

**THAI MOOGAMBIGAI DENTAL COLLEGE AND HOSPITAL**  
(A constituent of Dr M G R Educational and Research Institute)

Dr. Ramachandra Prabhakar,  
Dean,  
TMDCH

3/10/2017

To  
The Registrar  
Dr M G R Educational and Research Institute University  
Maduravoyal, Chennai 95

**AGENDA**

**Ref: DCI Notification:** MDS Course Regulations 2017 – Change in Syllabus

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The following are the tentative items of the agenda to be discussed at the 33<sup>rd</sup> Board of studies meeting to be held on 3/10/2017

1. The implementation of changes in the MDS curriculum.
2. Changes in the Syllabi of various branches of MDS.



*C. B. Palanivelu*  
**REGISTRAR**  
**Dr. M.G.R.**  
**EDUCATIONAL AND RESEARCH INSTITUTE**  
(Deemed to be University)  
Periyar E.V.R. High Road,  
Maduravoyal, Chennai 600 095



**THAI MOOGAMBIGAI DENTAL COLLEGE AND HOSPITAL  
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Minutes of the meeting Board of Studies

3/10/2017

The meeting was headed by Dr. Rathika Rai MDS., Principal, all the heads of the departments were gathered.

The discussions about the curriculum change were notified the syllabus change included inclusion and deletion in various departments with change in pattern of examination it was unanimously decided that the change be implemented from academic year 2018 onwards.

**Copy to**

The Registrar, Dr M G R Educational and Research Institute University  
Copy of DCI SOP also attached

#### 4. CONSERVATIVE DENTISTRY AND ENDODONTICS

##### **OBJECTIVES:**

The following objectives are laid out to achieve the goals of the course. These are to be achieved by the time the candidate completes the course. These objectives may be considered under the following subtitles.

##### **Knowledge:**

At the end of 36 months of training, the candidates should be able to:

- Describe etiology, pathophysiology, periapical diagnosis and management of common restorative situations, endodontic situations that will include contemporary management of dental caries, management of trauma and pulpal pathosis including periodontal situations.
- Demonstrate understanding of basic sciences as relevant to conservative / restorative dentistry and Endodontics.
- Identify social, economic, environmental and emotional determinants in a given case or community and take them into account for planning and execution at individual and community level.
- Ability to master differential diagnosis and recognize conditions that may require multi disciplinary approach or a clinical situation outside the realm of the specialty, which he or she should be able to recognize and refer to appropriate specialist.
- Update himself by self-study and by attending basic and advanced courses, conferences, seminars, and workshops in the specialty of Conservative Dentistry-Endodontics-Dental Materials and Restorative Dentistry.
- Ability to teach/guide, colleagues and other students.  
Use information technology tools and carry out research both basic and clinical with the aim of his publishing his work and presenting the same at scientific platform.

##### **Skills:**

- Take proper chair side history, examine the patient and perform medical and dental diagnostic procedures as well as perform relevant tests and interpret to them to come to a reasonable diagnosis about the dental condition in general and Conservative Dentistry – Endodontics in particular. And undertake complete patient monitoring including preoperative as well as post operative care of the patient.
- Perform all levels of restorative work, surgical and non-surgical Endodontics as well as endodontic-periodontal surgical procedures as part of multidisciplinary approach to clinical condition.
- Provide basic life saving support in emergency situations.
- Manage acute pulpal and pulpo periodontal situations.
- Have a thorough knowledge of infection control measures in the dental clinical environment and laboratories.
- Should have proper knowledge of sterilization procedures

##### **Human Values, Ethical Practice and Communication Abilities**

- Adopt ethical principles in all aspects of restorative and contemporary Endodontics including non-surgical and surgical Endodontics.
- Professional honesty and integrity should be the top priority.
- Dental care has to be provided regardless of social status, caste, creed or religion of the patient.
- Develop communication skills in particular to explain various options available for management and to obtain a true informed consent from the patient.
- Apply high moral and ethical standards while carrying on human or animal research.

- He/She shall not carry out any heroic procedures and must know his limitations in performing all aspects of restorative dentistry including Endodontics. Ask for help from colleagues or seniors when required without hesitation.
- Respect patient's rights and privileges including patients right to information.

## **COURSE CONTENTS:**

### **PART-I:**

#### **Applied Basic Sciences:**

##### **Applied Anatomy of Head and Neck:**

- Development of face, paranasal sinuses and the associated structures and their anomalies, cranial and facial bones, TMJ anatomy and function, arterial and venous drainage of head and neck, muscles of face and neck including muscles of mastication and deglutition, brief consideration of structures and function of brain. Brief consideration of all cranial nerves and autonomic nervous system of head and neck. Salivary glands, Functional anatomy of mastication, deglutition and speech. Detailed anatomy of deciduous and permanent teeth, general consideration in physiology of permanent dentition, form, function, alignment, contact, occlusion.
- Internal anatomy of permanent teeth and its significance.
- Applied histology – histology of skin, oral mucosa, connective tissue, bone, cartilage, blood vessels, lymphatics, nerves, muscles, tongue.

##### **Anatomy and Development of Teeth:**

- Enamel – development and composition, physical characteristics, chemical properties, structure.
- Age changes – clinical structure.
- Dentin – development, physical and chemical properties, structure type of dentin, innervations, age and functional changes and clinical considerations.
- Pulp – development, histological structures, innervations, functions, regressive changes, clinical considerations.
- Dentin and pulp complex.
- Cementum – composition, cementogenesis, structure, function, clinical considerations.
- Knowledge of internal anatomy of permanent teeth, anatomy of root apex and its implications in endodontic treatment.
- Periodontal ligament – development, structure, function and clinical considerations.
- Salivary glands – structure, function, clinical considerations.

##### **Applied Physiology:**

- Mastication, deglutition, digestion and assimilation, fluid and electrolyte balance.
- Blood composition, volume, function, blood groups, haemostasis, coagulation, blood transfusion, circulation, heart, pulse, blood pressure, shock, respiration-control, anoxia, hypoxia, asphyxia, artificial respiration, and endocrinology – general principles of endocrine activity and disorders relating to pituitary, thyroid, parathyroid, adrenals including pregnancy and lactation.
- Physiology of saliva – composition, function, clinical significance.
- Clinical significance of vitamins, diet and nutrition – balanced diet.
- Physiology of pain, sympathetic and Para sympathetic nervous system, pain pathways, physiology of pulpal pain, Odontogenic and non Odontogenic pain, pain disorders – typical and atypical.
- Biochemistry such as osmotic pressure, electrolytic dissociation, oxidation, reduction etc. Carbohydrates, proteins, lipids and their metabolism, nucleoproteins, nucleic acid and

their metabolism. Enzymes, vitamins and minerals, metabolism of inorganic elements, detoxification in the body, anti metabolites, chemistry of blood lymph and urine.

### **Pathology:**

- Inflammation, repair, degeneration, necrosis and gangrene.
- Circulatory disturbances – ischemia, hyperemia, edema, thrombosis, embolism, infarction, allergy and hypersensitivity reaction.
- Neoplasms – classifications of tumors, characteristics of benign and malignant tumors, spread of tumors.
- Blood dyscrasias.
- Developmental disturbances of oral and Para oral structures, dental caries, regressive changes of teeth, pulp, periapical pathology, pulp reaction to dental caries and dental procedures.
- Bacterial, viral, mycotic infections of the oral cavity.

### **Microbiology:**

- Pathways of pulpal infection, oral flora and micro organisms associated with endodontic diseases, pathogenesis, host defense, bacterial virulence factors, healing, theory of focal infections, microbes relevance to dentistry – strepto, staphylococci, lactobacilli, corneobacterium, actinomycetes, clostridium, neisseria, vibrio, bacterioids, fusobacteria, spirochetes, mycobacterium, virus and fungi.
- Cross infection, infection control, infection control procedure, sterilization and disinfection.
- Immunology – antigen antibody reaction, allergy, hypersensitivity and anaphylaxis, auto immunity, grafts, viral hepatitis, HIV infections and aids. Identification and isolation of microorganisms from infected root canals. Culture medium and culturing technique (Aerobic and anaerobic interpretation and antibiotic sensitivity test).

### **Pharmacology:**

- Dosage and route of administration of drugs, actions and fate of drug in body, drug addiction, tolerance of hypersensitivity reactions.
- Local anesthesia – agents and chemistry, pharmacological actions, fate and metabolism of anaesthetic, ideal properties, techniques and complications.
- General anesthesia – pre medications, neuro muscular blocking agents, induction agents, inhalation anesthesia, and agents used, assessment of anesthetic problems in medically compromised patients.
- Anaesthetic emergencies
- Antihistamines, corticosteroids, chemotherapeutic and antibiotics, drug resistance, haemostasis, and haemostatic agents, anticoagulants, sympathomimetic drugs, vitamins and minerals (A, B, C, D, E, K IRON), anti sialogogue, immunosuppressants, drug interactions, antiseptics, disinfectants, anti viral agents, drugs acting on CNS.

### **Biostatistics:**

- Introduction, Basic concepts, Sampling, Health information systems – collection, compilation, presentation of data. Elementary statistical methods – presentation of statistical data, Statistical averages – measures of central tendency, measures of dispersion, Normal distribution. Tests of significance – parametric and non – parametric tests (Fisher exact test, Sign test, Median test, Mann Whitney test, Kruskal Wallis one way analysis, Friedmann two way analysis, ANOVA, Regression analysis), Correlation and regression, Use of computers.

### **Research Methodology:**

- Essential features of a protocol for research in humans
- Experimental and non-experimental study designs

- Ethical considerations of research

### **Applied Dental Materials:**

- Physical and mechanical properties of dental materials, biocompatibility.
- Impression materials, detailed study of various restorative materials, restorative resin and recent advances in composite resins, bonding- recent developments, tarnish and corrosion, dental amalgam, direct filling gold, casting alloys, inlay wax, die materials, investments, casting procedures, defects, dental cements for restoration and pulp protection (luting, liners, bases) cavity varnishes.
- Dental ceramics-recent advances, finishing and polishing materials.
- Dental burs – design and mechanics of cutting – other modalities of tooth preparation. Methods of testing biocompatibility of materials used.

