instrument	
19	Local anesthesia in periodontal surgery – Techniques	
20	Suturing	
21	Periodontal Dressings	
22	Assessment of Clinical/radiographic outcome of surgical therapy	
	in comparison to Non-surgical therapy	

	For the Following Procedures Students' Status will Remain as
	Observer
23	Techniques in Periodontal pocket Surgery - Gingivectomy,
	Gingivoplasty
24	Surgical Treatment of Furcation involved teeth
25	Surgical management of Endodontics and Periodontics lesions
26	Muco gingival Therapy- surgical management of gingival
	recession
27	Treatment of Peri-Implant Lesions
28	Regenerative periodontal therapy (Barrier materials)

S #	TOPICS	Learning Outcomes	Learning Objectives	Assessment		
				tools		
1	Cross contamination and	-Understand the	- Describe	SEQs		
	cross infection control	concept of cross	appropriate control			
	protocol	contamination.	measures to prevent			
		- Identify common	cross contamination			
		sources and	in healthcare			
		pathways of cross	- Describe infection			
		contamination.	control protocols to			
		- Acquire knowledge	ensure a safe and			
		of effective cleaning,	hygienic			
		disinfection, and	environment.			
		sterilization				
		procedures.				
2	The Anatomy, structure	-Outline the main	- Identify the key	BCQs		
	and functions of The	components of the	components; the			
	Periodontal Tissues/	periodontium.	gingiva, periodontal			
	The normal periodontium		ligament,			
		- Recognize the	cementum, and			
		functional roles of	alveolar bone.			
		each part of the				
		periodontium in	- Understand the			
		supporting tooth	structural and			
		stability and overall	functional roles of			
		oral health.	each element within			

			the periodontium;	
		-Recognize the	GCF, Saliva, Blood	
		structural changes in	supply, nerve	
		periodontal tissues	supply, lymphatic	
		associated with	drainage.	
		different stages of		
		periodontal disease.	- Describe the	
			anatomical	
		- Outline the	distinctions between	
		knowledge of	healthy periodontal	
		periodontal	tissues and those	
		anatomy to assess	affected by	
		oral health and	periodontal disease,	
		contribute to	age changes in	
		treatment planning	periodontium.	
		in a dental or clinical	- Describe the	
		setting.	application of	
			knowledge of	
			periodontal	
			anatomy to oral	
			health assessments	
			and treatment	
			planning.	
3	The Anatomy, structure	Mentioned above	Mentioned above	
	and functions of The			
	Periodontal Tissues/			
	The normal periodontium			
4	Oral Bio film and Calculus	- Describe the stages	- Recognize the	BCQs
		of dental calculus	formation and	SEQs
		development and	composition of oral	
		the consequences of	biofilm and its role	
		its accumulation.	in dental diseases.	
		- Outline the	- Factors influencing	
		knowledge of oral	biofilm formation	
		biofilm and calculus	and its relationship	
		in disease	to oral health.	
		prevention		
		strategies.		
5	Periodontal	- Outline the major	-Identify key	BCQs
	microorganism	microorganisms in	periodontal	SEQs
	-	periodontal diseases	microorganisms,	
5	Periodontal microorganism	- Outline the major microorganisms in	-Identify key periodontal	BCQs SEQs
		periodonital diseases	meroorganisms,	

		and host	their colonies and	
		inflammatory	role in the	
		response after	pathogenesis of	
		bacterial	periodontal	
		interactions.	diseases.	
		- Outline the	- Describe how these	
		mechanisms by	microorganisms	
		which periodontal	contribute to the	
		microorganisms can	pathogenesis of	
		evade host defenses	periodontal diseases	
		and cause tissue	and the mechanisms	
		destruction.	involved.	
			- Describe host	
			response against	
			bacterial invasion.	
			- Describe the	
			application of	
			knowledge of	
			periodontal	
			, microorganisms to	
			develop effective	
			treatment and	
			prevention	
			' strategies for	
			periodontal	
			diseases.	
6	Pathogenesis of Plague	- Identify and	- Explain the	BCQs
	associated Periodontal	describe the key	sequential stages of	SEQs
	disease	factors contributing	plaque-associated	
		to the pathogenesis	periodontal disease,	
		of periodontal	from initial	
		diseases, including	inflammation to	
		microbial	advanced tissue	
		involvement and	destruction.	
		host response.	- Describes the	
			knowledge and skills	
			to develop effective	
			preventive and	
			treatment strategies	
			for plaque-	
			associated	
			associated	

			periodontal	
			diseases, thereby	
			promoting better	
			oral health.	
7	Etiology and	-To assess an	- Identify local	BCQs
	susceptibility in	individual's	risk factors	SEQs
	Periodontal Disease	susceptibility	that	
	-Local risk factors.	to periodontal	contribute to	
		disease based	the	
		on local risk	development	
		factors, and	and	
		understand	progression of	
		how these	periodontal	
		factors	disease,	
		influence	including	
		periodontal	factors related	
		health.	to dental	
			anatomy, oral	
			hygiene, and	
			lifestyle	
			habits.	
			- Outline the	
			knowledge	
			and skills to	
			recommend	
			appropriate	
			preventive and	
			therapeutic	
			measures to	
			manage local	
			risk factors in	
			order to	
			improve	
			periodontal	
			health and	
			prevent	
			disease	
			progression	
8	Systemic risk factors for	- Recognize the	-Describe various	BCQs
	periodontal diseases	complex interactions	systemic risk factors,	SEQs
		between systemic	such as diabetes,	

		health and	cardiovascular	
		periodontal	disease, and	
		conditions, including	immunological	
		the bidirectional	conditions, and their	
		relationships and	influence on the	
		potential	development and	
		mechanisms	progression of	
		involved.	periodontal	
			diseases.	
9	Instruments use in	-Classify and	- Identify the specific	BCQs
	periodontal therapy-	categorization of	functions and	OSPE/OSCE
	classification	instruments used in	applications of	
		periodontal therapy.	different periodontal	
		including hand	instruments. such as	
		instruments.	scalers, curettes.	
		ultrasonic devices.	and periodontal	
		and rotary	probes.	
		instruments	- Develop the ability	
		-	to select appropriate	
			instruments based	
			on the nationt's	
			poriodontal	
			condition and	
			treatment goals.	
10	Instruments use in	Enlist the shility to	Describe various	BCOc
10	noriodontal thorany	- Effectively grace and	finger rest	BCQS
	bandling grasning finger	bandle periodental	tochniques and their	
	rosts maintonanco	instruments	applications	
	rests, maintenance	instruments,	applications,	
		ensuring precise	anowing for steady	
		control and minimal	nand support and	
		patient discomfort	improved	
		auring treatment.	Instrument	
		- Knowledge and	maneuverability in	
		skills in maintaining	different treatment	
		periodontal	scenarios.	
		instruments,		
		including	- Describe the	
		sharpening,	protocols for	
		sterilization, and	instrument	
		routine care to	sterilization and	

		prolong their	infection control to	
		lifespan and	ensure the safety of	
		maintain optimal	both patients and	
		performance.	dental healthcare	
			providers during	
			periodontal therapy	
			procedures.	
11	Chair position, patient	- Recognize proper	- Describe how to	BCQs
	and dentist position-	patient positioning	adjust and maintain	
	ergonomics	in the dental chair	the dental chair for	
		for efficient	the comfort of both	
		examination and	patients and dental	
		treatment, while	professionals,	
		considering patient	reducing the risk of	
		comfort and safety.	musculoskeletal	
		-Recognize how	strain and	
		effective chair,	discomfort.	
		patient, and dentist		
		positioning can		
		contribute to the		
		efficiency of dental		
		procedures and the		
		delivery of high-		
		quality patient care.		
12	Identification and	- Classify the	- Identify the signs	BCQs
	diagnosis of periodontal	severity of	and symptoms of	
	diseases in general dental	periodontal diseases	periodontal	
	practice- Basic	based on BPE scores	diseases, including	
	Periodontal Examination	and assess the	gingivitis and	
	(BPE)	appropriate	periodontitis, using	
		treatment approach.	BPE and other	
			diagnostic tools.	
			- Determine patients	
			comprehensive	
			treatment plans.	
			integrating BPE	
			findings with other	
			clinical assessments.	
13	Record of periodontal	- Developing the	- Describe how to	BCQs
	Examination/periodontal	ability to accurately	make periodontal	OSPE/OSCE
	charting	and	diagnoses based on	

		1	1	
		comprehensively	charting findings,	
		chart periodontal	distinguishing	
		conditions, including	between various	
		pocket depths,	stages and types of	
		clinical attachment	periodontal	
		levels, bleeding	diseases.	
		points, and other	- How to utilize	
		relevant data.	periodontal charting	
		- Understand the	data to formulate	
		importance of	evidence-based	
		periodontal charting	treatment plans that	
		for tracking disease	address individual	
		progression and	patient needs and	
		evaluating the	the severity of	
		effectiveness of	periodontal	
		periodontal therapy	conditions.	
		over time.		
14	Radiographic aids in the	-Develop the skill to	- How to use	BCQs
	diagnosis of periodontal	accurately interpret	radiographic aids to	
	disease	dental radiographs,	assess bone loss,	
		including intraoral	furcation	
		and panoramic	involvement, and	
		images, for the	other periodontal	
		diagnosis of	disease indicators in	
		periodontal	a patient's oral	
		conditions.	health.	
		- Utilize radiographic	- Identify	
		findings to support	radiographic	
		treatment planning	anomalies and	
		decisions, including	pathologies	
		the choice of	associated with	
		surgical procedures	periodontal	
		and therapeutic	diseases.	
		interventions in		
		periodontal therapy.		
15	Initial Periodontal	- Develop skills in	- Teach patients	BCQs
	Therapy/non-surgical	employing strategies	how to perform	SEQs
	periodontal therapy	to encourage	proper	
	in general dental	patients to adhere	toothbrushing,	
	practice-Oral hygiene	to plaque control	flossing, and	
	Motivations for	measures and	other oral	
		179		

		angege in	husiana	
	plaquecontrol and	engage in	nygiene	
	periodontal care.	periodontal care.	techniques to	
		- Understand	maintain	
		the role of oral	periodontal	
		hygiene	health.	
		motivation in		
		promoting		
		overall		
		periodontal		
		health and		
		contribute to		
		long-term		
		disease		
		management		
		and prevention.		
16	Initial Periodontal	-Develop proficiency	- Identify the impact	BCQs
	Therapy Mechanical and	in the mechanical	of mechanical and	SEQs
	chemical Supragingival	removal of	chemical plaque	
	plaque control.	supragingival plaque	control on	
		using instruments	supragingival health,	
		such as	leading to improved	
		toothbrushes and	overall oral hygiene	
		dental scalers.	and periodontal	
		- Understand the	wellbeing.	
		use of chemical	- How to educate	
		agents, such as	patients on the	
		mouthwash and	proper use of	
		antimicrobial rinses	mechanical and	
		in sunragingival	chemical plaque	
		nlague control and	control methods to	
		their role in oral	maintain oral health	
		hygiono		
17	Sonic and ultraconic	-Dovolon profisionar	- How to use serie	PCOc
т/	scaling technique and	-Develop proficiency	- now to use sollic	DUUS
	scaling technique and	hondling conits and		
	methous	nandling sonic and	scalers to efficiently	
		uitrasonic devices	and effectively	
		used in dental	remove calculus	
		scaling procedures.	deposits and biofilm	
			trom tooth surfaces	
			and below the	
			gumline.	
10	Cubainaival cooling root	Doualon profisionay		BCO c
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19	subgingival scaling, root	in subgingivel acelia	- HOW LO SEQUENCE	BCUS
	planning and curettage	In subgingival scaling	subgingival scaling,	
		techniques, which	root planning, and	
		involve the removal	curettage	
		of calculus and	procedures within	
		biofilm from below	comprehensive	
		the gumline.	periodontal therapy	
		- Perform root	treatment plans.	
		planing effectively,		
		smoothing root		
		surfaces to promote		
		reattachment of		
		periodontal tissues		
		and prevent disease		
		progression.		
20	Local delivery antibiotics	- Recognize effective	- Identify the specific	BCQs
		methods of	indications for local	
		delivering antibiotics	delivery antibiotics	
		to targeted	and recognize	
		periodontal sites,	contraindications,	
		such as subgingival	ensuring safe and	
		pockets, to enhance	appropriate	
		their therapeutic	treatment decisions.	
		efficacy.	- How to Integrate	
			local delivery	
			antibiotics into	
			comprehensive	
			periodontal therapy	
			plans to improve	
			clinical outcomes	
			and manage disease	
			progression.	
21	Systemic	-Recognize the	- How to integrate	BCQs
	, Chemotherapeutic agents	specific indications	systemic	
		for systemic	, chemotherapeutic	
		chemotherapeutic	agents into	
		agents in	comprehensive	
		periodontal therapy	periodontal	
		and understand	treatment plans	
		contraindications to	considering	
		their use	individual natient	
		then use.	maina patient	

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			needs and disease	
			severity.	
22	Maintenance in	- Understand the	- How to develop	BCQs
	Periodontal therapy	importance of	and implement	
		regular professional	effective	
		monitoring,	maintenance	
		including	protocols to support	
		periodontal	long-term	
		assessments and	periodontal health	
		dental cleanings, to	and prevent disease	
		evaluate the	recurrence.	
		effectiveness of		
		treatment and		
		detect early signs of		
		disease recurrence.		
		- Develop the ability		
		to educate patients		
		about proper oral		
		hygiene practices		
		and their crucial role		
		in maintaining		
		periodontal health.		
23	Gingivitis – Clinical	-Develop the ability	- Identify the typical	BCQs
	features	to recognize and	signs and symptoms	SEQs
		diagnose gingivitis	of gingivitis, such as	OSPE/OSCE
		based on clinical	redness, swelling,	
		features, including	bleeding, and	
		visual assessment	changes in gingival	
		and patient	texture.	
		symptoms.		
24	Acute gingival infections	-Develop the ability	- Identify and	BCQs
		to identify and	differentiate various	OSPE/OSCE
		diagnose acute	types of acute	
		gingival infections	gingival infections,	
		based on clinical	including abscesses,	
		features, patient	ulcers, and herpetic	
		history, and	lesions.	
		symptoms.	- How to clinically	
		- Understand the	diagnose and assess	
		microbial and viral	acute gingival	
		etiology of acute	infections, including	

		gingival infections	evaluating clinical	
		and the	signs and symptoms.	
		pathogenesis that		
		leads to their		
		development.		
25	Deseqamative gingivitis	- Comprehensive	- How to distinguish	
		understanding of the	between the various	
		underlying causes	mucocutaneous	
		and contributing	disorders that can	
		factors of	manifest as	
		desquamative	desquamative	
		gingivitis, such as	gingivitis, ensuring	
		autoimmune	accurate diagnosis.	
		disorders and	- Understand the	
		mucocutaneous	treatment options	
		diseases.	and management	
		- Develop the ability	strategies available	
		to identify	for desquamative	
		desquamative	gingivitis, including	
		gingivitis and	topical and systemic	
		differentiate it from	therapies to	
		other oral	alleviate symptoms	
		conditions. based on	and control disease	
		clinical presentation	progression.	
		and patient history.	F 0	
26	Gingival enlargement	- Understand the	- Identify and classify	BCQs
		underlying causes	various types of	OSPE/OSCE
		and contributing	gingival	
		factors of gingival	enlargement,	
		enlargement, such	including	
		as medication-	inflammatory, drug-	
		related factors.	induced. and	
		systemic diseases.	hereditary forms.	
		and local irritants.	based on clinical and	
			histological features.	
			- How to	
			differentiate	
			between different	
			forms of gingival	
			enlargement	
			chiargement,	1

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			ensuring accurate	
			diagnosis and	
			appropriate	
			treatment planning.	
27	Gingival recession	- Understand the	- Identify and	BCQs
		underlying causes	diagnose gingival	
		and risk factors	recession based on	
		associated with	clinical examination,	
		gingival recession,	including	
		such as periodontal	assessment of	
		disease, aggressive	recession depth and	
		toothbrushing, and	contributing factors.	
		anatomical factors.	- Knowledge about	
			treatment options	
			and management	
			techniques for	
			gingival recession,	
			including surgical	
			procedures and non-	
			surgical approaches	
			like oral hygiene	
			instruction.	
28	Gingival diseases in	- Understand the	- Identify and	BCQs
	childhood	underlying causes	diagnose gingival	
		and risk factors	diseases specific to	
		associated with	childhood, including	
		gingival diseases in	conditions like	
		children, such as	gingivitis, eruption	
		poor oral hygiene,	gingivitis, and	
		systemic conditions,	congenital gingival	
		and medication-	disorders.	
		related factors.	- Knwledge about	
			the treatment	
			options and	
			management	
			strategies for	
			gingival diseases in	
			childhood, including	
			behavior	
			management and	

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			interventions.	
29	The periodontal pocket	-Diagnostic	- identify	OSPE/OSCE
		techniques,	periodontal pockets,	
		including probing	measure pocket	
		and radiographic	depths accurately,	
		assessment, to	and classify them	
		evaluate periodontal	based on severity.	
		pockets and their	- Treatment options	
		impact on	and management	
		periodontal health.	strategies for	
		- Understand the	periodontal pockets,	
		causes and	including non-	
		progression of	surgical and surgical	
		periodontal pockets,	approaches, to	
		including the role of	promote pocket	
		bacterial biofilm and	reduction and	
		host response in	periodontal health.	
		their development.		
30	Radiographic Examination	- Interpret dental	- Identify different	BCQs
	of Bone loss, pattern of	radiographs to	patterns of bone	OSPE/OSCE
	Bone loss and Periodontal	identify and quantify	loss, such as	
	pockets	bone loss,	horizontal, vertical,	
		periodontal pockets,	and furcation	
		and the pattern of	involvement, and	
		bone loss in	understand their	
		periodontal disease.	significance in	
			periodontal	
			diagnosis and	
			treatment planning.	
			- Ability to integrate	
			radiographic findings	
			with clinical data to	
			provide a	
			comprehensive	
			periodontal	
			diagnosis and	
			treatment plan.	
31	Chronic Periodontitis	- Understand the	- How to diagnose	BCQs
		underlying causes	chronic periodontitis	OSPE/OSCE
		and the progressive	and classify it based	

		nature of chronic	on clinical and	
		periodontitis,	radiographic criteria.	
		including the roles of	- Knowledge of	
		microbial biofilm	maintenance	
		and host response.	protocols and	
			preventive measures	
			to ensure long-term	
			periodontal health	
			and prevent disease	
			recurrence.	
			- Treatment	
			modalities and	
			strategies for	
			managing chronic	
			periodontitis,	
			including non-	
			surgical and surgical	
			interventions.	
32	Aggressive Periodontitis	- Understand the	- How to diagnose	BCQs
		specific etiological	aggressive	OSPE/OSCE
		factors and risk	periodontitis,	
		factors associated	differentiate it from	
		with aggressive	other forms of	
		periodontitis,	periodontal disease,	
		including microbial	and classify it based	
		and genetic	on clinical and	
		influences.	radiographic criteria.	
			- Long-term	
			management and	
			maintenance	
			protocols to ensure	
			the stability of	
			periodontal health	
			and minimize	
			disease recurrence.	
34	Necrotizing Periodontal	- Understand the	- How to diagnose	BCQs
	disease	specific etiological	and recognize	
		factors and	necrotizing	
		contributing factors	periodontal diseases	
		associated with	based on clinical	
		necrotizing	presentation,	
		186		

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		periodontal	symptoms, and risk	
		diseases, including	factors.	
		microbial agents,	- Treatment	
		systemic conditions,	approaches and	
		and lifestyle factors.	interventions for	
			managing	
			necrotizing	
			periodontal	
			diseases, including	
			debridement,	
			systemic antibiotics,	
			and supportive care.	
35	Periodontal abscess	- Understand the	- How to diagnose	BCQs
		specific etiological	and identify	
		factors and risk	periodontal	
		factors associated	abscesses based on	
		with periodontal	clinical signs and	
		abscesses, including	symptoms, such as	
		microbial pathogens	localized pain,	
		and local irritants.	swelling, and	
			purulent discharge.	
			- Treatment	
			strategies and	
			management	
			approaches for	
			periodontal	
			abscesses, including	
			drainage,	
			debridement, and	
			antibiotic therapy	
			when necessary.	
36	Halitosis/Breath Malodor	- Understand the	- Describe the	BCQs
	causes and management	various causes of	effective oral	
		halitosis, including	hygiene practices	
		oral and systemic	and treatment	
		factors, and learn	approaches for	
		how to diagnose the	managing halitosis,	
		specific etiology in	including proper	
		individual patients.	toothbrushing,	
			tongue cleaning, and	
			antimicrobial rinses.	

		T	1	
37	Periodontal diseases in	- Outline gender-	- Female patients on	BCQs
	female patient	specific risk factors	oral hygiene	
		that may predispose	practices, nutrition,	
		female patients to	and lifestyle choices	
		periodontal	that promote	
		diseases, including	healthy gums and	
		hormonal changes	overall well-being	
		and pregnancy, and	throughout various	
		their impact on oral	life stages.	
		health.		
			-How to manage	
			periodontal	
			treatment plans to	
			address the unique	
			needs and	
			challenges faced by	
			female patients,	
			taking into account	
			their reproductive	
			and hormonal	
			status	
38		EVALUATION/CLA	ASS TEST	
39	Restorative and	- Develop an	- How to assess and	BCQs
	periodontal	understanding of the	manage the risks	
	interrelationship	complex	associated with	
		interrelationship	restorative	
		between restorative	treatments on	
		dentistry and	periodontal health.	
		periodontal health,	considering factors	
		periodontal health, including how	considering factors such as occlusion,	
		periodontal health, including how restorative	considering factors such as occlusion, margin placement,	
		periodontal health, including how restorative procedures can	considering factors such as occlusion, margin placement, and material	
		periodontal health, including how restorative procedures can impact periodontal	considering factors such as occlusion, margin placement, and material selection.	
		periodontal health, including how restorative procedures can impact periodontal tissues.	considering factors such as occlusion, margin placement, and material selection.	
40	Endodontics and	periodontal health, including how restorative procedures can impact periodontal tissues. - Develop a	considering factors such as occlusion, margin placement, and material selection. - How to to diagnose	BCQs
40	Endodontics and Periodontics	periodontal health, including how restorative procedures can impact periodontal tissues. - Develop a comprehensive	considering factors such as occlusion, margin placement, and material selection. - How to to diagnose and assess cases	BCQs OSPE/OSCE
40	Endodontics and Periodontics interrelationship	periodontal health, including how restorative procedures can impact periodontal tissues. - Develop a comprehensive understanding of the	considering factors such as occlusion, margin placement, and material selection. - How to to diagnose and assess cases involving both	BCQs OSPE/OSCE
40	Endodontics and Periodontics interrelationship	 periodontal health, including how restorative procedures can impact periodontal tissues. - Develop a comprehensive understanding of the interrelationship 	considering factors such as occlusion, margin placement, and material selection. - How to to diagnose and assess cases involving both endodontic and	BCQs OSPE/OSCE
40	Endodontics and Periodontics interrelationship	periodontal health, including how restorative procedures can impact periodontal tissues. - Develop a comprehensive understanding of the interrelationship between	considering factors such as occlusion, margin placement, and material selection. - How to to diagnose and assess cases involving both endodontic and periodontal issues	BCQs OSPE/OSCE

		periodontics,	treatment plans that	
		including how	address both	
		endodontic and	aspects effectively.	
		periodontal		
		conditions can		
		impact each other.		
41	Orthodontics and	- Develop an	- How to assess and	BCQs
	periodontics	understanding of the	evaluate the risks	
	interrelationship	interrelationship	associated with	
		between	orthodontic	
		orthodontics and	treatments on	
		periodontics,	periodontal health,	
		including how	including factors like	
		orthodontic	tooth movement	
		treatments can	and occlusion	
		impact periodontal	changes.	
		health.	- Describes	
		- Understand	ollaborative	
		techniques and	treatment planning	
		strategies to	that integrates	
		minimize	orthodontic and	
		complications and	periodontal	
		adverse effects on	considerations to	
		periodontal tissues	achieve the best	
		during orthodontic	possible outcomes	
		procedures.	for patients.	
42	Periodontal disease as a	-Deep	- Identify systemic	BCOs
	risk for systemic disease	understanding of the	diseases and	
		bidirectional	conditions that are	
		relationship	influenced by	
		between	periodontal disease.	
		neriodontal disease	such as	
		and systemic	cardiovascular	
		conditions including	disease diabetes	
		the mechanisms	and respiratory	
		through which	conditions	
		neriodontal health	- Skills in assessing	
		can impact overall	and managing the	
		health	risk of systemic	
			disasses associated	
			uiseases associated	

			1	1
			with periodontal	
			disease, including	
			patient evaluation	
			and preventive	
			measures.	
43	Periodontal treatment of	- Develop the ability	- How to periodontal	BCQs
	medically compromised	to assess and	treatment plans to	
	patients	understand the	accommodate the	
		medical conditions	specific needs and	
		and medications	limitations of	
		that may impact	medically	
		periodontal health	compromised	
		and treatment.	patients.	
			- Potential effects of	
			medications on	
			periodontal health	
			and learn how to	
			manage side effects	
			and complications.	
44	Treatment of periodontal	- Develop the ability	- How to provide	BCQs
	emergencies	to promptly	immediate	
		recognize and	management and	
		diagnose	relief of pain or	
		periodontal	discomfort in cases	
		emergencies, such	of periodontal	
		as acute periodontal	emergencies	
		abscesses or	through procedures	
		traumatic injuries to	like drainage,	
		the periodontium.	debridement, and	
		- Understand the	antibiotic therapy.	
		potential risks and		
		complications		
		associated with		
		periodontal		
		emergencies,		
		including the spread		
		of infection and		
		tooth mobility, and		
		learn to mitigate		
		these risks.		

45	General principle of	- Develop	- How to conduct	SEQs
	periodontal surgery	proficiency in the	thorough patient	
		fundamental surgical	assessments,	
		protocols,	including the	
		indications,	evaluation of	
		contraindications	periodontal health,	
		and techniques used	risk factors, and the	
		in periodontal	selection of	
		surgery, including	appropriate surgical	
		flap design, tissue	procedures.	
		manipulation, and		
		suturing.		
46	Periodontal Pocket	- Develop	- How to perform	BCQs
	irradication /periodontal	proficiency in	thorough root	
	flap technique for	designing and	debridement and	
	pocket therapy	elevating	root surface	
		periodontal flaps to	smoothing as part of	
		access and visualize	pocket therapy to	
		the root surfaces	remove microbial	
		and periodontal	biofilm and calculus	
		pockets for effective	deposits.	
		therapy.	- Which techniques	
			for reducing pocket	
			depth and achieving	
			complete pocket	
			closure through flap	
			surgery, enhancing	
			periodontal health.	
47	Periodontal surgical	- Develop	- How to perform	BCQs
	therapy-periodontal flap	proficiency in	effective root	
	surgery	designing and	surface	
		elevating	debridement,	
		periodontal flaps to	including the	
		provide access to	removal of microbial	
		the root surfaces	biofilm and calculus	
		and periodontal	deposits, to promote	
		pockets for	periodontal health.	
		thorough therapy.	- Techniques for	
			reducing pocket	
			depth and achieving	

48	Periodontal surgical technique- (gingival curettage, gingivectomy)	- Develop proficiency in performing gingival curettage to remove inflamed and necrotic tissues, facilitating improved periodontal health. - Understand the indications for and appropriate case selection criteria for gingival curettage and gingivectomy procedures.	complete pocket closure through flap surgery, optimizing periodontal outcomes. - How to execute gingivectomy procedures to remove excess or diseased gingival tissue, optimizing esthetics and periodontal health. - Planning and execution of periodontal surgical techniques, including incision design, tissue removal, and	
49	Periodontal dressing	- Comprehensive understanding of periodontal dressings, their purposes, and the different types available for clinical use.	suturing. - How to properly apply periodontal dressings to protect surgical sites, control bleeding, and promote wound healing. - Describe the role of periodontal dressings in postoperative care, including patient comfort and promoting a healthy healing environment.	BCQs
50	Treatment of Gingival enlargement	 Classify various types of gingival enlargement, 	- Differentiate gingival enlargement from other	BCQs

		including	conditions that may	
		inflammatory, drug-	present with similar	
		induced, and	clinical features,	
		hereditary forms,	ensuring accurate	
		based on clinical and	diagnosis and	
		histological features.	treatment planning.	
		- Understand the	- Treatment options	
		underlying causes	and management	
		and risk factors	techniques for	
		associated with	gingival	
		gingival	enlargement,	
		enlargement, such	including	
		as medication-	periodontal surgery,	
		related factors,	medication	
		systemic diseases,	adjustments, and	
		and local irritants.	oral hygiene	
			education.	
51	Periodontal plastic and	- Understanding of	- How to conduct a	
	aesthetic surgery / Muco-	the aesthetic	comprehensive	SEQs
	gingival Therapy/ -	concerns and	diagnostic	OSPE/OSCE
	introduction	patient expectations	assessment of the	
		related to the	periodontium to	
		appearance of the	identify areas in	
		periodontium.	need of muco-	
		-Knowledge of the	gingival therapy.	
		surgical techniques	- Identify various	
		and procedures used	treatment options	
		in muco-gingival	available for	
		therapy to improve	enhancing the	
		the appearance and	aesthetics of the	
		symmetry of the	periodontium,	
		gingiva.	including soft tissue	
			grafting and gingival	
			recontouring.	
52	Therapy to	- Understand the	- How todiagnose	
	correct marginal	surgical techniques	and select cases for	SEQs
	tissue recession –	for achieving root	flap procedures to	
	flap procedures	coverage incases of	correct marginal	
		marginal tissue	tissue recession,	
		recession, including	considering factors	
		connective tissue	like recession	

		grafts and free	depth,attachment	
		gingival grafts.	loss, and esthetic	
			concerns.	
			- How to design and	
			elevate flaps to	
			access the recession	
			defects, allowing for	
			effective root	
			coverage and soft	
			tissue enhancement.	
53	Surgical	- Able to	- Explain the	
	treatment of	differentiate	principles and	SEQs
	gingival	between	techniques of	
	recession-pedicle	pedicle flap	pedicle flap and	
	flap and free	and free	free gingival graft	
	gingival grafts	gingival graft	surgeries.	
		techniques.		
		- Understand		
		the		
		indications,		
		contraindica		
		tions, and		
		clinical		
		outcomes of		
		pedicle flap		
		and free		
		gingival graft		
		procedures.		
54	Surgical crown	- Develop the ability	- How to plan and	
	lengthening	to diagnose	execute surgical	SEQs
		excessive gingival	crown lengthening	
		display (gummy	procedures,	
		smile) and select	including the design	
		appropriate cases	of incisions, flap	
		for surgical crown	elevation, and bone	
		lengthening,	recontouring.	
		considering esthetic		
		and functional		
		factors.		
		- Understand		
		techniques for		
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		managing both soft		
		and hard tissues		
		during crown		
		lengthening,		
		ensuring an		
		esthetically pleasing		
		outcome and		
		adequate tooth		
		structure exposure.		
55	Frenectomy and	- Develop the ability	- How to identify	BCQs
	Frenotomy	to evaluate the	cases requiring	SEQs
	,	anatomy and	frenectomy or	
		attachment of oral	, frenotomy and	
		frenula, including	understand the	
		maxillary labial	indications for these	
		frenum and lingual	procedures.	
		frenulum.	- surgical techniques	
			and instruments	
			used in frenectomy	
			and frenotomy	
			nrocedures	
			including incision	
			design and tissue	
			resection	
56	Introduction to	- Understanding of	- How to conduct a	BCQs
	Periodontal Regenerative	the principles of	comprehensive	
	and Reconstructive	periodontal	diagnostic	
	Therapy	regeneration and	assessment to	
		reconstructive	identify cases where	
		therapy to restore	periodontal	
		lost periodontal	regeneration or	
		structures.	reconstruction is	
			indicated.	
			- Identify the various	
			treatment options	
			available for	
			periodontal	
			regeneration and	
			reconstruction	
			including guided	
			Including guideu	1

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			tissue regeneration	
			and bone grafting.	
57	Periodontal Regenerative	- Able to identify and	- Describe the types	BCQs
	and Reconstructive	differentiate	of graft materials	OSPE/OSCE
	Therapy – types of graft	between various	used in periodontal	
	material	types of graft	regenerative and	
		materials used in	reconstructive	
		periodontal therapy.	therapy, including	
		- Understand the	autografts,	
		indications,	allografts,	
		contraindications,	xenografts, and	
		and clinical	alloplasts.	
		outcomes associated		
		with different graft		
		materials.		
58	Flap Techniques for	- Understand the	- Identify and	BCQs
	Periodontal Regenerative	principles and goals	explain the different	
	and Reconstructive	of flap techniques in	types of flap	
	Therapy	periodontal	techniques,	
		regenerative and	including modified	
		reconstructive	Widman flap,	
		therapy.	envelope flap, and	
		-Able to	papilla preservation	
		differentiate	flap.	
		between various flap		
		techniques used in		
		periodontal surgery.		
59	Treatment of Furcation	- Develop the ability	- Describe the	BCQs
	Involved teeth	to assess and classify	surgical techniques	OSPE/OSCE
		furcation	and instruments	,
		involvement in	used to access and	
		multi-rooted teeth.	treat furcation-	
		considering factors	involved areas	
		like location and	including root	
		severity.	resection. furcation	
			plasty, and guided	
			tissue regeneration	
			- How to develop	
			treatment plans for	
			furcation-involved	
			teeth considering	
			reem, considering	

			factors like tooth	
			anatomy, defect	
			morphology, and	
			systemic health.	
60	Trauma from	- Understanding of	- How to conduct	BCQs
	occlusion/periodontal	trauma from	clinical assessments	
	response to external	occlusion and its	to identify signs and	
	forces	potential impact on	symptoms of trauma	
		periodontal health,	from occlusion, such	
		including the	as tooth mobility,	
		etiology and	fremitus, and	
		mechanisms	occlusal	
		involved.	interferences.	
61	Periodontal splinting	- Cases and	- Describe various	BCQs
		indications for	techniques and	
		periodontal	materials used in	
		splinting,	periodontal	
		considering factors	splinting, including	
		like tooth mobility,	flexible splints, rigid	
		periodontal support,	splints, and wire	
		and patient needs	splints.	
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62	Discussion & Revision of w	hole course		
63	Discussion & Revision of w	/hole course		
64	Weekly Class Test			
65	Clinical Practical Test			
66	Viva			
	Weekly online test			

SURGERY PLANNER				
Week number/ Dates	Friday 10.00-11.30am- Prof. Syed Razi Muhammad/ Dr. Jamshed Bashir	Friday 11.30-2pm- Surgical Ward Dr. Jamshed Bashir (Gp. A)/ B)	Friday 2:30pm to 4:00 Pm Small group/PBL	
1	Introduction		0.0017	
2 (16-Feb-2024)	Thyroid anatomy/Investigations	History taking		
3 (23-Feb-2024)	Non Toxic goite	History taking		
4 (01-March-2024)	Toxic goitre	General Physical Exam		
5 (8 -March 2024)	Thyroid tumours	General Physical Exam		
6 (15-March-2024)	Gas gangrene	Exam of swelling		
7 (22-March-2024)	Tuberculosis	Exam of Thyroid		
8 (29-March-2024)	Tetanus	Exam of Parotid		
9(05-April-2024)	Abscess	Exam of cervical LN		
10(19-April-2024)	Ulcer/Benign lesion of oral cavity	Exam of Ulcer/Sinus/wound		
11(26-April-2024)	CA tongue	Exam of Neck		
12(3-May-2024)	Daycare surgery	X-Rays/Basic Surgical Investigations		
13(10-May-2024)	Branchial Cyst	Sutures		
14(17-May-2024)	Tracheostomy	Basic Surgical Instruments		
15(24-May-2024)	Metabolic response to injury	Workshop basic procedures (IV line, NG tube, Endotracheal tube, Urethral Catheter)		
16(31-May-2024)	Anatomy of oral cavity	Review and Feedback		
17(07-June-2024)	Orophatyngeal cancer			
18(14-June-2024)	Biopsy			
19(21-June-2024)	Trauma to face/mouth			
20(28-June-2024)	Nutrition			
21(05-July-2024)	Introduction to plastic/reconstructive			

	surgery	
22(12-July-2024)	Cleft lip Palate	
23(19-July-2024)	Skin tumours	
24(26-July-2024)	Hypertrophic scars/Keloids	
25(2-Aug-2024)	Shock, types &	
	Management	
26(9-Aug-2024)	Ca tongue	
27(16-Aug-2024)	Goitre	
28(23-Aug-2024)	Thyroid Tumoyrs	
29(30-Aug-2024)	Neck swellings	
30(13-Sep-2024)	Surgical Ethics	