## **PART-II:**

### **Paper-I: Conservative Dentistry**

1. Examination, diagnosis and treatment plan
2. Occlusion as related to conservative dentistry, contact, contour, its significance. Separation of teeth, matrices, used in conservative dentistry.
3. Dental caries- epidemiology, recent concept of etiological factors, pathophysiology, histopathology, diagnosis, caries activity tests, prevention of dental caries and management – recent methods.
4. Hand and rotary cutting instruments, development of rotary equipment, speed ranges, hazards.
5. Dental burs and other modalities of tooth reparation- recent developments (air abrasions, lasers etc.)
6. Infection control procedures in conservative dentistry, isolation equipments etc.
7. Direct concepts in tooth preparation for amalgam, composite, GIC and restorative techniques, failures and management.
8. Biologic response of pulp to various restorative materials and operative procedures.
9. Direct and indirect composite restorations.
10. Indirect tooth colored restorations- ceramic, inlays and onlays, veneers, crowns, recent advances in fabrication and gingival tissue management.
11. Impression procedures used for indirect restorations.
12. Cast metal restorations, indications, contraindications, tooth preparation for class II inlay, onlay, full crown restorations.  
Restorative techniques, direct and indirect methods of fabrication including materials used for fabrication like inlay wax, investment materials and casting.
13. Direct gold restorations.
14. Recent advances in restorative materials.
15. Esthetics including smile design
16. Management of non-carious lesions.
17. Management of discolored tooth
18. Minimal intervention dentistry.
19. Recent advances in restoration of endodontically treated teeth and grossly mutilated teeth.
20. Hypersensitivity-theories, causes and management.
21. Lasers in Conservative Dentistry.
22. CAD-CAM in restorative dentistry.
23. Digital imaging and its applications in restorative dentistry.
24. Clinical Photography.

### **Paper-II: Endodontics**

1. Rationale of endodontics.

2. Pulp and periapical pathology.
3. Pathobiology of periapex.
4. Diagnostic procedures – Orofacial dental pain emergencies: endodontic diagnosis and management, recent advances used for diagnosis.
5. Case selection and treatment planning.
6. Endodontic microbiology.
7. Infection control procedures used in Endodontics (aseptic techniques such as rubber dam, sterilization of instruments etc.)
8. Endodontic emergencies and management.
9. Access cavity preparation – objectives and principles
10. Endodontic instruments and instrumentation – recent developments, detailed description of hand, rotary, sonic, ultra sonic etc.
11. Working length determination, cleaning and shaping of root canal system and recent developments in techniques of canal preparation.
12. Root canal irrigants and intra canal medicaments.
13. Obturation materials, techniques and recent advances.
14. Traumatic injuries and management – endodontic treatment for young permanent teeth.
15. Endodontic surgeries, recent developments in technique and devices and wound healing.
16. Endoperio interrelationship and management.
17. Lasers in Endodontics.
18. Multidisciplinary approach to endodontic situations.
19. Radiology and CBCT in endodontic practice.
20. Procedural errors in endodontics and their management.
21. Endodontic failures and retreatment.
22. Resorptions and its management.
23. Microscopes and Microsurgery in endodontics.
24. Single visit endodontics, current concepts and controversies.
25. Regenerative Endodontics

**Paper-III:** Essays (descriptive and analyzing type questions)

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

**The post graduate is expected to complete the following at the end of :**

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

#### **First Year**

##### **● Pre Clinical Work – Conservative and Endodontics**

##### **● Preclinical work on typhodont teeth**

1. Class II amalgam cavities
  - a. Conservative preparation - 03
  - b. Conventional preparation - 03
2. Inlay cavity preparation including wax pattern and casting on premolars and molars – MO, DO, MOD - 02
3. Onlay preparation on molars including wax pattern and casting - 02
4. Full Crown

- a. Anterior - 02
- b. Posterior - 02
- (1 each to be processed)

● **Pre Clinical work on natural teeth**

1. Wax Carving of all permanent teeth
2. Inlay on molars and premolars MO, DO, and MOD including wax pattern and casting - 05
3. Amalgam cavity preparation
  - a. Conventional - 02
  - b. Conservative - 02
4. Complex amalgam on molar teeth - 02
5. Onlay on molars including wax pattern and casting (1 to be processed) - 02
6. Full crown premolars and molars (metal, PFM & Ceramic) - 04
7. Full crown anterior (PFM, composite & Ceramic) - 03
8. Veneers anterior teeth - 02
9. Composite
  - a. Composite Filling (Class I, II, III & V) -05 (each)
  - b. Inlay (Class I & II) -02
  - c. Veneer -02
  - d. Diastema Closure -02
  - e. Angle Buildups -02

**Endodontics:**

1. Sectioning of all maxillary and mandibular teeth (vertical & horizontal).
2. Access cavity opening in relation to maxillary and mandibular permanent teeth.
3. Access cavity preparation, BMP and Obturation
  - a) Anterior (3 maxillary and 3 mandibular) - 06
    - Conventional prep - 02
    - Step back - 02
    - Crown down - 02
    - Obturation - 03
    - (2 lateral compaction and 1 thermoplasticized)
  - b) Premolar - 04
    - (2 upper and 2 lower) obturation 1 each
  - c) Molar - 06
    - (3 upper – 2 first molars and 1 second molar
    - 3 lower – 2 first molars and 1 second molar) obturation 1 each
4. Post and core preparation and fabrication in relation to anterior and posterior teeth
  - a. Anterior 10 (Cast Post 5 and prefabricated post 5)
  - b. Posterior 05 (Cast Post 2 and prefabricated post 5)
5. Removable dies - 04

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

**Clinical Work:**

A	Composite restorations	30
B	GIC Restorations	30



C	Complex amalgam restorations	05
D	Composite inlay + veneers (direct and indirect)	10
E	Ceramic jacket crowns	05
F	Post and core for anterior teeth	10
G	Bleaching vital	05
	Non vital	05
H	RCT Anterior	20
I	Endo surgery – observation and assisting	05

**Presentation of:**

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

**Second Year****Case discussion- 5**

1	Ceramic jacket crowns	10
2	Post and core for anterior teeth	10
3	Post and core for posterior teeth	05
4	Composite restoration	15
5	Full crown for posterior teeth	15
6	Cast gold inlay	05
7	Other special types of work such as splinting - Reattachment of fractured teeth etc.	10
8	Anterior RCT	30
9	Posterior RCT	40
10	Endo surgery performed independently	05
11	Management of endo – Perio problems	05
12	Angle build up composite	05
13	Diastema closure	05
14	Composite Veneers	05

- Under graduate teaching program as allotted by the HOD
- Seminars – 5 by each student
- Journal club – 5 by each student
- Dissertation work
- Prepare scientific paper / poster and present in conference and clinical meeting
- Library assignment to be submitted 18 months after starting of the course
- Internal assessment – theory and clinical

**Third Year**

Dissertation work to be submitted 6 months before final examination.

**Clinical work**

- Cast gold inlay- Onlay, cuspal restoration 10
- Post and core 20
- Molar endodontics 50
- Endo surgery 05
- Diastema Closure 05

- Angle Build up 05
- All other types of surgeries including crown lengthening, perioesthetics, hemi sectioning, splinting, replantation.

**Presentation of:**

- Seminars – 5 by each student
- Journal club – 5 by each student
- Under graduate teaching program as allotted by the HOD
- Internal assessment – theory and clinical

**Monitoring Learning Progress:**

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

**Scheme of Examination:**

<b>A. Theory:</b> Part-I: Basic Sciences Paper	-	<b>100 Marks</b>
Part-II: Paper-I, Paper-II & Paper-III	-	<b>300 Marks</b>
(100 Marks for each Paper)		

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

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

**PART-II**

<b>Paper-I</b>	:	Conservative Dentistry
<b>Paper-II</b>	:	Endodontics
<b>Paper-III</b>	:	Essays (descriptive and analyzing type questions)

*\*The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

**B. Practical / Clinical Examination : 200 Marks**

The duration of Clinical and Viva Voce examination will be 2 days for a batch of four students. If the number of candidates exceeds 4, the programme can be extended to 3<sup>rd</sup> day.

**Day 1**

**Clinical Exercise I – Random case discussion – (2) - 10+10 Marks**

**(Diagnosis, Treatment, Planning & Discussion)**

Cast core preparation		
(i) Tooth Preparation	-	20 marks
(ii) Direct Wax Pattern	-	10 marks
(iii) Casting	-	10 marks
(iv) Cementation	-	05 marks
(v) Retraction & Elastomeric Impression	-	05 marks

<b>Clinical Exercise II</b>	-	<b>30 Marks</b>
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**(Inlay Exercise )**

(i) Tooth preparation for Class II Inlay (Gold or Esthetic)	-	20 marks
(ii) Fabrication of Indirect Pattern	-	10 marks

**Day 2**

<b>Clinical Exercise III</b>	-	<b>100 Marks</b>
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**(Molar Endodontics)**

(i) Local Anaesthesia and Rubber Dam application	-	20 marks
(ii) Access Cavity	-	20 marks
(iii) Working length determination	-	20 marks
(iv) Canal Preparation	-	20 marks
(v) Master cone selection	-	20 marks

<b>C. Viva Voce</b>	:	<b>100 Marks</b>
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<b>i. Viva-Voce examination</b>	:	<b>80 marks</b>
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All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

<b>ii. Pedagogy Exercise</b>	:	<b>20 marks</b>
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A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

### 3. ORAL AND MAXILLOFACIAL SURGERY

#### **OBJECTIVES:**

The training program in Oral and Maxillofacial Surgery is structured to achieve the following five objectives-

- Knowledge
- Skills
- Attitude
- Communicative skills and ability
- Research

#### **Knowledge:**

- To have acquired adequate knowledge and understanding of the etiology, pathophysiology and diagnosis, treatment planning of various common oral and Maxillofacial surgical problems both minor and major in nature
- To have understood the general surgical principles like pre and post surgical management, particularly evaluation, post surgical care, fluid and electrolyte management, blood transfusion and post surgical pain management.
- Understanding of basic sciences relevant to practice of oral and maxillofacial surgery
- Able to identify social, cultural, economic, genetic and environmental factors and their relevance to disease process management in the oral and Maxillofacial region.
- Essential knowledge of personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waste keeping in view the high prevalence of hepatitis and HIV.

#### **Skills:**

- To obtain proper clinical history, methodical examination of the patient, perform essential diagnostic procedures and order relevant laboratory tests and interpret them and to arrive at a reasonable diagnosis about the surgical condition.
- To perform with competence minor oral surgical procedures and common maxillofacial surgery. To treat both surgically and medically the problems of the oral and Maxillofacial and the related area.
- Capable of providing care for maxillofacial surgery patients.

#### **Attitude:**

- Develop attitude to adopt ethical principles in all aspect of surgical practice, professional honesty and integrity are to be fostered. Surgical care is to be delivered irrespective of the social status, caste, creed or religion of the patient.
- Willing to share the knowledge and clinical experience with professional colleagues.
- Willing to adopt new techniques of surgical management developed from time to time based on scientific research which are in the best interest of the patient
- Respect patient right and privileges, including patients right to information and right to seek a second opinion.
- Develop attitude to seek opinion from an allied medical and dental specialists as and when required.

#### **Communication Skills:**

- Develop adequate communication skills particularly with the patients giving them the various options available to manage a particular surgical problem and obtain a true informed consent from them for the most appropriate treatment available at that point of time
- Develop the ability to communicate with professional colleagues.
- Develop ability to teach undergraduates.

### **COURSE CONTENT:**

The speciality of Oral & Maxillofacial Surgery deals with the diagnosis and management of the diseases of stomatognathic system, jaw bones, cranio-maxillofacial region, salivary glands and temporomandibular joints etc. Within this framework it also supports many vital organs like eye, oropharynx, nasopharynx and major blood vessels and nerves. The traumatic injuries of maxillofacial skeleton are independently managed by Oral & Maxillofacial Surgeons. Whenever there are orbital injuries the ophthalmologists are trained only to tackle injuries of the eye ball (globe) but if there are associated injuries of the orbital skeleton, the Maxillofacial Surgeon is involved in its re-construction. Similarly, nasal bone fracture may be managed by ENT surgeons. Most of the time nasal bone fractures are associated with fractures of the maxilla, mandible and zygomatic bones which are being managed by Oral & Maxillofacial Surgeons. The maxillofacial facial injuries at times are associated with head injuries also. The Oral & maxillofacial Surgeon is involved in the management of cleft lip & cleft palate, orthognathic surgery, micro vascular surgery, reconstructive and oncological surgical procedures of maxillofacial region. The speciality of Oral & Maxillofacial Surgery is a multi disciplinary speciality and needs close working in co-ordination with Neurosurgeons, Oncosurgeons, Ophthalmologists, ENT Surgeons and Plastic Surgeons. The Oral & Maxillofacial Surgeons, Ophthalmologist, ENT Surgeons, Plastic Surgeons, Neuro-Surgeons and Oncologists complement each other by performing Surgical Procedures with their respective expertise and knowledge thereby benefiting the patients and students of the respective specialities.

The program outline addresses both the knowledge needed in Oral and Maxillofacial Surgery and allied medical specialties in its scope. A minimum of three years of formal training through a graded system of education as specified will equip the trainee with skill and knowledge at its completion to be able to practice basic oral and Maxillofacial surgery competently and have the ability to intelligently pursue further apprenticeship towards advanced Maxillofacial surgery.

The topics are considered as under:-

- A) Applied Basic sciences
- B) Oral and Maxillofacial surgery
- C) Allied specialties

#### **A) Applied Basic Sciences:**

Applied Anatomy, Physiology, Biochemistry, General and Oral Pathology and Microbiology, Pharmacology and Knowledge in Basic Statistics.

#### **Applied Anatomy:**

1. Surgical anatomy of the scalp, temple and face
2. Anatomy of the triangles of neck and deep structures of the neck
3. Cranial and facial bones and its surrounding soft tissues with its applied aspects in maxillofacial injuries.
4. Muscles of head and neck; chest, lower and upper extremities (in consideration to grafts/flaps)
5. Arterial supply, venous drainage and lymphatics of head and neck

6. Congenital abnormalities of the head and neck
7. Surgical anatomy of the cranial nerves
8. Anatomy of the tongue and its applied aspects
9. Surgical anatomy of the temporal and infratemporal regions
10. Anatomy and its applied aspects of salivary glands, pharynx, thyroid and parathyroid gland, larynx, trachea, esophagus
11. Tooth eruption, morphology, and occlusion.
12. Surgical anatomy of the nose.
13. The structure and function of the brain including surgical anatomy of intra cranial venous sinuses.
14. Autonomous nervous system of head and neck
15. Functional anatomy of mastication, deglutition, speech, respiration and circulation
16. Development of face, paranasal sinuses and associated structures and their anomalies
17. TMJ: surgical anatomy and function

### **Physiology:**

#### **1. Nervous system**

- Physiology of nerve conduction, pain pathway, sympathetic and parasympathetic nervous system, hypothalamus and mechanism of controlling body temperature

#### **2. Blood**

- Composition
- Haemostasis, various blood dyscrasias and management of patients with the same
- Hemorrhage and its control
- Capillary and lymphatic circulation.
- Blood grouping, transfusing procedures.

#### **3. Digestive system**

- Saliva - composition and functions of saliva
- Mastication, deglutition, digestion, assimilation
- Urine formation, normal and abnormal constituents

#### **4. Respiration**

- Control of ventilation, anoxia, asphyxia, artificial respiration
- Hypoxia – types and management

#### **5. CardioVascular System**

- Cardiac cycle,
- Shock
- Heart sounds,
- Blood pressure,
- Hypertension:

#### **6. Endocrinology**

- General endocrinal activity and disorder relating to thyroid gland,
- Parathyroid gland, adrenal gland, pituitary gland, pancreas and gonads:
- Metabolism of calcium

#### **7. Nutrition**

- General principles of a balanced diet, effect of dietary deficiency, protein energy malnutrition, Kwashiorkor, Marasmus.
- Fluid and Electrolytic balance in maintaining haemostasis and significance in minor and major surgical procedures.

**Biochemistry:**

- General principles governing the various biological activities of the body, such as osmotic pressure, electrolytes, dissociation, oxidation, reduction etc.
- General composition of the body
- Intermediary metabolism
- Carbohydrates, proteins, lipids, and their metabolism
- Nucleoproteins, nucleic acid and nucleotides and their metabolism
- Enzymes, vitamins and minerals
- Hormones
- Body and other fluids.
- Metabolism of inorganic elements.
- Detoxification in the body.
- Antimetabolites.

**Pathology:****1. Inflammation –**

- Repair and regeneration, necrosis and gangrene
- Role of component system in acute inflammation,
- Role of arachidonic acid and its metabolites in acute inflammation,
- Growth factors in acute inflammation
- Role of molecular events in cell growth and intercellular signaling cell surface receptors
- Role of NSAIDs in inflammation,
- Cellular changes in radiation injury and its manifestation:

**2. Haemostasis**

- Role of endothelium in thrombogenesis,
- Arterial and venous thrombi,
- Disseminated Intravascular coagulation

**3. Shock:**

- Pathogenesis of hemorrhagic, neurogenic, septic, cardiogenic shock
- Circulatory disturbances, ischemia, hyperemia, venous congestion, edema, infarction

**4. Chromosomal abnormalities:**

- Marfans Syndrome, Ehler's Danlos Syndrome, Fragile X- Syndrome

**5. Hypersensitivity:**

- Anaphylaxis, type 2 hypersensitivity, type 3 hyper sensitivity and cell mediated reaction and its clinical importance, systemic lupus erythematosus.
- Infection and infective granulomas.

**6. Neoplasia:**

- Classification of tumors.
- Carcinogenesis and carcinogens- chemical, viral and microbial
- Grading and staging of cancers, tumor Angiogenesis, Paraneoplastic syndrome, spread of tumors
- Characteristics of benign and malignant tumors

**7. Others:**

- Sex linked agammaglobulinemia.
- AIDS
- Management of immuno deficiency patients requiring surgical procedures
- De George Syndrome

- Ghons complex, post primary pulmonary tuberculosis – pathology and pathogenesis.

### **Oral Pathology:**

- Developmental disturbances of oral and Para oral structures
- Regressive changes of teeth.
- Bacterial, viral and mycotic infections of oral cavity
- Dental caries,, diseases of pulp and periapical tissues
- Physical and chemical injuries of the oral cavity
- Oral manifestations of metabolic and endocrinal disturbances
- Diseases of jawbones and TMJ
- Diseases of blood and blood forming organs in relation to oral cavity
- Cysts of the oral cavity
- Salivary gland diseases
- Role of laboratory investigations in oral surgery

### **Microbiology:**

- Immunity
- Knowledge of organisms commonly associated with diseases of oral cavity.
- Morphology cultural characteristics of strepto, staphylo, pneumo, gono, meningo, clostridium group of organisms, spirochetes, organisms of TB, leprosy, diphtheria, actinomycosis and moniliasis
- Hepatitis B and its prophylaxis
- Culture and sensitivity test
- Laboratory determinations
- Blood groups, blood matching, RBC and WBC count
- Bleeding and clotting time etc, smears and cultures,
- Urine analysis and cultures.

### **Applied Pharmacology and Therapeutics:**

1. Definition of terminologies used
2. Dosage and mode of administration of drugs.
3. Action and fate of drugs in the body
4. Drug addiction, tolerance and hypersensitivity reactions.
5. Drugs acting on the CNS
6. General and local anesthetics, hypnotics, analeptics, and tranquilizers.
7. Chemo therapeutics and antibiotics
8. Analgesics and antipyretics
9. Antitubercular and antisyphilitic drugs.
10. Antiseptics, sialogogues and antisialogogues
11. Haematinics
12. Antidiabetics
13. Vitamins A, B-complex, C, D, E, K

### **B) Oral and Maxillofacial Surgery:**

- Evolution of Maxillofacial surgery.
- Diagnosis, history taking, clinical examination, investigations.
- Informed consent/medico-legal issues.
- Concept of essential drugs and rational use of drugs.