	MODULE-I		
	At the end of the module, students should be able to;		1
	LEARNING OBJECTIVES	MITS	ASSESSMENT TOOLS
	PERIODONTOLOGY		
33.	Describe the anatomy of healthy periodontium	IL/SGD	SEQs/OSCE/CP
34.	Describe the clinical features of healthy gingiva.	IL/SGD	SEQs/OSCE/CP
35.	Enlist and describe different types of gingiva.	IL/CR	BCQs/CP
36.	Describe the correlation of clinical & Microscopic features of gingiva.	IL/CR	BCQs/CP
37.	Explain the blood, lymphatic & nerve supply of Periodontium.	IL/CR	BCQs/CP
38.	Describe various types of fibers and cellular element of periodontal ligaments and their functions.	IL/CR	SEQs/CP
39.	Describe the anatomy and physiology of alveolar process.	IL	SEQs/CP
40.	Describe fenestration and dehiscence.	IL/CR	BCQs/CP
41.	Understand, describe & distinguish between Plaque index, gingival index and Community periodontal index for treatment need (CPITN).	IL/CR	BCQs/CP
42.	Understand the role of epidemiology in providing etiology & its relationship in making diagnosis.	IL/CR	SEQs/CP
43.	Define dental Plaque.	IL	BCQs/CP
44.	Discuss the types of dental plaque.	IL/SGD/CR	BCQs/SEQs/OS CE/CP
45.	Describe the stages involved in formation of dental plaque.	IL	BCQs/SEQs/CP
46.	Explain the structure & composition of Plaque.	IL/CR	SEQs/CP
47.	Discuss the physiological properties of Dental Plaque.	IL/CR	BCQs/CP
48.	Define dental calculus.	IL	BCQs/CP
49.	Describe the formation of dental calculus.	IL/SGD	BCQs/OSCE/CP
50.	Discuss the types of calculus.	IL	BCQs/SEQs/CP
51.	Describe the composition of dental calculus.	IL	BCQs/SEQs/CP
52.	Discuss the role of microorganisms in mineralization of calculus.	IL/CR	BCQs/SEQs/CP
53.	Discuss the role of dental calculus & other predisposing factors in the etiology of dental Diseases.	IL	SEQs/CP
54.	Discuss supra gingival & sub gingival calculus and their effects on periodontal tissues.	IL	SEQs/CP
55.	Enlists and describe the intraoral surfaces for bacterial adhesion.	IL	SEQs/CP

56.	Describe the principles of bacterial transmission, translocation and cross-infection associated with Periodontal Diseases.	IL/SGD/CR	BCQs/CP
57.	Discuss the association of plaque microorganisms with periodontal diseases.	IL	BCQs/CP
58.	Discuss the microbial specificity of periodontal diseases.	IL	BCQs/CP
59.	Describe the criteria for Identification of Periodontal pathogens (Koch's postulates).	IL/CR	BCQs/CP
60.	Identify the key characteristics of specific periopathogens.	IL	BCQs/SEQs/CP
61.	Describe and understand the microbial shift during periodontal disease.	IL	BCQs/SEQs/CP
62.	Describe the histological features of initial, early, established and advanced lesions of gingivitis.	IL	SEQs/CP
63.	Discuss the correlation of clinical and histopathological features of periodontal pocket.	IL/SGD	SEQs/CP
64.	Discuss the role of saliva in host defense.	IL/CR	SEQs/CP
65.	Discuss the role of sulcular fluid in healthy and diseased periodontal tissues.	IL/SGD/CR	BCQs/SEQs
66.	Describe the Inflammatory cell response in periodontal diseases.	IL/CR	BCQs
67.	Understand the correlation of gingival manifestations in immune mediated disorders	IL/CR	BCQs
	ORAL MEDICINE		
68.	Take relevant history	IL/ CR	OSPE
69.	Perform Extra-oral and Intra-oral examination.	IL/ CR	OSPE
70.	Know and interpret basic investigations required for making diagnosis (Hematology, Radiology, Histopathology and biochemistry).	IL	BCQs/ SEQs/ OSCE
71.	Know the indication of special investigations in relation to various diseases/conditions	IL/ CBL	BCQs/ Viva
72.	List the differential diagnosis for common diseases manifested in oral & maxillofacial region.	IL/CBL	SEQs/ Viva
73.	Formulate treatment plan and give various treatment options to patient.	IL/ CBL	СР
74.	State the role of immunity for maintenance of adequate oral health.	IL	SEQs
75.	List medical conditions that compromise host defense mechanism.	IL/ SGD	BCQs/ OSCE
76.	Sketch the management of oral pathological conditions in immune- compromised patients.	IL/ SGD	BCQs/SEQs
77.	List and describe management of various oral diseases associated with Diabetes Mellitus.	IL/ SGD	SEQs/ OSCE/ Viva
78.	List and describe management of various oral diseases associated with HIV infections.	IL/ SGD	BCQs/SEQs
79.	List the causes of infections in oro-facial region.	IL/ SGD	BCQs/SEQs

80.	Recall the causative agent and classification for syphilitic infections.	IL/ SGD	BCQs/SEQs
81.	Describe the etiology, clinical presentation of primary, secondary and tertiary syphilis.	IL/ SGD	SEQs/OSCE/ Viva
82.	Recall and interpret the investigations involved in diagnosis of syphilitic infections.	IL/ CBL	SEQs/OSCE/ Viva
83.	Describe the management of syphilitic infection	IL/CBL	SEQs/ Viva
84.	Identify and describe the clinical features of oral tuberculous ulceration.	IL/ SGD	SEQs/ Viva
85.	Enumerate various special investigations involved in making diagnosis of tuberculous ulcer.	IL/ SGD	OSCE/ Viva
86.	Describe the management of patient with oral tuberculous ulcer	IL/CBL/ SGD	SEQs/ OSCE/ Viva
87.	Describe the causes, Clinical features, diagnostic aids and management of various viral infections of Oro-facial region.	IL/CBL/ SGD	SEQs/ Viva
88.	Describe the clinical features, diagnosis and management of herpes simplex infection	IL/CBL/ SGD	SEQs / OSCE/ Viva
89.	Describe the clinical features, diagnosis and management of herpes zoster infection.	IL/CBL/ SGD	SEQs / Viva
90.	Describe the classification of oral candidal infection.	IL	SEQs / OSCE/ Viva
91.	Identify the predisposing factors of oral candidiasis.	IL	SEQs / OSCE/ Viva
92.	Describe the clinical features and management of acute hyperplastic candidiasis.	IL/ SGD	BCQs/SEQs
93.	Diagnose and discuss etiological factors, clinical features and management of angular stomatitis.	IL/ SGD	BCQs/SEQs
	OPERATIVE DENTISTRY		
94.	Revise the definition of dental caries	IL	VIVA
95.	Enlist the Etiology of dental caries	IL	BCQs/SEQs
96.	Review the pathogenesis of dental caries	IL	BCQs/SEQs
97.	Suggest the steps for prevention of dental caries	IL	BCQs/SEQs
98.	Identify restorative instruments	CR/SGD	OSCE
99.	Describe use of every restorative instrument	CR/SGD	OSCE
100.	Apply different grips to hold hand instruments	CR/SGD	OSCE
101.	Demonstrate the positioning of patient and dentist in operatory field	CR/SGD	OSCE
102.	Perform Clinical Examination & Diagnosis of Dental Caries	CR/SGD	BCQs/ OSCE
103.	Know the importance of Radiographs in Operative	CR/SGD	OSCE
104.	Perform Class 1 cavity preparation on patient tooth	CR/SGD	OSCE

105.	Demonstrate placement of lining in Class I cavity on patient tooth	CR/SGD	OSCE
106.	Perform filling & finishing of Amalgam in Class I cavities	CR/SGD	OSCE
107.	Execute placement of fissure sealant	CR	OSCE
108.	Execute Class V cavity preparation and its restoration on patient tooth	CR	OSCE
109.	Conduct clinical Examination and Diagnosis of Erosion, Attrition, Abrasion	IL/CR	BCQs/SEQs
110.	Perform clinical Examination and Diagnosis of cracked tooth	IL/CR	BCQs/SEQs/OS CE
111.	Prepare Class II slot cavity on patient tooth	CR/SGD	OSCE
112.	Perform Class III cavity and its restoration on patient tooth	CR	OSCE
113.	Know parts of matrix band retainer	Skill Lab	OSCE
114.	Practice of application of matrix band retainer with band & wedge in phantom lab	Skill Lab	OSCE
115.	Describe tooth colored restorative materials	IL/SGD	BCQs
116.	Review dental amalgam as a restorative material	SGD	BCQs
117.	Know parts of rubber dam system	SGD	BCQs
118.	Discuss advantages of rubber dam application	CR/SGD	OSCE
119.	Practice rubber dam application in phantom lab	Skill LAB	OSCE
120.	Recognize the causes of Restorative failure and postoperative problems	IL/SGD	BCQs/SEQs /VIVA
121.	Apply the methods of sterilization and cross infection control in Operative dentistry	IL/CR/SGD	BCQs/SEQs /VIVA
122.	Identify Endodontic instruments	CR	OSCE
123.	Introduce the basic principles of root canal therapy (technical aspects)	IL	BCQs/SEQs
124.	Observe steps involved in root canal treatment	CR/SGD	OSCE/VIVA
125.	Employ aesthetic considerations in diagnosis and treatment planning	IL	BCQs/SEQs/ OSCE
126.	Introduce the use of lasers in dentistry	IL	BCQs
	GENERAL MEDICINE	1	·
127.	Discuss the approach to a patient with chest pain & describe the investigations, management and complications of ischemic heart disease including acute coronary syndrome and myocardial infarction.	IL	BCQs/SEQs/OS CE
128.	Discuss the pathophysiology, clinical manifestations and	IL	BCQs/SEQs/OS
129.	Diagnose the of normal ECG, arrhythmias & MI	IL/SGD	CE BCQs/SEQs/OS CE
	203		

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130.	Discuss the approach to a patient with primary and secondary	IL	BCQs/SEQs/OS
124	hypertension with its investigations & management.		
131.	Discuss and describe the Valvular Heart Diseases & its	IL	BCQs/SEQs/OS
122	Management.		
152.	endocarditis		CE
122	Describe in detail the nathogenesis clinical features evaluation		
155.	and treatment plan for asthma	16	CF
134.	Discuss in detail the pathogenesis clinical features evaluation and		BCOs/SEOs/OS
10	treatment plan for COPD.		CE
135.	Define TYPE 1 And TYPE 2 respiratory failure and understand the	IL	BCQs/SEQs/OS
	causes.		CE
136.	Assess the benefits and hazards of long term oxygen therapy.	IL	BCQs/SEQs/OS
			CE
137.	Differentiate between community acquired and hospital acquired	IL	BCQs/SEQs/OS
	pneumonia, assessment of severity and its management.		CE
138.	Discuss the clinical manifestations, evaluation and investigation of	IL	BCQs/SEQs/OS
	pulmonary thromboembolism.		CE
139.	Discuss the pathogenesis, etiology, clinical picture and	IL	BCQs/SEQs/OS
	management of Pleural effusion and pneumothorax		CE
140	Describe in detail the sticlery methodomonic clinical features		
140.	diagnostic tosts, and treatment of Tuberculesis, clinical realures,	IL/SGD	BCQS/SEQS/US
	diagnostic tests, and treatment of ruberculosis.		CE
141.	Describe the etiology, pathogenesis, clinical features, diagnostic		BCOs/SEOs/OS
	tests, and treatment of Nephritic syndrome		CE
142.	Discuss the etiology, pathogenesis, clinical features, diagnostic	IL	BCQs/SEQs/OS
	tests, and treatment of acute renal failure		CE
143.	Define Urinary tract infections along with their evaluation and	IL	BCQs/SEQs/OS
	treatment		CE
144.	Discuss the etiology, pathogenesis, clinical features, diagnostic	IL	BCQs/SEQs/OS
	tests, and treatment of chronic renal failure		CE
145.	Describe the clinical features, diagnostic tests, and treatment of	IL	BCQS/SEQS/US
146	Linderstands the relationship between the various clinical		
140.	presentations of intrinsic renal disease and their underlying cause		CE
147	Describe the etiology nathogenesis clinical features diagnostic		
147.	tests, and treatment of Nephrotic syndrome		CF
148.	Discuss the evaluation and treatment of folic acid. Vitamin A. B1.	IL	BCQs/SEOs/OS
	B2 and B12 deficiency		CE
149.	Understand the basis of metabolic acidosis and lactic acidosis.	IL	BCQs/SEQs/OS
			CE
150.	Discuss the approach and management of dehydration and shock.	IL	BCQs/SEQs/OS
			-
	204		

			CE
151.	Discuss the approach to diagnose and manage electrolyte imbalance.	IL/ SGD	BCQs/SEQs/OS CE
	GENERAL SURGERY		
152.	Demonstrate the responses to homeostasis & metabolic changes in response to Trauma and stress	IL	BCQs/SEQs
153.	Describe Pathophysiology of shock ,types & management	IL	BCQs/SEQs/OS CE
154.	Describe the management of hemorrhage, blood transfusion indication reaction and management.	IL/SGD	BCQs/SEQs/OS CE
155.	Understand and Describe the Sterilization, asepsis techniques of sterilization & Sterilization of OT, prevention of infection in OT and the preventive measures for doctors.	IL/CR	BCQs/SEQs
156.	Discuss wounds types & management	IL/CR	BCQs/SEQs
157.	Diagnose surgical infections and their management	IL/CR	BCQs/SEQs/OS CE
158.	Describe the management of Chronic infection, Leprosy & TB	IL	BCQs/SEQs
159.	Demonstrate and define Abscess, Sinus fistula, subcutaneous swellings, ulcer types, cellulitis etc.	IL/SGD/CR	BCQs/SEQs/OS CE
160.	Describe the problems of fluid electrolyte disturbances and the correction	IL/CR	BCQs/SEQs
161.	Understand and discuss the Acid Base disturbances	IL/CR/PW	BCQs/SEQs/OS CE
162.	Describe the Types of nutrition, values of various fluids, complications	IL/CR	BCQs/SEQs/OS CE
163.	Discuss the priniples of management of preop, post op cases	IL/CR/PW	BCQs/SEQs/OS CE
164.	Describe various types of anesthesia and complications and peroperative care of patient.	IL/CR/PW	BCQs/SEQs
165.	Diagnose & describes the skin & subcutaneous lesions.	IL/CR/PW/S GD	BCQs/SEQs/OS CE
166.	Describes the diseases involving the salivary glands	IL/CR/PW/	BCQs/SEQs/OS CE
167.	Describe the common benign Breast diseases and describe the malignant lesions their diagnosis, risk factors and principles of management	IL/CR	BCQs/SEQs

Commencement of Module		Weekly Schedule of Module PERIODONTOLOGY	
Activity	Week	Lecture 1	
	Week- 1	Knowledge Of Healthy Periodontium LO (33-40)	
sional	Week- 2	Epidemiology of Periodontal diseases LO (41-42)	
Profes	Week- 3	Dental Plaque LO (43-47)	
Third	Week- 4	Dental Calculus LO (48-54)	
-BDS	Week- 5	Microbiology Of Plaque Associated Periodontal Disease LO (55-61)	
sion -	Week- 6	Histopathogenesis Of Plaque Associated Periodontal Disease LO (62-63)	
nic Ses	Week- 7	Host Response In Periodontal Disease LO (64-67)	
den	Week- 8	Revision Of Module 7 topics	
Aca	Week- 9	Presentations	
	Week-10	THEORY AND VIVA EXAMINATION	

Commencement of Module		Weekly Schedule of Module ORAL MEDICINE
Activity	Week	Lecture 1
	Week- 1	History and examination LO (68-69)
nal	Week- 2	Investigations and X-Rays LO (70-73)
ofessic	Week- 3	Immunity LO (74-76)
ird Pro	Week- 4	Role of immunity in oral health LO (74-75)
OS Th	Week- 5	Management of immune-compromised patients LO (76-78)
n – Bl	Week- 6	Bacterial infection LO (79-86)
Sessic	Week- 7	Fungal infection LO (90- 93)
demic	Week- 8	Viral infection LO (87-89)
Aca	Week- 9	CAT and Feed Back
	Week-10	THEORY AND VIVA EXAMINATION

Commencement of		Weekly Schedule of Module		
Module		OPERATIVE DE	NTISTRY	
Activity	Week	Interactive Lectures (Groups A,B,C,D)	Clinical Rotation in OPD/SGD/Skill Lab (Groups A,B,C,D)	
	Week- 1	Definition & Etiology of Dental caries. LO (94-95)	Orientation to the Operative OPD Identify restorative instruments Demonstrate about positioning the patients and Dentist in OPD. LO (98-101)	
	Week- 2	Pathogenesis of Dental caries Prevention of Dental caries LO (96-97)	Understanding of Radiographs Application of matrix band retainer, band & wedge on phantom teeth in skill lab LO (103,113-114)	
	Week- 3	Examination and Diagnosis of Dental Caries LO (102)	Revision of the principles of cavity design of Class I, V & its restoration on patient tooth in OPD LO (104 -108)	
ofessional	Week- 4	Examination and Diagnosis of Erosion, Attrition, Abrasion LO (109)	Preparation & restoration of Class II slot, III, cavities on patients teeth in OPD LO (111-112)	
Third Pr	Week- 5	Examination and Diagnosis of cracked tooth LO (110)	Application of Rubber dam on phantom teeth in skill lab LO (117-119)	
ion – BDS	Week- 6	Selection of restorative materials (Dental amalgam, tooth colored materials) LO (115-116)	Demonstration of Endodontic Instruments LO (122)	
imic Sess	Week- 7	Causes of restorative failure & Postoperative problems LO (120)	Demonstration for root canal procedure on extracted tooth LO (124)	
Acade	Week- 8	Understand the methods of isolation, control of the operating field LO (121)	Poster /Presentation/Quiz competition Clinical OPD test (OSCE)	
	Week- 9	Discuss steps of root canal procedure LO (123)		
	Week- 10	Discuss esthetic considerations in diagnosis and treatment planning LO (125)		
	Week- 11	Use of lasers in dentistry LO (126)		
	Week- 12	Revision		
	Week- 13 and 14	Theory & Practical/viva Exam		

Commencement of Module		Weekly Schedule of Module GENERAL MEDICINE		
Activity Week		Lecture 1		
	Week- 1	Acute coronary syndrome and angina (Investigations, Management and Complications) LO (127) Pneumonia (Clinical features, Assessment of severity and its Management). LO (137)		
	Week- 2	Asthma (Pathogenesis, Clinical features, Evaluation and Treatment plan) LO (133)		
	Week- 3	Hypertension (Risks, Investigations & Management). LO (130) Tuberculosis (Etiology, Pathogenesis, Clinical features, Diagnostic tests, and Treatment). LO (140)		
	Week- 4	Normal ECG, arrhythmias & MI. LO (129) COPD (Pathogenesis, Clinical features, Evaluation and Treatment plan) LO (134, 136)		
	Week- 5	Acute coronary syndrome (Investigations, Management and Complications). LO (127)		
Professional	Week- 6	Valvular Heart Diseases (Clinical features & its Management). LO (131) Pleural effusion (Pathogenesis, Etiology, Clinical picture and Management). LO (139)		
on – BDS Third	Week- 7	Rheumatic fever and RHD (Etiology, Risk factors, Clinical features, Treatment and Complications). LO (132) Pneumothorax (Pathogenesis, Etiology, Clinical picture and Management). LO (139)		
c Sessi	Week- 8	Restrictive lung diseases (Types, Clinical features and Management). LO (135)		
Academi	Week- 9	Rheumatoid arthritis (Clinical features, Investigations and Treatment). LO (141,143) Infective endocarditis (Etiology, Clinical features, Investigations and Treament). LO (132)		
	Week- 10	Osteoarthritis (Etiology, Clinical features, Investigations and Management). LO (148) Systemic Lupus Erythematosus (Clinical features, Investigations, Diagnostic criteria and Management). LO (144)		
	Week-11	Seronegative arthritis (Types, Clinical features, Investigations and Management). LO (142) Osteoporosis (Clinical features, Investigations, Prevention and Management). LO (146)		
	Week-12	Systemic sclerosis and CREST (Clinical features, Investigations and Treatment). LO (145) Heart failure (Pathophysiology, Clinical manifestations and Management). LO (128)		
	Week-13 and 14	THEORY AND VIVA EXAMINATION		

Commencement of Module		Weekly Schedule of Module GENERAL SURGERY
Activity Week		Lecture 1
	Week- 1	Metabolic response to trauma. LO (152)
	Week- 2	Shock, Types and their management. LO (153) Hemorrhage, types and management, Blood transfusion, indications, risks, complications, Blood Products. How to write transfusion notes. LO (154)
	Week- 3	Sterilization, asepsis, techniques of sterilization. OT Protocols & prevention of infection in Operation Theater. LO (155)
essional	Week- 4	 Wounds types, factors affecting wound healing. Acute wounds, chronic wounds, scar and contractures. LO (156) Surgical infection, classification, SIRS & MODS, Role of Antibiotics. LO (157)
d Prof	Week- 5	Chronic infections & leprosy & tuberculosis. LO (158)
on – BDS Thii	Week- 6	Abscess, sinus, fistula, subcutaneous swellings, ulcer types, cellulitis etc. LO (159) Acid base, fluid electrolyte balance. LO (160-161)
c Sessic	Week- 7	Surgical nutrition, calculation and products use. LO (162)
Academi	Week- 8	General Anesthesia, Drugs and gases used and their complications. Spinal anesthesia, Local anesthesia, uses & complications. LO (164)
	Week- 9	Pain control methods, chronic pain, caused by malignancy. LO (163)
	Week- 10	Preop care with high risk cases, post op care & management. LO (163) Benign & malignant lesions of skin and skin vascular lesions. Abscess, sinus, fistula, subcutaneous swellings, ulcer types, cellulitis etc. LO (165)
	Week-11	Salivary glands lesions. LO (166)
	Week-12	Breast Benign diseases. LO (167) Breast cancer & diagnostic methods used to detect malignancy. LO (167)
	Week-13 and 14	THEORY AND VIVA EXAMINATION

MODULE S. No **Learning Objectives** Teaching Assessment tool strategy PERIODONTOLOGY 28. Define periodontal disease. CR BCQs/SEQs 29. Describe and understand the classification system of periodontal CR BCQs/SEQs diseases. Discuss the need for classification. 30. CR BCQs/SEQs 31. Enlist and discuss Dental plaque induced gingival diseases CR BCQs/SEQs /CP 32. Define desquamative gingivitis. IL/CR BCQs/SEQs/ OSCE/CP 33. Discuss the systematic approach for diagnosis of desquamative SGD BCQs/SEQs/CP gingivitis. 34. Enlist the diseases that can be clinically presented as desquamative SGD/CR BCQs/SEQs/CP gingivitis. IL/SGD 35. Define periodontal pockets BCQs/SEQs /OSCE/ CP Enlist the classification of periodontal pockets. IL 36. BCQs/SEQs /OSCE/ CP 37. IL/CR Describe the procedure of determining the pocket depth. BCQs/SEQs/CP 38. Describe and differentiate true and false pockets. IL/CR BCQs/SEQs/CP 39. Enumerate the clinical features of periodontal pockets. IL/CR BCQs/SEQs/OS CE/CP 40. Explain the pathogenesis of periodontal diseases. IL BCQs/SEQs/OS CE/CP 41. Discuss the histopathology of periodontal pockets with emphasis IL/CR BCQs/SEQs/CP on changes in the soft tissue and hard tissue wall. 42. Discuss healing of periodontal pockets. IL BCQs/SEQs/CP 43. Discuss the contents of periodontal pockets. CR BCQs/SEQs/OS CE/CP 44. Define and distinguish between supra bony and infra bony pockets. SGD BCQs/SEQs/OS CE/CP Describe the pattern of bone Loss in periodontal disease. SGD/CR BCQs/SEQs/OS 45. CE/CP Define and discuss periodontal cyst. BCQs/SEQs/OS 46. CR CE/CP

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47.	Discuss benign and malignant tumours of gingiva.	CR	BCQs/SEQs/OS
			CE/ CP
48.	Discuss etiology, clinical features and management of Fibrous	SGD/CR	BCQs/SEQs/OS
	epulis, Fibroma, Papilloma		CE/ CP
49.	Discuss etiology, clinical features and management of Central giant	SGD/CR	BCQs/SEQs/OS
	cell granuloma		CE/ CP
50.	Discuss etiology, clinical features and management of Peripheral	SGD/CR	BCQs/SEQs/OS
	giant cell granuloma		CE/ CP
51.	Discuss etiology, clinical features and management of Leukoplakia	SGD/CR	BCQs/SEQs/OS
			CE/CP
52.	Discuss etiology, clinical features and management of Gingival cyst	SGD/CR	BCQs/SEQs/OS
F 2	Discuss stieles welinical factures and management of Courses		
53.	oll carsinema	SGD/CR	BCQS/SEQS/US
E.4	Discuss atiology, clinical features and management of Malignant		
54.	molanoma	SGD/CK	CE/CD
55	Discuss false enlargements of gingival tissues		
	Discuss fulse emalgements of gingival tissues.	12	CF/CP
56.	Define abscess.	II /CR	BCOs/SEOs/OS
		12, 011	CE/CP
57.	Discuss classification of abscess.	SGD	BCQs/SEQs/CP
50			
58.	Define periodontal abscess.	IL/SGD/CR	BCQS/SEQS/US
50	Define pericerenal abscess	SCD	
59.	Define pericoronal abscess.	300	CE/CD
60	Discuss the difference between Acute and chronic periodontal		
00.	abscess	SODJEN	DCQ3/3EQ3/CI
61.	Enlist the clinical features of acute and chronic periodontal abscess.	II /CR	BCOs/SEOs/CP
		,	
62.	Describe radiographical signs of periodontal abscess.	IL/CR	BCQs/SEQs/OS
		<u> </u>	
63.	Discuss treatment options for periodontal abscess.	CR	BCQS/SEQS/US
64	Describe the indications for antibiotic therapy in patients with	CD	
04.	souto periodental abscess	CK	CE/CD
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65.	List and differentiate normal oral mucosal variants from	IL/ SGD	SEQs
	pathological lesions.		
66.	Classify Red and White lesions	IL/SGD	SEQs/OSCE
67.	Enumerate the causes of red and white lesions of oral mucosa.	IL/ SGD	BCQs/SEQs/
		-	OSCE
68.	Define and classify the types of leukoplakia.	IL	BCQs/SEQs/OS
			CE
69.	Describe management for leukoplakia.	IL/ CBL	SEQs

70.	Discuss clinical features and management of Erythroplakia.	IL/CBL	BCQs/SEQs
71.	Discuss the clinical features of Oral Submucous Fibrosis	IL	SEQs
72.	Classify Oral ulcers	IL/ CR	SEQs/Viva
73.	List etiological factors for recurrent Aphthous ulceration.	IL	SEQs
74.	Discuss the types and clinical features of recurrent Aphthous ulceration	IL/ CR	SEQs/ Viva
75.	Describe and interpret investigations involved in diagnosis of recurrent Aphthous ulceration	IL/ CR	SEQs/ Viva
76.	Describe the management of recurrent Aphthous ulceration.	IL/ CR	SEQs/OSCE
77.	Define vesiculo-bullous diseases.	IL	SEQs
78.	List differential diagnosis of various vesiculo-bullous lesions of oral cavity.	IL/ SGD	SEQs/ OSCE
79.	Discuss the clinical features and management of Behçet's syndrome	IL	CQ
80.	Differentiate between Mucous membrane pemphigus and Mucous membrane pemphigoid.	IL/CBL	SEQs/ Viva
81.	Discuss the cause and clinical features of Mucous membrane pemphigoid	IL/CBL	SEQs/OSCE/ Viva
82.	Discuss the cause and clinical features of pemphigus vulgaris.	IL/CBL	SEQs/OSCE/ Viva
83.	Discuss investigations necessary to diagnose pemphigus vulgaris and Mucous membrane pemphigoid.	IL/CBL	SEQs
84.	Describe the histological difference between Mucous membrane pemphigus and Mucous membrane pemphigoid.	IL/ SGD	CQ
85.	Discuss various treatment options involved in pemphigus vulgaris and Mucous membrane pemphigoid.	IL/ SGD/ CBL	SEQs/OSCE
86.	Describe the causes, clinical features and management of erythema multiforme.	IL/ SGD/ CBL	SEQs/OSCE
87.	Define premalignant lesion.	IL	SEQs/ Viva
88.	Define premalignant condition.	IL	SEQs/ Viva
89.	Differentiate between premalignant lesion and premalignant condition	IL/CBL	BCQs/ SEQs
90.	List and discuss various premalignant lesions of oral cavity.	IL/CBL	BCQs/ SEQs
91.	List and discuss various premalignant conditions of oral cavity	IL/SGD	BCQs/ SEQs
92.	Discuss the principles for management of dysplastic lesions	IL/ SGD	Viva
93.	Discuss various risk factors for malignant changes in oral lesions.	IL/ SGD	SEQs/ Viva
94.	Discuss clinical features and management of Erythroplakia.	IL	SEQs/ OSCE
95.	Discuss clinical features and management of Leukoplakia.	IL	SEQs/ OSCE
96.	Discuss clinical features and management of chronic hyperplastic	IL	SEQs
	L		

	candidiasis.		
97.	Discuss the causes, clinical features and management of Oral sub mucous fibrosis.	IL/ SGD/CBL	SEQs/OSCE/ Viva
98.	Describe the role of general dental practitioner in management of precancerous and cancerous lesions.	IL	Viva
99.	Discuss prevention and medical management of pre-cancerous lesions and conditions	IL	SEQs
100.	List the causes of Glossitis.	IL	SEQs
101.	Discuss the clinical features and management of Erythema migrans.	IL	BCQs/ SEQs
102.	Discuss the clinical features and management of median rhomboid glossitis.	IL	BCQs/SEQs
103.	Describe the causes of macroglossia.	IL	BCQs/ CQ
104.	Discuss the cause, investigations and treatment options involved in Amyloidosis	IL	CQ
105.	List the causes of pain in oral and maxillofacial region.	IL/ SGD/ CBL	Viva
106.	Discuss features associated with different causes of oro-facial pain	IL/ SGD/ CBL	SEQs
107.	Discuss clinical features, diagnosis and management of trigeminal neuralgia.	IL/ SGD/ CBL	BCQs/ SEQs/ Viva
108.	Discuss the clinical features and management of atypical facial pain.	IL	BCQs/ CQ
109.	Discuss the clinical features and management of burning mouth syndrome.	IL	BCQs/ CQ
110.	List the causes of facial palsy	IL/ SGD/ CR	BCQs/SEQs/ OSCE
111.	Describe the management of Bell's palsy.	IL/ SGD/ CR	BCQs/SEQs/OS CE
112.	Discuss the adverse effects of radiotherapy in Oral & Maxillofacial region.	IL/ SGD	OSCE/ Viva
113.	Discuss the role of general dentist in management of patients undergoing radiotherapy.	IL/ SGD	BCQs/OSCE/ Viva
	PROSTHODONTICS	·	
114.	Define support, stability, retention, abutments, retainers, undercut, guide plane, angle of cervical convergence, precision attachment, connector, functional impression, occlusal registration,	IL	CQ
115.	Interpret consequences of tooth loss	IL	CQ
116.	Rationalize the need of prosthesis	IL	CQ
117.	Identify the types of prosthodontics treatment modalities.	CBL	OSCE/VIVA
118.	Identify partial dentulism according to Kennedy's Classification	CBL	OSCE/VIVA
119.	Apply Applegate's rules on different dentate states	CBL	OSCE/VIVA
120.	Enumerate the need for classifications systems	CBL	OSCE/VIVA
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121.	Choose appropriate treatment modality according to number of teeth missing with justification.	CBL	OSCE/VIVA
122.	Justify the prescription of removable partial denture in a patient.	CBL	OSCE/VIVA
123.	Classify removable partial dentures according to support.	CBL	OSCE/VIVA
124.	Enumerate the types of removable partial dentures on the basis of material, uses and clinical requirements.	CBL	OSCE/VIVA
125.	Apply material science for fabrication of cast removable partial dentures.	CBL	OSCE/VIVA
126.	List the uses of interim removable partial dentures.	IL	OSCE/VIVA
127.	Justify the prescription of interim removable partial dentures.	IL/CR	OSCE/VIVA
128.	Design interim removable partial dentures.	CR	OSCE/VIVA
129.	Outline clinical and laboratory procedures for interim removable partial dentures.	IL/CR	OSCE/VIVA
130.	Design interim removable prosthesis	CR	SC
131.	Provide block out and relief according to the situation	CR	SC
132.	Record occlusal relationships in partially dentate individuals.	CR	SC
133.	Select appropriate occlusal relationships method in partially dentate individuals.	CR	SC
134.	Perform the process of acrylic processing, finishing and polishing the dentures.	CR	PW
135.	Adjust acrylic removable partial dentures in patient's mouth.	CR	PW
136.	Identify common pressure areas encountered.	IL/CR	OSCE/PW
137.	Apply disinfection protocols for impressions and removable prosthesis.	IL/CR	OSCE/VIVA
138.	Sort clinical and laboratory procedures for interim removable partial dentures in sequence.	CR	OSCE
139.	Recognize the need of omitting or joining one or more fabrication steps of removable partial denture.	CR	OSCE
140.	Fabricate removable partial dentures for partially dentate patients.	CR	PW
141.	Outline treatment planning protocol of a prosthodontics patient.	IL	OSCE/VIVA
142.	Enumerate favorable history and examination in sequence	IL	OSCE/VIVA
143.	Record a comprehensive history of a prosthodontics patient.	CR	OSCE/VIVA
144.	Perform extra oral and intraoral examination on a patient.	CR	OSCE/VIVA
145.	Identify functional and non-functional cusps.	IL/CR	OSCE
146.	Identify occlusal scheme clinically.	IL/CR	OSCE
147.	Perform basic dental charting and periodontal examination of teeth	CR	OSCE
148.	Prescribe basic investigations like periapical and OPG radiographs.	IL/CR	OSCE/VIVA