- Communication skills with patients- understanding, clarity in communication, compassionate explanations and giving emotional support at the time of suffering and bereavement
- Principles of surgical audit – understanding the audit of process and outcome. Methods adopted for the same. Basic statistics.
- Principles of evidence based surgery- understanding journal based literature study; the value of textbook, reference book articles, value of review articles; original articles and their critical assessment, understanding the value of retrospective, prospective, randomized control and blinded studies, understanding the principles and the meaning of various Bio-statistical tests applied in these studies.
- Principles of surgery- developing a surgical diagnosis, basic necessities for surgery, aseptic technique, incisions, flap designs, tissue handling, hemostasis, dead space management, decontamination and debridement, suturing, edema control, patient general health and nutrition.
- Medical emergencies – Prevention and management of altered consciousness, hyper sensitivity reaction, chest discomfort, respiratory difficulty.
- Pre operative workup – Concept of fitness for surgery; basic medical work up; work up in special situation like diabetes, renal failure, cardiac and respiratory illness; risk stratification
- Surgical sutures, drains
- Post operative care- concept of recovery room care, Airway management, Assessment of Wakefulness, management of cardio vascular instability in this period, Criteria for shifting to the ward, pain management
- Wound management- Wound healing, factors influencing healing, basic surgical techniques, Properties of suture materials, appropriate use of sutures.
- Surgical Infections – Asepsis and antisepsis, Microbiological principles, Rational use of antibiotics, special infections like Synergistic Gangrene and Diabetic foot infection, Hepatitis and HIV infection and cross infection.
- Airway obstruction/management – Anatomy of the airway, principles of keeping the airway patent, mouth to mouth resuscitation, Oropharyngeal airway, endotracheal intubation, Cricothyroidectomy, Tracheostomy.
- Anesthesia – stages of Anesthesia, pharmacology of inhalation, intravenous and regional anesthetics, muscle relaxants.
- Facial pain; Facial palsy and nerve injuries.
- Pain control – acute and chronic pain, cancer and non-cancer pain, patient controlled analgesia
- General patient management – competence in physical assessment of patients of surgery, competence in evaluation of patients presenting with acute injury, particularly to maxillofacial region. Competence in the evaluation of management of patients for Anesthesia
- Clinical oral surgery – all aspects of dento alveolar surgery
- Pre-prosthetic surgery – A wide range of surgical reconstructive procedures involving their hard and soft tissues of the edentulous jaws.
- Temporomandibular joint disorders – TMJ disorders and their sequelae need expert evaluation, assessment and management. It is preferable to be familiar with diagnostic and therapeutic arthroscopic surgery procedures.
- Tissue grafting – Understanding of the biological mechanisms involved in autogenous and heterogeneous tissue grafting.
- Reconstructive oral and maxillofacial surgery – hard tissue and soft tissue reconstruction.
- Cyst and tumors of head and neck region and their management – including principles of tumor surgery, giant cell lesion of jaw bones, fibro osseous lesions of jaw.

- Neurological disorders of maxillofacial region-diagnosis and management of Trigeminal Neuralgia, MPDS, Bells palsy, Frey's Syndrome, Nerve injuries
- Maxillofacial trauma – basic principles of treatment, primary care, diagnosis and management of hard and soft tissue injuries, Comprehensive management including polytrauma patients
- Assessment of trauma-multiple injuries patient, closed abdominal and chest injuries, penetrating injuries, pelvic fractures, urological injuries, vascular injuries.
- Orthognathic surgery – The trainee must be familiar with the assessment and correcting of jaw deformities
- Laser surgery – The application of laser technology in the surgical treatment of lesions amenable to such therapy
- Distraction osteogenesis in maxillofacial region.
- Cryosurgeries – Principles, the application of cryosurgery in the surgical management of lesions amenable to such surgeries.
- Cleft lip and palate surgery- detailed knowledge of the development of the face, head and neck, diagnosis and treatment planning, Current concepts in the management of cleft lip and palate deformity, knowledge of nasal endoscopy and other diagnostic techniques in the evaluation of speech and hearing, concept of multi disciplinary team management.
- Aesthetic facial surgery – detailed knowledge of structures of face & neck including skin and underlying soft tissues, diagnosis and treatment planning of deformities and conditions affecting facial skin, underlying facial muscles, bone, eyelids, external ear etc., surgical management of post acne scarring, face lift, blepharoplasty, otoplasty, facial bone recountouring etc.
- Craniofacial surgery – basic knowledge of developmental anomalies of face, head and neck, basics concept in the diagnosis and planning of various head and neck anomalies including facial cleft, craniosynostosis, syndromes, etc., Current concepts in the management of craniofacial anomalies.
- Head and neck oncology – understanding of the principles of management of head and neck oncology including various pre cancerous lesions, Experience in the surgical techniques of reconstruction following ablative surgery.
- Micro vascular surgery.
- Implantology – principles, surgical procedures for insertion of various types of implants.
- Maxillofacial radiology/ radio diagnosis
- Other diagnostic methods and imaging techniques

### **C) Allied Specialties:**

- General medicine: General assessment of the patient including children with special emphasis on cardiovascular diseases, endocrinal, metabolic respiratory and renal diseases, Blood dyscrasias
- General surgery: Principles of general surgery, exposure to common general surgical procedures.
- Neuro – surgery: Evaluation of a patient with head injury, knowledge & exposure of various Neuro – surgical procedures
- ENT/Ophthalmology: Examination of ear, nose, throat, exposure to ENT surgical procedures, ophthalmic examination and evaluation, exposure to ophthalmic surgical procedures.

- Orthopedic: basic principles of orthopedic surgery, bone diseases and trauma as relevant to Maxillofacial surgery, interpretation of radiographs, CT, MRI and ultrasound
- Anesthesiology: Evaluation of patients for GA technique, general anesthetic drugs use and complications, management of emergencies, various IV sedation techniques.
- Plastic Surgery- Basic Principles

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

The post graduate is expected to complete the following at the end of :

#### **I Year**

Study of applied basic sciences including practicals (wherever necessary), basic computer sciences, exodontia, seminars on basic topics, selection of dissertation topic, library assignment topic, attending O.T, ward rounds, Medical Record keeping, Pre-clinical exercises, preparation of synopsis and its submission within the six months after admission to the university as per calendar of events.

#### **Rotation and postings in other departments:**

General medicine	- 1 month
General surgery	- 1 month
Ophthalmology	- 15 days
Neuro Surgery	- 15 days
ENT	- 15 days
Orthopedic	- 15 days
Plastic Surgery	- 15 days
Casualty	- 15 days
Anesthesia (ICU)	- 15 days
Radiology (CT, MRI, USG)	- 15 days

#### **II Year**

- Minor oral surgery and higher surgical training
- Submission of library assignment
- Oncology posting – 1 month

#### **III Year**

- Maxillofacial surgery
- Submission of dissertation to the university, six months before the final examination.

It is desirable to enter general surgical skills and operative procedures that are observed, assisted or performed in the log book in the format as given below:-

Sl.No	Procedure	Category	Number
1	Injection I.M. and I.V.	PI	50, 20
2	Minor suturing and removal of sutures	PI	N,A
3	Incision & drainage of an abscess	PI	10
4	Surgical extraction	PI	15
5	Impacted teeth	PI, A	30,20

6	Pre prosthetic surgery- corrective procedures ridge extension ridge reconstruction	PI A A	10 3 3
7	OAF closure	PI, A	3,2
8	Cyst enucleation	PI,A	5,5
9	Mandibular fractures	PI,A	10,10
10	Peri-apical surgery	PI,A	5
11	Infection management	PI,A	3,3
12	Biopsy procedures	PI, A	10, 3
13	Removal of salivary calculi	A	3
14	Benign tumors	A	3,3
15	mid face fractures	PI,A	3,5
16	Implants	PI,A	5,5
17	Tracheotomy	A	2
18	Skin grafts	PI,A	2,2
19	Orthognathic surgery	A,O	3,5
20	Harvesting bone & cartilage grafts Iliac crest Rib Calvarial Fibula	A,O A,O A,O A,O	3,5 3,3 2,2 2,2
21	T.M. Joint surgery	A	3
22	Jaw resections	A,O	3,5
23	Onco surgery	A,O	3,3
24	Micro vascular anastomosis	A,O	2,2
25	Cleft lip & palate	A,O	3,5
26	Distraction osteogenesis	A,O	2,3
27	Rhinoplasty	A,O	2,3
28	Access osteotomies and base of skull surgeries	A,O	1,3
29	Emergency Management for OMFS Patients in Casualty / Accident & Emergency	PI,O	5,5

PI:- Performed Independently

A:- Assisted

O:- Observed

### **Monitoring Learning Progress:**

It is essential to monitor the learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

### **Paper wise distribution of syllabus:**

#### **PART- I :**

#### **Applied Basic Sciences**

**PART-II:****Paper– I: Minor Oral Surgery and Maxillofacial Trauma****Minor Oral Surgery:**

- **Principles of Surgery:** Developing A Surgical Diagnosis, Basic Necessities For Surgery, Aseptic Technique, Incisions, Flap Design Tissue Handling, Haemostasis, Dead Space Management, Decontamination And Debridement, Suturing, Oedema Control, Patient General Health And Nutrition.
- **Medical Emergencies:** Prevention and management of altered consciousness (syncope, orthostatic hypotension, seizures, diabetes mellitus, adrenal insufficiency), hypersensitivity reactions, chest discomfort, and respiratory difficulty.
- **Examination and Diagnosis:** Clinical history, physical and radiographic, clinical and laboratory diagnosis, oral manifestations of systemic diseases, implications of systemic diseases in surgical patients.
- **Haemorrhage and Shock:** Applied physiology, clinical abnormalities of coagulation, extra vascular hemorrhage, and hemorrhagic lesions, management of secondary hemorrhage, shock.
- **Exodontia:** Principles of extraction, indications and contraindications, types of extraction, complications and their management, principles of elevators and elevators used in oral surgery.
- **Impaction:** Surgical anatomy, classification, indications and contraindications, diagnosis, procedures, complications and their management.
- **Surgical aids to eruption of teeth:** Surgical exposure of unerupted teeth, surgical repositioning of partially erupted teeth.
- **Transplantation of teeth**
- **Surgical Endodontics:** Indications and contraindications, diagnosis, procedures of periradicular surgery
- **Preprosthetic Surgery:** Requirements, types (alveoloplasty, tuberosity reduction, mylohyoid ridge reduction, genial reduction, removal of exostosis, vestibuloplasty)
- **Procedures to Improve Alveolar Soft Tissues:** Hypermobility tissues- operative / sclerosing method, epulis fissuratum, frenectomy and frenotomy
- **Infections of Head and Neck:** Odontogenic and non Odontogenic infections, factors affecting spread of infection, diagnosis and differential diagnosis, management of facial space infections, Ludwig angina, cavernous sinus thrombosis.
- **Chronic infections of the jaws:** Osteomyelitis (types, etiology, pathogenesis, management) osteoradionecrosis
- **Maxillary Sinus:** Maxillary sinusitis – types, pathology, treatment, closure of Oro – antral fistula, Caldwell- luc operation
- **Cysts of the Orofacial Region:** Classification, diagnosis, management of OKC, dentigerous, radicular, non Odontogenic, ranula
- **Neurological disorders of the Maxillofacial Region:** Diagnosis and management of trigeminal neuralgia, MPDS, bell's palsy, Frey's syndrome, nerve injuries.
- **Implantology:** Definition, classification, indications and contraindications, advantages and disadvantages, surgical procedure.
- **Anesthesia**

**Local Anesthesia:**

Classification of local anesthetic drugs, mode of action, indications and contraindications, advantages and disadvantages, techniques, complications and their management.