149.	Identify the need of impression tray modification.	CR	OSCE/VIVA
150.	Make diagnostic impressions with alginate impression material.	CR	PW
151.	Identify problems in alginate impressions with reasons.	CR	OSCE/VIVA
152.	Manage a patient with an exaggerated gag reflex under supervision	CR	PW
153.	Rationalize the need of diagnostic maxillomandibular relation in different partially dentate states.	CR/CBL	PW/VIVA
154.	Analyze diagnostic casts.	CR/IL	OSCE
155.	Measure pontic space.	CR	OSCE/PW
156.	Delineate the steps of performing definitive oral examination.	IL	OSCE/VIVA
157.	Interpret diagnostic data.	IL/CR	OSCE
158.	Develop the basic phases of treatment plan.	IL/CR	OSCE
159.	Formulate a differential and a definitive diagnosis.	CR/CBL	OSCE
160.	Refer a patient to appropriate specialist.	CR	OSCE
161.	Write a referral.	CR	OSCE
162.	Counsel the patient regarding consequences of tooth removal without replacement.	CR	OSCE
163.	Identify patient needs.	CR	PW
164.	Formulate treatment options in relation to patient needs.	CR/CBL	OSCE/PW
165.	Communicate the diagnosis and treatment options to the patient in an appreciable manner.	CR	OSCE
166.	Write a patient record note.	CR	OSCE
167.	Select appropriate material used for denture framework.	IL	OSCE
168.	Define connector, major connector and minor connector.	IL	CQ
169.	Enumerate the functions and requirements of major connectors.	IL	CQ
170.	Explain the basic types of mandibular and maxillary major connectors.	IL/CBL	CQ
171.	Outline the guidelines related to location of connectors in the oral cavity.	IL	CBL
172.	Select mandibular major connectors according to space requirements in a given clinical scenario.	IL/CBL	CBL
173.	Describe the basic design characteristics of major connectors.	IL	CQ
174.	Define minor connector.	IL	CQ
175.	Enumerate the functions of minor connectors.	IL	CQ
176.	Distinguish between rest and rest seat.	IL	CQ
177.	Delineate the functions of rests.	IL	CQ
178.	Differentiate between the different types of rests and rest seats in relation to their form and location.	IL/CBL	CQ
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179.	Outline the guidelines for support of rests.	IL	CQ
180.	Define direct retainers.	IL	CQ
181.	Classify types of direct retainers.	IL	CQ
182.	Define clasp assembly.	IL	CQ
183.	Distinguish between parts of clasp assembly in regard to retention, support, stability and reciprocation.	IL	CQ
184.	Relate height of contour, supra bulge and infrabulge areas for retentive clasps.	IL	CQ
185.	Associate retentive factors of clasps with tooth factors	IL	CQ
186.	Outline the basic principles governing clasp design.	IL	CQ
187.	Define denture bases	IL	CQ
188.	Enumerate the ideal requirements of denture bases.	IL	CQ
189.	Relate denture base requirements to support mechanism of removable partial denture.	IL/CBL	CBL
190.	Differentiate between metal and acrylic resin denture bases.	IL	CBL
191.	Outline the functions of denture bases.	IL	CQ
192.	Anticipate changes in denture base design for tooth tissue supported prosthesis.	IL	CBL
193.	Enlist movements of tooth tissue supported dentures	IL	CQ
194.	Correlate concepts of fulcrum, effort and resistance in lever principle.	IL	CQ
195.	Relate the movement of the removable partial denture to lever principle.	IL	CQ
196.	Differentiate between tooth supported and tooth tissue supported removable partial dentures.	IL/CBL	CBL
197.	Select an impression material in different partially dentate conditions.	CR	OSCE/VIVA/P W
198.	Select an impression technique in different partially dentate states.	IL/CR	OSCE/VIVA/P W
199.	Pour a cast.	CR	PW
200.	Identify inaccurate or weak cast.	CR	OSCE/VIVA
201.	Rationalize the need for making individual trays.	IL/CR	OSCE/VIVA
202.	Enumerate the steps for making individual trays.	IL/CR	OSCE/VIVA
203.	Distinguish between anatomic and functional form of residual	IL	OSCE/VIVA
204.	ridge. Make an impression using composition and alginate for distal extension bases	CR	PW
<u>. </u>	217		1

205.	Define overjet, overbite, buccal overlap, centric relation, centric	IL	CQ
	occlusion, and maximum intercuspation, curve of Spee and curve of		
	Monsoon.		
206.	Enumerate desirable occlusal contact relationships for removable	IL	CQ
	partial dentures.		
207.	Select a method for establishing occlusal relationships according to	CBL/CR	CBL/PW
209	different partially dentate conditions.	CD	
208.	on cast framowork	CK	USCE/PW
209	Perform acrylic processing finishing and polishing the dentures	CR	P\W/
205.	renorm deryne processing, innsning und polisining the deritares.	en	
210.	Explain the methods for adjusting the bearing surfaces of denture	IL	VIVA
244	bases.	<u></u>	DW
211.	Adjust acrylic removable partial dentures in patient's mouth.	CR	PVV
212.	Enlist common pressure areas encountered.	IL	VIVA
213.	Outline sequence protocol for fitting of framework in the oral	IL/CR	VIVA
	cavity.		
214.	Enumerate methods for adjusting occlusion.	IL/CR	VIVA
215.	Instruct the patient for difficulties that may be encountered during	CR	OSCE
	denture service.		
216.	Rationalize the follow up appointments for partial denture	IL/CR	OSCE/VIVA
	patients.		
	GENERAL MEDICINE		
217.	Discuss the pathogenesis, clinical manifestations, investigations	IL	BCQ/SEQ/OSC
	and management of gastroesophageal reflux disease		E
218.	Discuss the approach to a patient with peptic ulcer disease its	IL	BCQ/SEQ/OSC
	pathogenesis, investigation and their management.		E
219	Prescribe the management of Helicobacter pylori gastritis and		
215.	other gastritis	12	E
220.	Understands the different causes of upper GI bleeding; can	IL	BCQ/SEQ/OSC
	prescribe the emergency management of hematemesis.		E
221.	Discuss the pathogenesis, clinical manifestations, investigations	IL/ SGD	BCQ/SEQ/OSC
	and management of inflammatory bowel disease.		E
222.	Differentiate between acute and chronic pancreatitis in symptoms	IL	BCQ/SEQ/OSC
	and management.		
223.	Describe the signs and symptoms of cirrhosis of the liver and its	IL	BCONSEONOSC
224	Complications as portal hypertension		
224.	Difference between acute and chronic nepatitis.	IL/ SGD	
225	Differentiate inflammatory arthritis from osteoarthritis and		
	management.	12, 300	Ε
L			

226.	Diagnose the clinical features and extra articular manifestations of	IL/ SGD	BCQ/SEQ/OSC
	rheumatoid arthritis.		E
227.	Describe the presentations of seronegative arthritis and ankylosing	IL	BCQ/SEQ/OSC
	spondylitis, reactive and psoriatic arthritis.		E
228.	Discuss the clinical features, diagnostic criteria of Systemic Lupus	IL	BCQ/SEQ/OSC
	Erythematosus and its management.		E
229.	Describe the rationale for prescribing disease modifying drugs and	IL	BCQ/SEQ/OSC
	approach to modern therapy in rheumatoid arthritis.		E
230.	Discuss the diagnosis of systemic sclerosis and CREST their	IL	BCQ/SEQ/OSC
	similarities and differences.		E
231.	Discuss the clinical features and management of Sjogren's	IL/ SGD	BCQ/SEQ/OSC
	syndrome.		E
232.	Identify the risk factors for osteoporosis and how to prevent and	IL	BCQ/SEQ/OSC
222	manage it.		
233.	Recognize the clinical features of eczema and psoriasis.	IL	RCU/SEU/OSC
224	Pocognize fungal and viral infections of skin and its management		
234.	Necognize lungal and vital infections of skill and its management.	IL	
225	Understands and recognizes the skin manifestation of systemic		
235.	diseases	16	F
236.	Recognize erythema nodosum and the conditions with which it is		
200.	associated.	12	E
237.	Describe and investigate different types of bacterial and viral	IL	BCO/SEO/OSC
_	infections.		E
238.	Can diagnose viral infections with emphasis on: herpes simplex,	IL	BCQ/SEQ/OSC
	herpes zoster, influenza, bird flu, dengue, hemorrhagic fever and		E
	currently prevalent viruses.		
239.	Discuss various types of viral infections and how to manage them.	IL	BCQ/SEQ/OSC
			E
240.	Understands the human immunodeficiency virus causes disease in	IL	BCQ/SEQ/OSC
	humans.		E
241.	Understands the clinical features of different types of malaria and	IL/ SGD	BCO/SEO/OSC
	is able to treat and prevent it.	,	E
242.	Recognize different Helminthic infections and can treat the	IL	BCQ/SEQ/OSC
	infestations.		E
	GENERAL SURGERY		
2/12	Manages and describes Primary & Secondary survey and the		
243.	management		
244	Describe Triage and blast injuries		
2-7-7.			CF
245	Understands Role of ICU in the management of trauma		BCOs/SEOs
 +J.			
246.	Describes Types and management of burns and can write principles	IL/CR	OSCE
	of Fluid electrolytes management		
247.	Describe types of fractures & management of extremities	IL/CR	BCQs/SEQs
			1

248.	Describe fractures of pelvic bone & spine	IL	BCQs
249.	Describe the management of Head injury and cervical spine	IL/SGD	BCQs/SEQs/OS CE
250.	Describe the maxillofacial fracture and complications& immediate management	IL/CR	BCQs/SEQs/OS CE
251.	Describe the traumatic injuries of neck, trachea and oropharynx.	IL	BCQs
252.	Describe the torso injuries and their management	IL/CR	BCQs/SEQs/OS CE
253.	Describe the Abdominal injuries	IL/SGD/CR	BCQs/SEQs/OS CE
254.	Describe the Pelivc injuries and associated perineal injuries	IL/SGD/CR	BCQs/SEQs/OS CE
255.	Describe skin grafts, types flaps and complications	IL	BCQs
256.	Describe the congenital deformities of face, lips & palate	IL	BCQs/SEQs
257.	Recognize and describe infections and tumours of bones especially of Head and Neck area	IL/CR/PW	BCQs/SEQs/OS CE
258.	Describe the management of diabetic foot and other acute and chronic infections of bone.	IL/CR/PW	BCQs/SEQs/OS CE
259.	Describe metabolic diseases of bone.	IL	BCQs/SEQs
260.	Describe the benign and malignant diseases of thyroid	IL/CR/PW	BCQs/SEQs/OS CE
261.	Demonstrate the various other neck lesions	IL	BCQs

Commencement of Module		Weekly Schedule of Module PERIODONTOLOGY
Activity	Week	Lecture 1
	Week- 1	Classification Of Periodontal Diseases LO (28-31)
_	Week- 2	Desquamative Gingivitis LO (32-34)
ssiona	Week- 3	Periodontal Pocket LO (35-46)
d Profe	Week- 4	Tumor & Tumor Like Lesions LO (47-55)
S Thir	Week- 5	Periodontal Abscess & Treatment LO (56-64)
n – BC	Week- 6	Revision Of Module 8 Topics
ession	Week- 7	Revision Of Module 8 Topics
emic S	Week- 8	Poster Competition
Acado	Week- 9	OSCE Slides Revision
	Week- 10	Class Test
	Week-11	THEORY AND VIVA EXAMINATION

Commencement of		Weekly Schedule of Module
Мо	dule	ORAL MEDICINE
Activity	Week	Lecture 1
	Week- 1	White and red lesion
		LO (65-67)
	Week- 2	White and red lesion
		LO (68-71)
-	Week- 3	Vesiculo-bullous lesion
ona		LO (77- 79)
essi	Week- 4	Vesiculo-bullous lesion
rof		LO (80-86)
rd P	Week- 5	Premalignant lesion and conditions
Thi		LO (87-99)
DS	Week- 6	Oral ulcers
8		LO (72-76)
ion	Week- 7	Tongue disorder
ess		LO (100-104)
nic S	Week- 8	Effect of radiotherapy on oral mucosa
dem		LO (112-113)
Acad	Week- 9	Facial palsy
4		LO (110-111)
	Week- 10	Orofacial pain
		LO (105-109)
	Week-11	
		THEORY AND VIVA EXAMINATION

		Weekly Schedule of Module	
Commencement of		PROSTHODONTICS	
Module			
Δctivity	Week	Lecture 1	
Activity	Week		
	Week- 1	The partial Denture Equation	
		LO (114-116)	
	Week- 2	Dental Prostheses and Classification systems	
		LO (117-125)	
	Week- 3	Interim Removable Partial Dentures	
		LO (126-140)	
_	Week- 4	Treatment Planning	
onal		LO (141-167)	
ssic	Week- 5	Major and minor connectors	
rofe		LO (168-175)	
I P	Week- 6	Rests and Rests seats	
Thir		LO (176-179)	
L SC	Week- 7	Direct Retainers	
- 81		LO (180-186)	
- uo	Week- 8	Denture Bases and Impression Techniques	
essi		LO (187-192)	
ic S	Week- 9	Tooth tissue supported Dentures	
emi		LO (193-196)	
cad	Week- 10	Maxillomandibular Relations and Occlusion	
A		LO (197-208)	
	Week- 11	Delivery of Dentures	
		LO (209-216)	
	Week- 12	CBL-RPD	
	Week-13		
	and 14	THEORY AND VIVA EXAMINATION	

Commencement of Module		Weekly Schedule of Module GENERAL MEDICINE
Activity	Week	Lecture 1
	Week- 1	Acute viral hepatitis (Etiology, Clinical features and Treatment). LO (224)
		Diabetes (Pathophysiology, Classification and Clinical features). LO (232)
	Week- 2	Chronic viral hepatitis (Etiology, Clinical features and Treatment). LO (224)
		Diabetes (Treatment and Lifestyle modifications). LO (232)
	Week- 3	Cirrhosis of the liver (Signs and symptoms and its complications as portal
		hypertension). LO (223)
		Diabetes (Acute complications/Emergencies). LO (233)
	Week- 4	Gastroesophageal reflux disease (Pathogenesis, Clinical manifestations,
		Investigations and Management). LO (217)
		Cirrhosis of the liver (Causes and Complications). LO (223)
	Week- 5	Diabetes (Long term complications). LO (236)
a		Upper GI bleeding (Investigations and Emergency management). LO (220)
sion	Week- 6	Oral hypoglycemics drugs-LO (232)
fes	Week- 7	Peptic ulcer disease (Pathogenesis, Investigation and their Management). LO
Pro		(218)
iird		Wilson disease, primary biliary cirrhosis hemochromatosis and alpha one
님		antitrypsin deficiency (Pathogenesis, Investigations and Management). LO (219)
BDS	Week- 8	Diarrhea (Symptoms and Management). LO (222)
		Urinary tract infection (Etiology, Clinical features and Treatment). LO (228)
sio	Week- 9	Acute renal failure (Etiology, Pathogenesis, Clinical features, Diagnostic tests and
ic See		Treatment). LO (226, 230)
dem	Week- 10	Inflammatory bowel disease (Pathogenesis, Clinical manifestations, Investigations
Aca		and Management). LO (221)
		Chronic renal failure (Etiology, Pathogenesis, Clinical features, Diagnostic tests
		and Treatment) LO (227)
	Week-11	Irritable bowel syndrome (Pathogenesis, Clinical manifestations, Investigations
		and Management). LO (221)
		Nephritic syndrome (Etiology, Pathogenesis, Clinical features, Diagnostic tests and
		Treatment). LO (225, 229)
	week-12	ivialabsorption syndrome (Types, Clinical features, Investigations and Treatment).
		LU (222)
		wephrotic syndrome (Etiology, Pathogenesis, Clinical features, Diagnostic tests
	Mark 12	and Treatment). LU (231)
	week-13	
1		

Commen 8 th M	cement of lodule	Weekly Schedule of Module VIII GENERAL SURGERY
Activity	Week	Lecture 1
	Week- 1	Trauma, Primary Survey, Secondary survey and management. LO (243)
	Week- 2	Principles of Triage and poly trauma and disaster management. LO (244) Ventilator working, use, ICU care, monitoring criteria. LO (245)
	Week- 3	Burns types and management. LO (246)
	Week- 4	Fractures of Limbs & Joint injury. LO (247) Fractures of Spine and pelvis. LO (248)
ssional	Week- 5	Head & cervical spine injury.
S Third Profes	Week- 6	Maxillo facial injury. LO (250) Trauma of oral cavity, larynx, pharynx & neck. LO (251)
n - BD(Week- 7	Chest & Mediastinal trauma & esophagus injury.
demic Sessio	Week- 8	Abdominal injury. LO (253) Pelvic organ injury with perineal injuries. LO (254)
Aca	Week- 9	Skin grafts, types and complications. LO (255)
	Week- 10	Congenital problems of face lips and palate. LO (256) Infections and tumours of bone. LO (257-258)
	Week-11	Metabolic diseases of bone diseases.
	Week-12	Thyroid diseases. LO (260) Extra Thyroid neck lesions.LO (261)
	Week-13 and 14	THEORY AND VIVA EXAMINATION

MODULE

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

S.No	Objectives	Teaching	Assessment				
		strategy	tool				
PERIODONTOLOGY							
43.	Define furcation defect.	IL/SGD/CR	BCQs/SEQs/				
			OSCE				
44.	Discuss the diagnosis and indices of furcation defects.	IL/SGD/CR	BCQs/SEQs /OSCE				
45.	Describe various important factors involved in treatment and	IL/CR	BCQs/SEQs/				
	prognosis of furcation involvement.		OSCE				
46.	Discuss the treatment of furcation defect	IL/SGD/CR	BCQs/SEQs /OSCE				
47.	Describe various surgical procedures used for treatment of teeth	IL/CR	BCQs/SEQs/				
	with furcation involvement.		OSCE				
48.	Explain the concept of GTR.	IL/SGD/CR	BCQs/SEQs /OSCE				
49.	Describe the surgical Procedures used for GTR along with clot	IL/CR	BCQs/SEQs/				
	stabilization, wound protection and space creation and types of		OSCE				
	materials used.						
50.	Understand the importance of Medical, Dental and Social history in	IL/SGD/CR	BCQs/SEQs				
	periodontal diseases.						
51.	Understand the importance of complete examination of oral cavity.	IL/CR	BCQs/SEQs				
52.	Discuss signs and symptoms for diagnosis of gingivitis and	IL/SGD/CR	BCQs/SEQs/				
	periodontitis.		OSCE				
53.	Discuss various techniques for plaque recognition.	IL/CR	BCQs/SEQs				
54.	Formulate treatment plan for patients with periodontal diseases,	IL/SGD/CR	BCQs/SEQs				
	including counselling, motivation and oral hygiene instructions.						
55.	Discuss role and importance of topical and systemic	IL/SGD/CR	BCQs/SEQs				
	chemotherapeutic agents in periodontology.						
56.	Define trauma from occlusion	IL/SGD/CR	BCQs/SEQs/ OSCE				
57.	Differentiate between primary & secondary trauma from occlusion	IL/CR	BCQs/SEQs/				
			OSCE				
58.	Discuss Clinical & Radiographic features of Trauma from occlusion	IL/CR	BCQs/SEQs				
			/OSCE				
59.	Discuss the surgical methods to control dental plaque.	IL/CR	BCQs/SEQs				
60.	Describe indications and contraindications for following periodontal	IL/SGD/CR	BCQs/SEQs				
	surgical procedures.						
61.	Define Gingival Curettage	IL/CR	BCQs/SEQs/				
			OSCE				
62.	Define Gingivectomy	IL/CR	BCQs/SEQs/				
			OSCE				

63	Classify Periodontal flap surgeries		BCOs/SEOs/
05.	Classify Periodontal hap surgenes.	IL/CN	OSCE
64.	Describe Grafts used in periodontium.	IL/CR	BCQs/SEQs/
	·		OSCE
65.	Discuss Crown lengthening procedure	IL/CR	BCQs/SEQs/
			OSCE
66.	Describe the Indications of Frenectomy	IL/CR	BCQs/SEQs/
67	Describe the various techniques of Vestibulen lasty procedure		
07.			DCQ3/JLQ3
68.	Understand and describe the rationale for suturing in periodontal	IL/SGD/CR	BCQs/SEQs
60	Surgery.		
09.	Describe the types of sutures.	IL/CR	OSCE
70.	Discuss various suturing techniques used in periodontal surgery.	IL/SGD/CR	BCQs/SEQs
			/OSCE
71.	Discuss the effects of following on periodontal health:	IL	BCQs/SEQs
72.	Describe the various Oral/Periodontal Manifestations of Diabetes	IL	BCQs/SEQs
	mellitus		
73.	Describe the various Oral/Periodontal Manifestations of Pregnancy	IL	BCQs/SEQs
74.	Describe the various Oral/Periodontal Manifestations of Leukaemia	IL	BCQs/SEQs
75.	Describe the various Oral/Periodontal Manifestations of Anaemia	IL	BCQs/SEQs
76.	Describe the various Oral/Periodontal Manifestations of Vitamin deficiency	IL	BCQs/SEQs
77.	Describe the various Oral/Periodontal Manifestations of AIDS	IL	BCQs/SEQs
78.	Discuss the effects and management of following on periodontal health	IL	BCQs/SEQs
79.	Discuss the effects of Mal-alignment on periodontal health	IL/CR	BCQs/SEQs
80.	Discuss the effects of Crowding on periodontal health	IL/CR	BCQs/SEQs
81.	Discuss the effects of Anterior open bite on periodontal health	IL/CR	BCQs/SEQs
82.	Discuss the effects of Tongue thrusting on periodontal health	IL/CR	BCQs/SEQs
83.	Discuss the effects of Thumb sucking on periodontal health	IL/CR	BCQs/SEQs
84.	Discuss the effects of Mouth breathing on periodontal health	IL/CR	BCQs/SEQs
85.	Discuss the effects of Orthodontic treatment on periodontal health	IL/CR	BCQs/SEQs
86.	Discuss the effects of Dental restorations on periodontal health	IL/CR	BCQs/SEQs
87.	Discuss the effects of Removable dentures on periodontal health	IL/CR	BCQs/SEQs
	ORAL MEDICINE		
88.	Discuss the frequency and causative factors of salivary calculi among major salivary gland	IL	SEQs/ Viva

89.	List clinical features of salivary gland obstruction	IL	SEQs/ OSCE
90.	Outline the management of salivary gland obstruction.	IL/ SGD	SEQs
91.	List various causes of salivary gland infections	IL/ SGD	BCQs/SEQs
92.	Discuss causes, clinical features and management of viral sialadenitis.	IL/ SGD	BCQs/ SEQs
93.	Discuss causes, clinical features and management of bacterial sialadenitis.	IL/ CBL	BCQs/ SEQs
94.	List the causes of xerostomia.	IL/ CBL	BCQs/SEQs/ OSCE
95.	Differentiate between primary and secondary Sjogren's syndrome.	IL/ CBL	SEQs/ Viva
96.	Discuss clinical features of Sjogren's syndrome.	IL/ CBL	SEQs/ Viva
97.	Discuss the investigations and management of Sjogren's syndrome	IL/ CBL	BCQs/ SEQs
98.	Enumerate the causes of pigmented lesions in oral cavity.	IL/ SGD	BCQs
99.	Differentiate racial pigmentation from other pigmented lesions of oral cavity	IL/ SGD	SEQs/ CQ
100.	Enumerate the clinical features of Peutz-Jehgers syndrome.	IL/ SGD	CQ/ OSCE
101.	Classify salivary gland tumors	IL/ SGD	SEQs
102.	Discuss clinical presentation and investigations for pleomorphic adenoma.	IL/ SGD/CBL	SEQs/ OSCE
103.	Enumerate the causes of sialadenosis.	IL	SEQs/ OSCE
104.	List and discuss various causes of halitosis	IL	SEQs/OSCE
105.	Describe various modalities used for diagnosing halitosis.	IL	BCQs/ SEQs
106.	Discuss the management of halitosis.	IL	SEQs/Viva
107.	Discuss the diagnosis and management of anaphylactic shock during dental treatment.	IL	SEQs/ OSCE
108.	Discuss various drug interactions among commonly used drugs in dental practice.	IL	CQ
109.	Lists various local and systemic conditions that influences taste perception.	SGD	CQ
110.	Discuss the importance of healthy nutrition in maintaining oral health.	IL/ SGD	BCQs/ CQ
111.	Discuss the management for cardiac patients during dental treatment	IL/ SGD/ CR	SEQs/ OSCE
112.	Discuss the oral effects of drugs used by cardiac patients.	IL/ SGD	BCQs/ CQ
113.	Identify the role of antibiotic prophylaxis for prevention of infective endocarditis in dental patients.	IL/ SGD	SEQs/ CQ
114.	Enumerate the causes of hypersensitivity among dental patients.	IL/ SGD/ CR	SEQs/OSCE
115.	Discuss the management of asthmatic patient during dental treatment.	IL/ SGD/ CR	SEQs/ OSCE

116.	Discuss the management of patient with COPD during dental treatment.	IL/ SGD/ CR	SEQs/ OSCE
117.	Identify and discuss the features of tooth/root displacement into the upper or lower respiratory tract.	IL/ SGD/ CR	SEQs/ OSCE
118.	Identify the causes of oro-antral communication	IL	SEQs/ OSCE
119.	Discuss the principles of management of root displaced in maxillary antrum.	IL/ SGD	SEQs/ OSCE
120.	Define orofacial granulomatosis.	IL	SEQs
121.	Discuss various oral manifestations of gastrointestinal tract diseases	IL	SEQs
122.	Identify and discuss oral manifestations of Crohn's disease and their management	IL	SEQs
123.	Discuss the modes of transmission for viral hepatitis.	IL/ CR	SEQs/ OSCE
124.	Discuss the important aspects of various liver diseases relevant to dentistry	IL/ CP	BCQs
125.	Discuss hazards to dental staff and other patients from Hepatitis B/C patient	IL/CR	SEQs/ Viva
126.	Prescribe and interpret various serological studies involved in screening Hepatitis patients.	IL/CR	CQ/ Viva
127.	Discuss the basic precautionary measures for prevention of viral hepatitis.	IL	SEQs/ Viva
128.	Discuss various aspects of renal diseases which can affect treatment in dental patient.	IL	CQ
129.	Identify the role of sterilization in preventing communicable diseases.	IL	SEQs/ CQ
130.	Discuss the protocol of dental treatment in patients undergoing Hemo-dialysis.	IL	SEQs/ CQ
131.	Discuss the effects of pregnancy on oral health.	IL	BCQs/ CQ
132.	Discuss the management considerations during dental treatment of pregnant patient.	IL	BCQs/ CQ
133.	Enumerate the drugs that can be safely prescribed in pregnant patients.	IL	BCQs/ CQ
134.	Identify and prevent possible hazards to fetus from various dental procedures and medications.	IL	BCQs/ CQ
135.	Define Anemia	IL	SEQs/ Viva
136.	Identify and discuss clinical features of anemia	IL/ CBL	SEQs/ Viva
137.	Discuss the important features of anemia in dentistry and their management.	IL/ CBL	SEQs/ Viva
138.	Discuss the dental aspects of sickle cell disease and their management	IL	SEQs/ Viva
139.	Identify the effects of acute leukemia and their management.	IL	SEQs/ Viva
140.	Discuss various bleeding disorders and their causes.	IL/ CBL	BCQs/SEQs/ OSCE
139. 140.	Identify the effects of acute leukemia and their management. Discuss various bleeding disorders and their causes.	IL IL/ CBL	SEQs/ Viva BCQs/SEQs/ OSCE

141.	Discuss the causes of various clotting disorders.	IL	BCQs/SEQs/
142.	Discuss the types and causes of hemophilia.	IL	BCQs/SEQs
143.	Discuss the principles of dental management of patient with hemophilia	IL/ CBL	BCQs/SEQs
144.	Discuss the effects of anticoagulant therapy on dental treatment	IL	BCQs
145.	Discuss the management of dental patient taking anticoagulant therapy.	IL	BCQs/ SEQs
146.	Discuss the importance of INR in dental extractions and oral surgical procedures	IL/CR	SEQs
147.	Discuss the management of prolonged bleeding during oral surgical procedures	IL/CR	SEQs/ Viva
148.	Discuss oral manifestations and their management in HIV patients.	IL/SGD	SEQs/ Viva
149.	Discuss oral manifestations and their management in patients with syphilis.	IL/SGD	SEQs
	ORAL SURGERY		
150.	Recall the principles of Oral & Maxillofacial Surgery	IL	BCQs
151.	Assess patients on the basis of History and Examination.	IL/ CR	OSCE
152.	Diagnose pattern & ways of making tentative diagnosis.	IL/ CR	OSCE
153.	Plan and execute different treatment modalities.	IL/CR	OSCE
154.	Describe different methods of Sterilization and their relevance to OMFS.	IL	BCQs
155.	Identify various Instruments used in Oral Surgery	CR	OSCE
156.	Discuss the Principles of Oral Surgery	IL	BCQs
157.	Discuss types of incisions & flaps	IL	CQ
158.	Identify methods of tissue handling	IL	CQ
159.	Define Hemostasis	IL	CQ
160.	Recall types of hemorrhage along with its management.	IL	CQ
161.	Learn different suturing techniques and their uses	IL/CR	OSCE
162.	Identify and Implement Pre & Post-Operative Care	CR	OSCE
163.	Assess nutritional status of the patient	IL	BCQs/ SEQs
164.	Recall principles of antibiotic administration	IL	BCQs/ SEQs
165.	Discuss the hazards of cross-infection and its prevention	IL	BCQs/SEQs
166.	Enlist types of Local Anesthesia and recall their pharmacology.	IL/ CP	CQ
167.	Identify different indications and contra-indications of using Local anesthesia.	IL/ CP	CQ

168.	Discuss techniques of administration of Local anesthesia.	IL/CR	OSCE
169.	Describe complications of local anesthesia and its management.	IL/CR	OSCE
170.	Describe the principles of Exodontia.	IL	SEQs
171.	Identify the armamentarium used for Exodontia	CR	OSCE
172.	Recall indications and contraindications of removal of teeth.	IL	BCQs/ SEQs
173.	Discuss the procedure for Simple & Complex Exodontia.	IL/CR	SEQs
174.	Describe the complications of extraction along with its management.	IL	SEQs/ OSCE
175.	Enlist post-op instructions	IL/ CR	OSCE
176.	Discuss the prevention and management of Medical Emergencies	IL	CQ
177.	Evaluate Life threatening Emergencies in Dental Office	IL	BCQs/OSCE
178.	Assess patients for prevention and management of various Medical Emergencies	IL	CQ
179.	Discuss the significance of General Anesthesia and Sedation in Dentistry	IL	CQ
180.	Recall the indications of General Anesthesia & Sedation in children, adults and geriatric patients	IL	CQ
181.	Discuss Conscious Sedation & its types	IL	CQ
182.	Describe the significance of IV Sedation, Oral Sedation, Inhalation Sedation in Dentistry	IL	CQ
183.	Define impacted teeth	IL	SEQs
184.	Classify impacted teeth	IL	SEQs/ OSCE
185.	Describe the Indications and contra-indications of wisdom tooth surgery.	IL/CR	CQ
186.	Discuss various surgical techniques.	IL/CR	SEQs
187.	Discuss the complications of surgery and its management.	IL	CQ
188.	Define exodontia	IL/CR	CQ
189.	Enlist the Indications and contra-indications of exodontia	IL/CR	CQ
190.	Enumerate the principles and application of forceps extraction	CR	OSCE
191.	Discuss the steps for surgical removal of erupted/broken down teeth.	CR	OSCE
192.	Enlist the complications of extraction.	IL	SEQs
193.	Discuss the significance of consent taking before initiating dental procedure	CR	OSCE
194.	Identify Oro-antral communication and its causes	IL	BCQs/ SEQs
195.	Enlist ways to manage post-operative bleeding	IL	SEQs/OSCE
	GENERAL MEDICINE		

196.	Describe the characteristic features, differential diagnosis and	IL/SGD	BCOs/SEOs/
	management of cerebrovascular disease.	,	OSCE
197.	Discuss different causes of headache and how to investigate a	IL/SGD	BCQs/SEQs/
	patient with headache and its management.		OSCE
198.	Describe the clinical features and management of disabling	IL/SGD	BCQs/SEQs/
	neurological conditions such as Parkinson's disease, multiple		OSCE
	sclerosis and motor neuron disease.		
199.	Discuss the approach to a patient with meningitis and encephalitis,	IL	BCQs/SEQs/
	its investigations and treatment.		OSCE
200.	Discuss the clinical manifestations, classification, differential	IL/SGD	BCQs/SEQs/
	diagnosis and management of epilepsy.		OSCE
201.	Describe the different types and clinical manifestations of diabetes.	IL/SGD	BCQs/SEQs/
			OSCE
202.	Learn the management of common diabetic emergencies.	IL/SGD	BCQs/SEQs/
			OSCE
203.	Recognize and manage complications of DM.	IL/SGD	BCQs/SEQs/
204	The desire and the same free a difference by a sublement of the set		USCE
204.	Understands the growing public health problem of obesity and	IL	BCQS/SEQS/
205	approaches to tackie this.		
205.	Learn now the management of dyslipidemia.	IL.	BCQS/SEQS/
206	Understand the common causes of metabolic hone diseases and its		
200.	management	16	OSCE
207	Discuss the common disorders of the thyroid parathyroid pituitary		BCOs/SEOs/
207.	and adrenal glands: its clinical manifestations investigation and their	12/300	OSCE
	management.		0002
208.	Discuss the clinical manifestation and management of patients with	IL	BCQs/SEQs/
	crystal arthropathy.		OSCE
209.	Describe the different types of hematological disorders.	IL	BCQs/SEQs/
			OSCE
210.	Understands the classification and causes of anemia and how to	IL/SGD	BCQs/SEQs/
	investigate and manage anemia.		OSCE
211.	Differentiate between acute and chronic leukemia.	IL	BCQs/SEQs/
			OSCE
212.	Understands the different causes of thrombocytopenia and bleeding	IL	BCQs/SEQs/
	disorders and its management.		OSCE
	GENERAL SURGERY		
213.	Differentiate the abdominal pain in various quadrants according to	IL/CR/CBL	BCQs/SEQs/
	underlying viscera		OSCE
214.	Discuss various upper GI symptoms to common diseases	IL	BCQs/SEQs
215.	Describe features of upper intestinal obstruction and management	IL	BCQs/SEQs/
			OSCE
216.	Diagnose perforation of Abdominal Viscous and understand D/D and	IL/SGD/CR	BCQs/SEQs/
	S/S of peritonitis.		OSCE
217.	Describe D/D of bleeding PR	IL	BCQs/SEQs

		1	<u> </u>
218.	Describe common lesions of large gut	IL/CR/CBL	BCQs/SEQs/ OSCE
219.	Describe Appendicitis, complications d/d	IL/CR	BCQs/SEQs
220.	Describe gall stone problems, complications Diagnosis and management	IL/CR/CBL	BCQs/SEQs
221.	Discuss Obstructive Jaundice and pancreatic cancer	IL/CR	BCQs/SEQs/ OSCE
222.	Diagnose and D/d of liver masses	IL/CR	BCQs/OSCE
223.	Diagnose the role of spleen and Lymphadenopathy in various diseases	IL	BCQs/SEQs
224.	Manages empyemia thoracis and lung abscess	IL/CR	BCQs/SEQs/ OSCE
225.	Diagnose d/d of haematuria, Urine d/r its features	IL/CR/CBL	BCQs/SEQs/ OSCE
226.	Diagnose & manage Obstructive uropathy	IL	BCQs/SEQs
227.	Diagnose & manage urological calculous disease	IL/SGD	BCQs/SEQs/ OSCE
228.	Differentiate various hernia, S/S and complications	IL/SGD/CR	BCQs/SEQs/ OSCE
229.	D/d of scrotal swellings	IL/SGD	BCQs/SEQs/ OSCE
230.	Identify arterial complications and management	IL/SGD	BCQs/SEQs/ OSCE
231.	Describe the Risk factors of DVT, Varicose veins & venous insufficiency and their management	IL/SGD	BCQs/SEQs