**General Anesthesia:**

Classification, stages of GA, mechanism of action, indications, and contra indications, advantages and disadvantages, post anesthetic complications and emergencies, anesthetic for dental procedures in children, pre medication, conscious sedation, legal aspects for GA

**Maxillofacial Trauma:**

- Surgical Anatomy of Head and Neck.
- Etiology of Injury.
- Basic Principles of Treatment
- Primary Care: resuscitation, establishment of airway, management of hemorrhage, management of head injuries and admission to hospital.
- Diagnosis: clinical, radiological
- Soft Tissue Injury of Face and Scalp: classification and management of soft tissue wounds, injuries to structure requiring special treatment.
- Dento Alveolar Fractures: examination and diagnosis, classification, treatment, prevention.
- Mandibular Fractures: classification, examination and diagnosis, general principles of treatment, complications and their management
- Fracture of Zygomatic Complex: classification, examination and diagnosis, general principles of treatment, complications and their management.
- Orbital Fractures: blow out fractures
- Nasal Fractures
- Fractures of Middle Third of the Facial Skeleton: emergency care, fracture of maxilla, and treatment of Le Fort I, II, III, fractures of Naso orbito ethmoidal region.
- Ophthalmic Injuries: minor injuries, non-perforating injuries, perforating injuries, retro bulbar hemorrhage, and traumatic optic neuropathy.
- Traumatic Injuries To Frontal Sinus: diagnosis, classification, treatment
- Maxillofacial Injuries in Geriatric and Pediatric Patients.
- Gun Shot Wounds and War Injuries
- Osseointegration in Maxillofacial Reconstruction
- Metabolic Response to Trauma: neuro endocrine responses, inflammatory mediators, clinical implications
- Healing of Traumatic Injuries: soft tissues, bone, cartilage, response of peripheral nerve to injury
- Nutritional consideration following Trauma.
- Tracheostomy: indications and contraindications, procedure, complications and their management.

**Paper – II :Maxillofacial Surgery****a) Salivary gland**

- Sialography
- Salivary fistula and management
- Diseases of salivary gland – developmental disturbances, cysts, inflammation and sialolithiasis
- Mucocele and Ranula
- Tumors of salivary gland and their management
- Staging of salivary gland tumors
- Parotidectomy

**b) Temporomandibular Joint**

- Etiology, history signs, symptoms, examination and diagnosis of temporomandibular joint disorders
- Ankylosis and management of the same with different treatment modalities
- MPDS and management
- Condylectomy – different procedures
- Various approaches to TMJ
- Recurrent dislocations – Etiology and Management

**c) Oncology**

- Biopsy
- Management of pre-malignant tumors of head and neck region
- Benign and Malignant tumors of Head and Neck region
- Staging of oral cancer and tumor markers
- Management of oral cancer
- Radical Neck dissection
- Modes of spread of tumors
- Diagnosis and management of tumors of nasal, paranasal, neck, tongue, cheek, maxilla and mandible
- Radiation therapy in maxillofacial regions
- Lateral neck swellings

**d) Orthognathic surgery**

- Diagnosis and treatment planning
- Cephalometric analysis
- Model surgery
- Maxillary and mandibular repositioning procedures
- Segmental osteotomies
- Management of apertognathia
- Genioplasty
- Distraction osteogenesis

**e) Cysts and tumors of oro facial region**

- Odontogenic and non-Odontogenic tumors and their management
- Giant Cell lesions of jawbone
- Fibro osseous lesions of jawbone
- Cysts of jaw

**f) Laser surgery**

- The application of laser technology in surgical treatment of lesions

**g) Cryosurgery**

- Principles, applications of cryosurgery in surgical management

**h) Cleft lip and palate surgery**

- Detailed knowledge of the development of the face, head and neck
- Diagnosis and treatment planning
- Current concepts in the management of cleft lip and palate deformity
- Knowledge of Naso endoscopy and other diagnostic techniques in the evaluation of speech and hearing
- Concept of multidisciplinary team management

**i) Aesthetic facial surgery**

- Detailed knowledge of the structures of the face and neck including skin and underlying soft tissue
- Diagnosis and treatment planning of deformities and conditions affecting facial skin
- Underlying facial muscles, bone, Eyelids, external ear
- Surgical management of post acne scarring, facelift, blepharoplasty, otoplasty, facial bone recontouring, etc

**j) Craniofacial surgery**

- Basic knowledge of developmental anomalies of the face, head and neck
- Basic concepts in the diagnosis and planning of various head and neck anomalies including facial clefts, craniosynostosis, syndromes, etc.
- Current concept in the management of Craniofacial anomalies

**Paper – III : Essays (descriptive and analyzing type questions)**

**Scheme of Examination:**

<b>A. Theory:</b> Part-I: Basic Sciences Paper	-	<b>100 Marks</b>
Part-II: Paper-I, Paper-II & Paper-III	-	<b>300 Marks</b>
		(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

**PART-I** : Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.

**PART- II**

**Paper – I** : Minor Oral Surgery and Maxillofacial Trauma

**Paper – II** : Maxillofacial Surgery

**Paper – III** : Essays (descriptive and analyzing type questions)

*\*The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

<b>B. Practical / Clinical Examination</b>	-	<b>200 Marks</b>
<b>1. Minor Oral Surgery</b>	-	<b>100 Marks</b>

Each candidate is required to perform the minor oral surgical procedures under local anaesthesia. The minor surgical cases may include removal of impacted lower third



molar, cyst enucleation, any similar procedure where students can exhibit their professional skills in raising the flap, removing the bone and suturing the wound.

<b>2. Case presentation and discussion:</b>		<b>100 Marks</b>
(a) One long case	-	60 Marks
(b) Two short cases	-	40 Marks (20 marks each)

**C. Viva Voce - 100 Marks**

***i. Viva-Voce examination: 80 Marks***

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

***ii. Pedagogy: 20 Marks***

A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

## 9. ORAL MEDICINE AND RADIOLOGY

### **OBJECTIVES:**

At the end of 3 years of training the candidate should be able to acquire adequate knowledge of the discipline.

### **Knowledge:**

Theoretical, Clinical and practical knowledge of all oral mucosal lesions, skeletal involvement of maxillofacial region, diagnostic procedures pertaining to them and latest information of imaging modules.

### **Skills:**

Three important skills need to be imparted in maxillofacial diseases

1. Diagnostic skill in recognition of oral diseases with radiographic diagnosis and their management
2. Research skills in handling scientific problems pertaining to oral treatment
3. Clinical and Didactic skills in encouraging younger doctors to attain learning objectives

### **Attitudes:**

The positive mental attitude and the persistence of continued learning need to be inculcated

### **COURSE CONTENTS:**

#### **A) Applied Basic Sciences:**

##### **Applied Anatomy:**

1. Gross anatomy of the face:
  - a. Muscles of Facial Expression and Muscles of Mastication
  - b. Facial nerve
  - c. Facial artery
  - d. Facial vein
  - e. Parotid gland and its relations
  - f. Sub mandibular salivary gland and its relations
2. Neck region:
  - a. Triangles of the neck with special reference to Carotid, Digastric triangles and midline structures
  - b. Facial spaces
  - c. Carotid system of arteries, Vertebral Artery, and Subclavian arteries
  - d. Jugular system
    - Internal jugular
    - External jugular
  - e. Lymphatic drainage
  - f. Cervical plane
  - g. Muscles derived from Pharyngeal arches
  - h. Infratemporal fossa in detail and temporomandibular joint
  - i. Endocrine glands
    - Pituitary
    - Thyroid
    - Parathyroid
  - j. Exocrine glands
    - Parotid
    - Thyroid

- Parathyroid
- k. Sympathetic chain
- l. Cranial nerves- V, VII, IX, XI, & XII
- 3. Oral Cavity:
  - a. Vestibule and oral cavity proper
  - b. Tongue and teeth
  - c. Palate – soft and hard
- 4. Nasal Cavity
  - a. Nasal septum
  - b. Lateral wall of nasal cavity
  - c. Paranasal air sinuses
- 5. Pharynx:
- 6. Gross salient features of brain and spinal cord with references to attachment of cranial nerves to the brainstem  
Detailed study of the cranial nerve nuclei of V, VII, IX, X, XI, XII
- 7. Osteology:
  - a) Comparative study of fetal and adult skull
  - b) Mandible: Development, ossification, age changes and evaluation of mandible in detail

### **Embryology:**

1. Development of face, palate, nasal septum and nasal cavity, paranasal air sinuses
2. Pharyngeal apparatus in detail including the floor of the primitive pharynx
3. Development of tooth in detail and the age changes
4. Development of salivary glands
5. Congenital anomalies of face must be dealt in detail.

### **Histology:**

1. Study of epithelium of oral cavity and the respiratory tract
2. Connective tissue
3. Muscular tissue
4. Nervous tissue
5. Blood vessels
6. Cartilage
7. Bone and tooth
8. Tongue
9. Salivary glands
10. Tonsil, thymus, lymph nodes

### **Physiology:**

1. General Physiology:
  - a. Cell
  - b. Body Fluid Compartments
  - c. Classification
  - d. Composition
  - e. Cellular transport
  - f. RMP and action potential
2. Muscle Nerve Physiology:
  - a. Structure of a neuron and properties of nerve fibers
  - b. Structure of muscle fibers and properties of muscle fibers
  - c. Neuromuscular transmission
  - d. Mechanism of muscle contraction
3. Blood:

- a. RBC and Hb
  - b. WBC – Structure and functions
  - c. Platelets – functions and applied aspects
  - d. Plasma proteins
  - e. Blood Coagulation with applied aspects
  - f. Blood groups
  - g. Lymph and applied aspects
4. Respiratory System:
    - a. Air passages, composition of air, dead space, mechanics of respiration with pressure and volume changes
    - b. Lung volumes and capacities and applied aspects
    - c. Oxygen and carbon dioxide transport
    - d. Neural regulation of respiration
    - e. Chemical regulation of respiration
    - f. Hypoxia, effects of increased barometric pressure and decreased barometric pressure
  5. Cardio-Vascular System:
    - a. Cardiac Cycle
    - b. Regulation of heart rate/ Stroke volume / cardiac output / blood flow
    - c. Regulation of blood pressure
    - d. Shock, hypertension, cardiac failure
  6. Excretory System:
    - a. Renal function tests
  7. Gastro – intestinal tract:
    - a. Composition, functions and regulation of:
      - Saliva
      - Gastric juice
      - Pancreatic juice
      - Bile and intestinal juice
      - Mastication and deglutition
  8. Endocrine System:
    - a. Hormones – classification and mechanism of action
    - b. Hypothalamic and pituitary hormones
    - c. Thyroid hormones
    - d. Parathyroid hormones and calcium homeostasis
    - e. Pancreatic hormones
    - f. Adrenal hormones
  9. Central Nervous System:
    - a. Ascending tract with special references to pain pathway
  10. Special Senses:
    - a. Gustation and Olfaction

### **Biochemistry:**

1. Carbohydrates – Disaccharides specifically maltose, lactose, sucrose
  - a. Digestion of starch/absorption of glucose
  - b. Metabolism of glucose, specifically glycolysis, TCA cycle, gluconeogenesis
  - c. Blood sugar regulation
  - d. Glycogen storage regulation

- e. Glycogen storage diseases
  - f. Galactosemia and fructosemia
2. Lipids
    - a. Fatty acids- Essential/non essential
    - b. Metabolism of fatty acids- oxidation, ketone body formation, utilization ketosis
    - c. Outline of cholesterol metabolism- synthesis and products formed from cholesterol
  3. Protein
    - a. Amino acids- essential/non essential, complete/ incomplete proteins
    - b. Transamination/ Deamination (Definition with examples)
    - c. Urea cycle
    - d. Tyrosine-Hormones synthesized from tyrosine
    - e. In born errors of amino acid metabolism
    - f. Methionine and transmethylation
  4. Nucleic Acids
    - a. Purines/Pyrimidines
    - b. Purine analogs in medicine
    - c. DNA/RNA – Outline of structure
    - d. Transcription/translation
    - e. Steps of protein synthesis
    - f. Inhibitors of protein synthesis
    - g. Regulation of gene function
  5. Minerals
    - a. Calcium/Phosphorus metabolism specifically regulation of serum calcium levels
    - b. Iron metabolism
    - c. Iodine metabolism
    - d. Trace elements in nutrition
  6. Energy Metabolism
    - a. Basal metabolic rate
    - b. Specific dynamic action (SDA) of foods
  7. Vitamins
    - a. Mainly these vitamins and their metabolic role- specifically vitamin A, Vitamin C, Vitamin D, Thiamin, Riboflavin, Niacin, Pyridoxine

### **Pathology:**

1. Inflammation:
  - a. Repair and regeneration, necrosis and gangrene
  - b. Role of complement system in acute inflammation
  - c. Role of arachidonic acid and its metabolites in acute inflammation
  - d. Growth factors in acute inflammation
  - e. Role of molecular events in cell growth and intercellular signaling cell surface receptors
  - f. Role of NSAIDS in inflammation
  - g. Cellular changes in radiation injury and its manifestations
2. Homeostasis:
  - a. Role of Endothelium in thrombo genesis
  - b. Arterial and venous thrombi
  - c. Disseminated Intravascular Coagulation

- d. Shock: Pathogenesis of hemorrhagic, neurogenic, septic, cardiogenic shock, circulatory disturbances, ischemic hyperemia, venous congestion, edema, infarction
- 3. Chromosomal Abnormalities:
  - a. Marfan's syndrome
  - b. Ehler's Danlos Syndrome
  - c. Fragile X Syndrome
- 4. Hypersensitivity:
  - a. Anaphylaxis
  - b. Type II Hypersensitivity
  - c. Type III Hypersensitivity
  - d. Cell mediated Reaction and its clinical importance
  - e. Systemic Lupus Erythmatosus
  - f. Infection and infective granulomas
- 5. Neoplasia:
  - a. Classification of Tumors
  - b. Carcinogenesis & Carcinogens – Chemical, Viral and Microbial
  - c. Grading and Staging of Cancer, tumor Angiogenesis, Paraneoplastic Syndrome
  - d. Spread of tumors
  - e. Characteristics of benign and malignant tumors
- 6. Others:
  - a. Sex linked agamaglobulinemia
  - b. AIDS
  - c. Management of Immune deficiency patients requiring surgical procedures
  - d. De George's Syndrome
  - e. Ghons complex, post primary pulmonary tuberculosis – pathology and pathogenesis

### **Pharmacology:**

- 1. Definition of terminologies used
- 2. Dosage and mode of administration of drugs
- 3. Action and fate of drugs in the body
- 4. Drugs acting on CNS
- 5. Drug addiction, tolerance and hypersensitive reactions
- 6. General and local anesthetics, hypnotics, antiepileptics and tranquilizers
- 7. Chemotherapeutics and antibiotics
- 8. Analgesics and anti – pyretics
- 9. Anti – tubercular and anti – syphilitic drugs
- 10. Antiseptics, sialogogues, and anti – sialogogues
- 11. Haematinics
- 12. Anti – diabetics
- 13. Vitamins – A, B Complex, C, D, E & K
- 14. Steroids

### **B) Oral and Maxillofacial Radiology:**

Study includes Seminars / lectures / Demonstrations

- 1. History of radiology, structure of x – ray tube, production of x – ray, property of x – rays

2. Biological effects of radiation
3. Films and recording media
4. Processing of image in radiology
5. Design of x –ray department, dark room and use of automatic processing units
6. Localization by radiographic techniques
7. Faults of dental radiographs and concept of ideal radiograph
8. Quality assurance and audit in dental radiology
9. Extra – oral-imaging techniques
10. OPG and other radiologic techniques
11. Advanced imaging techniques like **CBCT**, CT Scan, MRI, Ultrasound
12. Basic Anatomy of sectional imaging with case interpretations of CT / CBCT / MRI
13. Radio nucleotide techniques
14. Contrast radiography in salivary gland, TMJ, and other radiolucent pathologies
15. Radiation protection and ICRP guidelines
16. Art of radiographic report, writing and descriptors preferred in reports
17. Radiograph differential diagnosis of radiolucent, radio opaque and mixed lesions
18. Digital radiology and its various types of advantages

### **C) Oral Medicine, therapeutics and laboratory investigations:**

Study includes seminars / lectures / discussion

1. Methods of clinical diagnosis of oral and systemic diseases as applicable to oral tissues including modern diagnostic techniques
2. Laboratory investigations including special investigations of oral and oro – facial diseases
3. Teeth in local and systemic diseases, congenital, and hereditary disorders
4. Oral manifestations of systemic diseases
5. Oro – facial pain
6. Psychosomatic aspects of oral diseases
7. Management of medically compromised patients including medical emergencies in the dental chair
8. Congenital and Hereditary disorders involving tissues of oro facial region
9. Systemic diseases due to oral foci of infection
10. Hematological, Dermatological, Metabolic, Nutritional, & Endocrinal conditions with oral manifestations
11. Neuromuscular diseases affecting oro –facial region
12. Salivary gland disorders
13. Tongue in oral and systemic diseases
14. TMJ dysfunction and diseases
15. Concept of immunity as related to oro – facial lesions, including AIDS
16. Cysts, Neoplasms, Odontomes, and fibro – osseous lesions
17. Oral changes in Osteo – dystrophies and chondro – dystrophies
18. Pre malignant and malignant lesions of oro facial region
19. Allergy and other miscellaneous conditions
20. Therapeutics in oral medicine –clinical pharmacology
21. Forensic odontology
22. Computers in oral diagnosis and imaging
23. Evidence based oral care in treatment planning
24. Molecular Biology

### **Essential Knowledge:**

Basic medical subjects, Oral Medicine, Clinical Dentistry, Management of Medical Emergencies, Oral Radiology techniques and Interpretation, Diagnosis of Oro – facial disorders

**Procedural and Operative Skills:****1<sup>st</sup> Year:**

1. Examination of Patient	- Case history recordings	–	100
	- FNAC	–	50
	- Biopsy	–	50
	- Observe, Assist, & Perform under supervision		
2. Intra – oral radiographs:	- Perform and interpretation	–	500
3. Full mouth intra oral radiograph tracings		–	3
4. Age estimation using radiographs		–	10

**2<sup>nd</sup> Year:**

1. Dental treatment to medically compromised patients	–	2
- Observe, assist, and perform under supervision		
2. Extra oral radiographs, digital radiography	–	20
- Observe, assist and perform under supervision, Interpretation		
3. Extra Oral radiographs tracings	–	3
4. CBCT Interpretations	–	5

**Operative skills:**

1. Giving intra muscular and intravenous injections
2. Administration of oxygen and life saving drugs to the patients
3. Performing basic CPR and certification by Red Cross or similar authorized organization

**3<sup>rd</sup> Year**

All the above

- Performed independently – Case history: Routine cases	–	100
- Interesting Cases	–	25
- OPG	–	50
- Periapical view	–	100
- Bitewing view	–	50
- Occlusal view	–	50
- Extra – oral radiographs of different views	–	<b>25</b>
- CBCT Interpretations	–	10
- Treatment of mucosal lesions with LASER	–	3

**Monitoring Learning Progress:**

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV

**Schemes of Examination:**

<b>A. Theory:</b> Part-I: Basic Sciences Paper	-	<b>100 Marks</b>
Part-II: Paper-I, Paper-II & Paper-III	-	<b>300 Marks</b>
		(100 Marks for each Paper)



Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

**PART-I** : **Applied Basic Sciences:**Applied Basic Sciences:Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics

**PART-II** :

**Paper-I** : Oral and Maxillofacial Radiology

**Paper-II** : Oral Medicine, therapeutics and laboratory investigations

**Paper-III** : Essays (descriptive and analyzing type questions)

*\* The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

### **B. Practical / Clinical Examination**

**: 200 Marks**

#### **1<sup>st</sup> Day**

Clinical Case Presentation

2 Spotters 2 x 10 = 20 Marks

2 Short Cases 2 x 15 = 30 Marks

1 Long Case 1 x 50 = 50 Marks

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**Total = 100 Marks**

Radiology Exercise

I. A) One Intra Oral Radiograph : 10 Marks

B) One Occlusal Radiograph :30 Marks

II. A) Two Extra Oral Radiograph :2 x 30 = 60 Marks

Including technique and interpretation

#### **2<sup>nd</sup> Day**

### **C. Viva Voce**

**: 100 Marks**

#### **i. Viva-Voce examination**

**: 80 marks**

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

#### **ii. Pedagogy Exercise**

**: 20 marks**

A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

## 6. ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY

### **Objectives:**

- To train a post graduate dental surgeon so as to ensure higher competence in both general and special pathology dealing with the nature of oral diseases, their causes, processes and effects.
- An oral pathologist is expected to perform routine histopathological evaluation of specimens relating to oral and perioral tissues, to carry out routine diagnostic procedures including hematological, cytological, microbiological, Immunological and ultra structural investigations.
- He/she is expected to have an understanding of current research methodology, collection and interpretation of data, ability to carry out research projects on clinical and or epidemiological aspects, a working knowledge on current databases, automated data retrieval systems, referencing and skill in writing scientific papers.
- He/she is expected to present scientific data pertaining to the field, in conferences both as poster and verbal presentations and totake part in group discussions.