Commencement of Module		Weekly Schedule of Module PERIODONTOLOGY	
Activity	Week	Lecture 1	
	Week- 1	Furcation Involvement In Periodontal Disease LO (43-47)	
	Week- 2	Guided Tissue Regeneration LO (48-49)	
sional	Week- 3	Diagnosis Of Cause Related Disease LO (50-55)	
rofes	Week- 4	Trauma From Occlusion LO (56-58)	
Third I	Week- 5	Re-evaluation Of Cause Related Disease LO (59-67)	
. SDB	Week- 6	Periodontal Dressing & Sutures LO (68-70)	
sion –	Week- 7	Periodontal Treatment Of Medically Compromised Patients LO (71-77)	
nic Ses	Week- 8	Occlusal Analysis LO (78-87)	
adem	Week- 9	Revision Of Previous Module	
Ac	Week- 10	Class Test/ Assessment	
	Week-11	THEORY AND VIVA EXAMINATION	

Commencement of		Weekly Schedule of Module	
Module		ORAL MEDICINE	
Activity	Week	Lecture 1	
	Week- 1	Pigmented Lesions I LO (98-100)	
	Week- 2	Pigmented Lesions II LO (98-100)	
-	Week- 3	Salivary gland disorder LO (88- 97)	
ssiona	Week- 4	Salivary gland tumor LO (101-106)	
Profe	Week- 5	Oral manifestations of systemic disease and their management (Cardiac) LO (107-113)	
DS Third	Week- 6	Oral manifestations of systemic disease and their management (Respiratory) LO (114-119)	
ssion – B	Week- 7	Oral manifestations of systemic disease and their management (Renal), (G.I.T.) LO (120-130)	
demic Se	Week- 8	Oral manifestations of systemic disease and their management (Endocrine) LO (131-144)	
Aca	Week- 9	Oral manifestations of systemic disease and their management (Hematological) LO (145-149)	
	Week- 10	CAT	
	Week-11	THEORY AND VIVA EXAMINATION	

Commencement of		Weekly Schedule of Module	
Module		ORAL SURGERY	
Activity	Week	Lecture 1	
	Week- 1	Basic Principles or Surgery LO (150-164)	
_	Week- 2	Sterilization & Cross infection LO (154, 165)	
ssiona	Week- 3	Flap designs and soft tissue handling LO (157, 158)	
Profe	Week- 4	General and Local Anesthesia, Sedation & Patient's management LO (166-169, 179 - 182)	
Third	Week- 5	Prevention of Medical Emergencies LO (176- 177)	
– BDS	Week- 6	Management of Medical Emergencies LO (178)	
ssion	Week- 7	Exodontia LO (170-175)	
mic Se	Week- 8	Exodontia LO (188-195)	
Acade	Week- 9	Impacted Teeth LO (183-187)	
	Week- 10	Revision	
	Week-11	THEORY AND VIVA EXAMINATION	

Commencement of Module		Weekly Schedule of Module GENERAL MEDICINE
Activity Week		Lecture 1
	Week- 1	Pituitary gland disorders (Clinical manifestations, Investigations and Management). LO (205) Anemia (Classification, Investigations and Management). LO (208)
	Week- 2	Disorders of Thyroid gland (Clinical manifestations, Investigations and Management). LO (205) Microcytic anemia (Causes, Investigations and Management). LO (208)
	Week- 3	Disorders of the Parathyroid gland (Clinical manifestations, Investigation and Management). LO (205) Normocytic anemia (Causes, Investigations and Management). LO (208)
ional	Week- 4	Disorders of Adrenal glands (Clinical manifestations, Investigation and Management). LO (205) Macrocytic anemia (Causes, Investigations and Management). LO (208)
fess	Week- 5	Headaches (Types, Investigations and Management). LO (197)
Pro	Week- 6	Thrombocytopenia and bleeding disorders (Causes and Management). LO (210)
S Third	Week- 7	Epilepsy (Clinical manifestations, Classification, Differential diagnosis and Management). LO (200)
- BD	Maala O	Thrombocytopenia and bleeding disorders and its management. LO (210)
- noiss	week- 8	Lo (196) Lymphomas (Classification, Clinical features and Treatment). Lo (207)
ademic Se	Week- 9	Cerebrovascular disease (Management). LO (196) Acute and chronic leukemia (Classification, Clinical features and Treatment). LO (209)
Ac	Week- 10	Parkinson's disease, multiple sclerosis and motor neuron disease (Clinical features and Management). LO (198)
	Week-11	Fungal and viral infections of skin and its management. LO (201) Myeloproliferative disorders (Classification, Clinical features and Treatment). LO (209)
	Week-12	Meningitis and encephalitis (Investigations and Treatment). LO (199)
	Week-13 and 14	THEORY AND VIVA EXAMINATION

Commencement of Module		cement of Weekly Schedule of Module dule GENERAL SURGERY	
Activity	Week	Lecture 1	
	Week- 1	Acute Abdomen. LO (213)	
	Week- 2	Upper GI symptoms and causes, dysphagia causes.LO (214) Intestinal obstruction.LO (215)	
	Week- 3	Peritonitis, perforation. LO (216)	
onal	Week- 4	Bleeding P/R, anal area, rectum and colon. LO (217) Common specific lesions of lower GIT (amebiasis, TB, CA). LO (218)	
ofessi	Week- 5	Appendicitis, D/D and management. LO (219)	
iird Pro	Week- 6	Cholelithiasis, Complications, management and causes. LO (220) Obstructive laundice & Pancreatic lesions LO (221)	
S T	Week- 7	Liver, mass lesions, abscess, Hydatid disease and tumors. LO (222)	
ion – BI	Week- 8	Spleen and Lymphadenopathy. LO (223) Empyema thoracis and lung abscess. LO (224)	
Sess	Week- 9	UTI, Haematuria, BPH. LO (225-226)	
ademic	Week- 10	Calculous diseases of Urinary Tract. LO (227) Ventral wall Hernia and Inguinal hernia. LO (228)	
Ac	Week-11	Inguino scrotal, scrotal swellings & D/D. LO (229)	
	Week-12	Arterial Obstruction, both Acute & chronic, Gangrene & Amputation. LO (230) DVT & Varicose Veins. LO (231)	
	Week-13 and 14	THEORY AND VIVA EXAMINATION	

	COMMUNITY DENTISTRY	Total	200
6	MODULE-V	HOURS	A
5.no	Learning Objectives	Strategies	Assessment Tool
	At the end of the session, third year student would be able to		
236.	Define dental public health and its significance		SEQs, Viva
237.	Compare relevance of public health to clinical practice	IL, SGD	SEQs
238.	Discuss criteria for public health problem	IL, SGD, PBL	BCQs, SEQs, PBL, Viva,
239.	Justify dental caries, periodontal disease and oral cancer as a public health problem	IL, SGD, PBL, FV	BCQs, SEQs, PBL, Viva
240.	Explain features of biomedical model of health	IL, SGD	SEQS
241.	Discuss Alma Ata Declaration along with its features	IL, SGD, FV	BCQs, SEQs, OSPE,Viva,
242.	Explain the salient features of Ottawa Charter IL, SGD, PBL, FV		BCQs, SEQs, OSPE,Viva,PBL
243.	Describe core themes of dental public health		SEQs,Viva,
244.	Explain the implications of dental public health	alth SGD	
245.	Describe the limitations of life style approach	be the limitations of life style approach SGD	
246.	Describe determinants of oral health	IL, SGD, PBL,	BCQs, SEQs, OSPE, PBL, Viva,
247.	Discuss the basic package of oral care (BPOC) with its examples	IL, SGD, PBL, FV, VD, lab skills	BCQs, SEQs, OSPE, PBL, Viva,
248.	Define health, disease, disability, illness & ill health	IL,	SEQs, Viva,
249.	Compare health with disease & illness		SEQs
250.	Discuss dimensions of health	IL, SGD	BCQs, SEQs, Viva,
251.	Understand different concepts and taxonomy of need	IL, SGD	BCQs, SEQs, Viva,
252.	Define inequalities in oral health	IL	BCQs, Viva
253.	Illustrate conceptual model of oral health	SGD	SEQs, OSPE
254.	Define risk	SGD	BCQs, Viva
255.	Describe principles of strategy design	IL, SGD	SEQs, Viva,

256.	Explain different strategy approaches with examples	IL, SGD, PBL,	BCQs, SEQs,
			Viva,.
257.	Define and classify epidemiological studies	IL, SGD	BCQs, SEQs,
			Viva,
258.	Describe the scope of epidemiology	SGD	SEOs. Viva.
259.	Define epidemiological triad and discuss its factors	IL SGD	BCOs, SEOs,
		, • • • •	Viva.
260	Compare different types of epidemiological studies in detail	11	BCOs SEOs
200.		· - ,	OSPE Viva
261	Discuss descriptive studies	11	BCOs SEOs
201.		۱۲,	
262	Discuss analytical studios		
202.		۱۵,	
202	Discuss and coloulate different measures applied in anidemiclate	SCD.	
203.	Discuss and calculate different measures applied in epidemiology	SGD,	BUUS, SEUS,
	surveys	Practical	USPE, VIVA,
264			
264.	Define screening and its aims	IL	BCQS, SEQS,
0.05			
265.	Describe the principles and its type of test	IL	BCQs, SEQs,
			Viva,
266.	Define causation and association	SGD	SEQs, Viva,
267.	Explain Bradford Hill's Criteria	IL,	BCQs, SEQs,
			Viva,
268.	Describe etiology , natural history & epidemiology of dental caries	IL, SGD, PBL,	BCQs, SEQs,
	and early childhood carles	Practical,	OSPE,
		VD, OPD, FV	PBL,Viva,
269.	Recognize etiology, natural history & epidemiology of periodontal	IL, SGD, PBL,	BCQs, SEQs,
	disease	Practical,	OSPE,
		VD, OPD, FV	PBL,Viva,
270.	Discuss etiology, natural history & epidemiology of oral cancer	IL, SGD, PBL,	BCQs, SEQs,
		Practical,	OSPE,
		VD, OPD, FV	PBL,Viva,
271.	Explain etiology, natural history & epidemiology of dental fluorosis	IL, SGD, PBL,	BCQs, SEQs,
		Practical,	OSPE,
		VD, OPD, FV	PBL,Viva,
272.	Define index and its objective	IL,	SEQs, Viva
273.	State the properties of an ideal index	IL,	SEQs, Viva
274.	Describe the purpose and uses of an index	IL,	SEQs, Viva
			-
275.	Enumerate and discuss different dental indices for oral diseases	SGD,	BCQs, SEQs,
		,	Viva,
1	1	1	- /

276.	Discuss limitations of existing indices	IL,	SEQs, Viva,
277.	Identify different tooth notation systems	SGD, Practical	OSPE,
278.	Predict age on clinical pictures and study models	SGD, Practical	OSPE
279.	Demonstrate ergonomics in clinical practice	SGD, Practical	OSPE,
280.	Perform exercises on patients in the out patients department	SGD, OPD	OSPE
281.	Execute examination of institutionalized population like school children	FV,	OSPE
282.	Calculate different measures of oral diseases used in epidemiology	Practical	OSPE
283.	Calculate DMFT measurement	SGD, Practical, FV	OSPE
284.	Calculate CPITN and other periodontal measurements	SGD, Practical, FV	OSPE
285.	Predict the types of Fluorosis	SGD, Practical, FV	OSPE
286.	Topic selection	SGD, Practical	Assign
287.	Literature search	SGD, Practical	Assign
288.	Synopsis Draft	SGD, Practical	Assign, CP

Weekly schedule of Module V						
Community and Preventive Dentistry						
Week no.	Lecture 1	Lecture 2				
	Introduction to Community	Introduction to principle of dental public				
Week – 1	Dentistry	health				
		L.O (1-10)				
Wook - 2	Determinants of health L.O (11)	Implication of DPH (BPOC)				
VVEER - 2		L.O (12)				
Wook - 2	Definition of health	Public health approaches to prevention L.O				
VVEER - 5	L.O (13-17)	(18-21)				
	Class assessment test	Types of Studies and research design				
Week – 4		(Epidemiology I)				
		L.O (22-24)				
Week – 5	Epidemiology II L.O (25-28)	Screening L.O (29-30)				
Week - 6	Indices – properties	Epidemiological Study Measures				
WEEK-U	L.O (37 - 41)	L.O (31-32)				
	Epidemiology of Periodontal	Epidemiology of Periodontal Diseases II				
Week –8	Diseases I	L.O (34)				
	L.O (34)					
Week -9	СОММ	UNITY FIELD TRIP				
Wook -10	Epidemiology of Fluorosis I L.O	Epidemiology of Fluorosis II				
WEEK-10	(36)	L.O (36)				
Wook -11	Epidemiology of oral cancer	Epidemiology of other oral conditions				
WEEK-II	L.O (35)	L.O (35)				
Week –12 REVISION REVISION		REVISION				
Week-13	THEORY EXAMINATION					
Week-14	eek-14 VIVA EXAMINATION					

COMMUNITY DENTISTRY MODULE-V					
S. No	Learning Objectives	Teaching strategy	Assessment tool		
	By the end of the session, student will be able to				
219.	Classify different levels of prevention	IL, SGD,	BCQs, SEQs, Viva		
220.	Discuss different strategies for the prevention of oral diseases	IL, SGD, PBL	BCQs, SEQs, OSPE, , PBL, Viva,		
221.	Describe the etiology and mechanism of dental caries	IL, SGD	BCQs, SEQs, OSPE, Viva,		
222.	Explain the role of different types of sugars along with their cariogenic potential	IL, SGD	BCQs, SEQs, OSPE, Viva,		
223.	Describe the significance of caries activity test in prevention of dental caries	IL,	SEQs, Viva		
224.	Describe the prevention of dental caries through vaccine	IL,	, SEQs		
225.	Specify the role of fluoride in prevention of dental caries	IL, SGD,	SEQs, OSPE, Viva,		
226.	Integrate the role of diet & plaque control in prevention of dental diseases	IL,	BCQs, SEQs, Viva,		
227.	Explain the role of fissure sealants and its application	SGD, VD, PBL, Practical, Skill Lab, OPD	BCQs, SEQs, OSPE, PBL		
228.	State the indication and contraindication of fissure sealants	IL, SGD, PBL,	BCQs, SEQs, Viva,		
229.	Define dental plaque	SGD	SEQs,Viva		
230.	Discuss the different methods of plaque control	IL, SGD, PBL, VD,OPD	BCQs, SEQs, OSPE, PBL, Viva,		
231.	Explain clinical approaches in the prevention of oral cancer	IL, SGD, PBL	BCQs, SEQs, Viva, PBL		
232.	Understand the metabolism, excretion and mechanism of action of fluoride	IL, SGD	BCQs, SEQs, Viva,		

233.	Describe different modes of fluoride intake	IL, SGD	BCQs, SEQs,
234.	Describe the significance of each mode of fluoride intake	IL, SGD	BCQs, SEQs, OSPE, Viva,
235.	Discuss toxicity of fluoride and methods of de-fluoridation.	IL, SGD	BCQs, SEQs,
236.	Explain the key areas outline in Ottawa Charter along with its examples	IL, SGD, PBL,	BCQs, SEQs, OSPE, PBL, Viva,
237.	Define health promotion	IL,	SEQs, Viva,
238.	Discuss elements of health promotion	IL	SEQs, Viva,
239.	Illustrate different approaches of health promotion	IL	SEQs
240.	Recall the scientific basis of oral health education	IL	SEQs, Viva,
241.	Recognize models of planning oral health education	IL	SEQs, Viva,
242.	Explain different methods and materials of health education	IL	SEQs, Viva,
243.	Define health behavior	IL	SEQs,
244.	Enlist different theories of behavior change	IL, SGD,	BCQs, SEQs, Viva,
245.	Describe the health behavior in view of different behavior models	IL,	SEQs, Viva,
246.	Describe ART along with its significance	SGD	SEQs, Viva,
247.	Describe different technique for the application of ART	SGD, VD, Skill Lab, OPD, FV	BCQs, SEQs, Viva, Skill Demonstration, logbook
248.	Enlist the indication and contraindications of ART	SGD	BCQs, SEQs, Viva,
249.	Describe the components of healthcare delivery system	ISGD	BCQs, SEQs, Viva
250.	Describe clinical governance	SGD,	SEQs, Viva,
251.	Discuss the financing of oral healthcare	IL	BCQs, SEQs, OSPE, Viva,
252.	Explain the principles of planning	IL	BCQs, SEQs, OSPE, Viva,
253.	Recall the quality assurance cycle	IL	SEQs, OSPE, Viva,
254.	Recognize the common problems associated with health care	SGD	BCQs, SEQs,
255.	Discuss dental workforce and their role in dentistry	IL, SGD,PBL	BCQs, SEQs, OSPE, Viva, PBL,
256.	Recognize the importance of various sterilization procedures in dental practice	IL, SGD, PBL,	BCQs, SEQs, OSPE, Viva,

257.	Describe occupational hazards, radiation & mercury protection	SGD,	BCQs
258.	Express dental care of patients with special needs, elderly, HIV/AIDS & children	IL	BCQs, SEQs
259.	Define ethics and discuss the guidelines required in making a biomedical decision	IL, SGD, PBL	BCQs, SEQs, Viva, OSPE, PBL
260.	Demonstrate the application of methods of plaque control	Skill Lab, VD	OSPE
261.	Demonstrate the application of fissure sealant	Skills Lab, VD	OSPE
262.	Identify dental fluorosis	Practical	OSPE
263.	Demonstrate topical fluoride application	Lab Skills, VD	OSPE
264.	Practice ART technique on phantom teeth	Lab Skills, VD	OSPE
265.	Data Collection	OPD, FV	Assign
266.	Data Entry and Analysis	Lab Skills	Assign
267.	Planning and conducting a dental health education (D.H.F.) session: I. Design Dental Health Education material	SGD	Assign

Weekly Schedule of Module V						
Community and Preventive Dentistry						
Week no.	Week no. Lecture 1 Lecture 2					
	Levels of prevention/ Ottawa	Prevention of dental caries				
Week – 1	charter	L.O (3-7 & 9)				
	L.O (1-2)					
Week - 2	Prevention of periodontal disease	Prevention of oral cancer				
VVEER - 2	L.O (8)	L.O (13)				
Wook - 2	Role of Flouride I	Role of Flouride II				
WEEK - 5	L.O (14-15)	L.O (16-17)				
	Principles of Oral health	ART				
Week – 4	promotion	L.O (28-30)				
	L.O (18-21)					
Week – 5	Week – 5Health education L.O (23-24)Behavior change L.O (25-27)					
Week – 6	Students	competition				
Week – 7	Class test	Health care systems of Pakistan				
WCCK /		L.O (31 -32)				
Week -8	Principles of planning L.O (34-35)	Problems of the health care systems				
WEEK O		L.O (36)				
Week -9	Financing/ economics of dental	Dental workforce				
WCCK J	care L.O (33)	L.O (37)				
Week -10	Ethics in dentistry L.O (41)	Infection control L.O (38-39)				
Wook -11	Oral health care for special	REVISION				
WEEK-II	children L.O (40)					
Week –12	k –12 REVISION REVISION					
Week –13	-13 THEORY EXAMINATION					
Week-14	-14 VIVA EXAMINATION					

Community Dentistry & Public Health Services					
S.No	Objectives	Teaching strategy	Assessment tool		
	COMMUNITY DENTISTRY				
211.	Define sociology	IL	SEQs, Viva,		
212.	Discuss structural & functional aspects of society	IL	BCQs		
213.	Explain role of social sciences	IL	BCQs, SEQs		
214.	Identify determinants of health behavior	IL	BCQs, SEQs, Viva,		
215.	Explain Stress along with its manifestations	ILPBL	BCQs, SEQs, Viva, PBL		
216.	Describe Anxiety along with its manifestations	IL,PBL	BCQs, SEQs, Viva, PBL		
217.	Understand the reasons and phases in delay in seeking help	IL	BCQs, SEQs, OSPE, Viva		
218.	Recognize the dentist-patient communication and its benefits	IL	BCQs, SEQs, OSPE, Viva		
219.	Describe child psychology	IL	BCQs, SEQs,		
220.	Explain psychodynamic and psychoanalytical theories	IL	BCQs, SEQs, Viva		
221.	Explain different behavior management techniques	IL,PBL	BCQs, SEQs, OSPE, Viva, PBL		
222.	Define statistics and biostatistics	IL,	BCQs, SEQs, OSPE, Viva		
223.	List types of variables	IL,	BCQs, SEQs, OSPE, Viva,		
224.	Formulate hypothesis and questionnaire using PICO	SGD	Assign		
225.	Describe measures of central tendency	IL	BCQs, SEQs, Viva,		
226.	Describe measures of dispersion	IL	BCQs, SEQs, Viva,		
227.	Understand tests of significance	IL	BCQs, SEQs, Viva,		
228.	Describe frequency distribution	IL	BCQs, SEQs, OSPE, Viva.		
229.	Explain the concept of sampling error and types of error	IL,	BCQs		

230.	Describe confidence interval and probability	IL,	BCQs, SEQs, Viva,

	Weekly Schedule o	f Module			
Week no.	Lecture 1	tive Dentistry	Lecture 2		
Week – 1	Sociology I	Sociology II			
Week – 2	Behavior Management I	Behavior Mar	nagement II		
Week – 3	Child psychology I	Child psychol	ogy II		
Week – 4	Stress/ Anxiety L.O (5-6)	Delay in seeki	ing help L.O (7)		
Week – 5	Commu	inity Field Trip			
Week – 6	Patient dentist communication L.O (8)	Patient dentist communication L.O Class test (8)			
Week – 7	Introduction to biostatistics L.O (12-14)	Types of sam L.O (19)	pling I		
Week –8	Types of sampling II L.O (19)	Measures of 0 dispersion L.O (15, 16, 18	Central Tendency, 8, 20)	/	
Week -9	Commu	inity Field Trip			
Week -10	Tests of significance L.O (17)	Concept of sa L.O (19)	mpling error		
Week -11	Revision		Revision		
Week –12	Revision		Revision		
Week –13	THEORY EXAMINATION				
Week-14	VIVA E	XAMINATION			
Research Result	s Generation		Lab Skills,	Assig	
Discussion Writing and Submission SGD Ass				Assig	

LEARNING RESOURCES THIRD YEAR BDS

RECOMMENDED BOOKS THIRD YEAR BDS					
OMFS		PROSTHODONTICS	Oral Patholo	OPERATIVE DENTISTRY	
 Peter D. Turnpenny, Elements of Medical (14thed.). New York: Livingstone. 2011. Cotran RS, Kumar V a Robbin's Pathologic I Disease (8thed.). Phila W.B. Saunders. 2010 Walter JB and Talbot and Israel's General I (7thed.). New York: C Livingstone. 1996. Kumar V, Cotran RS, SL. Basic Pathology (8 Philadelphia: W.B. Sa 2007. Rubin E, Pathology (4 Philadelphia: Lippinc 2005 Ivan Roitt. Riott's Ess Immunology (11thed. Delhi:I.K. Internation 2007. Harsh Mohan. Textbo pathology. 6th ed. Jay 2010. Mheater P et al. Histopathology: and Text (2nded.) Churchill Livingst Harsh Mohan. Pa practical book 2 	Emery's 1 Genetics Churchill and Collins T. Basis of adelphia: . 2 IC. Walter Pathology hurchill and Robbins 8 th ed.). aunders. 3 4 th ed.) ott-Raven. sential .). New al Pvt. Ltd. ook of ypee broth. Basic A Color Atlas . Edinburgh: cone. 1990. athology nd ed Jaypee	 Lazo JS & Parker. Goodman and Gillman's The Pharmacological basis of therapeutics 12th edition McGrawHillCompany ,USA 2006. Katzung BG, Masters SB & Trevor AJ. Basic and Clinical Pharmacology- Katzung 14th edition TATA McGrawHill Education Private Ltd, New Delhi 2009. Finkel R Cubeddu L X, Clark MA, Harvey R &Champe P. Lippincott's Illustrated Reviews Pharmacology. 7th edition, Wolters Kluwer-Lippincott Williams & Wilkins New Delhi 2009. 	 J V Soames Southam, Textbook o Pathology, Edition R A Cawsor Odell, Essen of Oral Path and Oral Medicine, & Edition Shafer, Hin- Levy, Textb of Oral Pathology, Edition Regezi, Ora Pathology, Edition Neville, Dar Oral and Maxillofacia Pathology, Edition. 	s, J C s,	ke. and ce Co. hn, l, als l ce ve vy nual AM stry ve g stry
broth. 2007.				by viniar k Sikir	
	REC	COMMENDED E-BOOK	S THIRD YEAR BE	DS	
			1. Atlas of Oral		
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	Microbiology by
	Zhou
	2. Oral Pathology
	Clinical Pathologic
	Correlation by
	Regezi
	3. Oral Pathology by
	Soames, 4 th edition.
	4. Oral Radiology by
	Eric Waites

RECOMMENDED BOOKS THIRD YEAR BDS				
PERIODONTOLOGY	ORAL MEDICINE	GEERAL MEDICINE	GENERAL SURGERY	
 Neman and Carranza's Clinical Periodontology 13th edition. Linda's Clinical Periodontology and Implant Dentistry 	 William R.Tyldesley, Oral Medicine, 5th Edition Lester W. Burket, Oral Medicine, 11th Edition Roderick	 Parveen Kumar, Kumar and Clark's Clinical Medicine, 8th Edition Maxine A Papadakis, Current Medical Diagnosis and Treatment, Edition 2016 8th Edition 	 1. Short Practice of Surgery by Bailey & Love. 27th Edition 2. An Introduction to the Symptoms & Signs of Surgical Diseases by Norman S Bros 3. Manual of Clinical Surgery by S. Das 	
F	RECOMMENDED E-BOOI	KS THIRD YEAR BDS	I	
1. Clinical periodontology Implant Dentistry by Lindhe	1. Text Book of Oral Medicine ,Oral Diagnosis and Oral Radiology by Ongole	 Atlas of Oral Microbiology by Zhou Oral Pathology Clinical Pathologic Correlation by Regezi Oral Pathology by Soames, 4th edition. Oral Radiology by Eric Waites 		

LEARNING RESOURCES

DEPARTMENT OF COMMUNITY & PREVENTIVE DENTISTRY

- 1. Burt, B. & Eklund, S. (2005) Dentistry, Dental Practice & The Community. 6th ed. Saunders
- 2. SS Hiremith, (2009), textbook of Preventive and Community Dentistry
- 3. Daly B, Watt R, Batchelor P & Treasure E (2013) Essential Dental Public Health, Oxford University Press.
- 4. Smeeton Nigel (2012) Dental Statistics Made Easy 2nd edition Radcliffe Publication
- 5. Essential of Preventive and Community Dentistry Soben Peter (Latest Edition)
- 6. Text Book of Preventive and Community Dentistry Joseph John (Latest Edition

6.4: CURRICULUM OF FOURTH YEAR BDS

MODULE I (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	Assessment Tool
OPERATIVE DENTISTRY			
1.	Define Endodontics	IL	BCQs/VIVA
2.	Memorize Aims of Endodontics	IL	BCQs
3.	Identify Anatomy of the root canal system	IL	OSCE
4.	Review the dental Pulpal System	IL/SGD	BCQs/SEQs
5.	Know the cells and extracellular components of the dental pulp	IL	BCQs
6.	Debate the blood vessels, lymphatic system and Innervations of dental pulp	IL	BCQs
7.	Discuss the theories of dentine hypersensitivity	IL/SGD	SEQs
8.	Recognize the age changes in the dental pulp	IL	BCQs
9.	Revise the function of the dental pulp	IL/SGD	BCQs
10.	Illustrate various canal configurations	IL/SGD	OSCE
11.	Understand the periapical tissues	IL	BCQs
12.	Debate latrogenic Effects on the dental pulp	IL/SGD	BCQs/SEQs/O SCE
13.	Manage how to protect the Dental pulp	IL/CR/CBL	BCQs/SEQs/ VIVA
14.	Plan Vital Pulp Therapies	IL/CR	SEQs/OSCE
15.	Perform Step-wise excavation	IL/CR	BCQs/SEQs/O SCE
16.	Execute Direct Pulp Capping	IL/CR	SEQs/OSCE
17.	Propose Pulpotomy (partial and complete)	IL/CR	SEQs/OSCE
18.	Understand Apexogensis	IL/CR/CBL	SEQs/OSCE
19.	Discuss the procedure of Apexification	IL/CR/CBL	SEQs/OSCE
20.	Describe the types of endodontic infection	IL/SGD	BCQs/SEQs
21.	Relate the route of entry of microorganisms to the pulpal infection	IL/SGD	BCQs/ VIVA
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22.	Name the microorganisms associated with pulpal and periradicular diseases	IL	BCQs/SEQs /VIVA
23.	Explain the development of pulpal pathosis	IL	BCQs
24.	Differentiate between Pulpal Diseases and their clinical features	IL/SGD/CR	BCQs/SEQs/O SCE
25.	Know etiology of reversible and irreversible pulpitis	IL/SGD	BCQs/SEQs/VI VA
26.	Perform management of reversible and irreversible pulpitis	IL/CR	BCQs/SEQs/O SCE
27.	Recognize the pulp polyp	IL/CR	BCQs/SEQs/O SCE
28.	Classify Periapical Lesions of pulpal origin	IL/SGD	BCQs/SEQs/O SCE
29.	Explain etiology, sign symptoms and management of symptomatic apical periodontitis	IL/SGD	BCQs/SEQs/O SCE
30.	Discuss clinical features and management of asymptomatic apical periodontitis	IL/SGD	BCQs/SEQs/O SCE
31.	Define Condensing Osteitis	IL/SGD	BCQs
32.	Differentiate between acute apical abscess and chronic apical abscess	IL/SGD	BCQs/SEQs/O SCE
33.	Relate primary endodontic and secondary periodontal lesion	IL/CR	BCQs/SEQs/O SCE
34.	Know primary periodontal lesion and secondary endodontic lesion	IL/CR	BCQs/SEQs/O SCE
35.	Report the healing of periapical lesions after root canal treatment	IL/CR	BCQs
36.	Practice diagnosis for pulpal & periapical infection	CR	BCQs/OSCE
37.	Speak the correct questions about history and symptoms of the present complaint	CR	OSCE /VIVA
38.	Apply methods for Extraoral & Intraoral examination	CR	OSCE /VIVA
39.	Perform clinical tests to check pulp and periapical status	CR	OSCE
40.	Interpret Radiographic findings for diagnosis	CR/SGD	BCQs/OSCE
41.	Formulate treatment plan for endodontic emergencies	IL/CR/SGD	BCQs/OSCE
42.	Identify endodontic instruments	CR/SGD	BCQs/OSCE
43.	Express importance of endodontic radiology	IL/CR	BCQs/OSCE
44.	List components of X-ray film packet	IL/CR	BCQs/OSCE
45.	Revise principle of ALARA	IL/CR/SGD	BCQs/SEQs/O SCE
46.	Restate indications of Periapical radiograph	IL/CR	BCQs/SEQs

47.	Demonstrate and apply positioning technique of periapical radiograph	CR	BCQs/OSCE
48.	Compare paralleling and bisecting angle technique	IL/SGD	BCQs/OSCE
49.	Use SLOB rule	IL/SGD	BCQs/OSCE
50.	Recognize the importance of digital radiography	IL/SGD	BCQs
51.	Apply techniques of local anesthesia (Infiltration & Block anesthesia)	CR	BCQs/SEQs/O SCE
52.	Implement technique of supplemental anesthesia including Intraosseous, Intraligamentary, Intrapulpal	IL/CR	BCQs/SEQs/O SCE
53.	Practice principal of Isolation in endodontic	Skill Lab/CR	OSCE
54.	Identify objectives of straight line access preparation in both anteriors and posteriors teeth	IL/SGD/CR	BCQs/ VIVA
55.	Describe the sequences of operations to start access preparations on various 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/SEQs/O SCE
60.	Differentiate between step-back and crown-down techniques of canal preparation	IL/SGD/CR	BCQs/SEQs/O SCE
61.	Know the Irrigants use during cleaning and shaping	IL/SGD/CR	BCQs/SEQs/ VIVA
62.	Execute passive step-back, balanced force and Ni-ti rotary techniques of canal preparation	IL/CR	BCQs/SEQs
63.	Quantify the criteria for evaluating cleaning and shaping	IL/SGD/CR	BCQs/SEQs
64.	Understands the objectives of intracanal medicaments in root canal treatment	IL/SGD/CR	BCQs/SEQs/ VIVA
65.	Perform the use of intracanal medicaments	IL/SGD/CR	BCQs/SEQs
66.	Apply temporary restorations to seal the access cavity	IL/SGD/CR	SEQs
67.	Know when to obturate the canal	IL/SGD/CR	BCQs
68.	Write obturation and sealer materials	IL/SGD	BCQs/SEQs
69.	Perform different techniques of obturation (lateral condensation, vertical compaction)	IL/CR	BCQs/SEQs/ OSCE
70.	Execute restoration of endodontically treated teeth	IL/CR	BCQs /VIVA
71.	Recognize Procedural Accidents during root canal treatment	IL/CBL	BCQs/SEQs/O SCE
72.	Memorize Indications of retreatment in failed endodontic tooth	IL	BCQs/SEQs
73.	Execute procedure for Retreatment	IL	BCQs/SEQs/
		1	1

			VIVA
74.	Describe indications and contraindications of periapical surgery	IL	BCQs/SEQs
75.	Perform procedures involved in periapical surgery	IL	BCQs/SEQs
76.	Differentiate between Root amputation, Hemisection and Bicuspidization	IL	BCQs/SEQs/O SCE
77.	Evaluate Endodontic Outcomes	IL	BCQs
78.	Categories longitudinal tooth fractures	IL	BCQs/SEQs
79.	Perform Diagnosis of longitudinal tooth fractures	IL	BCQs/SEQs/O SCE
80.	Plan management of longitudinal tooth fractures	IL	BCQs/SEQs/O SCE
81.	Identify the different orthodontic terms	IL	OSCE
82.	Use the terms in diagnosis and problem list of a case	IL/ CR	CQ /OSCE
83.	Relate which types of malocclusions are treatable with	IL/ CBL/ CR	SEQ/OSCE
	Orthodontic treatment		
84.	Recall the normal anatomical structures of head and face	IL	CQ
85.	Quote the importance of studying growth	IL	SEQ
86.	Quote different types of bone growth	IL	SEQ / BCQ
87.	State the reasons for different types of bone growth	IL	SEQ / BCQ
88.	Quote what are growth fields, sites and centers	IL	SEQ / BCQ
89.	List differences between the growth fields, sites and centers	IL	SEQ / BCQ
90.	List areas which are fields, sites and centers	IL	BCQ
91.	Recall and present how the growth occurs in different areas of	IL/CP	SEQ
	head and face		
92.	List out the different theories regarding how growth takes place	IL	SEQ
93.	Identify the theory that explains the growth process that is	IL	SEQ
	taking place in the jaw		
94.	Discuss the reasons why some growth theories were discarded	IL	CQ
95.	Quote what type of growth occurs in the maxilla and mandible	IL	SEQ
96.	Predict the changes that would occur in maxilla and mandible at	IL / CR	OSCE
	different chronological ages		
97.	Identify changes in width, length and height of jaws during	IL	SEQ/ BCQ/

	growth		OSCE
98.	State the normal growth rotations that occur in jaws	IL/	OSCE
		CBL	
99.	Recognize the abnormal growth rotations that occur in jaws	CBL	OSCE
100.	Identify the type of growth rotation that occurs in a particular	CR / CBL	OSCE
	patient		
101.	State how occlusion develops	IL / CR	CQ
102.	Identify the physiologic spaces that occur in an arch during	IL/ CR	OSCE/ BCQ
	deciduous and mixed dentition		
103.	Recognize the importance of the physiologic spaces that occur in	IL	OSCE / BCQ
	an arch during deciduous and mixed dentition		
104.	Measure and calculate the physiologic spaces during mixed	CR	OSCE
	dentition for diagnosis		
105.	Identify the dentition	CR	OSCE
106.	Recognize the differences between deciduous and permanent	CR	OSCE
	dentition		
107.	Quote what is arch length deficiency	IL / CR	CQ
108.	Measure the arch length deficiency	CR	OSCE
109.	Recognize the importance of calculating arch length deficiency	IL / CR	OSCE / BCQ
110.	Calculate the arch length deficiency in mixed dentition	CR/ CBL	OSCE
111.	Identify space loss in an arch	CR / CBL	OSCE
112.	Quote the importance of identification of space loss in the arch	IL	CQ
113.	Relate the teeth present in the arch to the chronological age of	CR / CBL	OSCE
	the patient		
114.	Quote the eruption timings of the teeth in an arch	CR	OSCE
115.	Recognize the eruption sequence and timings in an arch	CBL	OSCE/ BCQ
116.	Recognize the changes in arch during transition between	CR / CBL	OSCE / BCQ
	deciduous, mixed and permanent dentition		
	ORTHODONTICS / PROSTHODONTICS / OPER	ATIVE	J
117.	Recognize different terminologies of occlusion	IL / CR	OSCE
118.	Interpret the different terminologies of occlusion	CR	OSCE
	256	1	1