### **Teaching / Learning Activities:**

### **Broad Outline of Theoretical, Clinical and Practical Courses**

#### **I MDS:**

##### **1. *Biostatistics and Research Methodology:***

- Basic principles of biostatistics and study as applied to dentistry and research
- Collection/ organization of data/ measurement scales / presentation of data and analysis
- Measures of central tendency
- Measures of variability
- Sampling and planning of health survey
- Probability, normal distribution & indicative statistics
- Estimating population values
- Tests of significance(parametric/non-parametric qualitative methods)
- Analysis of variance
- Association, correlation and regression

#### **Approach:**

- Didactic Lectures

##### **2. *Applied Gross Anatomy of head and neck, histology and genetics :***

- Temporo-mandibular joint
- Trigeminal nerve and facial nerve
- Muscles of mastication
- Tongue
- Salivary glands
- Nerve supply, blood supply, lymphatic drainage & venous drainage of oro-dental tissues
- Development of face, palate, mandible, maxilla, tongue and applied aspects of the same
- Development of teeth & dental tissues and developmental defects of oral and maxilla-facial region & abnormalities of teeth
- Maxillary sinus
- Jaw muscles and facial muscles

- Introduction to genetics
- Modes of inheritance
- Chromosomal anomalies of oral tissues & single gene disorders

**Approach:**

- Didactic Lectures
- Postings in the Department of Anatomy for dissection of Head, Face and Neck

**3. *Physiology (General & Oral) :***

- Saliva
- Pain
- Mastication
- Taste
- Deglutition
- Wound healing
- Vitamins ( influence on growth, development and structure of oral soft and hard tissues & paraoral tissues )
- Calcium metabolism
- Theories of mineralization
- Tooth eruption and shedding
- Blood and its constituents
- Hormones (influence on growth, development and structure of oral soft and hard tissues & paraoral tissues)

**Approach:**

- Didactic Lectures

**4. *Cell Biology :***

- Cell structure and function (ultra structural & molecular aspects)
- Intercellular junctions
- Cell cycle and division
- Cell cycle regulators
- Cell–cell & cell-extracellular matrix interactions
- Detailed molecular aspects of DNA, RNA and intracellular organelles, transcription and translation and molecular biology techniques

**Approach:**

- Seminars & Didactic Lectures

**5. *General Histology :***

- Light & electron microscopy considerations of epithelial tissues and glands, bone.
- Light & electron microscopy considerations of hemopoietic system, lymphatic system, muscle, neural tissue, endocrinal system ( thyroid, pituitary, parathyroid)

**Approach:**

- Didactic Lectures
- Postings in the Department of Anatomy & Histology for slide discussion
- Record book to be maintained

**6. *Biochemistry :***

- Chemistry of carbohydrates, lipids and proteins

- Methods of identification and purification
- Metabolism of carbohydrates, lipids and proteins
- Biological oxidation
- Various techniques-cell fractionation and ultra filtration, centrifugation, electrophoresis, spectrophotometry and radioactive techniques

**Approach:**

- Didactic Lectures
- Postings in the Department of Biochemistry to familiarize with various techniques
- Record book to be maintained

**7. General Pathology :**

- Inflammation and chemical mediator
- Thrombosis
- Embolism
- Necrosis
- Repair
- Degeneration
- Shock
- Hemorrhage
- Pathogenic mechanisms at molecular level
- Blood dyscrasias
- Carcinogenesis and neoplasia

**Approach:**

- Didactic Lectures & Seminars

**8. General Microbiology :**

- Definitions of various types of infections
- Routes of infection and spread
- Sterilization ,disinfection and antiseptics
- Bacterial genetics
- Physiology, growth of microorganisms

**Approach:**

- Didactic Lectures & Seminars

**9. Basic Immunology :**

- Basic principles of immunity, antigen and antibody reaction
- Cell mediated and humoral immunity
- Immunology of hypersensitivity
- Immunological basis of auto immune phenomena
- Immunodeficiency with relevance to opportunistic infections
- Basic principles of transplantation and tumor immunity

**Approach:**

- Didactic Lectures & Seminars

**10. Systemic Microbiology / Applied Microbiology :**

Morphology, classification, pathogenicity, mode of transmission, methods of prevention, collection and transport of specimen for laboratory diagnosis, staining methods, common culture media, interpretation of laboratory reports and antibiotic sensitivity tests.

- Staphylococci
- Streptococci
- Corynebacterium diphtheria
- Mycobacteria
- Clostridia, bacteroids & fusobacteria
- Actinomycetales
- Spirochetes
- General structure, broad classification of viruses, pathogenesis, pathology of viral infections
- Herpes virus
- Hepatitis virus
- HIV
- General properties of fungi
- Superficial, subcutaneous, deep opportunistic infections
- General principles of fungal infections, method of collection of samples, diagnosis and examination of fungi

**Approach:**

- Didactic Lectures & Seminars
- Postings in the Department of Microbiology to familiarize with relevant diagnostic methods
- Record book to be maintained

**11. Oral biology (Oral and Dental Histology) :**

- Study of morphology of permanent and deciduous teeth
- Structure and function of oral, dental and paraoral tissues including their ultra structure, molecular and biochemical aspects

**Approach:**

- Didactic Lectures & Seminars
- Slide discussion on histological appearance of normal oral tissues
- Record book to be maintained

**12. Basic Histo-Techniques and Microscopy :**

- Routine hematological tests and clinical significance of the same
- Biopsy procedures for oral lesions
- Tissue processing
- Microtome and principles of microtomy
- Various stains used in histopathology and their applications
- Microscope, principles and theories of microscopy
- Light microscopy and various other types including electron microscopy
- Fixation and fixatives
- Ground sections and decalcified sections
- Cytological smears

**Approach:**

- Didactic Lectures & Seminars
- Postings in Clinical Pathology and Microbiology for relevant training
- Preparation of Ground and decalcified sections, tissue processing, sectioning and staining
- Tooth Carving (Permanent Dentition)
- Record book to be maintained

**II MDS:****1. *Oral and Dental Pathology:***

- Developmental disorders of oral and paraoral structures
- Potentially malignant disorders
- Benign and malignant tumors of the oral cavity
- Odontogenic cysts and tumors
- Pathology of salivary glands
- Regressive alterations of teeth
- Bacterial, fungal, viral and protozoal infections of the oral cavity
- Dental caries
- Diseases of pulp and periapical region
- Spread of oral infection
- Healing of oral wounds
- Physical and chemical injuries of oral cavity
- Oral aspects of metabolic diseases
- Diseases of bones and joints
- Diseases of skin and mucous membrane
- Diseases of periodontia
- Diseases of blood and blood forming organs
- Diseases of nerves and muscles
- Oro-facial pain
- Immunological diseases of oral cavity including tumor immunology
- Molecular pathology
- Oral Microbiology

**Approach:**

- Didactic Lectures & Seminars
- Postings in the Department of Dermatology of a Medical College
- Postings in a Cancer Centre

**2. *Basic histo-techniques and microscopy:***

- Enzyme histochemistry
- Principles, techniques and applications of immunofluorescence
- Principles, techniques and applications of immunohistochemistry
- Preparation of frozen sections
- Museum set up
- Quality control
- Animal models

**Approach:**

- Didactic Lectures & Seminars
- Training to be imparted in the Department or in other institutions having the facility
- Visit to the centre of animal experimentation to be familiarize with laboratory techniques, upkeep and care of animals
- Record book to be maintained

**3. *Recent Molecular Techniques:***

- Basic principles, techniques and applications of –
  - PCR
  - BLOTS
  - Hybridization
  - Recombinant DNA technology
  - Micro array
  - DNA sequencing
  - Cell culture and cloning

**Approach:**

- Didactic Lectures & Seminars
- Training to be imparted in the Department or in other institutions having the facility
- Record book to be maintained

**4. Recording of Case History and Clinico-Pathological Discussions:**

**Approach:**

- Postings in the Department of Oral Medicine, Diagnosis & Radiology
- Record of minimum 10 case histories to be maintained

**5. Histopathology – Slide discussion:**

- Record book to be maintained

**III MDS:**

- Forensic odontology
- Giant cell lesions
- Clear cell lesions
- Round cell lesions
- Spindle cell lesions
- Pigmented lesions
- Fibro-osseous lesions
- Mechanism of formation and expansion of cysts of orofacial region
- Mechanism of growth and metastasis of tumors
- Lab diagnosis of bacterial infections
- Lab diagnosis of viral infections
- Lab diagnosis of fungal infections
- Hamartomas
- Phakomatoses
- Vascular tumors of oro-facial region
- Genodermatoses
- Tumor markers
- Histogenesis of salivary gland tumors
- Tumor angiogenesis
- Concept of premalignancy
- Blue cell lesions
- Molecular basics of oral squamous cell carcinoma
- Matrix remodelling in pathological condition
- Etiopathogenesis of developmental defects of teeth
- Viral oncogenesis
- Lesions associated with impacted and missing teeth
- Syndromes affecting oro-facial region
- Hereditary oral defects

- Techniques to assess the prognosis of neoplastic lesions
- Vesiculo-bullous lesions
- Lymphoreticular malignancy
- Haemopoietic malignancy
- Micronutrients
- Oral aspects of metabolic disorders
- Hormones and oro-maxillofacial lesions
- Matrix metalloproteinases
- Current concepts in HIV related oral diseases
- Current concepts in OSMF
- Epithelial –connective tissue interaction
- Stem cell research

### **Approach:**

- Didactic Lectures & Seminars
- Postings in the Department of Forensic Medicine / Sciences
- Record book to be maintained

### **Monitoring Learning Progress:**

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring should be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment is done using checklists that assess various aspects. Checklists are given in Section IV.