119.	Quote the differences between static and dynamic occlusion	IL	OSCE / BCQ		
120.	Use the terminologies of occlusion when making a problem list of a patient	IL / CR	OSCE		
121.	State the methods to measure the dynamic occlusion	IL	SEQ/ BCQ		
122.	Recognize the importance of measuring dynamic occlusion in a case	IL	CQ		
123.	Quote different classifications of occlusion	IL / CR	SEQ / BCQ		
124.	Recognize the normal inter-relationship of teeth	CR	OSCE		
125.	State how occlusal interferences and the malocclusions and effect on musculature	IL / CR	BCQ/ OSCE		
126.	Correlate centric relation, centric occlusion and maximum intercuspation.	IL	BCQ		
127.	Recognize the acceptable final relationship of upper and lower teeth, at the end of orthodontic treatment	IL / CR	OSCE		
128.	Recognize the importance of the curves of occlusion in an arch	IL / CR	OSCE		
129.	Classify occlusion	IL	SEQ		
	ORTHODONTICS				
130.	State Andrews six keys of occlusion	IL / CR	SEQ		
131.	Recognize the importance of having the six keys in a dentition	IL/ CR	OSCE		
132.	Recognize the absence of any of the six keys in a dentition	CR	OSCE		
133.	Recognize the importance of functional and non functional cusps	IL	SEQ/ BCQ		
134.	Identify certain syndromes due to their clinical features	СР	BCQ / OSCE		
135.	Predict the dental malocclusion for each syndrome	IL / CBL	OSCE		
136.	Recognize the treatment changes that occur due to the presence of a syndrome in a patient	CBL	SEQ/ BCQ/ OSCE		
137.	Quote the etiologies of different syndromes	IL	SEQ / OSCE		
138.	Quote differences between skeletal and chronological age of a patient	IL / CR	OSCE		
139.	Recognize the importance of calculating a patients age before growth completes	IL / CBL/ CR	OSCE		
140.	Recognize the importance of utilization of growth potential while providing treatment to orthodontic patient.	IL/ CBL / CR	OSCE/ BCQ		
141.	Estimate the skeletal age of a patient	CR	OSCE/ BCQ		
142.	Quote the different treatment options available at different stages of growth of patient	CR	OSCE		

143.	Measure overjet and overbite clinically	CR	OSCE
144.	Record maximum intercuspation	CR	OSCE
145.	Compare canine guidance and group function occlusion schemes	IL / CR	BCQ/ SEQ/ OSCE
146.	Differentiate between static and dynamic occlusion.	IL	BCQ
147.	Relate different determinants of occlusion.	IL	BCQ
148.	Correlate centric relation, centric occlusion and maximum intercuspation.	IL	BCQ
149.	Correlate temporomandibular joint, musculature and teeth.	IL	BCQ
150.	Measure overjet and overbite clinically	CR	BCQ/OSCE
151.	Record maximum intercuspation	CR	BCQ/OSCE
152.	Classify molar relationship according to angle's classification	IL	BCQ
153.	Compare canine guidance and group function occlusion schemes	IL	BCQ
154.	Identify functional and non-functional cusps.	IL/CR	BCQ/OSCE
155.	Differentiate between working and non-working side movements.	IL	BCQ
	PROSTHODONTICS		
156.	Associate Bennett angle and Bennett movement/side shift with laterotrusive movement.	IL	BCQ
157.	Classify movements of the TMJ.	IL	BCQ
158.	Differentiate between border movements and intraborder movements.	IL	BCQ
159.	Identify occlusal scheme clinically.	IL/CR	BCQ/OSCE
160.	Compare physiological and pathological occlusion.	IL	BCQ
	ORTHODONTICS		
161.	Differentiate between static and dynamic occlusion.	IL	BCQ
4.00			
162.	Identify abnormalities that can develop at permanent stages of dentition	IL	OSCE
162.	Identify abnormalities that can develop at permanent stages of dentition Discuss how the permanent teeth adjust in spaces of deciduous teeth	IL IL/ CR	OSCE
162. 163. 164.	Identify abnormalities that can develop at permanent stages of dentition Discuss how the permanent teeth adjust in spaces of deciduous teeth Discuss the physiologic functions of oral cavity and any abnormalities that occur due to habits or other environmental factors	IL IL/ CR IL	OSCE OSCE SEQ/ BCQ

167. Quo 167. Quo 168. Ider 169. Reca 170. Ider 170. Ider 171. Enlis 172. Reca 173. Reca 174. Reca 175. Inter 176. List 177. Take info plant 178. Ider	Exequence ote various syndromes that can develop at various stages of elopment ntify the various syndromes and the malocclusions that they all indications syndromes and the malocclusions that they all indications and contraindications of local anesthesia, eral anesthesia and sedation ntify the role of conscious sedation in the field of Oral and killofacial Surgery st the complications associated with local and general sthesia all Infiltration and Block techniques of Local anesthesia all principles of flap design and incision all the principles of suturing, types of sutures, advantages disadvantages rpret various hematological and radiological investigations	CP / CBL CP / CBL IL IL IL IL/SGD/CR IL IL/SGD	SEQ/ BCQ/ OSCE OSCE BCQ BCQ BCQ OSCE BCQ/SEQ
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175. International 176. List 177. Take info plan 178. Iden eme eme	rpret various hematological and radiological investigations		
176. List 177. Take info plan 178. Ider		IL	BCQ
177. Take info plan178. Ider eme	the instruments used in Oral & Maxillofacial surgery	IL/CR	BCQ/OSCE
info plan 178. Ider eme	e the history of patient at the chair side with relevant	IL/CR	SEQ/OSCE
plan 178. Ider eme	rmation, evaluation, assessment, diagnosis and treatment		
178. Ider	1		
eme	ntify and state the preventive measures for medical	IL/CBL	BCQ/SEQ/CP
	ergencies in Dental Office.		
179. Disc	cuss the management of Medical emergencies in dentistry	IL/CBL	BCQ/SEQ/CP
180. Reca	all importance of sterilization and disinfection in Oral Surgery	IL	BCQ
181. Tell	the hazards of Cross-infection	IL	BCQ
182. App	ly personal barriers for prevention of cross infection	IL	BCQ
183. Des	cribe the principles of Exodontia	IL	BCQ/SEQ
184. Ider	ntify complete armamentarium used in Oral and Maxillofacial	IL/CR	BCQ/OSCE
Surg	gery and its dynamic		
185. Asse	ess patient requiring Exodontia independently	IL/CR	BCQ
186. Diffe	erentiate between simple and complex exodontia	IL	BCQ
187. Reca	all the classification systems of Impacted Mandibular and	IL	SEQ
Max	killary 3rd molar and maxillary canine		
188. Ider	•	IL	SEQ
with	ntify the complications of removal of Impacted teeth along		-

189.	Enlist the dentoalveolar injuries and its management	IL	BCQ
190.	Identify the indications of Pre-prosthetic surgery and its role	IL	BCQ
191.	Describe Ridge augmentation and reduction (alveoloplasty) procedures	IL	BCQ
192.	Enumerate pre-prosthetic procedures commonly performed in maxilla and mandible	IL	BCQ/OSCE
193.	Know the principles of Endodontic surgery and relate periodontal consideration for oral surgery procedures	IL	BCQ
194.	Enumerate the indications of Endodontic Surgery	IL	BCQ
195.	Classify orofacial pain	IL/CBL	BCQ/SEQ
196.	Enumerate the causes of oro-facial pain	IL	BCQ
197.	Formulate differential diagnosis of pain in the oral and maxillofacial region and devise management plan accordingly	IL/CBL	OSCE
	PROSTHODONTICS		1
198.	Enumerate the causes of tooth loss and it's complications if untreated	IL	BCQ
199.	Identify partially dentate oral state, mutilated dentition, collapsed arch and edentate oral state.	IL	OSCE
200.	Anticipate challenges in managing edentulous patient.	IL	BCQ
201.	Compare the support mechanism for the natural dentition and complete dentures	IL	SEQ/BCQ
202.	Ascertain the functional responses of occlusion of an edentulous state.	IL	BCQ
203.	Correlate mucosal support with masticatory loads	IL	SEQ/BCQ
204.	Identify features and risk factors associated with parafunctional habits	IL/CBL 1	BCQ
205.	Compare the forces generated by mastication and parafunctional habits.	IL	BCQ
206.	Appreciate the morphological changes due to edentulism	IL/CBL 1	SEQ/BCQ
207.	Correlate the changes in morphological face height and the temporomandibular joints with edentate state.	IL/CBL 1	BCQ
208.	Enumerate the esthetic, behavioral and adaptive responses in an edentulous patient.	IL/CBL 1	BCQ
209.	Identify the type of mandibular border movement according to Posselt's envelop of motion.	IL	OSCE
210.	Define the term gerodontology	IL	BCQ
211.	Anticipate the problems associated with the geriatric patients.	IL	BCQ
212.	Devise management strategies for the dental care of the elderly in light of the oral diseases, systemic disorders,	IL	BCQ

	psychological and social factors.		
213.	Distinguish between normal and abnormal consequences of	IL/CBL 1	SEQ/BCQ
	aging.		
214.	Relate impact of age on the edentulous mouth, teeth and the	IL/CBL 1	SEQ/BCQ
	orofacial structures.		
215.	Assess effects of excessive tooth wear, root dental caries and	IL	BCQ
	recession of the gingival tissues on provision of removable		
216	Anticipate the problems associated with residual ridge	II /CBL 1	SEO/BCO
	resorption (RRR)		524,504
217.	Associate factors affecting rate and pattern of residual ridge	IL/CBL 1	SEQ/BCQ
	resorption		
218.	Identify residual ridge according to Atwood's classification of	IL/CBL 1	OSCE
210	residual ridge resorption.		
219.	Ascertain the basic resorption pattern of the maxilla and	IL/CBL 1	USCE/BCQ
220.	Plan treatment for patients with residual ridge resorption	IL/CBL	SEO/OSCE
		1/CR	
221.	Comprehend the problems associated with tooth loss in the	IL/CBL 1	BCQ
	elderly and lack of nutrition.		
222.	Correlate nutritional deficiencies due to local and systemic	IL/CBL 1	BCQ
222	problems with oral health.		
225.	conditions	IL	BCQ/USCE
224.	Assess impacts of oral movement disorders, salivary	IL	BCQ
	dysfunction and systemic diseases on adaptive denture		
	experience		
225.	Enumerate risk factors of malnutrition	IL	BCQ
226.	Correlate nutritional deficiency to oral effects and its impact	IL	BCQ/OSCE
	on denture experience		0.005
227.	Examine the dentures in the oral environment	CR	OSCE
228.	categorize direct and indirect sequelae caused by removable	IL/CBL	SEQ/BCQ
229.	Identify different types of denture stomatitis	IL/CR/CBI	OSCE
230.	Manage denture stomatitis		SEO
231.	Identify flabby ridge.	CR/CBL	OSCE
232.	Ascertain the effects of flabby ridge on denture construction	IL/CBI	OSCE
233.	Identify denture irritation hyperplasia.	IL/CBL/CR	OSCE
234.	Diagnose denture related pathologies.		OSCE
235.	Devise treatment protocol for denture related pathologies		SEQ/OSCE
236.	Manage denture related traumatic ulcers	IL/CR	OSCF
237	Enlist complications related to xerostomia in denture wearing		SEC
23/1	patients		524
238.	Identify the features and risk factors associated with burning	IL	SEQ/BCQ

	mouth syndrome		
239.	Manage a gag reflex natient	CR	OSCE
240.	Identify risk factors of atrophy of masticatory muscles.	IL	BCQ
241.	Diagnose a patient having atrophic masticatory muscles.	CR	OSCE
242.	Associate reduced salivary flow rate with elderly patients.	IL	BCQ
243.	Devise preventive strategies for controlling the sequelae of	IL	SEQ/BCQ
	wearing complete dentures.		•
244.	Define basic terminologies of complete denture prosthesis	SGD	BCQ
245.	Justify the need of complete dentures	SGD	BCQ
246.	Assess the different treatment options for edentulous patients	IL/CBL	SEQ/BCQ
247.	Assess examination charts and records	CR/SGD	OSCE
248.	Obtain comprehensive history of an edentate patient.	CR	OSCE
249.	Evaluate general physical observations affecting diagnosis.	CR	OSCE
250.	Perform extra oral and intraoral examination of an edentulous patient.	CR	OSCE
251.	Rationalize the importance of intraoral and extra oral features in denture construction	IL/CR/SGD	BCQ/OSCE
252.	Justify the use of radiographs in edentate patient.	IL/CR	OSCE
253.	Analyze diagnostic casts.	CR	OSCE
254.	Rationalize the use of diagnostic cast and diagnostic maxillomandibular relation.	IL/CR	BCQ/OSCE
255.	Interpret diagnostic data with its influence on denture construction.	IL/CR	BCQ/SEQ/OSCE
256.	Correlate biomechanical considerations to denture construction.	CR	SEQ/BCQ/OSCE
257.	Plan treatment for the complete denture patient.	CR/CBL	BCQ/OSCE
258.	Prepare a patient for receiving prosthesis.	CR/CBL	BCQ/SEQ
259.	Outline protocols in chronological order for preparing a patient for prosthesis	IL/CBL	SEQ/OSCE
260.	Control and manage denture related infections before prosthesis fabrication.	IL/CBL	SEQ/BCQ/OSCE
261.	Follow protocols of denture usage /alteration in patients with denture related infections.	CR	BCQ/OSCE
262.	Outline measures to manage unfavorable morphological characteristics that may compromise denture construction	IL/CBL	SEQ/BCQ/OSCE
263.	Justify use of surgical procedures to optimize denture bearing areas.	IL/CBL	BCQ/OSCE
264.	Identify morphological characteristics of denture bearing areas	IL/CR	OSCE
265.	Differentiate between anatomic landmarks and limiting structures pertaining to complete dentures	IL/CR	OSCE
266.	Correlate limiting structures to denture borders	IL/CBL	BCQ /OSCE
267.	Correlate the action of muscles in limiting structures on denture stability	IL/CBL	BCQ/OSCE

268.	Avoid damage to oral and paraoral structures during clinical procedures.	CR	BCQ/OSCE
269.	Select biomaterials for patients having compromised oral tissues.	CR/SGD	BCQ/OSCE
270.	Apply properties of biomaterials for different procedures of complete denture construction.	CR/SGD	BCQ/OPD
271.	Identify anterior and posterior vibrating lines	IL/CR	OSCE
272.	Outline ways of marking the anterior and posterior vibrating lines	IL/CR	SEQ/BCQ
273.	Mark anterior and posterior vibrating lines	IL/CR	OSCE
274.	Appraise the effect of post dam area on denture retention	IL/CR	BCQ/OSCE
275.	Correlate soft palate classification with post-dam area	IL/CR	OSCE
276.	Select a proper denture base material for different edentulous patients.	CR	BCQ/OPD
277.	Assess causes of imperfections in denture bases.	CR	OSCE
278.	Compare acrylic resin and porcelain teeth in dental prostheses.	SGD/CR	SEQ/BCQ
279.	Identify the surfaces of a denture	CR	OSCE
280.	Fabricate a trial denture base (TDB) with a knowledge	IL/CR	OSCE
	regarding materials and basic requirements.		
281.	Justify the use and design of occlusal rims.	SGD/CR	BCQ/OSCE
282.	Fabricate occlusal rims according to guidelines.	CR	OSCE/OPD
283.	Outline procedures to reinforce wax occlusal rim.	SGD	OSCE
284.	Compare an arbitrary facebow and kinematic facebow.	IL	SEQ/BCQ
285.	Justify the use of facebow record in complete denture construction.	IL	SEQ/BCQ
286.	Take an orientation record using Hanau Face bow.	CR	OSCE/OPD
287.	Transfer the face bow record to Hanau semi adjustable articulator.	CR	OSCE/OPD
288.	Set condylar guidance and Bennett angle using arbitrary method.	CR	OSCE
289.	Enumerate guidelines for fabrication and adjusting occlusal rims intraorally	IL	SEQ
290.	Adjust the occlusal rim according to labial and buccal fullness.	CR	OSCE/OPD
291.	Analyze the guide for esthetics in light of degenerative changes	IL/CR	BCQ/OSCE
	occurring in the skin.		
292.	Mark midline, low and high lip line, incisal show and canine line.	CR	OSCE
293.	Estimate the level of occlusal plane using Fox's plane.	CR	OSCE/OPD
294.	Outline other methods of estimating occlusal plane.	IL	SEQ/BCO
295.	Classify maxillomandibular records.		SEQ/BCO/OSCF
296	Enumerate the methods to record different maxillomandibular		

	relations		
297.	Outline sequence of taking maxillomandibular relation with	IL	SEQ/BCQ/OSCE
	reasoning		
298.	Determine the rest vertical dimension using mechanical and	CR	OSCE/OPD
	physiological methods.		
299.	Compute freeway space by determining rest vertical and	CR	OSCE/OPD
	occlusal vertical dimension.		
300.	Record centric relation in an edentulous patient.	CR	OSCE/OPD
301.	Apply concepts of mandibular movements in centric relation	CR	BCQ/OSCE
	record.		
302.	Enumerate different factors which influence and regulate	IL	BCQ
	mandibular movements.		
303.	Justify the use of centric relation as a starting point for	IL	BCQ
	fabricating complete denture occlusion.		
304.	Diagnose cases with improper occlusal vertical dimension	IL/CR	SEQ/BCQ/OSCE
305.	Enlist consequences of improper occlusal vertical dimension	IL/CR	SEQ/BCQ/OSCE
306.	Devise management protocol for patients having improper	IL/CR	SEQ/BCQ/OSCE
	occlusal vertical dimension		
307.	Classify the Articulators.	IL	SEQ/BCQ/OSCE
308.	Identify different parts of an articulator.	CR	OSCE
309.	Differentiate between an arcon and a non arcon articulator.	IL/CR	BCQ/OSCE
310.	Program the articulator by adjusting condylar guidance	CR	OSCE
	through a protrusive record.		
311.	Select anterior teeth based on aesthetics and function.	IL/CR	SEQ/OSCE
312.	Select posterior teeth based on interarch space, residual	IL/CR	SEQ/OSCE
	alveolar ridges and functional needs.		
313.	Identify different posterior tooth molds.	CR	OSCE
314.	Formulate the guides for preliminary arrangement of anterior	IL/CR	OPD/OSCE
	teeth.		
315.	Relate incisive papilla with anterior teeth placement	IL/CR	SEQ/BCQ/OPD
316.	Apply the role of musculature and aesthetics on anterior tooth	IL/CR	BCQ/OSCE
	arrangement.		
317.	Mark the guidelines for tooth set up on maxillary and	IL/CR	OSCE
	mandibular casts		
318.	Apply knowledge of tooth setup guidelines	IL/CR	BCQ/OSCE
319.	Set up the anterior teeth in wax for Class I orthognathic	CR	OSCE
	relationship with canine Class I canine relationship.		
320.	Create appropriate overjet and overbite according to case.	CR	OSCE
321.	Measure the overjet and overbite clinically as well as on	CR	OSCE
	articulator.		

			0005
322.	Mark tentative bucco-lingual placement of posterior teeth on	CR	OSCE
	the cast.		
323.	Set up the posterior teeth in wax for Class I orthognathic	CR	OSCE
	relationship with Class I molar relationship.		
324.	Apply role of musculature and residual ridge on posterior tooth	IL/CR	BCQ/OSCE
	set up.		
325.	Anticipate problems of setting teeth out of the neutral zone.	IL	BCQ
326.	Correlate the wax occlusal rim with the guidelines marked on	IL/CR	BCQ/OSCE
	the cast.		
327.	Arrange anatomical teeth to a balanced occlusion.	CR	OSCE
328.	Ascertain the procedure for arranging maxillary or mandibular	IL/CR	BCQ
	teeth first with justification.		
329.	Enlist the pre requisites for arranging teeth in balanced	IL	SEQ
	occlusion and articulation		
330.	Sort occlusal schemes for natural and artificial occlusion	IL	BCQ
331.	Enumerate the characteristics of balanced occlusion and	IL	SEQ
	articulation		
332.	Justify the use of compensating curves and tilt in occlusal plane	IL	BCQ
	to attain balanced occlusion.		
333.	Correlate incisal guidance, compensating curves, occlusal	IL/CR	SEQ/BCQ
	plane, condylar guidance and cuspal inclines with each other.		
334.	Separate anterior and posterior guidance components	IL	SEQ
335.	Compare balanced occlusion, monoplane occlusion and	IL	SEQ/BCQ
	lingualized occlusion.		
336.	Adjust the protrusive, working and balancing contacts on a	CR	OSCE
	semi adjustable articulator.		
337.	Outline the sequence protocol for trial denture	IL/CR	SEQ/BCQ/OSCE
338.	Assess retention and stability of trial denture bases	CR	OSCE
339.	Assess and manage over and under extensions	IL/CR	OSCE
340.	Assess positioning of teeth in relation to neutral zone	CR	OSCE
341.	Verify maxillomandibular relations	IL/CR	OSCE
342.	Outline protocol for improper centric relation	IL/CR	OSCE
343.	Correlate facial and functional harmony with anterior teeth	IL/CR	OSCE
	setup.		
344.	Harmonize anterior teeth with sex, personality and age of the	CR	OSCE
	patient.		
345.	Co-relate the esthetics and incisal guidance	IL/CR	OSCE
346.	Justify the patient acceptance in arrangement of anterior teeth	IL/CR	OSCE
347.	Assess phonetics at try in appointment	IL/CR	OSCE
348.	Appraise the importance of closest speaking space	IL/CR	OSCE/BCQ

349.	Assess closest speaking space	IL/CR	OSCE
350.	Classify different sounds	IL/CR	OSCE/BCO
351.	Relate different sounds to teeth positioning	IL/CR	OSCE/BCO
352.	Relate denture base contours with phonetics	IL/CR	OSCE/BCQ
353.	Give instructions at each clinical procedure appointment	CR	OSCE
354.	Retake the maxillomandibular relation if required	CR	OSCE
355.	Assess posterior open bite	CR	OSCE
356.	Enlist causes of posterior open bite at try-in stage		
357.	Stabilize the baseplates for try in procedures	CR	OSCE
358.	Perform the final wax up, carving and festooning in wax.	CR	OSCE
359.	Invest the denture using plaster in a flask.	CR/SGD	OSCE
360.	Apply appropriate separating medium in different stages of flasking and packing.	CR	OSCE
361.	Pack the mold with acrylic resin in its proper stage of setting.	CR	OSCE
362.	Execute trial packing procedure.	CR	OSCE
363.	Use hydraulic and manual press for packing procedures.	CR	OSCE
364.	Cure the dentures in manual water baths.	CR	OSCE
365.	Select appropriate curing cycle considering time restraints and needs.	CR/SGD	OSCE
366.	Deflask the dentures without damage of fracturing.	CR	OSCE
367.	Perform gross and fine finishing of the dentures with correct selection of burs and motor speed chronologically.	CR	OSCE
368.	Polish the dentures.	CR	OSCE
369.	Adjust occlusion according to BULL's rule on the cast and clinically.	CR	OSCE
370.	Critically analyze the final dentures for faults.	IL/CR	OSCE
371.	Eliminate the errors of the basal surface of denture.	CR	OSCE
372.	Outline sequence of insertion protocols for complete dentures.	IL/CR	
373.	Evaluate retention and stability of dentures clinically.	CR	OSCE
374.	Identify pressure areas during insertion using Zinc oxide or pressure indicating paste.	IL/CR	OSCE
375.	Enlist different pressure indicating mediums	IL	OSCE
376.	Interpret pressure indicating paste findings	IL/CR	SEQ/BCQ/OSCE
377.	Eliminate the errors of occlusion in centric relation.	IL/CR	OSCE
378.	Verify the centric relation on insertion.	CR	OSCE
379.	Enlist indications for remounting of dentures	IL	SEQ/BCQ
380.	Give post insertion instructions to the patient.	CR	OSCE
381.	Evaluate the patient at the first post insertion appointment.	CR	OSCE
382.	Outline sequence of post insertion protocol with justification	IL/CR	SEQ/BCQ/OSCE
383.	Devise appropriate treatment for pressure spots, rocking of dentures, over and under extension of flanges.	IL	SEQ/BCQ/OSCE

204	Determine the factors involved in retention of complete		
504.	donturos	IL	BCQ/ SEQ
385.	Classify factors of retention	IL	BCQ
386.	Fnumerate factors that aid retention in patients with		BCO
	compromised morphology		200
387.	Relate factors of retention with different areas of complete	IL	BCQ
	dentures		
388.	Enumerate factors that enhance stability of complete dentures	IL	BCQ/SEQ
389.	Select patients requiring adjunctive retention through the use	IL	BCQ
	of denture adhesives.		
390.	Rationalize the use of denture adhesives in complete dentures.	IL	BCQ
391.	Enumerate the mode of action of denture adhesives.	IL	BCQ
392.	Enumerate the ideal requirements of denture cleansers	IL	BCQ
393.	Brief regarding the mechanical techniques of cleaning dentures	IL	BCQ
394.	List chemical denture cleansers	IL	BCQ
395.	Outline mechanism of action of denture cleansers	IL	BCQ
396.	Anticipate adverse effects to denture cleansers.	IL	BCQ
397.	Identify macroscopic anatomy of supporting and limiting	IL/CR	OSCE
	structures of maxilla clinically and on cast.		
398.	Identify macroscopic anatomy of supporting and limiting	IL/CR	OSCE
	structures of maxilla clinically and on cast.		
399.	Identify muscles dictating sulcus depth in various oral regions	IL/CR	BCQ/OSCE
	pertaining to denture flanges.		D00/0005
400.	Recognize the effect of modioius on denture stability.		BCQ/OSCE
401.	denture function	IL/CR	BCU/USCE
402.	Select appropriate preliminary impression material for	CR	OSCE
	different oral conditions.	•	
403.	Apply factors of retention in complete denture construction.	IL/CR	BCQ/OSCE
404.	Manage a diseased oral cavity for impressions.	IL/CR	BCQ/OSCE
405.	Record Preliminary Impression for Edentulous Patient using	CR	OSCE
	alginate and composition by apply general principles and		
	objectives of impression making.		0.005
406.	Select appropriate gypsum product for pouring impressions of different pature	CR	USCE
407	Pour an impression using soft and hard plaster	CR	OSCE
408.	Compare different impression Techniques according to residual		
	ridge and material.	,	
409.	Select appropriate impression technique according to	IL/CR	SEQ/BCQ/OSCE
	anatomical factors of residual ridge.		
410.	Design custom tray according to the selected impression	IL/CR	SEQ/BCQ/OSCE
	technique		
411.	Construct a custom tray for secondary impression using self-	CR	OSCE
442	cure acrylic resin for different impression techniques.		0000
412.	Refine a custom tray.	CR	USCE
	207		

413.	Select a method of reducing pressure on soft tissues through custom tray.	IL/CR	BCQ/OSCE
414.	Select appropriate final impression material and method of	IL/CR	BCQ/OSCE
	border molding and wash impression as per the impression technique utilized.		
415.	Perform border molding procedure with green stick.	CR	OSCE
416.	Outline procedure of one step border molding with polyether impression material.	IL	SEQ
417.	Record Final Impression for edentulous patient considering the oral and para oral musculature and oral physiology.	CR	OSCE
418.	Correlate the anatomical landmarks seen clinically with an impression.	CR	OSCE
419.	Justify the use of Boxing-In technique.	IL/CR	BCQ/OSCE
420.	Identify favorable and unfavorable posterior palatal form for	CR	OSCE
	posterior palatal seal.		
421.	Mark anterior and posterior vibrating line clinically.	CR	OSCE
422.	Carve post dam area on the master cast.	CR	OSCE
423.	Select appropriate special impression technique for variants in mucosal topography.	IL/CR	SEQ/BCQ
424.	Outline steps of special impression techniques for different conditions	IL	SEQ
425.	Rationalize the use of special impression techniques according to given oral condition.	IL	SEQ/BCQ
426.	Give instructions for both open and closed mouth impression techniques.	CR	OSCE
427.	Identify impression errors.	CR	OSCE
428.	Rectify impression errors.	CR	OSCE

ACADEMIC SCHEDULES

Weekly schedule of Module X (Endodontic)				
Operative Dentistry				
Week	Lecturer 1	Lecturer 2	Lecturer 3	
no.				
W/1	Pulp system-1	Classification of pulp &	Pulp system-2	
	LO (1-6)	Periapical diseases LO (24-32)	LO (7-11)	
W/2	latrogenic effects on the	Perio-endo lesions	Vital pulp therapies	
	pulp LO (12)	LO (33-35)	LO (14-15)	
W/3	Apexogensis	Diagnosis of pulp & periapical	Endodontic infection	
	LO (16-17)	lesions LO (36-40)	LO (20-23)	
W/4	Apexification &	Class Test	Isolation in endodontic	
	revascularization LO (19)	LO(24-40)	LO (53)	
W/5	Class Test	Treatment of endo-dontic	Endodontic Access & length	
	LO (1-19)	emergencies LO (41)	determination LO (54-56)	
W/6	Cleaning& shaping of canal	Endodontic instruments	Class Test	
	LO (57-59)	LO (42)	LO(20-23, 53-56)	
W/7	Step back and crown down	Endodontic radiology	Obturation materials	
	techniques LO (60-66)	LO (43-50)	LO(67-68)	
W/8	Obturation techniques	Endodontic anesthesia	Endodontic mishaps	
	LO (69-70)	LO (51-52)	LO (71)	
W/9	Class Test	Endodontic surgery-1	Endodontic outcome	
	LO (57-70)	LO (74-75)	LO (77)	
W/10	Non-surgical retreatment	Endodontic surgery-2	Class Test	
	LO (72-73)	LO (76)	LO (71-77)	
W/11	Classification of Longitu-	Class Test	Vertical root fracture	
	dinal tooth fracture	LO (41-52)	LO (80)	
	LO (78-79)			
W/12	Class Test	Revision	R evision	
	LO (78-80)			
W/13		Theory Examination		
W/14		OSCE & Viva Examination		

Weekly schedule of Module X				
Orthodontics				
Week no.	Lecturer 1	Lecturer 2		
Week - 1	Introduction to Orthodontics	Anatomy of head and neck		
WEEK - I	(81-83)	(84)		
Week – 2	<u>GROWTH</u>	Growth theories II		
	Growth theories I (85-94)	(85-94)		
	 Types of bone growth 	Arch development		
Week – 3	 Fields, sites and centers 			
	(90)	(97)		
	PRESENTATIONS	Mandibular growth		
Week – 4	Arches pouches, face, tongue,			
	palate, teeth, cranial vault	(95,96)		
Week – 5	Maxillary growth (95,96)	Growth rotations1 (98-100)		
Week – 6	Growth rotations II (98-100)	Age determination (113,138-140)		
Week – 7	Assessment	Age changes		
Week - 8	Development of dentition and	Development of dentition and occlusion II		
WEEK O	occlusion I (101-103, 112)	(101-103,114,162-168)		
Week – 9	Occlusion I (101,117,119-123)	Occlusion II (125-129)		
Week –10	Occlusion III (130-131,133,152)	ΙΟΤΝ		
Week -11	Assessment	Syndromes Presentations I (135-137)		
Week -12	Syndromes Presentations II (135- 137)	Revision		
Week -13	Theor	y Examination		
	OSCE & V	Viva Examination		
Week - 14				

Weekly schedule of Module X			
OMFS			
Week	Lecture 1	Lecture 2	
Week – 1	History taking & Pre-operative Evaluation LO: 175, 177	General Anesthesia and pre-surgical assessment LO: 169, 171	
Week – 2	Conscious Sedation LO: 170	Local Anesthesia assessment and technique LO: 169, 171, 172	
Week – 3	Complications of Local Anesthesia LO: 171	CBL/PBL Case presentation	
Week – 4	Management of Acute Post- operative Pain LO: 195	Oro-Facial Pain & Management LO: 196, 197	
Week – 5	Principles of Basic Flap design LO: 173, 174	Principles of Basic Flap design LO: 173, 174. 176	
Week – 6	Cross infection control & Sterilization LO: 180-182	Class test	
Week – 7	Prevention of Medical Emergencies in Dental office LO: 178	Prevention of Medical Emergencies in Dental office LO: 178, 179	
Week – 8	Management of Medical Emergencies in Dental office LO: 179	Basic & Complex Pre-prosthetic Surgery & Dentoalveolar LO: 190, 191	
Week – 9	Basic & Complex Pre-prosthetic Surgery & Dentoalveolar LO: 192	Principles of Exodontia LO: 183-185	
Week – 10	Complex Dentoalveolar Surgery LO: 186-188	Post-operative pain and complications LO: 189	
Week -11	Class test	Principles of Endodontic Surgery (Apicectomy) LO: 193-194	
Week -12	Revision	Revision	
Week – 13	Т	HEORY EXAM	
Week – 14	OSCE & Viva Examination		

Weekly Schedule for Mod X Prosthodontics – Edentulism/Conventional Complete Dentures			
Week	Lecture 1	Lecture 2	Lecture 3
1.	Biomechanics of (198-09)	Aging (213-15)	Nutrition care (221-26)
2.	Residual ridge resorption (216-20)	Sequelae of complete dentures (227-43)	Test
3.	Treatment Planning – Edentulous Arches (244-45,247-251)	Treatment Planning – Diagnostic Records 252-56)	Treatment Planning – Case selection (246,257)
4.	Mouth Preparation – Inflammed tissues (258-63)	Applied Anatomy – Landmarks and Limiting structures (264-67)	Test – Applied Dental Materials (268-270)
5.	Primary impressions and custom tray (397-407)	Secondary impressions (408-422)	Retention in complete dentures (384-87)
6.	Special Impression techniques (423-28)	Posterior palatal Seal, Baseplates and occlusal rims (271-283)	Presentations - Diagnosis
7.	Maxillomandibular relations – Orientation relation (284-87)	Maxillomandibular relations – Vertical relation(288-98)	Maxillomandibular relations – Horizontal relation (299- 306)
8.	Articulators and Articulation (307-10)	Test – Impressions and MMR	Artificial Tooth selection (311-13)
9.	Artificial tooth arrangement – Anterior (314-321)	Artificial tooth arrangement – Posterior (322-328)	Occlusion –I (429-44)
10.	Complete denture occlusion –I (329-31)	Complete denture occlusion – II (332-36)	Try-In appointment (337-46,353-57)
11.	Phonetics (347-52)	Delivery of Dentures (370-80)	Post insertion Management (381-383)
12.	Gerodontology intro(210- 12)	Denture Adhesives (389-91)	Denture cleansers (392-96)
13.		THEORY EXAM	
14.		OSCE & Viva Examination	

MODULE XI (Restorative Dentistry, Orthodontic diagnosis, Infections and Diseases, Partial Dentulism)

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

S.No	Learning Objectives	Teaching	Assessment tool
		strategy	
	OPERATIVE DENTISTRY		
1.	Define Dental Caries	IL	BCQs (one best)
2.	Recall carious lesions according to GV. Black	IL	BCQs(one best)
3.	Memorize Graham Mount Classification	IL	BCQs/SEQs
4.	Debate causes of dental caries	IL/CBL	BCQs/SEQs
5.	Summarize caries risk factors	IL/CBL	BCQs/ VIVA
6.	Classify Dental caries by ICDAS	IL/CBL	BCQs/SEQs
7.	Perform clinical examination and diagnosis of dental caries	IL/SGD/ CBL	OSCE
8.	Know new tools for caries detection	IL	BCQs/SEQs
9.	Plan risk based caries management	IL/SGD	BCQs/SEQs
10.	Explain preventive treatments for dental caries	IL/CBL	BCQs/SEQs/ VIVA
11.	Apply noninvasive treatments for dental caries	IL/CBL	BCQs/SEQs/ VIVA
12.	Discuss the risk factors for root caries	IL	SEQs
13.	Apply preventive and restorative treatment for root caries	IL/CR	SEQs
14.	Use NICE guidelines for patient recall interval	IL	SEQs
15.	Know the importance of dental record	IL	BCQs
16.	Identify Instruments used in restoration	CR	OSCE
17.	Apply method of isolation in restorative dentistry	IL/SGD	OSCE
18.	Review the composition of amalgam	IL	BCQs/SEQs
19.	Establish the significance of gamma-2 phase	IL	BCQs/ VIVA
20.	Know the advantages and disadvantages of amalgam	IL	BCQs/SEQs
21.	Distinguish between different types of amalgam according to their composition and shape	IL	BCQs
22.	Apply principles of cavity preparation for Class I, II,& V amalgam restorations	CR/SGD/CA	BCQs/SEQs /OSCE
23.	Describe complex restorations for amalgam	IL	BCQs

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24.	Perform Nayyar core and compo core	IL/CR	BCQs /VIVA
25.	Execute accessory means of retention	IL/CR	BCQs/ VIVA
26.	Memorize significance of amalgam bonding	IL/CR	BCQs/SEQs
27.	Differentiate between cavity liners, sealers and bases	IL/SGD	SEQs/OSCE/SC
28.	Apply lining to protect the pulpal floor of the cavity	CR	OSCE
29.	Explain different steps of amalgam placement	SGD/CR	OSCE/SC
30.	Execute finishing and polishing of amalgam restorations	SGD/CR	BCQs/SEQs /OSCE/SC
31.	Rewrite mercury hazards and describe its hygiene	IL/CR	SEQs
32.	Discuss methods of Sterilization and Disinfection	IL/CR	BCQs/SEQs
33.	Describe Adhesive Dentistry	IL	BCQs
34.	State the Principles of Adhesion to enamel & dentine	IL	BCQs/SEQs
35.	Explain the process of etching to enamel and dentine	IL	BCQs/SEQs/ OSCE
36.	Enumerate the factors affecting adhesion to enamel and dentine	IL	SEQs/ VIVA
37.	Classify bonding systems	IL	BCQs/SEQs
38.	Argue dry and wet bonding	IL	BCQs/SEQs
39.	Memorize composition of dental composites	IL	BCQs
40.	Execute clinical steps for Class III & Class IV for resin composite restorations	IL/CR	BCQs/SEQs/ OSCE
41.	Explain advantages & disadvantages of posterior composite as a restorative material	IL	BCQs/SEQs
42.	Describe the indications of posterior composite	IL	BCQs/SEQs
43.	Perform fissure sealant application	IL/CR/SGD	BCQs
44.	Use of preventive resin restoration technique	IL/CR/SGD	BCQs/SEQs
45.	Distinguish between fissure sealant and preventive resin restorations	IL	BCQs/SEQs/ VIVA
46.	Perform placement of posterior composite restoration in Class I, II	IL/CR	OSCE
47.	Establish tight proximal contact for posterior composite restoration	IL/CR	OSCE
48.	Recognize the importance of C-factor	IL	BCQs/SEQs
49.	Know how to decrease C-factor to improve longevity of composite restoration	IL/CR	BCQs/SEQs/ OSCE
L			

			Τ
50.	Apply various matrix systems for Class II, III, IV	IL/Skill Lab	OSCE
51.	Explain the principles behind bonded based and snow	IL	BCQs/SEQs/ VIVA
	plough techniques		
52.	Identify the instruments and materials used for finishing	IL/CR	OSCE
	and polishing of composite restorations		
53.	Perform finishing & polishing of composite fillings	IL/SGD/CR	OSCE
54.	List the etiology of non-carious cervical lesions	IL	BCQs/SEQs
55.	Use different restorative materials for non-carious cervical	IL/CR	OSCE
	lesions		
56.	State the causes of discoloration	IL	BCQs/SEQs
57.	Enlist the Indications and contraindications of bleaching	IL	BCQs/SEQs
58.	Know the mode of action of bleaching agent	IL	BCQs/SEQs
59.	Plan bleaching of endodontically treated teeth	IL	BCQs/SEQs
60.	Explain bleaching of vital teeth	IL	BCQs/SEQs
61.	Factors affecting both the in-office and at-home bleaching	IL	BCQs/SEQs
62.	Propose the procedure of microabrasion and	IL	BCQs/SEQs/
	macroabrasion		OSCE
63.	Write down the indications of veneers	IL	SEQs
64.	Enlist materials used for veneers	IL	SEQs
65.	Demonstrate tooth preparation for veneers	IL/CR	OSCE
66.	Distinguish between inlay and on lay	IL	BCQs/SEQs
67.	Perform tooth preparation of inlay and on lay	IL/CR	BCQs/SEQs/
			OSCE
68.	Execute cementation of inlay and on lay	IL	BCQs
69.	Discuss the core materials	IL/CR	BCQs/SEQs
70.	Discuss the indications of dental posts	IL/CR	BCQs/SEQs
71.	Describe designs of dental posts and types	IL/CR	BCQs/SEQs/
			OSCE/ VIVA
72.	Perform preparation of dental post in canal	IL/CR	BCQs/SEQs/
			OSCE
73.	Execute cementation of post in canal of tooth	IL/CR	BCQs/SEQs
			OSCE
74.	Discuss mechanical and chemomechanical methods of fluid control	IL	BCQs/SEQs
75.	Summarize steps of placement of retraction cord	IL/CR	BCQs/SEQs

76	Decommond the use of CAD/CANA in dentistry				
76.	Recommend the use of CAD/CAW In dentistry	IL	BCUS/SEUS/ USCE		
	ORTHODONTICS				
77.	Enlist various diagnostic aides before starting orthodontic	IL /CR	OSCE/ SEQ		
	treatment				
78.	Discuss the importance of the diagnostic aides for the	IL	CQ		
	treatment planning				
79.	Differentiate between diagnosis and problem list of a case	IL/ CR	OSCE		
80.	Formulate the problem list of the patient before the	CR/ CBL	OSCE		
	treatment				
81.	execute problem oriented approach for diagnosis and	CR / CBL	OSCE		
	treatment planning				
82.	List the treatment options for a particular patient based on	CBL /CR	OSCE /SEQ		
	the problem list and diagnosis				
83.	Design a comprehensive list of patient's pathological and	CR	OSCE		
	developmental problems, maximizing the benefit to the				
	patient				
84.	Recognize what is esthetics, and describe the importance	IL	OSCE /BCQ		
	of achieving esthetics at the end of treatment				
85.	Recite the terms micro, mini and macro esthetics	IL / CR	OSCE		
86.	Identify the problems with micro mini and macro esthetics	CR /CBL	OSCE		
	in a patient				
	ORTHODONTICS / OPERATTIVE				
87.	Define what is golden proportion	IL /CBL/ CR	OSCE		
88.	Identify if the golden proportion is achieved in an occlusion	CR/CBL	OSCE		
	at the end of treatment				
	ORTHODONTICS	I	1		
89.	Quote terminologies that will be used during examinations,	IL /CR	OSCE		
	problem list making and while carrying out the treatment				
90.	Recognize various terms used to describe malocclusion, so	IL /CR	OSCE		
	as to have a better understanding of the condition when				
	the problems regarding it are being discussed				
91.	Recognize the importance of various classifications	IL	CQ		
92.	Recognize the short comings of various classifications	IL	CQ		
93.	Relate medical problems with resulting malocclusions	IL /CP	OSCE/ SEQ		
94.	Indicate what protocols will change in Orthodontic	IL / CBL	OSCE		
	treatment while dealing with medically compromised				
	patients				

05	Delate the sundrames that lead to melocelusions	CD	
95.	Relate the syndromes that lead to malocclusions	CP	SEQ/OSCE
96.	Determine the etiological factors for a certain	IL	SEQ / OSCE
	malocclusion		
97.	Recognize the impact of hereditary influences on a	IL	BCQ
	malocclusion		
98.	comprehend how various environmental factors lead to a	IL	BCQ /OSCE
99.	Recall the normal anatomy and physiology of dentition and	IL	ĽŲ
400	surrounding structures		650
100.	Write the theories on how tooth eruption will occur	IL	SEQ
101.	Summarize the basic biological process that occurs in bone	IL	SEQ
	due to the forces applied to teeth for Orthodontic tooth		
	movement		
102.	Define what is optimum force, and understand its	IL	OSCE
	importance		
103.	Quote and write the optimum amount of forces that can	IL	OSCE
	be applied for tooth movement		
104.	Write and quote the side effects that can occur if the	IL	SEQ/ BCQ
	Orthodontic force is less or exceeds the normal limits		
105.	Quote the importance of different force durations on tooth	IL	SEQ/ BCQ
	movements during orthodontic treatment		
106.	Define what is anchorage	IL	OSCE
107.	Quote and identify the importance of anchorage while	IL /CBL	OSCE/BCQ
	carrying out orthodontic tooth movement		
108.	Discuss and predict how anchorage can be increased in a	IL/ CBL	OSCE
	case		
109.	Discuss and write the effects on treatment if anchorage is	IL	CQ
	not maintained		
110.	Enlist different materials used for orthodontic treatment	IL	SEQ
	and discuss their properties		
111.	Discuss the properties of each material used in	IL	SEQ/BCQ
	Orthodontic treatment		
112.	Identify which wire should be used at which stage of	IL	OSCE
	treatment		
113.	Quote and discuss the properties of an ideal wire	IL	SEQ /BCQ
114.	Differentiate between banding and bonding	IL	OSCE
115.	Quote and enlist the indications of banding	IL	OSCE /BCQ
116.	Identify the conditions when banding is preferred over	IL	BCQ/ OSCE

	bonding		
117.	Quote the importance of correct bonding in a orthodontic case	IL	OSCE
118.	Quote the three order bends given in a wire	IL	OSCE
119.	Discuss the concept of straight wire appliance	IL	CQ
120.	Quote the importance of straight wire appliance	IL	CQ
	OMFS		
121.	Odontogenic Infection		
122.	Differentiate between abscess and cellulitis	IL/CR	BCQ/SEQ
123.	Compare both specific and non-specific infections involving facial spaces	IL	BCQ/CQ
124.	Enumerate the principles of management of Odontogenic Infection	IL	SEQ
125.	Identify complex odontogenic infections	IL/CBL	BCQ/SEQ
126.	State the management of Ludwig's angina	IL/CBL	SEQ
127.	Identify potential spaces for spread of infection	IL	BCQ/CQ
128.	Recall the importance of antibiotic in managing Oral infections	IL	BCQ
129.	Discuss the treatment options with the patient like incision and drainage augmented with antibiotic therapy and follow ups	IL/SGD	BCQ
130.	Evaluate clinical, imaging and laboratory findings associated with Oral & Maxillofacial pathology including mucosal and malignant lesions	IL	BCQ/CQ
131.	Apply diagnostic and therapeutic options for the management of Oral infections and pathology	il/SGD	OSCE
132.	Diseases of Maxillary Sinus		
133.	Identify Maxillary antrum diseases on the basis of clinical and radiographic findings.	IL	BCQ
134.	Investigate maxillary antrum diseases via periapical and panoramic radiographs	IL	BCQ
135.	Enlist management and complications of maxillary sinus that may occur during dentoalveolar surgical procedures like Oroantral Communication and Oroantral Fistula	IL/CR	BCQ
136.	Salivary Gland Disorders		
137.	Recall the anatomy of major salivary glands	IL	BCQ

138.	Classify disorders of Salivary gland	IL	BCQ
139.	Enumerate diagnostic tools used for detection of Salivary	IL	BCQ/SEQ
	gland diseases		
140.	Recall the diseases of Salivary Glands which comprises of	IL/CBL	BCQ/CQ
	sialolithiases, Mucocele, Ranula, Sialadenitis, Nectrotizing		
	Sialometaplasia, Sjogren syndrome to develop differential		
	diagnosis with treatment options		
141.	Identify the tumors of salivary glands both Benign and	IL	BCQ/SEQ
	Malignant along with means of investigation, diagnosis and		
4.40	treatment plan		
142.	Cyst and Tumors of the Jaw		
143.	Define & classify cysts and tumors of the head and neck	IL	SEQ
	region.		
144.	Develop differential diagnosis for Oral & Maxillofacial	IL	SEQ/OSCE
	pathology		65.0
145.	Enlist clinical, radiographic and laboratory investigations of	IL	SEQ
	various oral diseases along with oral manifestations of		
146	Enlist the histological and radiographic features of		BCO
140.	different cysts and tumors	IL.	beq
147.	Formulate differential diagnosis and devise management	IL/CBL	BCQ/SEQ
	plan for removal of cysts and tumors		
	OPERATIVE/ OMFS / ORTHODONT	ICS	
148.	Dental Radiology		
149.	Define Radiograph	IL/CR	BCQ
150.	Enumerate various radiographs used in Dentistry	IL/CR	OSCE
151.	Define & distinguish terminologies used in Dental radiology	IL/CR	BCQ
152.	Use the terms radiopaque and radiolucent correctly	IL/CR	OSCE
153.	Explain the principles of Imaging	IL	BCQ/CQ
154.	Enumerate the components of X-ray units and X-ray tube	IL/CR	BCQ/CQ
155.	Describe the factors influencing the size, shape and quality	IL/CR	BCQ/CQ
	of the X-ray beam		
156.	Differentiate between normal anatomical structures and	IL/CR	OSCE/CQ
	artifacts		
157.	Identify the basic components of Digital Imaging system	IL/CR	BCQ/CQ
158.	Describe the Imaging principles and special terminologies	IL/CR	BCQ
	associated with cone beam CT Imaging		

450	Falist the advantages and disadvantages of some beaus CT		DCO
159.	Enlist the advantages and disadvantages of cone beam CI	IL/CR	BCQ
160	Draw a flow chart showing sequence of steps involved in	CR	BCO
100.	producing a radiograph from exposure to X-rays to	CN	beq
	mounting		
161.	Identify various intra-oral and extra-oral radiographic	IL/CR	BCQ/OSCE
	techniques used in OMFS along with its use	, -	
162.	Enlist the indications of different radiographs	IL	BCQ/OSCE
163.	Identify the dental and skeletal structures in different	IL	OSCE
	radiographs		
164.	Identify the side effects of this diagnostic modality	IL	BCQ/CQ
165.	Apply Principle of ALARA	IL/CR	BCQ
166.	Demonstrate and apply positioning technique of periapical	CR	BCQ
	radiograph		
167.	Compare paralleling and bisecting angle technique	IL/CR	BCQ
168.	Discuss indications of occlusal radiograph	IL	BCQ
169.	Perform technique of occlusal radiograph	IL	BCQ
170.	Demonstrate bitewing radiograph technique	CR	OSCE
171.	Apply SLOB rule	IL	BCQ
172.	Understand advantages of OPG	IL	BCQ
	OMFS		
173.	Malignant Disorders		
174.	Enumerate the potentially malignant disorders of the oral	IL/CR	BCQ/OSCE
	cavity along with its diagnosis and management		
175.	Recall and describe diagnostic and therapeutic treatment	IL/CR	BCQ
	options for Oral & Maxillofacial pathology including biopsy		
	techniques, surgery, chemotherapy and radiation.		
176.	Learn to manage patients in Dental OPDs, undergoing	IL	BCQ
	radiation		
177.	Interpret the biopsy report and manage the patient	IL	SEQ
470	accordingly		
178.	Maxillofacial Trauma		
179.	Describe the technique and significance of Basic Life	IL	SEQ
	support and Advanced trauma life support in Head and		
	Neck Trauma		
180.	Record history of the patient with trauma and examine	IL/CR	SEQ/CP
	clinically by carrying out investigations		

181.	Learn the basic principles of diagnosis and management of	IL	BCQ/SEQ
	Dentoalveolar injuries.		
182.	Examine and interpret types of facial fractures following	IL	BCQ/SEQ
	first line of treatment keeping in consideration the		
	complications that might occur		
183.	Describe maxillofacial injuries in children and elderly	IL	BCQ
184.	Investigate, diagnose and devise management of	IL	SEQ
	Mandibular fractures, Zygomatic complex fractures, Orbital		
	trauma, midfacial injuries, Nasal, Naso-orbitoethmoidal		
	and frontal sinus injuries		
	PROSTHODONTICS		
185.	Differentiate between	IL	BCQ
	support, stability and retention		
	abutments and retainers		
	undercut and angle of cervical convergence		
	precision attachment and retainer		
	anatomic impression and functional impression		
186.	Interpret consequences of tooth loss	IL	BCQ
187.	Rationalize the need of prosthesis	IL	BCQ
188.	Identify the types of prosthodontics treatment modalities.	IL	BCQ
189.	Identify partial dentulism according to Kennedy's	IL	BCQ
	Classification		
190.	Apply Applegate's rules on different dentate states.	IL	BCQ
191.	Enumerate the need for classifications systems.	IL	BCQ
192.	Categorize different partially dentate states according to	IL	BCQ
	support foundation.		
193.	Record a comprehensive history of a partially dentate	CR	OSCE
	prosthodontics patient.		
194.	Perform extra oral and intraoral examination on a partially	CR	OSCE
	dentate patient.		
195.	Enumerate examination protocol specific for abutment	IL	SEQ
	selection.		
196.	Prescribe basic investigations like periapical and OPG	CR	OSCE
	radiographs pertaining to partial dentulism.		
197.	Make diagnostic impressions with alginate impression	CR	OSCE
	material.		
198.	Identify the need of impression tray modification.	CR	OSCE
199.	Identify problems in alginate impressions with reasons.	CR	OSCE
200.	Manage a patient with an exaggerated gag reflex.	CR	OSCE

201	Detionalize the wood of discussion would wood in the		DCO
201.	Rationalize the need of diagnostic maxiliomandibular	CR/CBL	BCQ
202	relation in different partially dentate states.	65	0.005
202.	Analyze diagnostic casts.	CR	OSCE
203.	Correlate the radiographic findings with clinical findings.	CR	OSCE
204.	Interpret the diagnostic data garnered through history,	CR/CBL	OSCE
	examination and investigations.		
205.	Identify favorable findings for an abutment of fixed partial	IL/CBL	SEQ/OSCE
	denture.		
206.	Formulate a differential and a definitive diagnosis.	CR/CBL	BCQ/SEQ/OSCE
207.	Refer a patient to appropriate specialist.	CR	OSCE
208.	Write a referral.	CR	OSCE
209.	Identify general and local factors regarding prognosis of	CBL	SEQ/BCQ/OSCE
	fixed/removable partial dentures.		
210.	Counsel the patient regarding consequences of tooth	CR	OSCE
	removal without replacement.		
211.	Identify patient needs.	CR	OSCE
212.	Formulate treatment options in relation to patient needs.	CR/CBL	OSCE
213.	Devise a treatment plan keeping in view the diagnostic	CBL	OSCE
	data, financial and social background, time frame, patient's		
	attitude, behavior and motivation.		
214.	Communicate the diagnosis and treatment options to the	CR	OSCE
	patient in an appreciable manner.		
215.	Write a patient record note.	CR	OSCE
216.	Recall the factors involved in designing fixed partial	IL/CBL	
	denture.		
217.	Employ Ante's law in designing fixed partial denture	IL/CBL	
218.	Apply the role of muscles of mastication, movements of	IL/CBL	
	the mandible and occlusion in designing fixed partial		
	dentures.		
219.	Choose appropriate treatment modality according to	IL/CBL	SEQ/BCQ/OSCE
	number of teeth missing, uses, clinical requirements and		
	material with justification.		
220.	Justify the prescription of removable partial denture	IL/CBL	SEQ/BCQ/OSCE
221.	Set out priority during treatment.	IL/CBL	BCQ
222.	Execute treatment sequence with regard to periodontal	IL/CBL	BCQ
	status of the patient.		
223.	Outline sequence protocol of mouth preparation	IL/CBL	SEQ/BCQ
	procedures.		
224.	Indicate the use of surgical procedures before instituting	IL/CBL	BCQ
	indicate the use of surgical procedures before instituting	,	

225.	Devise a management plan for a patient presenting with	IL/CBL	BCQ
226	abused and irritated tissue.		0505
220.	Prescribe basic treatment for periodontal problems.		OSCE
227.	Devise treatment strategy for a patient with old dentures	IL/CBL	USCE
220	Differentiate between major sourcester and minor		
228.	Differentiate between major connector and minor	IL	SEQ/BCQ
220	Connector.		
229.	Discuss the functions of region connectors.		SEQ/BCQ
230.	Discuss the functions of major connectors		SEQ
231.	Explain the basic types of mandibular and maxillary major	IL/CBL	SEQ
222	connectors.		
232.	Outline the guidelines related to location of connectors in	IL/CBL	SEQ/BCQ
	the oral cavity.		
233.	Correlate the uses of different major connectors in various	IL/CBL	SEQ/BCQ
	clinical scenarios.		250 (500
234.	Describe the design characteristics of major connectors.	IL/CBL	SEQ/BCQ
235.	Select appropriate major connector for the given case		SEQ/BCQ
236.	Design major connectors.	CR	OSCE
237.	Appraise the role of major connectors in bracing a cast	IL	BCQ
	partial denture		
238.	Define minor connector.	IL	BCQ
239.	Enumerate the functions of minor connectors.	IL	BCQ
240.	Delineate the principles of design of minor connectors.	IL	BCQ
241.	Classify minor connectors	IL	SEQ/BCQ
242.	Appraise the role of proximal plate minor connector in	IL/CBL	BCQ
	minimizing forces on abutment		
243.	Enumerate the considerations for designing minor	IL/CBL	BCQ
	connectors		
244.	Appraise the role of minor connectors in bracing a cast	IL	BCQ
	partial denture		
245.	Distinguish between rest and rest seat.	IL	SEQ/BCQ
246.	Delineate the functions of rests.	IL	SEQ/BCQ
247.	Differentiate between the different types of rests and rest	IL	SEQ/BCQ
	seats in relation to their form and location.		
248.	Prescribe variations of rests in regard to function.	IL/CBL	SEQ/BCQ
249.	Select a rest design according to the given case	IL/CBL	SEQ/BCQ
250.	Outline the guidelines for support of rests.	IL	SEQ/BCQ
251.	Define direct retainers.	IL	SEQ/BCQ
252.	Classify types of direct retainers.	IL	SEQ/BCQ
253.	Select a clasp design according to tooth and tissue factors	IL/CBL	SEQ/BCQ

	with justification		
254.	Enlist parts of a clasp assembly.	IL	SEQ
255.	Distinguish between parts of clasp assembly in regard to	IL	SEQ/BCQ
	retention, support, stability and reciprocation.		
256.	Relate height of contour, supra bulge and infrabulge areas	IL	BCQ
	for retentive clasps.		
257.	Interpret the structural and material characteristics of	IL	SEQ/BCQ
	clasps in regard to retentive potential.		
258.	Associate retentive factors of clasps with tooth factors	IL	SEQ/BCQ
259.	Outline the basic principles governing clasp design.	IL	SEQ/BCQ
260.	Select a clasp assembly design according to different	IL/CBL	SEQ/BCQ
	clinical scenarios.		
261.	Justify the use of flexible clasp assembly system in free end	IL/CBL	BCQ
	saddle cases		
262.	Justify the use of reciprocation principle in clasp assembly	IL	BCQ
263.	Differentiate between bracing and reciprocation	IL	BCQ
264.	Indicate the use of internal attachments in partially	IL	BCQ
	dentate arches.		
265.	Enumerate simple mechanics of lever, pulley, wedge,	IL	BCQ
	inclined plane, screw and wheel in removable partial		
	dentures.		
266.	Correlate concepts of fulcrum, effort and resistance in	IL	BCQ
	lever principle.		
267.	Relate the movement of the removable partial denture to	IL	BCQ
	lever principle.		
268.	Isolate the components of removable partial dentures that	IL	BCQ
	provide resistance against different prosthesis movements		
269.	Define indirect retainers	IL	SEQ/BCQ
270.	Appreciate the role of indirect retainers in control of the	IL	SEQ/BCQ
	prosthesis movement		
271.	Comprehend the factors influencing effectiveness of	IL	SEQ/BCQ
	indirect retainers		
272.	Outline the functions of indirect retainers	IL	SEQ/BCQ
273.	Enumerate the forms of indirect retainers	IL	SEQ/BCQ
274.	Anticipate changes in denture base design for tooth tissue	IL	SEQ/BCQ
	supported prosthesis.		
275.	Appraise the use of a functionally stable prosthesis.	IL	SEQ/BCQ
276.	Infer the effect of forces acting on the dentures.	IL	SEQ/BCQ
277.	Differentiate between tooth supported and tooth tissue	IL	SEQ/BCQ
	supported dentures		

278.	Outline steps in devising partial denture design	IL	SEQ
279.	Evaluate potential support of abutment teeth and residual	IL	SEQ
	ridge		
280.	Relate the design of proximal plate minor connector to	IL/CBL	SEQ/BCQ
	support mechanism.		
281.	Relate the use of a flexible clasp assembly system in free	IL/CBL	SEQ/BCQ
	end saddle cases		
282.	Design components for a removable partial denture.	IL/CBL	SEQ/BCQ
283.	Enumerate techniques for enhancing support in distal	IL/CBL	SEQ
	extension bases.		
284.	Associate the use of guiding planes to path of insertion and	IL	BCQ
	removal.		
285.	Define denture bases	IL	SEQ
286.	Enumerate the ideal requirements of denture bases.	IL	SEQ
287.	Relate denture base requirements to support mechanism	IL/CBL	SEQ/BCQ
	of removable partial denture.		
288.	Differentiate between metal and acrylic resin denture	IL	SEQ/BCQ
	bases.		
289.	Outline the functions of denture bases in control of	IL	SEQ/BCQ
	prosthesis movement.		
290.	Explain methods of attaching acrylic denture bases to	IL	BCQ
	metal framework.		
291.	Define surveyor and surveying.	CR/SGD	BCQ
292.	Describe a dental surveyor	CR/SGD	BCQ/OSCE
293.	Identify parts of a surveyor	CR/SGD	OSCE
294.	Justify the process of surveying	CR/SGD	BCQ/SEQ
295.	Differentiate between diagnostic and definitive surveying.	CR/SGD	BCQ/SEQ
296.	Recognize the factors determining the path of placement.	CR/SGD	BCQ
297.	Outline sequence protocol of surveying.	CR/SGD	BCQ/SEQ
298.	Perform surveying on a partially dentate cast in all planes.	CR	OSCE
299.	Interpret changes in factors determining the path of	CR	OSCE
	placement in different planes of surveying.		
300.	Sketch required mouth preparations and proposed design	CR	OSCE
	of removable partial denture		
301.	Measure retention on the cast.	CR	OSCE
302.	Record relation of the cast to surveyor.	CR	OSCE
303.	Design a cast partial denture by applying knowledge of	CR	OSCE
	components		
	components		
304.	Defend the need for blocking out and relieving the master	IL	BCQ

305.	Select materials for blocking and relieving the master cast.	IL	BCQ
306.	Differentiate between different block out techniques.	IL	BCQ
307.	Classify abutment teeth for removable partial dentures.	IL	BCQ
308.	Outline sequence of abutment preparations on sound	IL/CBL	SEQ/BCQ
	enamel or existing restorations.		
309.	Discuss variations for abutment tooth preparation	IL/CBL	BCQ
	procedures in regard to conservative restorations, crowns,		
	veneer crowns and ledge formation.		
310.	Prepare guide planes on a plastic tooth.	CR	OSCE
311.	Perform conventional rest seat preparation on a plastic	CR	OSCE
	tooth (premolar and a molar)		
312.	Relate stresses on isolated abutments with partial denture	IL	BCQ
	design.		
313.	Select an impression material in different partially dentate	IL/CBL	SEQ/BCQ
	conditions.		
314.	Pour a cast.	CR	OSCE
315.	Identify inaccurate or weak cast.	CR	OSCE
316.	Rationalize the need for making individual trays.	IL/CBL	SEQ/BCQ
317.	Construct individual trays.	CR	OSCE
318.	Justify the use of special impression techniques for distal	IL/CBL	SEQ/BCQ
	extension base partial dentures.		
319.	Interpret the factors influencing support of a distal	IL/CBL	SEQ/BCQ
	extension base.		
320.	Distinguish between anatomic and functional form of	IL/CBL	SEQ/BCQ
	residual ridge.		
321.	Make an impression using composition and alginate for	CR	OSCE
	distal extension bases.		
322.	Delineate methods for obtaining functional support for	IL/CBL	SEQ/BCQ
	distal extension base		
323.	Outline clinical and laboratory steps of fabrication for cast	IL	BCQ
	partial dentures.		
324.	Explain the duplication of cast, waxing of removable partial	IL	BCQ
	denture, spruing, investing, burn out, casting and finishing		
	procedures.		
325.	Rationalize duplication of casts for fabrication of dentures.	IL	BCQ
326.	Identify different stages of laboratory procedures	IL	OSCE
327.	Sort laboratory procedures in the proper sequence	IL	OSCE
328.	Select a method for establishing occlusal relationships	IL	BCQ
	according to different partially dentate conditions.		
329.	Record occlusal relationships in partially dentate	CR	OSCE

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	individuals.		
330.	Define overjet, overbite, buccal overlap, centric relation,	IL	BCQ
	centric occlusion, maximum intercuspation, curve of spee		
	and curve of monsoon		
331.	Enumerate desirable occlusal contact relationships for	IL	BCQ
	removable partial dentures.		
332.	Perform the process of acrylic processing, finishing and	CR	OSCE
	polishing the dentures.		
333.	Explain the methods for adjusting the bearing surfaces of	IL	BCQ
	denture bases.		
334.	Adjust acrylic removable partial dentures in patient's	CR	
	mouth.		
335.	Identify common pressure areas encountered.	IL/CR	BCQ
336.	Outline sequence protocol for fitting of framework in the	IL	BCQ
	oral cavity.		
337.	Enumerate methods for adjusting occlusion.	IL	BCQ
338.	Justify the need of relining removable partial dentures.	IL	BCQ
339.	Enumerate disinfection protocols for impressions and	IL/CR	BCQ
	removable prosthesis.		
340.	List the uses of interim removable partial dentures.	IL	BCQ
341.	Justify the prescription of interim removable partial	IL	BCQ
	dentures.		
342.	Design interim removable partial dentures.	CR	OSCE
343.	Sort clinical and laboratory procedures for interim	CR	OSCE
	removable partial dentures in sequence.		
344.	Recognize the need of omitting or joining one or more	CR	OSCE
	fabrication steps of removable partial denture.		
345.	Fabricate removable partial dentures for partially dentate	CR	OSCE
	patients.	1	
346.	Select a patient for immediate denture treatment.	IL	SEQ/BCQ
347.	Compare conventional and interim immediate denture.	IL	SEQ/BCQ
348.	Anticipate problems associated with immediate dentures.	IL	SEQ/BCQ
349.	Convince a patient for immediate dentures.	CR	OSCE
350.	Plan a treatment for immediate denture patient in phases.	IL	SEQ/BCQ
351.	Sequence the clinical and laboratory steps involved in the	IL	OSCE
	fabrication of immediate dentures.		
352.	Outline steps of teeth setup specific for immediate	IL	SEQ/BCQ
	dentures.		
353.	Give post insertion instruction to a patient of immediate	IL/CR	OSCE
	denture.		

354.	Rationalize the use of overdentures in removable	IL	SEQ/BCQ
	prosthodontics.		
355.	Select a patient case for prescription of overdentures.	IL	SEQ/BCQ
356.	Anticipate the problems associated with overdentures.	IL	SEQ/BCQ
357.	Outline a treatment plan for patients indicated for	IL	SEQ/BCQ
	overdentures.		
358.	Justify the selection of abutments for overdentures.	IL	SEQ/BCQ
359.	Select appropriate abutment design for different cases of	IL	SEQ/BCQ
	overdentures.		
360.	Enlist problems associated with overdentures.	IL	SEQ/BCQ
361.	Recognize type of overdenture prosthesis	IL	OSCE
362.	Outline the reasons and features of combination	IL	SEQ/BCQ
	syndrome.		
363.	Diagnose combination syndrome	IL	SEQ/BCQ/OSCE
364.	Anticipate the problems with single dentures.	IL	SEQ/BCQ
365.	Rationalize tooth preparation procedures for single	IL	SEQ/BCQ
	dentures.		
366.	Outline steps of setup of teeth for single dentures.	IL	SEQ/BCQ
367.	Differentiate between relining and rebasing of dentures.	IL	SEQ/BCQ
368.	Diagnose patients for relining or rebasing.	IL	BCQ
369.	Justify the use of relining and rebasing.	IL	BCQ
370.	Outline steps of denture preparation before impression	IL	SEQ/BCQ
	taking for relining and rebasing.		
371.	Classify impression techniques for relining and rebasing.	IL	BCQ
372.	Appraise necessary steps for closed mouth reline	IL	BCQ
	technique.		
373.	Enumerate different relining techniques.	IL	SEQ/BCQ
374.	Rationalize the use of denture lining materials according to	IL	BCQ
	chemical composition, period of usage and required		
	consistency.		
375.	Compare the properties of plasticized acrylics versus	IL	SEQ/BCQ
	silicone rubber soft liners.		
376.	Select appropriate relining material according to case.	IL	BCQ
377.	Rationalize treatment by copy dentures.	IL	SEQ/BCQ
378.	Diagnose a patient for copy denture prescription.	IL	SEQ/BCQ
379.	Outline different copy denture fabrication technique	IL	SEQ/BCQ
ACADEMIC SCHEDULES

Weekly schedule of Module XI					
Operative Dentistry					
Week	Lecturer 1	Lecturer 2	Lecturer 3		
no.					
W/1	Dental caries & its etiology	Introduction of Amalgam	Diagnosis of dental caries		
	LO (1- 6)	LO (18- 21)	LO (7- 9)		
W/2	Plan preventive &	Principles of cavity preparation	Etiology & treatment of		
	noninvasive treatments of	for Class I & II (Amalgam)	root caries & Nice		
	dental caries LO (10- 11)	LO (22)	guidelines LO (12-15)		
W/3	Instruments & isolation	Complex amalgam restorations	Test		
	LO (16-17)	LO (23-26)	LO (1- 15)		
W/4	Cavity liner/ bases & sealers	Amalgam placement &	Sterilization and		
	LO(27- 28)	finishing LO (29-31)	Disinfection LO(1-19)		
W/5	Adhesion to enamel &	Class Test	Classification of bonding		
	dentine LO (33-36)	LO (18-31)	system LO (37-38)		
W/6	Dental composite	Veneers	Posterior composite -1		
	LO (39- 40)	LO (63- 65)	LO (41- 45)		
W/7	Class Test	Inlays & Onlays	Posterior composite -2		
	LO (27-28, 33-38)	LO (66- 67)	LO (46- 49)		
W/8	Matrix systems	Class Test	Non carious cervical lesions		
	LO (50-53)	LO (63- 67)	LO (54- 55)		
W/0	Class Test	Dentel a est	Disseking 1		
W/9		Dental post	Bleaching-1		
	LU (39-53)	LO (69-71)	LU (56- 58)		
W/10	Bleaching-2	Preparation & cementation of	microabrasion and		
11, 10	LO (59-60)	dental nost 10 (72-73)	macroabrasion IO (61-62)		
W/11	Soft Tissue fluid	Class Test	CAD/CAM		
-	management LO (74-75)	LO (69-73)	LO (76)		
W/13		Theory Examination	1		
W/14		OSCE & Viva Examination			

Weekly schedule of Module XI					
	Orthodontics				
Week no.	Lecturer 1	Lecturer 2			
Wook - 1	Etiology of Malocclusion I	Etiology of Malocclusion II			
WEEK I	(96-98)	(96-98)			
Wook - 2	Etiology of Malocclusion III	Classification of malocclusions			
VVEER - Z	(96-98)	(91-92)			
Wook - 2	Orthodontic diagnosis I	Orthodontic diagnosis II			
Week - 5	(77-79)	(84-85)			
Mook 1	Orthodontic diagnosis III	PRESENTATIONS medical problems			
vveek – 4	(87,89-92)	(93-94)			
	TEST	Biologic bases of tooth movement I			
week – 5		(99,100)			
Week C	Biologic bases of tooth movement	PRESENTATIONS Mechanical Principles			
Week – 6	II (99,100)	(101-105)			
Maak 7	Mechanical Principles in	Mechanical Principles in Orthodontics II			
vveek – 7	Orthodontics I (101-105)	(101-105)			
Maak 9	Mechanical Principles in	Anchorage in orthodontics			
vveek – o	Orthodontics III (112,113)	(106-109)			
Week – 9	Assessment	Banding procedures (110, 114-116)			
Week -10	Bonding procedures	1 st second and third order movements			
WEEK ID	(114,116,117)	(118-120)			
Week -11	Test	revision			
Week -12	Revision	Revision			
Week -13	Theor	y Examination			
Week - 14	Week - 14 OSCE & Viva Examination				

Weekly schedule of Module XI				
OMFS				
Week	Lecture 1	Lecture 2		
Week – 1	Diagnosis & Pre-operative Management of Head/ Neck Injuries LO: 178-180	Diagnosis & Management of Dentoalveolar Injuries LO: 181		
Week – 2	Oral & Maxillofacial Radiology in trauma patients LO: 158, 161-163	Mandibular Fractures- Diagnosis & Management LO: 182, 184		
Week – 3	Diagnosis & Management of Maxillary Fractures LO: 182, 184	Zygomatic Complex & NOE Fractures LO: 182, 184		
Week – 4	Orbital Trauma and Management LO: 182, 184	Maxillofacial Injuries in Children and Elderly – Special Considerations LO: 183		
Week – 5	Management of odontogenic infections LO: 121-124	Management of complex odontogenic infections LO: 125-129		
Week – 6	Class test	Soft tissue Cysts and Benign Neoplasm LO: 130, 131, 142-144		
Week – 7	Odontogenic & Non-odontogenic Cysts LO: 142. 143, 145, 146	Fibro-osseous, Benign and Malignant Neoplasms LO: 146, 147		
Week – 8	Diseases of Maxillary sinus + Oro antral fistula LO: 132-135	Introduction of Salivary Gland disorders LO: 136-139		
Week – 9	Diagnosis and management of Salivary Gland Disorders LO: 139- 141	Dental Radiology LO: 148-157		
Week – 10	Dental Radiology LO: 158-172	Effects of Radiotherapy and Chemotherapy in Malignant Disease LO: 173-177		
Week -11	IMF Skills workshop	Class test		
Week -12	Revision	Revision		
Week – 13	TH			
Week – 14	OSCE & Viva E	xamination		

	We Prosthodontics – Remo	eekly Schedule for Mod XI vable Partial Dentures/Replace	ement Dentures
Week	Lecture 1	Lecture 2	Lecture 3
1.	Partially Dentate condition (185-192)	Treatment Planning – Abutment Selection (195-205)	Treatment Planning – Case Selection (206-215,219)
2.	Treatment Planning – Mouth Preparation (221-27)	Major connectors – Maxillary (228-37)	Major connectors – Mandibular (228-37)
3.	Minor connectors (238-44)	Rests and rest seats (245-50)	Direct retainers – Types and Clasp assembly – I (251-64)
4.	Direct retainers – Types and Clasp assembly – II (251-64)	Biomechanics of removable Partial dentures (265-68)	Test – RPD (Components)
5.	Indirect Retainers (269-73)	Tooth tissue supported removable partial dentures (274-303)*2	Tooth Preparation (307-312)
6.	Demonstration – Occlusal rest preparation	Impression techniques (313-22)	Laboratory Procedures I (304-06,323-327)
7.	Laboratory Procedures II (304-06,323-327)	Maxillomandibular relations (328-30)	Occlusion in partially dentate patient(331-32)
8.	Insertion and relining protocols (333-38)	Case based session – Designing of cast partial dentures	Disinfection protocols (339)
9.	Overview – replacement denture	Immediate Dentures (346-54)	Test - RPD
10.	Over dentures (355-62)	Single Dentures (363-67)	Copy Dentures (378-80)
11.	Relining, rebasing (368-77)	Implant PBL	Implant PBL
12.	Implant PBL	Revision	Revision
13.		THEORY EXAM	1
14	-		
±7.		OSCE & Viva Examination	

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

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

S.No	Objectives	Teaching strategy	Assessment tool		
	OPERATIVE				
1.	Apply behavior management strategies' to the pediatric patient in a dental practice	IL/CBL	BCQs/SEQs		
2.	Know Pharmacological management of the anxious child	IL	BCQs/SEQs		
3.	Demonstrate local anesthesia for Paediactric dentistry	IL/CR	OSCE		
4.	Describe the pattern of caries in pre-school children	IL	BCQs/SEQs		
5.	Understand assessment of caries risk factors in children	IL/CR	BCQs/ VIVA		
6.	Explain the relationship between diet, plaque, saliva and caries	IL/CBL	BCQs/SEQs		
7.	Perform Dental caries detection and diagnosis in pre-school children in dental OPD	IL/CR	BCQs/SEQs		
8.	Recognize the importance of Diet counseling to the parent and the child	IL	BCQs/SEQs/ VIVA		
9.	Discuss the prevention of dental caries	IL	BCQs/SEQs		
10.	Describe the importance of Fluoride administration in caries control	IL	BCQs/SEQs		
11.	Explain Mode of action of Fluoride	IL/CBL	BCQs/SEQs		
12.	Know importance of Water fluoridation	IL	SEQs		
13.	Prescribe Fluoride supplement to reduce caries	IL/CR	SEQs		
14.	Apply Fluoride gel/ varnish as a preventive measure	IL	SEQs		
15.	Apply fissure sealant	IL/SGD	OSCE		
16.	Appreciate the importance of temporization in Paediactric patients with multiple caries lesions	IL/CR	BCQs/SEQs		
17.	Apply operative procedure to restore the primary teeth when pulp is not involved	IL/CR	BCQs/SEQs		
18.	Recognize the importance of pulp therapy in a primary dentition	IL/CR	BCQs/SEQs/OSCE		
19.	Express medicaments used for pulpotomy in primary dentition	IL/CR	BCQs/SEQs/ VIVA		
20.	Perform pulpotomy procedure in primary teeth	IL/CR	BCQs/SEQs/OSCE		
21.	Discuss indication of Pulpectomy for primary teeth	CR/SGD	BCQs/SEQs/OSCE		
22.	Demonstrate the procedure of pulpectomy in primary teeth	CR	BCQs/SEQs/OSCE		

23.	Revise the application of fissure sealants and Preventive resin restoration in primary dentition	IL/CR	BCQs
24.	Know indications of Stainless steel crown	IL/CR	BCQs/SEQs
25.	Demonstrate procedure of stainless steel crown preparation	IL/CR	BCQs/SEQs
26.	Preform cementation of stainless steel crown	IL/CR	BCQs/SEQs
27.	Describe rational of Hall technique in primary teeth	IL/CR	BCQs/SEQs /VIVA
28.	Outline the use of adhesive coping	IL/CR	BCQs/SEQs
29.	Explain alternatives to conventional cavity preparation	IL	BCQs
30.	Understand use of lasers in dentistry	IL	BCQs
31.	Apply operative procedure to restore the permanent teeth in mixed dentition when pulp is not involved	IL/CR	BCQs/SEQs
32.	Recognize the aetiological factors of dental trauma	IL	BCQs/SEQs/ VIVA
33.	Classify the nature of dento-alveolar injuries	IL	BCQs/SEQs
34.	Recognize the importance of history (medical & dental) in traumatic injuries	IL/CR	BCQs/SEQs/VIVA
35.	Examine intra-oral, extra-oral tissue in case of dental trauma	IL/CR	BCQs/OSCE
36.	Describe radiographic and clinical features of the various injuries to the primary dentition	IL/CR	SEQs/OSCE
37.	Write the sequelae of traumatic injuries to the primary dentition	IL	BCQs/SEQs
38.	Know the management of complications in permanent dentition occur due to traumatic injuries to the primary dentition	IL/CR	BCQs/SEQs/OSCE
39.	Describe clinical and radiographic features of the traumatic injuries to the hard dental tissue and the pulp in permanent dentition	IL/CR	BCQs/ SEQs/OSCE
40.	Apply treatment options to manage traumatic injuries to the hard dental tissue and the pulp in permanent dentition	IL/CR	BCQs/SEQs/OSCE / VIVA
41.	Use pulp therapy procedures to treat traumatic injuries	IL/CR	BCQs/SEQs/OSCE
42.	Differentiate between various Tooth luxations injuries	IL	BCQs/SEQs/ OSCE
43.	Explain clinical and radiographic features of luxation injuries	IL	BCQs/SEQs/ OSCE
44.	Mange Concussion, Subluxation Lateral luxation, and Extrusive luxation injuries	IL	BCQs/SEQs/OSCE
45.	Use different treatment modalities to manage Intrusive luxation injuries of various degree	IL	BCQs/SEQs/ OSCE
46.	Execute replantation procedure for Avulsion injuries	IL	BCQs/SEQs/OSCE
47.	Know types of splints use in Paediatric dentistry	IL	BCQs/SEQs/OSCE
48.	Apply different types of Splinting techniques	IL	BCQs/SEQs

49.	Differentiate between various types of resorption	IL/CR/SG	BCQs/SEQs/
50.	Define root resorption and explain its types	IL	BCQs/SEQs
51.	Write clinical and radiographic features of External inflammatory root resorption	IL/CR/SG D	BCQs/SEQs/OSCE / VIVA
52.	Know management of External inflammatory root resorption	IL	BCQs/SEQs/OSCE
53.	Describe diagnosis of cervical resorption	IL	BCQs/SEQs
54.	Recognize various types of invasive cervical resorption	IL	BCQs/SEQs/OSCE
55.	Perform management of invasive cervical resorption	IL	BCQs/SEQs/OSCE
56.	Identify radiographic features of internal root resorption	IL	BCQs/SEQs/OSCE
57.	Apply procedure to manage internal root resorption	IL	BCQs/SEQs/OSCE
58.	Write clinical and radiographic differences between external and internal root resorption	IL	BCQs/SEQs/OSCE
59.	Explain the process of replacement resorption	IL	BCQs /VIVA
60.	Know management of replacement root resorption	IL	BCQs
61.	Recognize various abnormalities of tooth size	IL	BCQs/SEQs
62.	Explain prevalence and clinical difference between Megadont and microdontia	IL	BCQs
63.	Examine accessory cusp abnormalities in tooth form	IL/CR	OSCE
64.	Execute management for accessory cusp	IL/CR	BCQs/SEQs/OSCE
65.	Differentiate between Invaginated and Evaginated teeth	IL/CR	BCQs/SEQs
66.	Apply management for Invaginated and Evaginated teeth	IL/CR	OSCE/ VIVA
67.	Appreciate abnormalities of root form	IL	BCQs
68.	Explain Taurodontism and its types	IL	BCQs/SEQs
69.	Debate the inherited anomalies of enamel	IL/CR	OSCE
70.	Discuss diagnose and management of Amelogenesis Imperfecta in primary and mixed dentition	IL/CR	OSCE
71.	Know clinical features of Molar-incisal hypomineralization	IL	BCQs/SEQs
72.	Understand clinical problems of Molar-incisal hypomineralization	IL/CR	BCQs/SEQs/OSCE
73.	Perform management of Molar-incisal hypomineralization in primary and mixed dentition	IL/CR	BCQs/SEQs/OSCE
74.	Describe the inherited anomalies of dentine	IL/CR	OSCE
75.	Express clinical and radiographic findings of Dentinogenesis Imperfecta	IL	BCQs/SEQs/OSCE
76.	Execute management for Dentinogenesis Imperfecta in primary, mixed and permanent dentition	IL	BCQs/SEQs/OSCE

	ORTHODONTICS		
77.	Define preventive and interceptive treatment with regards to	IL	OSCE
	Orthodontics		
78.	Differentiate between preventive and interceptive treatment	IL	OSCE/ BCQ
79.	Enlist the treatment options that come under preventive and interceptive treatment	IL	OSCE/ BCQ
80.	discuss how the habits can influence development of malocclusion	IL	OSCE/ BCQ
81.	Recognize the importance of monitoring or controlling environmental factors for prevention of malocclusion	IL	OSCE
82.	Recall various spaces that should naturally be present in a dentition	IL / CBL	OSCE/ BCQ
83.	Discuss the importance of various spaces naturally present in a deciduous dentition	IL / CBL/ CR	OSCE/ BCQ
84.	Recognize the cases which are more liable to have crowding later in life	IL/ CR	OSCE/ BCQ
85.	Enlist the appliances which can maintain arch space to adjust the permanent dentition	IL	OSCE
86.	Identify methods used to re-create spaces in the arch to adjust teeth	IL	CQ
87.	Enlist the situations when extractions become necessary	IL	BCQ/ SEQ
88.	Enlist different methods by which space can be gained in an arch	IL	BCQ/ SEQ
89.	Identify the various removable appliances and their parts	CR	OSCE
90.	Enlist the indications of removable appliances	CR	OSCE
91.	Identify active components of a removable appliance	CR	OSCE
92.	Fabricate various components of a removable appliance	CR	OSCE
93.	Fabricate removable appliances	CR	End rotation
94.	Define what is functional jaw orthopedics	IL	OSCE
95.	Discuss the importance of functional jaw orthopedics as a treatment modality	IL	OSCE/ BCQ
96.	Enlist the appliances used for functional jaw orthopedics	IL	CQ/ BCQ
97.	Enlist different treatment options that are now available for the patients who come for orthodontic treatment	IL	OSCE
98.	Discuss the importance of a step wise approach in providing	IL	CQ/ OSCE
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	orthodontic treatment to patient		
99.	Enlist methods to manage eruption problems, space problems,	IL/ CR	OSCE/ BCQ
	and crowded arches.		
100.	Discuss options available for treating eruption problems	IL/ CR	OSCE
101.	Identify the problems in occlusion at the end of treatment	IL / CR	OSCE
102.	Define relapse	IL	OSCE
103.	Quote causes of relapse	IL	OSCE/ BCQ
104.	Discuss importance of retention at the end of Orthodontic	IL	OSCE/ BCQ
	treatment		
105.	Quote different methods that can be utilized to prevent, or	IL	OSCE/ BCQ
	minimize relapse at the end of Orthodontic treatment		
106.	Enlist the conditions in which the retention methods would have	IL	OSCE
	to be varied and find its reason		
107.	Quote the conditions which would need longer retention time	IL	OSCE/ BCQ
108.	learn about the condition in which fixed retention would be	IL	OSCE/ BCQ
	provided		
109.	Write and quote the basic retention protocol	IL	BCQ
110.	Dentofacial anomalies		
111.	Recognize the factors that cause clefting in a fetus	IL	BCQ/SEQ
112.	Describe the preventive mechanisms	IL	BCQ
113.	Identify dental treatments that can be provided to patients of	IL/CBL	SEQ/OSCE
	cleft lip and palate		
	OMFS / ORTHODONTICS		
114.	Enlist various Dentofacial deformities and syndromes of	IL/CBL	BCQ/CP
	Orofacial complex		
115.	Describe basics of orthognathic surgery and its significance in	IL	BCQ/SEQ
	correcting Dentofacial deformities		
116.	Enlist various orthognathic procedures	IL	BCQ
117.	Formulate treatment plan for management in patients with Oro-	IL/CBL	BCQ/SEQ
	facial Cleft		
	OMFS		
118.	Recall the principles of reconstruction of various jaw deformities	IL	BCQ
119.	Temporomandibular Joint Disorders		
120.	Recall basic anatomy and physiology of Temporomandibular	IL	BCQ
	Joint and the pathologies related to it, which may be both		
	congenital and development.		

121.	Evaluate TMJ pain and dysfunction by thorough history, physical	IL/CBL	BCQ/OSCE
	examination and radiographic assessment.		
122.	Classify Temporomandibular Joint Disorders	IL	SEQ
123.	Develop differential diagnosis for Temporomandibular joint	IL/CBL	SEQ/CP
	disorders/diseases		
124.	Plan treatment options for TMJ diseases, non-surgical and	IL/CBL	SEQ
	surgical management		
125.	Learn the basics of laser, gene and immunotherapy	IL	BCQ
126.	Forensic Dentistry		
127.	Define Forensic Dentistry.	IL	BCQ/CQ
128.	Predict the importance of dentistry in forensic.	IL	CQ
129.	Outline the significance of age, gender and ethnic determination	IL	CQ
	for personal identification.		
130.	Analyze role of forensic dentistry in Mass disaster, Bite marks,	IL	CQ
	Chelioscopy and Rugoscopy.		
131.	Interpret the role of DNA in primary and permanent dentition.	IL	CQ
132.	Ethics in Dentistry		
133.	Outline the significance of ethics in Dentistry.	IL	BCQ
134.	Enumerate the ethical principles that must be taken into	IL/SGD	BCQ
	consideration for practicing dentistry.		
135.	Explain the terms, values and concepts that are often used in	IL/SGD	BCQ
	health care.		
136.	Describe the difference between a problem and an ethical	IL/SGD	BCQ
	dilemma	-	
137.	Analyze the role of autonomy in Ethics.	IL	BCQ
138.	Choose the principles or values which are present and important	IL	BCQ
	in clinical scenarios		
139.	Determine the role of informed consent in clinical practice of	IL/CR	BCQ
	Dentistry		
	PROSTHODONTICS		
140.	Classify crowns.	CBL	SEQ/BCQ/OSCE
141.	Select appropriate crown material and crown type for a given	CBL	SEQ/BCQ
	case.		
142.	Classify fixed partial dentures.	CBL	SEQ/BCQ
143.	Identify components.	CBL	SEQ/BCQ/OSCE
144.	Select appropriate type of FPD for a given patient.	CBL	SEQ/BCQ
145.	Apply material science in association to FPDs.	CBL	
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146. A	Appraise the role of biological width in margin placement.	IL	SEQ/BCQ
147. [Design temporary and final restorations conducive to optimal	IL	SEQ/BCQ
p	blaque control.		
148. A	Apply biological, mechanical and aesthetic principles during	IL	SEQ/BCQ
с	crown preparation.		
149. (Correlate margin placement and margin design with aesthetic	IL/CBL	SEQ/BCQ
а	and biological considerations.		
150. A	Achieve retention and resistance form in crown preparation.	CR	OSCE
151. (Compare different margin designs.	IL	SEQ/BCQ
152. F	Relate taper of preparation with path of placement.	IL	SEQ/BCQ
153. A	Associate retention of restoration with forces, geometry of	IL	SEQ/BCQ
p	preparation, surface properties, surface area, material and type		
с	of luting cement used.		
154. (Compare complete coverage and partial coverage crown in	IL	SEQ/BCQ
t	erms of retention and conservation of tooth structure.		
155. F	Relate resistance form with forces, type of preparation, luting	IL	SEQ/BCQ
a	agent; and taper, diameter and height of preparation.		
156. A	Appraise the influence of restoration material on aesthetics.	IL	SEQ/BCQ
157. A	Assess the role of adjunctive retentive features in tooth	IL	SEQ/BCQ
p	preparation.		
158. [Devise strategies to enhance retention of crowns.	IL	SEQ/BCQ
159. (Compare tooth preparation of metal, metal ceramic and all	IL	SEQ/BCQ/OSCE
с	ceramic crowns.		
160. F	Rationalize the incorporation of cusp bevels in crown	IL	SEQ/BCQ/OSCE
p	preparation		
161. S	Select an armamentarium for different crown preparations	CR	OSCE
162. S	Select appropriate bur design for different reductions of tooth	CR	OSCE
s	surface.		
163. E	Enlist ways of checking occlusal clearance clinically.	IL	SEQ
164. J	ustify the use of guiding grooves and alignment grooves for	IL	SEQ/BCQ
c	occlusal reduction and axial reduction respectively.		
165. [Devise strategies to prevent damage to adjacent tooth during	IL	SEQ/BCQ
a	axial tooth reduction.		
166. S	Select a margin design in relation to the material chosen.	IL/CBL	SEQ/BCQ
167. S	Select correct margin placement in a given case.	IL/CBL	SEQ/BCQ
168. P	Perform tooth preparation for an anterior and posterior metal	CR	OSCE
1		1	1
c	ceramic crown on an extracted tooth.		
с 169. Е	ceramic crown on an extracted tooth. Evaluate the finished crown preparation.	CR	OSCE
169. E	ceramic crown on an extracted tooth. Evaluate the finished crown preparation. Compare the tooth preparation for a partial and a complete	CR IL	OSCE SEQ/BCQ/OSCE

171.	Rationalize the use of proximal grooves in a partial coverage crown.	IL	SEQ/BCQ
172.	Outline strategies for achieving parallelism between abutment	IL	SEQ
173.	Identify nin ledge preparation		
174.	Compare pin ledge preparation with other partial coverage	11	SEQ/BCO
27 11	crown designs.		5247564
175.	Classify veneers.	IL	SEQ/BCQ
176.	Identify porcelain laminate veneers.	IL	SEQ/BCQ/OSCE
177.	Select a patient for a porcelain laminate veneer.	IL	SEQ/BCQ
178.	Outline preparation form of a porcelain laminate veneer.	IL	SEQ
179.	Chose armamentarium for a porcelain laminate veneer preparation.	IL	SEQ/BCQ
180.	Consider the prerequisites for tissue management and impression making.	IL	SEQ/BCQ
181.	Select appropriate strategy for tissue displacement for margin placement and impression making.	IL	BCQ
182.	Devise strategies to control saliva during impression making.	IL	SEQ/BCQ
183.	Recognize impression defects and take measures to avoid these defects.	IL/CR	BCQ/OSCE
184.	Rationalize the use of custom tray for fixed partial denture impression.	IL	BCQ
185.	Enumerate the considerations for custom tray construction.	IL	SEQ/BCQ
186.	Select appropriate impression material for fixed partial dentures.	IL/CBL	BCQ
187.	Compare different impression techniques for fixed partial dentures.	IL	SEQ/BCQ
188.	Recognize impressions according to different techniques	CR	OSCE
189.	Recommend a disinfection protocol for different impressions materials.	IL/CR	BCQ/OSCE
190.	Justify the use of interim fixed prosthesis.	IL	SEQ/BCQ
191.	Select appropriate material for interim FPD.	IL	BCQ
192.	Compare different techniques for its fabrication	IL	SEQ/BCQ
193.	Classify definitive cast and dies.	IL	SEQ/BCQ
194.	Compare different types of dies for crown fabrication.	IL	SEQ/BCQ
195.	Enumerate different die systems.	IL	SEQ/BCQ
196.	Sequence the laboratory steps for fabrication of FPD.	IL	BCQ
197.	State steps of different laboratory procedures.	IL	BCQ
198.	Rationalize the use of wax cut back technique in PFM	IL	BCQ
	restorations.		
199.	Enumerate considerations for designing metal sub structure.	IL	BCQ

200	Select a casting alloy for different types or restorations	1	BCO
200.	Outline stops for investing and casting of crown and EPD	11	BCQ
201.	Select appropriate investment material according to casting	1L 11	BCQ
202.	select appropriate investment material according to casting	IL	всц
203.	Enumerate the causes of casting failure.	IL	BCQ
204.	Relate factors affecting bond between metal and overlying	IL	BCQ
	porcelain.		
205.	State steps of metal preparation	IL	BCQ
206.	Enlist steps of porcelain application on metal substructure.	IL	BCQ
207.	Enlist porcelain application techniques	IL	BCQ
208.	Differentiate between internal characterization and	IL	BCQ
	glazing/surface characterization.		
209.	Differentiate between auto glazing and over glazing	IL	BCQ
210.	OUTLINE porcelain surface treatments.	IL	BCQ
211.	Classify all ceramic restorations.	IL	BCQ
212.	Select a patient for all ceramic restoration	IL	SEQ/BCQ
213.	Rationalize the use of porcelain labial margins.	IL	BCQ
214.	Select an all ceramic system in relation to aesthetics and	IL	BCQ
215	TUNCTION.		PCO
215.	Recall Multisell and CIELAB COLOR Systems		
210.	Identify light Sources and the ideal light source for shade		SEQ/BCQ
217.	matching	15	JLQ/ DCQ
218.	State factors affecting color perception	IL I	SEO/BCO
219.	List factors affecting the color of porcelain restorations	IL	SEQ/BCQ
220.	Apply general guidelines for shade selection	IL	SEQ/BCQ
221.	Select a case for a resin bonded bridge.	IL/CBL	SEQ/BCQ
222.	Justify the use of resin bonded bridged over a convention fixed	IL/CBL	SEQ/BCQ
	partial denture		
223.	Recognize frame work design for a resin bonded FPD.	IL	OSCE
224.	Classify resin-bonded fixed partial denture.	IL	SEQ/BCQ
225.	Outline preparation steps of abutment teeth both in anterior	IL I	SEQ/BCQ
	and posterior teeth		050/500
226.	Compare anterior and posterior abutment tooth framework		SEQ/BCQ
227	design.		
227.	Select a case for fiber reinforced EPD		SEC/BCC
220.	Classify Eiber-reinforced composite materials		
229.	Classify abutments		
230.	Devise strategy for managing tilted abutments		
232	Enumerate problems associated with cantilever and nier		SEQ/BCQ
292.	abutments		
233.	Appraise role of connectors in relation to variations in	IL/CBL	SEQ/BCO
	abutments	,	
234.	Enumerate retainers used in fixed partial dentures.	IL/CBL	SEQ/BCQ
		<u> </u>	• •

235.	Choose appropriate retainers for different FDP designs.	IL/CBL	SEQ/BCQ
236.	Classify residual ridge deformities	IL/CBL	SEQ/BCQ
237.	Measure pontic space.	, CR	SEQ/BCQ
238.	State classification of pontic design	IL	SEQ/BCQ
239.	Compare various pontic designs along their pros and cons.	IL/CBL	SEQ/BCQ
	indications and contraindications.	,	
240.	Select appropriate pontic design for different case scenarios.	IL/CBL	SEQ/BCQ
241.	Compare types of connectors	IL/CBL	SEQ/BCQ
242.	List factors affecting connector design	IL/CBL	SEQ/BCQ
243.	Contrast soldering, brazing and welding	IL	SEQ/BCQ
244.	Plan protocol for finishing the cast restoration.	IL	SEQ/BCQ
245.	Enlist the zones of crown evaluation in laboratory in sequence	IL	SEQ/BCQ/OSCE
246.	Enumerate management of any problems in crowns pre	IL/CBL	SEQ/BCQ
	cementation		
247.	Devise evaluation protocol of finished prosthesis clinically.	IL/CBL	SEQ/BCQ
248.	Evaluate all zones of crown sequentially in vivo	IL/CBL	SEQ/BCQ
249.	Diagnose underextention, over extention and legde formation in	IL/CBL	SEQ/BCQ/OSCE
	margins		
250.	Devise strategy for managing improper crown margins	IL/CBL	SEQ/BCQ
251.	Classify luting cements	IL	SEQ/BCQ
252.	Compare provisional and definitive cementation	IL	SEQ/BCQ
253.	Select appropriate luting agent for a given type of prosthesis.	IL/CBL	SEQ/BCQ
254.	Manipulate zinc oxide and glass ionomer cements.	IL	SEQ/BCQ
255.	Enlist steps for the preparation of the restoration and tooth	IL	SEQ/BCQ
	surface for cementation.		
256.	Give instructions to the patient regarding prosthesis care	IL	SEQ/BCQ
257.	Apply clinical protocols for post cementation appointments	IL	SEQ/BCQ
258.	Justify periodic recall of such patients.	IL	SEQ/BCQ
259.	Give post cementation instructions to the patient.	IL/CBL	SEQ/BCQ
260.	Appraise the role of parafunctional movements on the	IL	BCQ
264	stomatognathic system.		
261.	State objectives of occlusal treatment.	IL 	BCQ
262.	Justify the use of occlusal device therapy.		BCO
263.	identify factors leading to temporomandibular disorders in	IL	всц
	edentuious populations.		
264.	Outline management of temporomandibular disorders	IL 	BCQ
265.	Define dental implants	IL 	BCQ
266.	Enlist the different types of dental implants	IL 	BCQ
267.	Identity Implant components		BCQ/OSCE
268.	Define osseointergration	IL 	BCQ
269.	Discuss the role of osseointegration in implants and factors that		BCQ
270	Enumerate factors for failure of implants		PCO
270.	Enumerate factors for failure of implants	1L 11	
2/1.	Compare one stage and two stage technique	IL II	
Z/Z.	compare one stage and two stage technique	IL	BCQ

Enlist the types of prosthetic implant loading.	IL	BCQ
Classify implant retained prostheses according to Misch	IL	BCQ
Compare cement retained versus screw retained prosthesis	IL	BCQ/OSCE
276. Brief about configurations of implant supported overdentures		BCQ
Select a patient for implant supported overdentures	IL	BCQ
identify type of attachments used in implant retained	IL	BCQ/OSCE
overdentures		
Justify the use of implant supported overdentures	IL	BCQ
Discuss the role and need of Maxillofacial Prosthesis in	IL	BCQ
removable prosthodontics		
Define obturator and enlist its uses	IL	BCQ
Enlist the types of maxillary obturators	IL	BCQ
Identify types of maxillofacial prsothesis	IL	osce
Classify the types of maxillary obturators according to Aramany	IL	BCQ
Classify the types of mandibular prosthesis according to Cantor	IL	BCQ
and Curtis		
Identify continuity and discontinuity mandibular defects	IL	OSCE
Identify soft palate prosthesis	IL	OSCE
Identify the role of soft liners in maxillofacial prosthontics.	IL	BCQ
Enlist materials used for resilient lining.	IL	BCQ
	Enlist the types of prosthetic implant loading. Classify implant retained prostheses according to Misch Compare cement retained versus screw retained prosthesis Brief about configurations of implant supported overdentures Select a patient for implant supported overdentures identify type of attachments used in implant retained overdentures Justify the use of implant supported overdentures Discuss the role and need of Maxillofacial Prosthesis in removable prosthodontics Define obturator and enlist its uses Enlist the types of maxillary obturators Identify types of maxillofacial prosthesis Classify the types of maxillary obturators according to Aramany Classify the types of mandibular prosthesis according to Cantor and Curtis Identify continuity and discontinuity mandibular defects Identify soft palate prosthesis Identify the role of soft liners in maxillofacial prosthontics. Enlist materials used for resilient lining.	Enlist the types of prosthetic implant loading.ILClassify implant retained prostheses according to MischILCompare cement retained versus screw retained prosthesisILBrief about configurations of implant supported overdenturesILSelect a patient for implant supported overdenturesILidentify type of attachments used in implant retainedILoverdenturesILJustify the use of implant supported overdenturesILDiscuss the role and need of Maxillofacial Prosthesis in removable prosthodonticsILDefine obturator and enlist its usesILIdentify types of maxillofacial prosthesisILClassify the types of maxillofacial prosthesisILIdentify types of maxillofacial prosthesis according to AramanyILClassify the types of mandibular prosthesis according to Cantor and CurtisILIdentify continuity and discontinuity mandibular defectsILIdentify soft palate prosthesisILIdentify the role of soft liners in maxillofacial prosthontics.ILEnlist materials used for resilient lining.IL

Weekly schedule of Module XII							
	Paediatric Dentistry						
Week	Lecturer 1	Lecturer 2	Lecturer 3				
no.							
W/1	Classification of Dental trauma LO (32-33)	Non- Pharmacological Behavior management LO (1)	History & examination of traumatic injuries LO (34-35)				
W/2	Dental trauma of primary dentition LO (36)	Pharmacological Behaviour management LO (2)	Local anesthesia LO (3)				
W/3	Sequelae of traumatic injuries LO (37)	Class Test LO (1-2)	Complications in perma- nent dentition LO (38)				
W/4	Dental trauma in permanent dentition LO (39)	Assessment of caries risk factors LO (4-6)	Management of trauma in permanent dentition LO (40)				
W/5	Class Test LO (32-40)	Detection & Diagnosis of dental caries LO (7-8)	Pulp therapy procedures LO (41)				
W/6	Tooth luxations injuries LO (42-44)	Prevention of dental caries LO (9-13)	Intrusion injuries LO (45)				
W/7	Avulsion injuries LO (46)	Class Test LO (4-13)	Splinting LO (47-48)				
W/8	Class Test LO (41-48)	Fluoride Therapy & fissure sealant LO (14-16)	External Resorption LO (49-54)				
W/9	Internal Resorption LO (55-59)	Restorative options for primary teethAbnormalities of too LO (17)LO (60-67)					
W/10	Inherited anomalies of enamel LO (68-69)	Class Test LO (14-17)	Molar-incisal hypomin- eralization LO (70-71)				
W/11	Inherited anomalies of dentine LO (73-74)	Revision	Class Test LO (49-67)				
W/12	Class Test LO (68-74)	Revision	Revision				
W/13		Theory Examination					
W/14	OSCE & Viva Examination						

ACADEMIC SCHEDULES

Weekly schedule of Module XII					
	Orthodontics				
Week no.	Lecturer 1	Lecturer 2			
Week – 1	Retention and relapse	Appliances for retention			
	(103-109)				
Week – 2	Preventive and Interceptive	Preventive and interceptive treatment II			
Week 2	treatment I (77-79)	(80-83)			
Week – 3	Preventive and interceptive	FJO I			
Week 5	treatment III (84-87)	(94-97)			
Week – 4	FJO appliances (97)	Orthopedic treatment (97)			
Week – 5	I reatment of class I malocclusion	IESI			
	(88,98-101)				
Week – 6	Treatment of class II malocclusion	Treatment of class III malocclusion			
	(98-101)	(98-101)			
Week – 7	Treatment of CL/P	Perio problems and Orthodontic			
	(111-114, 117)	treatment			
Week – 8	Orthognathic surgery (115-116)	TEST			
Week - 9	Headgears in Orthodontics (88,	Lingual orthodontics			
WEEK 5	97)				
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	Theor	y Examination			
Week – 14 OSCE & Viva Examination					

Weekly schedule of Module XII					
OMFS					
Week	Lecture 2				
Week – 1	Development of Clinical Anatomy and Physiology of TMJ LO: 118, 119	Diseases of TMJ LO: 120, 121			
Week – 2	Ankylosis LO: 121, 122	Management of TMJ Diseases LO:l 121-122			
Week – 3	Myofascial Pain Dysfunction Syndrome (MPDS) LO: 121, 122	Pathophysiology of Internal Disc Derangements of TMJ LO: 121, 122			
Week – 4	Revision	CBL/PBL Case Presentations			
Week – 5	Use of Lasers in OMFS LO: 123	Introduction to Ethics in Dentistry LO: 129- 135			
Week – 6	Class presentations	Class presentations			
Week – 7	Contemporary Implant Dentistry LO: 136-138	Contemporary Implant Dentistry LO: 139- 143			
Week – 8	Implant workshop	Introduction of Dentofacial Deformities LO: 110-111, 113			
Week – 9	Correction of Dentofacial Deformities LO: 117	Orthognathic Surgery & Distraction Osteogenesis LO: 113-115			
Week – 10	Introduction to Orofacial Clefts LO: 112, 116, 117	Management of Orofacial Clefts LO: 116, 117			
Week -11	Basics of Forensic Dentistry LO: 124-126	Basics of Forensic Dentistry LO: 127, 128			
Week – 12	Tł	IEORY EXAM			
Week – 13	Veek – 13 OSCE & Viva Examination				

	Weekly Schedule for Mod XII					
Maak	Prosthodontics – Fixed P	Prosthodontics/Implantolog	y/Maxillofacial			
тирания и пределения и п Пределения и пределения и пределени и пределения и преде Пределения и пределения и пределени и пределени и пределения и пре	Principles of tooth	Principles of tooth	Principles of tooth			
1.	Preparation – I	Preparation – II	Preparation – III			
	(155-167)	(155-167)	(155-167)			
2.	Case selection – Crown	Case based session – case	Tooth Preparation – Cast			
	(149-50)	selection – fixed prosthesis	Crown & All Ceramic Crowns			
		(151-54,220-23)	(168-78)			
3.	Tooth Preparation – Metal	Demonstration PFM Prep	Test FPD			
	ceramic Crown	(Posterior) 4 groups				
	(168-78)					
4.	Demonstration Metal Prep	Partial veneer crowns	Tissue Management and			
	Posterior) 4 groups	(179-188)	Impression making			
			(189-98)			
5.	Interim Fixed Restorations	Color Replication Process	Laboratory Procedures			
	(199-201)	(224-229)	(202-19)			
6.	Pontic Design and	Abutment and Retainers –	Resin bonded FPD			
	Connectors(245-52)	CBL (239-244)	(230-36)			
7	Einiching and Evaluation	Luting Agonts and	Postoporativo Caro			
7.	(252-50)	Competation Procedures				
	(233-33)	(260-264)	(200-08)			
8.	Practical Time	Implant supported	Implant supported			
	(Phantom Head	prosthesis –I	prosthesis –II			
		(274-288)	(274-288)			
9.	Practical Time	Introduction to TMDs	Treatment option for TMDs			
	(Phantom Head	(269-73)	(269-73)			
10.	Maxillofacial prosthodontics	Implant CBL	Implant CBL			
	(289-298)					
11.	Group Quiz	1	Q/A session			
12.	4	THEORY EXAM				
13.	13. OSCE & Viva Examination					

LEARNING RESOURCES

The learning resources for the educational contents of BDS program are available for the students which assist learners to achieve the outcomes and by focusing on educational content. Ina addition; the names of the books for each subject as a learning resources is available with the educational content of the same subject. Following learning resources can be used by the undergraduates;

- Books
- Evidence based articles from journals
- Digital library to search the material for self-directed learning
- Video Tapes
- Displays
- Models
- Phantom Heads
- Printed Notes
- Case based scenarios'
- Community Visits

	Recommended Books Final YEAR BDS						
	Oral and	F	Prosthodontics		Operative Dentistry	Oı	rthodontics
	Maxillofacial						
	Surgery						
5.	An Introduction			3.	Joseph R Evans, John H	1.	Contemporary
	of Oral &	Books:			Wilke. Atlas of Operative		Orthodontics,
	Maxillofacial	1.	McKracken's		Dentistry: Preclinical and		by William R.
	Surgery		Removable Partial		clinical procedures.		Profit (5 th
	David		Prosthodontics by		Quintessence books		Edition)
	Mitchel		Alan B Carr, Glen P		Publishing Co.	2.	Hand Book of
6.	An Outline of		McGivney and	4.	Richard L Kahn, Pinkerton		Orthodontics,
	Oral Surgery part		David T Brown. 11 th		RJ, Kagihara L		by Robert-E-
	I & Part II Killey,		Edition.	5.	Fundamentals of		Moyers (4 th
	Seaward & Kay	2.	Stewart's Clinical		Preclinical Operative		Edition)
7.	Killey's Fractures		Removable		Dentistry.	3.	Essentials of
	of Middle Third		Prosthodontics by		www.bookdepository.co.		facial growth
	of Facial		Rodney D Phoenix,		<u>uk</u>		by Donald H
	Skeleton.		David R Cagna,	6.	_The Art & Science of		Enlow (2 nd
8.	Killey's Fracture		Charles F DeFreest.		Operative Dentistry by		Edition)
	of the Mandible		4 th Edition.		Sturdurant.		
9.	Oral &	3.	Prosthodontic	7.	Pickardards Manual of		
	Maxillofacial		Treatment for		Operative Dentistry by		
	Surgery Laskin		Edentulous		EAM Kidd.		
10.	Oral &		Patients by Zarb,				
	Maxillofacial		Hobkirk, Eckert and	2.	Fundamentals of		
	Surgery Kruger		Jacob. 13 th Edition.		Operative Dentistry by		
					Schwartz		

		1
11. Medical	4. Contemporary	3. Dental Restorative
Problems in	Fixed	Materials – Craig
Dentistry Scully	Prosthodontics by	4. Textbook of Operative
& Cawson	Rosenstiel, Land	Dentistry by Vimal K Sikri
12. Text book of Oral	and Fujimoto. 4 th	5. Harty's Endodontic in
& Maxillofacial	Edition.	clinical practice by
Surgery	5. Essentials of	T.R.Pittford
S.M Balaji	Complete Denture	6. Pathways of pulp by
13. Fundamentals of	Prosthodontics by	Stephen Cohen
Orthognathic	Sheldon Winkler.	7. Endodontics Principals
Surgery Malcolm	2 nd Edition	and Practice by
Harris		Torabineiad
14. Oral &	Reference Books for	
Maxillofacial	Laboratory Procedures:	
Surgery John	1. Dental Laboratory	
Peddler	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	

STANDARD 7: ASSESSMENT/EXAMINATION POLICIES

STATUES

- Muhammad Dental College Mirpurkhas is affiliated with Liaquat University of Medical & Health Sciences, Jamshoro.
- Annual examination will be conducted by the affiliating university as per PM&DC guidelines.
- MDC will conduct periodic tests as well as end of the chapter tests in each subject on regular basis. Most of the tests will be conducted online, similar to the Muhammad Medical College formulation.
- The Internal assessment will be based on attendance, test results, assignments as well as the logbook.
- Students are required to be punctual.
- Hinimum 75% attendance is mandatory to appear in the Annual examination.
- 1. The First Professional BDS Examination shall be held at the end of first year BDS class
- Every candidate shall be required to study contents of Anatomy (including Histology), Physiology, Biochemistry, Oral Anatomy and Tooth Morphology, Behavioural Sciences, Community Medicine & Public Health, Pathology, Pharmacology & Therapeutics, Islamic Studies/Ethics and Pakistan Studies, Clinical skills and Professionalism, Ethics, Research and Leadership. The teaching and assessment shall be done in three modules.
- 3. Attendance of lectures, tutorials and labs/OPD will be assessed separately and must be at least **75%** by end of session.
- 4. **Weekly online Test:** Online test will be conducted every week comprising MCQ's from every topic taught during previous week.
- 5. **Assignments**: Students will be given assignment in a group of 5 each, which will have to be submitted by given due date.
- 6. Quiz competition performance.
- 7. Workbook/Logbook should be completed, checked and certified.
- 8. SURVIVE: Online Class assessment test results will also be incorporated in internalassessment.

9. ISLAMIC STUDIES/ETHICS AND PAKISTAN STUDIES

The examination in Islamic Studies/Ethics and Pakistan Studies shall be as follows-

- I. One written paper of 100 marks in Islamic Studies/Ethics and Pakistan Studies having two components: Islamic Studies/Ethics component having 60 marks, three (3) Long Essay Questions (LEOs) to be attempted out of five (5) Long Essay Questions (LEOs), having 20 marks each.
- II. Pakistan Studies component having 40 marks, two (2) Long Essay Questions (LEOS) to be attempted out of four (4) Long Essay Questions (LEQS), having 20 marks each.

Note: Islamic Studies for Muslims, and Ethics for Non-Muslims candidates.

STANDARD 7.1: INSTRUCTIONAL STARTEGIES FOR INTEGRTAED BDS CURRICULUM

Teaching in integrated curriculum is based on themes which unite different disciplines by blurring their boundaries. These themes allow teachers of different disciplines to meaningfully link content of their respective disciplines to enable students to see the big picture and appreciate relevance of their learning to their future practical life. Selection of tools for information transfer should ensure simultaneous input of different disciplines to enhance understanding and implementation of knowledge being taught. Different disciplines may need to have joint teaching sessions to help students in developing links between information coming from different subjects. While tools and methods mentioned in the traditional curricula above may continue to be used, the following tools are commonly used for module or theme-based teaching:

COGNITION:	PSYCHOMOTOR	ATTITUDE OR
	TRAINING	BEHAVIOR
Joint or paired lectures by	Workshops	Training
different disciplines	• <u>S</u> kill labs	Videos
Problem based learning	Cadaveric	Role plays
sessions	dissection	Role modeling
Case base learning sessions	Models	Workshops
Group work by students	Laboratory work	Group assignments
Seminars	Bedside teaching	
Tutorials	Emergency or	
Videos	casualty	
Clinical-pathological	department	
conferences	Operation theatres	
Symposiums	Ward rounds	
Webinars	Community work	
Self-learning		
Assignments		

PROPOSED ASSESSMENT METHODOLOGIES FOR INTEGRATED BDS CURRICULUM

OVERVIEW:

"Lack of assessment and feedback, based on observation of performance in the workplace, is one of the most serious deficiencies in current medical education practice". John Norcini and Vanessa Burch 2007

- Assessing the learner is the most important and difficult task for the tutor as students may be able compensate for sub-optimal teaching, but misaligned/poor assessment of their abilities can have longlasting effects on their personal and professional goals.
- Assessment is important not only for students but also for tutors, course/syllabi organizers, and the accrediting body (affiliated university/PM&DC).
- Assessment data informs important decisions related to whether learning outcomes have been achieved to allow progression to the next level of the course.
- More importantly, holistic assessment determines whether the potential graduate is competent and can practice as a safe doctor.
- In curricula which are theme or module based, each module needs to be followed by assessment to determine achievement of learning outcomes defined for that module.
- Assessment can be both summative and formative, thereby using it for grading of students as well as for providing students with feedback to enhance and improve their learning respectively. Knowledge, skills and attitude learned during the modules will need separate tools for assessment.

INTEGRATED ASSESSMENT

• Integrated curriculum must be aligned with integrated assessment policies as it is an instrumental and integral part of curricular development.

ASSESSMENT PROCESS

• Integrated assessment requires an in-depth analysis and understanding of the process. A good starting point for this is seeking to answer important questions, the answers of which will help form the basis of these assessments.

1. Why assess the students?

The purpose of assessment has to be clear and must include assessment for learning (as a learning strategy) and assessment of learning (summative assessment) for progression, remediation or promotion.

2. Who should assess the students?

The stakeholders should include program advisors/organizers, accrediting body, affiliated university, enrolled college, tutors, other health care professionals and students themselves, as well as standardized patients. PM&DC will oversee the assessment process to be implemented by medical universities in their affiliated colleges.

3. What should be assessed?

All the competencies must be assessed. The integrated curricular objectives must be aligned with the content to be assessed according to the context in which it is taught to students. The chosen assessing material will demonstrate what is valued for example knowledge of higher order thinking, clinical skills, behavior/attitudes and professionalism among other requirements.

4. How the students should be assessed?

Integrative assessment fosters a wide variety of tools which can be incorporated to assess students. The methods to be used should be:

- a. Reliable and consistent
- b. Valid in measuring what it is to measure
- c. Feasibility according to the resources available
- d. Assessment must have an impact on student learning
- e. Amenable to appropriate standard setting method

5. When should the students be assessed?

The enrolled colleges can devise their own strategy of number of internal assessments to be carried out within the prescribed timelines of the affiliated universities. The University may provide a template of the **"Course, Module or Rotation Objective Assessment Map"** in the assessment procedure document. E

each course will develop an examination blueprint, which will include all competencies and information on the methods, timing, and relative contribution to the final mark of all summative assessments, criteria for passing and remediation must be specified by the university. The final assessment by universities must be within timelines by the accrediting body.

6. Where the students should be assessed?

Internal and external assessments must conduct theory examination/practical in appropriate examination venues

ASSESSMENT TOOLS

These tools should assess higher level of cognition like understanding, application, interpretation, analysis and decision making rather than simple recall. Different disciplines will need to develop these assessments together to judge holistic comprehension and ability to practice what is learnt by student. Tools of assessment which can be used for integrated curriculum are as following.

	COGNITIVE DOMAIN	PSYCHOMOTOR DOMAIN	AFFECTIVE DOMAIN
1.	MCQs	Formative	The following tools can assess
2.	Extended matching	Assessment:	behaviour, communication
	questions (EMQs)	a. OSPE	skills, ethics and
3.	Short Answer Questions	b. Mini-Clinical Evaluation	professionalism.
	(SAQs)	Exercise (Mini-CEX)	a. Interviews
4.	Short Essay questions	c. Surgical DOPS (Directly	b. Direct observation of
	(SEQs)	Observed Procedural	communication skill and
5.	Oral Examination	Skills)	behaviour
		d. Case Based	c. OSPE/OSCE
		Discussion	d. Portfolios
		Summative Exam:	e. Reflections (only for
		a. (OSCE)	formative assessment)

b. Practical Examination	
c. Direct Observation of	
clinical skills	
d. Long case	
e. Short case	

STANDARD 7.2: DIVISION OF INTERNAL ASSESSMNET

THEORY						
S. No	Scoring Parameters	Marks				
1	MCQ.SAQs and OSCE/OSPE	80%				
2	Internal Assessment	20%				
3	Presentations					
Distributions of Examination Marks (03 Examination in a Year)						
S. No	Scoring Parameter	Marks out of 10%				
1	Exam Theory (150) and Practical (100)	250				
2	MCQs	50				
2	SAQs/SEQs (12 question out of 09 will have to	50				
5	attempt)					
4	Internal Assessment Theory	25				
5	Practical Exam	100				
6	Internal Assessment Practical	25				
Allocatio	n of Internal Assessment marks					
Practical	(OSCEs & OSPEs)					
S. No	Scoring Parameter of THEORY	Marks out of 10%				
1	Attendance > 90%=3, 89-80%=2,79-70%=1:	3%				
T	<70%=0					
2	Mid Term/Pre-Prof Exam	3%				
	Research	1%				
3	*Continuous Assessment (Average Score of MCQs	3%				
	attempted after every Learning session)					
S. No	Scoring Parameter of Practical	Marks out of 10%				
1	Attendance > 90%=3, 89-80%=2,79-70%=1:	3%				
1	<70%=0					
2	Practical Books/Log Books	2%				
3	Continous Assessment (Average Scoreof	2%				
	OSPEs/OSCEs attempted after every learning					
	session)					
4	Mid Term/Pre-Prof Exam	2%				
5	Elective/Selective	1%				

*OSPE to be conducted at the end of each learning module and OSCE to be conducted at the end of each Clinical Rotation. The average of OSPEs and OSCEs will be considered as Continuous Assessment.

- a. Mid Term, Final and Annual Examination (Format should be provided).
- b. Clinical Clerkship Rotation (Assessment method and format should be provided).
- c. Log Books with Grading.
- d. OSCE/OSPE/Short Cases/Long Cases (Format should be provided).
- e. Quarterly Feedback and Assessment (Format should be provided).
- f. Assessment Blueprints for Final Years

Ir./Miss.				IVIDDS
		S/o, I	D/o	
Name of Test	Max Marks	Obt Marks	Percentage	Comments
A. SURVIVE				
Survive Weekly Tests				
Assignments				
Post Test Discussion				
Attendance in class				
Total in Survive				
B. TEACHING OSCE				
Teaching OSCE 01				
Teaching OSCE 02				
Teaching OSCE 03				
Teaching OSCE 04				
Total in OSCE				
C. WARD TESTS				
Ward Test Surgery				
Ward Test Medicine				
Ward Test Gynae/Obs				
Ward Test Paeds				
D. PRESENTATION & RESEARCH				
Symposium 4th Year				

Department	Rotation	
Orthodontics	02 Months	
Prosthodontics	02 Months	
Operative Dentistry	02 Months	
Oral Surgery	02 Months	
Diagnosis	01 Months	
Periodontology	02 Months	
Paediatric Dentistry	01 Months	
Total	12 Months	

STANDARD 7.3: ROTATIONAL PLAN FOR ONE YEAR HOUSE JOB

If the sufficient numbers of patients are not available then the procedures should be performed on models or typodonts and a presentation prepared, delivered and submitted.

Note:

- Posting end assessment will be performed at the end of each posting. Clearance is mandatory and subject to passing the assessment.
- 4 At least one research participation is recommended by the end of the year.
- **4** Archiving and record maintaining is mandatory in all departments.
- Records are to be maintained and saved further investigations and shared with other dental institutions as required.
- The above rotation will be flexible depending on facilities available. However rotation in the first four departments listed in the table above is mandatory.

EXAMINATION POLICY

- ✤ 75% Attendance in Lectures and OPD
- Submission of Logbook on Time
- 4 Complete Departmental Tasks and Objectives as per schedule and requirement
- Periodontology Final Examination would contain:
 - Written theory examination:

The written examination has 2 parts an MCQ and a short answer or short essay type examination.

- OSCE/OSPE/Viva
- o Internal Evaluation

RULES & REGULATIONS FOR EXAMINATION:

Student must report to the examination hall/venue, 30 minutes before the exam.

- **4** Exam will begin sharp at the given time.
- No student will be allowed to enter examination hall after 15 minutes of scheduled examination time.
- **4** Students must sit according to their roll numbers mentioned on the admit card.
- 4 Cell phones, all electronic gadgets, smart watches, etc., are prohibited in examination hall.
- 4 Student must bring their own stationary for exam.
- **4** Indiscipline in the exam hall is not acceptable.
- **4** Student must not possess any written material or communicate with their fellow students.

PROGRAM EVALUATION & MONITORING: Quality Enhancement Cell with collaboration of Department of Medical/Dental Education is responsible to evaluate the graduate program of BDS which include;

- Faculty feedback
- Student Feedback on Curriculum
- Teachers Feedback on Curriculum
- Student Feedback of Facilitators.
- Analysis of Examination results
- Quality Enhancement Cell

CONTINUOUS DENTAL EDUCATION:

- Department of Periodontology will arrange Case-Presentations and Journal discussions for students to stay updated in Evidence-based Clinical Periodontology.
- Department of Medical education in compliance with Department of Periodontology will arrange workshops for students to improve learning.

STANDARD 7.4: ASSESSMENT POLICIES/EXAMINTAIONS FOR TRADITIONAL CURRICULUM

Examinations are of three kinds:

EVALUATION PLAN					
	Exams	Pattern	Assessment		
1	Each Module	Written test (MCQ and	Formative		
		SEQ)			
1	After 7 weeks of Clinical	Ward test (OSCE and	Formative		
	Rotation, Ward test will	short case)			
	be conducted				
2	At end of 36 weeks	Pre-Prof Exam (MCQ and	Formative		
		SEQ) Viva voce as per			
		LUMHS Policy			
3	Annual	University Professional	Summative		
		Exam			

1. Formative or Ongoing Assessment:

- a. The written examination has 2 parts an MCQ and a short answer or short essay type examination.
- b. OSPE examination
- c. Viva voce exam.
- d. Practical journals, marks for TBLs/PBLs sessions
- e. Quizzes and tests, Continuous assessment tests (CATS

MCQ's and SEQ's: Multiple choice question and short essay question test will be used at the end of part of curriculum to assess the learning of knowledge. These all assessment exercises will be formative. The written tests like Multiple-Choice Questions (MCQs) and Short-Essay Questions (SEQs) test formats are used for the assessment of cognitive domain. The MCQs are more objective and essentially select type of item response format. MCQs have a cueing effect, which promotes guessing and leads to higher scores. In addition, writing MCQs of higher cognitive level of problem solving is challenging. On the contrary, the SEQs are more subjective and have a supply or construct type item response format, which does not have any cueing effect and can effectively assess problem solving skills.

OSCE AND SHORT CASE: Short case and OSCE will be used to evaluate clinical skills and procedural skills at the ward end of placement. The OSCE is a method of clinical skill assessment, and it has been reported to be appropriate for assessing learning achievement levels in the psychomotor and emotional domains, which are difficult to evaluate with written examinations.

CLINICAL LOG BOOK: Clinical log book is meant for self-directed learning (SDL) and assessment of students. The clinical logbook includes reflection which helps the students to set educational goals.

MINI-CEX: Mini-CEX is used to assess the clinical skills and problem solving skills of medical students. This is the tool used by clinical teachers. This can assess all three domains, Psychomotor, cognitive and affective. This also used as formative assessment.

INTERNAL ASSESSMENT:

- i. The weightage of internal assessment shall be 20% of totals marks.
- ii. Continuous internal assessment shall consist of evaluation at the end of each assignments, e.g. stages/sub-stage, class tests etc., attitudinal assessment from educational supervisors.
- iii. Assessment of knowledge, Skills and Attitude shall contribute toward internal assessment. Methods used to assess these domains shall include Multiple Choice Questions of one-best type, Short essay questions, Oral/Viva, and Practical/Clinical examinations.
- iv. The score of internal assessment shall contribute to the score in the final examination, Final university examination of each subject shall contribute 90 to total score, and the candidate shall pass in aggregate. v. Proper record of continuous internal assessment shall be maintained.
 - 2. Internal Examinations/Pre-Prof Examinations/Formative Assessment shall be compulsory for students of all classes. Students who do not appear or fail in the examination will be regarded as students whose courses of instructions are incomplete and unsatisfactory and will not be allowed to appear in the university professional examination for promotion to the next higher class and may also loose the scholarship, if any, granted to them. Pass percentage for Pre-PROF examinations is 50%.

3. University Examinations

University Examinations are strictly governed by the statutes and regulations of the Liaquat University of Medical and Health Sciences (LUMHS).

- a. First Professional BDS Examination will be held at the end of first academic year.
- b. Second Professional BDS Examination held at the end of second academic year.
- c. Third Professional BDS Examination will be held at the end of third academic year.
- d. Fourth Professional BDS Examination will be held at the end of fourth academic year.

NOTE: Any student who fails to clear first professional BDS examination in four consecutive chances (availed or un-availed on becoming eligible for examination) shall not be eligible for continuation of Dental studies of the BDS Program.

STANDARD-8: CURRICULAR MANAGEMENT

According to PMC; the Curriculum Management is the sixth Standard of National Accreditation Framework for Medical and Dental Schools in Pakistan-2019.

The Muhammad Dental College (MDC) has functional curriculum committee which is duly represented on the Institutional organogram. The TORS of the Dental Curriculum management are as follows:

TERMS OF REFERENCES OF CURRICULUM COMMITTEE (CC)

	-	
Office of Accountability	Dean Muhammad Dental College (MDC)	
Office of Administrative Responsibility	BDS Program	
Approver	College Academic Council	
Scope	Compliance with the National Accreditation	
	Framework For Medical and dental Schools in	
	Pakistan-2019	

Date of Formation: September-2019

Mandate of DCC: The Curriculum Committee receives its mandate from Academic Council. The Chairman is at least Professor elected by curriculum committee. It has an executive function, making and enacting policies relevant to the design and delivery of the BDS program. It ensures that the program is aligned with the institute's vision and mission statements and that it complies with relevant accreditation standards of PMDC, LUMHS and HEC. It has responsibility for the design, management, integration, implementation, evaluation, and continuous improvement of the dental curriculum.

Reporting:

- The BDS Curriculum Committee reports on a regular basis, via the Chair of the Committee, its decisions and recommendations to the College Academic Council. It provides written annual report to the principal MDC.
- It participates in the accreditation interim review process in monitoring compliance with accreditation standards and in preparing for survey visits.

Decisions Taking: The decisions will be taken by consensus, failing which it will be referred to the Dean. Decisions will be taken in the meetings of CC, following which it would be moved to DBOS, then FBOS and after approval will be submitted to CAC for final approval.

Frequency of meetings: As required or at least quarterly

Mode of Communication:

- Meetings
- Emails
- Workshops

Committee Designations:

- <u>Chairman of the DCC:</u> Please Refer the Organogram
- <u>Members:</u>
- Representation of Medical Education
- Representation of Basic Dental Sciences (Anatomy, Physiology, Biochemistry, Pathology, Pharmacology, General Medicine, General Surgery, Dental Material, Oral Biology & Tooth Morphology).
- Representation of Dental Clinical Sciences (Oral Maxillofacial Surgery, Prosthodontics, Orthodontics, Periodontology, Oral Medicine, Oral Radiology, Oral Pathology, Operative Dentistry, Paediatric dentistry,).
- Representation of Community & Preventive Dentistry
- Representation of Behavioural Sciences
- Representatives of Students, Alumni and House Officers

Invited Members:

Medical Educationist both nationally and internationally will be invited from time to time to offer their expert advice.

While the BDS -CC has the primary authority for all of the above, it is able to delegate responsibility of certain elements of the accreditation standards to sub-committees. Its standing subcommittees are:

- Student Awards/Promotions Committee
- **4** Student Assessment Committee/Examination Cell.
- ✤ Program Evaluation and Curricular Outcomes Committee (Quality Assurance Committee).
- Student Elective Committee (House Job, Rotation to others Institute)

Number of Members:

Criteria for Selection of Members: Chairman/Incharge / Subject specialist

Review of Terms of Reference and Membership: Annually or when required.

Major Responsibilities: The major responsibilities of CDC Committee are:

- To revise and development of study guides of the BDS extended Program, mode of Information Transfer at all levels and incorporate the changes according to the PMDC/HEC/LUMHS guidelines.
- To oversee the Revision and Development of Learning objectives of the BDS extended Program, mode of Information Transfer at all levels.
- The selection and sequencing of educational content; the program length, the curriculum structure, outcome and desired assessment tools.
- To oversee the delivery of the curriculum in hospital area (MDC and Dental OPD), MITs, formulate the academic schedule, induction and designated the trained faculty. (Clinical Supervision).
- > To ensure that planning, implementation and evaluation of the curriculum is in order to ensure that educational outcomes are achieved. (53).
- To ensure that planning, implementation and evaluation of the innovations in the curriculum. (54).
- To participate in the student Award/promotion policies, set the standard setting procedure of achievement/assessment and select the appropriate tools for assessment based on the learning objectives such as; (knowledge, attribute and skills).
- > To participate in the students' academic progress and make the final decisions for the promotion and graduation. (Student Achievement).
- To formulate the document describing the Content, extent and sequencing of courses and other components of the Curriculum Map-(Standard-5).
- To participate in program evaluation by ensuring the Student Feedback on Learning activities and Learning climate.
- To ensure that the mission statement should reflect the vision statement of the Institute which demonstrate the clear Institutional Commitment to Social accountability. (Standard-1).
- To ensure the Student learning Outcomes which are in congruence with the mission of the Institute and are contextually appropriate for health care delivery in Pakistan. (Standard-2).
- To ensure that the Outcomes of the Program differentiates the Institution from Other Similar Institute. (Standard-2).
- To ensure that the curriculum is aligned with the University Vision, Institutional Mission and Local and National needs for contextual relevance. (Standard-4).
- To ensure that the develop curriculum is implemented and meets the Standards of PMDC. (Standard-4).
- To participate and implement the Curriculum which is Outcome Based, Patient Centered. (Standard-4).
- To ensure that the educational Content and Its delivery are aligned with the Competencies and or/outcomes agreed upon by the Institution. (Standard-5).

- To ensure that adequate supervision of learning experiences is provided throughout required laboratory work, skills lab, chair side teaching, clinical rotations and field visits. (Standard-6).
- To ensure the appropriate selection and sequencing of educational content; the program length, the curriculum structure, outcome and desired assessment tools. (Standard-7).
- To monitor the quality of learning and assessment activities across clinical sites to ensure that there is a comparability of experiences (Comparability of Education and Assessment). (Standard-7).
- To ensure student representation and appropriate participation in educational committees. (Standard-8).
- > To ensure processes and schedules for review and update of all academic activities through an established mechanism of Program Evaluation. (Standard-10).
- To review the results of program evaluation on a regular basis and student assessments to ensure that the gaps are adequately addressed in the curriculum in consultation with the Curriculum Committee. (Standard-10).
- To revise the Evaluation Findings and incorporate the Changes in the educational Content by addressing the unintended gaps and eliminating the unnecessary redundancies) and to revise the teaching and assessment methods. (Standard-10).
- To consider the new development is science and healthcare delivery to review the learning objectives and curriculum content. (Standard-10).
- To consider new developments in medical education (Theory and Practices; review proposals for innovations and approves pilot projects and modification to the Curriculum. (Standard-10).
- To certifies the adequacy of educational resources (such as study space, digital learning materials, access to the internet and those that are unique to clinical teaching contexts (e.g. oncall rooms, remedies in situations of exposures to occupational hazards and immunization protocols.(Standard-11).
- > To provide opportunities for multi-disciplinary and applied research. (Standard-12).
- Revise the horizontal and vertical integration of curriculum in all four years of Dental undergraduate program as per the accreditation requirement.
- To incorporate the Professionalism/Ethics, Research, Leadership, Patient Safety and Communication Skills.
- Execution of Self Academic Audit-Annually along with the members of Quality Assurance Committee.


STANDARD-9: EXAMINATION QUALITY ASSURANCE

The committee of quality assurance is supervising and implementing the pre-, per- and post- exam quality assurance procedures in assessment.

In MDC Examination are conducted by LUMHS. Hence the LUMHS Examination Quality Assurance Steps are taken at LUMHS.

a. Pre Exam QA

- **Blue printing:** of the assessment will be carried out to ensure utility of each assessment tool (validity, reliability, feasibility, acceptability and education impact).
- **Item review:** All exam items and their key will be reviewed by the subject experts as well as by DME for alignment, clarity, and spelling and grammatical errors.
- Faculty Development: for training and calibration of the examiners in item writing.
- **Orientation:** Students and Examiners will be given appropriate orientation of the exam format.
- Complete exam secrecy will be ensured by keeping strict security checks.(software)

b. Intra Exam QA:

- Assessment Administration: Assessment will be conducted in the central assessment hall in a conducive and standardized environment under full monitoring to prevent any misconduct and cheating.
- Instructions: Written and practical exam student instructions and vignettes will be checked by subject experts and DME for clarity.

c. Post Exam

- Item analysis: Difficulty, discrimination and reliability analysis will be conducted.
- Item Banking: Continuous review and development of item bank based on post-hoc analysis
- Feedback:
 - Feedback will be obtained from the examiners and the students regarding the examinations (format, difficulty, environment etc.)
 - Post exam analysis report and feedback will be sent to the respective department and examiners.
- **Result:** include detailed component analysis with mean, average and standard deviation divided in components, as well as qualitative information like strengths and weakness, Use result for program evaluation
- **Result Announcement Policy:** Examination decision of Pass/Fail will be put up on student's notice board and the detailed analysis can be collected from the Examination Department of the Instigute.
- Failure Students: In the final exam, if a candidate fails in any one or more components, he/ she will have to sit for the supplementary exam.
- **Appeal:** Students have the right to appeal if they don't agree to the results. The appeals will be handled according to the LUMHS policy.

STANDARD -10: PROGRAM EVALUATION AND CONTINOUS RENEWAL /CURRICULUM GOVERNANCE

Evaluation is integral to the implementation and development of educational activities, whether national program, an individual school's curriculum or a piece of work undertaken by a teacher with his/her students.

The evaluation of the BDS program is carried out at two different times; one is as formative evaluation in which teacher can evaluate the applied teaching strategy after the interactive session in the form of quiz or class test. Evaluation is performed by the help of descriptive studies, pre and post test to compare the learning approaches. The outcome of this formative evaluation is then incorporated to revise the teaching plan .The summative evaluation is performed for QAC for the teachers by the students and from the teachers regarding the curriculum at the end of the year or as per defined policy. The internal evaluation is conducted by the help of CIPP evaluation model.

The Curriculum Feedback and Faculty Governance is carried out by the department of Quality Assurance of MDC in collaboration with Muhammad Medical College, Department of QAC.

TERMS OF REFERENCES OF QUALITY ASSURANCE CELL (QAC/QEC) MMC

Office of Accountability	Director Quality Assurance Cell
Office of Administrative Responsibility	BDS Program
Approver	Dean MDC
Scope	Compliance with the Accreditation Standards
	Proforma Pakistan Medical Commission-2019

Date of Formation: 2019

Mandate of Quality Assurance Cell-QAC:

The establishment of QAC is to develop planned & systematic review process of an institution/program to determine whether or not acceptable standards of education, scholarship & infrastructure are being met, maintained & enhanced. A sustainable quality assurance program enhances employment opportunities.

Rationale of the establishment of QAC: To comply with the quality standards & continuous program monitoring, faculty monitoring, student evaluation about teachers, student evaluation of curriculum, departmental review, faculty feedback, employer feedback, Course review report etc.

Reporting: The QAC reports on a regular basis to Dean (MDC). It provides a written annual report to the Principal via Focal Person of MDC. It participates in the facilitation and leading of innovative & applied program evaluation exercises and analysis as per the designed proforma and QAC calendar.

Decisions Taking: The decisions will be taken by requirement & directives of accreditation standards or PM&DC, LUMHS & HEC. Decisions will be taken in the meetings of QAC, following which it would be moved to FBOS and after approval will be submitted to CAC (College Academic Council) for final approval.

Frequency of meetings: As required or at least quarterly

Mode of Communication:

- Meetings
- Emails
- Workshops

Committee Designations:

- i. <u>Director of the QAD:</u>
- ii. Please Refer the Organogram
- iii. <u>Members:</u>
 - Dean MDC
 - Principal
 - > Focal Person from Department of Dental Education
 - Subject specialist of all Basic Sciences
 - Subject specialist of all clinical Dental sciences department

Number of Members: As per Institute Decision

Criteria for Selection of Members: Professor/HOD of the Department

Review of Terms of Reference and Membership: Annually or when required.

Major Responsibilities:

- 1. BDS Program review
- 2. Institutional review
- 3. Employer feedback
- 4. Student's Feedback
- 5. Student perception
- 6. Faculty feedback

STANDARD-10.1: CURRICULUM AND FACULTY GOVERNANCE

This CIPP model emphasizes "learning-by-doing" in which the corrections are incorporated to solve the problematic features of the program. The CIPP model can provide the program effectiveness and reforms for continuous improvement and can guide in programs need assessment, planning, monitor the process of implementation and feedback.

Context, Input, Process, and Product (CIPP)	
Evaluation Model for Quality Practice	
Quality Standards	CIPP Framework
Processes and schedules for review and update of all	Context evaluation: Identify learning goals.
academic activities through an established mechanism	Input evaluation: Design and implement
of program evaluation.	instructional strategies according to the learning
	goals.
	Process evaluation: log books, assessment
	outcome.
	Product evaluation: Students result.
Regularly review results of evaluation and student	
assessment to ensure that the gaps are adequately	
addressed in the curriculum in consultation with	
curricular	
Committee.	
Allocate resources to address deficiencies and	
continuous renewal of program.	
Have program Evaluation in compliance with PMC	
accreditation standard.	
Ensure that that the students, faculty and	
administration are involved in program evaluation.	
Have a mechanism for curriculum monitoring and	
Progressive improvements.	
Ensure that the amendments based on results of	
program evaluation findings are implemented and	
documented.	

The program will be evaluated internally using the participation based (CIPP) model after the first cycle to make decisions regarding improvements or maintenance of the program. After three cycles external evaluators will be invited. During paper moderation for summative exam, the external evaluator checks the questions and gives a feedback regarding the question reliability acceptability and its educational impact.