### **Scheme of Examination:**

<b>A. Theory:</b> Part-I: Basic Sciences Paper	-	<b>100 Marks</b>
Part-II: Paper-I, Paper-II & Paper-III	-	<b>300 Marks</b>
(100 Marks for each Paper)		

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. Three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

**PART-I** : Applied Basic Sciences: Applied Anatomy, Physiology (General and oral), Cell Biology, General Histology, Biochemistry, General Pathology, General Pharmacology specially related to drug induced oral mucosal lesions, General and systemic Microbiology, Virology, Mycology, Basic Immunology, Oral Biology (Oral and Dental Histology), Biostatistics and Research Methodology

### **PART-II**

**Paper-I** : Oral pathology, Oral Microbiology & Immunology and Forensic Odontology  
**Paper-II** : Laboratory techniques & Diagnosis and Oral Oncology  
**Paper-III** : Essays (descriptive and analyzing type questions)



\* The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.

<b>B. Practical/Clinical Examination</b>	–	<b>200 Marks</b>
<b>1. Case Presentation</b>		
a) Long case	–	20 marks
b) Short case	–	10 marks
<b>2. Clinical Hematology</b> (any two investigations)	–	20 Marks
Hb%, bleeding time, clotting time, Total WBC count, Differential WBC count and ESR		
<b>3. Smear Presentation</b>	–	20 marks
Cytology or microbial smear and staining		
<b>4. Paraffin sectioning and H &amp; E Staining</b>	–	30 Marks
<b>5. Histopathology slide discussion</b>	–	100 Marks
<b>C. Viva Voce</b>	–	<b>100 Marks</b>
<b>i. Viva-Voce examination</b>	–	80 marks
All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents.		
<b>ii. Pedagogy Exercise</b>	–	20 marks
A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.		

## 5. ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

### **OBJECTIVES:**

The training programme in Orthodontics is to structure and achieve the following four objectives

### **Knowledge:**

1. The dynamic interaction of biologic processes and mechanical forces acting on the stomatognathic system during orthodontic treatment
2. The etiology, pathophysiology, diagnosis and treatment planning of various common Orthodontic problems
3. Various treatment modalities in Orthodontics – preventive, interceptive and corrective.
4. Basic sciences relevant to the practice of Orthodontics
5. Interaction of social, cultural, economic, genetic and environmental factors and their relevance to management of oro – facial deformities
6. Factors affecting the long-range stability of orthodontic correction and their management
7. Personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waste, keeping in view the high prevalence of Hepatitis and HIV and other highly contagious diseases.

### **Skills:**

1. To obtain proper clinical history, methodical examination of the patient, perform essential diagnostic procedures, and interpret them and arrive at a reasonable diagnosis about the Dento-facial deformities.
2. To be competent to fabricate and manage the most appropriate appliance – intra or extra oral, removable or fixed, mechanical or functional, and active or passive – for the treatment of any orthodontic problem to be treated singly or as a part of multidisciplinary treatment of oro-facial deformities.

### **Attitude:**

1. Develop an attitude to adopt ethical principles in all aspects of Orthodontic practice.
2. Professional honesty and integrity are to be fostered
3. Treatment care is to be delivered irrespective of the social status, cast, creed and religion of the patients.
4. Willingness to share the knowledge and clinical experience with professional colleagues
5. Willingness to adopt, after a critical assessment, new methods and techniques of orthodontic management developed from time to time based on scientific research, which are in the best interest of the patient
6. Respect patients' rights and privileges, including patients right to information and right to seek a second opinion
7. Develop attitude to seek opinion from allied medical and dental specialists as and when required

### **Communication Skills:**

1. Develop adequate communication skills particularly with the patients giving them the various options available to manage a particular Dento-facial problem and to obtain a true informed consent from them for the most appropriate treatment available at that point of time.
2. Develop the ability to communicate with professional colleagues, in Orthodontics or other specialties through various media like correspondence, Internet, e-video, conference, etc. to render the best possible treatment.

**COURSE CONTENT:**

The program outlined, addresses both the knowledge needed in Orthodontics and allied Medical specialties in its scope.

**Spread of the Curriculum:****PART-I:****A. Applied Basic Sciences:****Applied Anatomy:**

- a. Prenatal growth of head:  
Stages of embryonic development, origin of head, origin of face, origin of teeth.
- b. Postnatal growth of head:  
Bones of skull, the oral cavity, development of chin, the hyoid bone, general growth of head, growth of the face.
- c. Bone growth:  
Origin of bone, composition of bone, units of bone structure, schedule of Ossification, mechanical properties of bone, roentgen graphic appearance of bone
- d. Assessment of growth and development:  
Growth prediction, growth spurts, the concept of normality and growth increments of growth, differential growth, gradient of growth, methods of gathering growth data. Theories of growth and recent advances, factors affecting physical growth.
- e. Muscles of mastication:  
Development of muscles, muscle change during growth, muscle function and facial development, muscle function and malocclusion
- f. Development of dentition and occlusion:  
Dental development periods, order of tooth eruption, chronology of permanent tooth formation, periods of occlusal development, pattern of occlusion.
- g. Assessment of skeletal age.

**Physiology:**

- a. Endocrinology and its disorders:  
Growth hormone, thyroid hormone, parathyroid hormone, ACTH.
- b. Calcium and its metabolism:
- c. Nutrition-metabolism and their disorders:  
Proteins, carbohydrates, fats, vitamins and minerals
- d. Muscle physiology:
- e. Craniofacial Biology:  
Adhesion molecules and mechanism of adhesion
- f. Bleeding disorders in orthodontics: Hemophilia

**Dental Materials:**

- a. Gypsum products:  
Dental plaster, dental stone and their properties, setting reaction etc.
- b. Impression materials:  
Impression materials in general and particularly of alginate impression material.
- c. Acrylics:  
Chemistry, composition physical properties

- d. Composites:  
Composition types, properties, setting reaction
- e. Banding and bonding cements:
- f. Wrought metal alloys:  
Deformation, strain hardening, annealing, recovery, recrystallization, grain growth, properties of metal alloys
- g. Orthodontic arch wires
- h. Elastics:  
Latex and non-latex elastics.
- i. Applied physics, Bioengineering and metallurgy:
- j. Specification and tests methods used for materials used in Orthodontics:
- k. Survey of all contemporary literature and recent advances in above mentioned materials:

### **Genetics:**

- a. Cell structure, DNA, RNA, protein synthesis, cell division
- b. Chromosomal abnormalities
- c. Principles of orofacial genetics
- d. Genetics in malocclusion
- e. Molecular basis of genetics
- f. Studies related to malocclusion
- g. Recent advances in genetics related to malocclusion
- h. Genetic counseling
- i. Bioethics and relationship to Orthodontic management of patients.

### **Physical Anthropology:**

- a. Evolutionary development of dentition
- b. Evolutionary development of jaws.

### **Pathology:**

- a. Inflammation
- b. Necrosis

### **Biostatistics:**

- a. Statistical principles
  - Data Collection
  - Method of presentation
  - Method of Summarizing
  - Methods of analysis – different tests/errors
- b. Sampling and Sampling technique
- c. Experimental models, design and interpretation
- d. Development of skills for preparing clear concise and cogent scientific abstracts and publication

### **Applied Research Methodology In Orthodontics:**

- a. Experimental design
- b. Animal experimental protocol
- c. Principles in the development, execution and interpretation of methodologies in Orthodontics
- d. Critical Scientific appraisal of literature.

### **Applied Pharmacology**

Definitions & terminologies used – Dosage and mode of administration of drugs. Action and fate of drugs in the body, Drug addiction, tolerance and hypersensitive reactions, Drugs acting on the central nervous system, general anesthetics hypnotics, analeptics and tranquilizers. Local anesthetics, Chemotherapeutics and antibiotics. Vitamins: A, D, B – complex group, C & K etc.

## **PART-II:**

### **Paper-I: Basic Orthodontics**

#### **Orthodontic History:**

- a. Historical perspective,
- b. Evolution of orthodontic appliances,
- c. Pencil sketch history of Orthodontic peers
- d. History of Orthodontics in India

#### **Concepts of Occlusion and Esthetics:**

- a. Structure and function of all anatomic components of occlusion,
- b. Mechanics of articulation,
- c. Recording of masticatory function,
- d. Diagnosis of Occlusal dysfunction,
- e. Relationship of TMJ anatomy and pathology and related neuromuscular physiology.

#### **Etiology and Classification of Malocclusion:**

- a. A comprehensive review of the local and systemic factors in the causation of malocclusion
- b. Various classifications of malocclusion

#### **Dentofacial Anomalies:**

- a. Anatomical, physiological and pathological characteristics of major groups of developmental defects of the orofacial structures.

#### **Diagnostic Procedures and Treatment Planning in Orthodontics:**

- a. Emphasis on the process of data gathering, synthesis and translating it into a treatment plan
- b. Problem cases – analysis of cases and its management
- c. Adult cases, handicapped and mentally retarded cases and their special problems
- d. Critique of treated cases.

#### **Cephalometrics**

- a. Instrumentation
- b. Image processing
- c. Tracing and analysis of errors and applications
- d. Radiation hazards
- e. Advanced Cephalometrics techniques including digital cephalometrics
- f. Comprehensive review of literature
- g. Video imaging principles and application.

#### **Practice Management in Orthodontics:**

- a. Economics and dynamics of solo and group practices
- b. Personal management
- c. Materials management
- d. Public relations

- e. Professional relationship
- f. Dental ethics and jurisprudence
- g. Office sterilization procedures
- h. Community based Orthodontics.

## **Paper-II: Clinical Orthodontics**

### **Myofunctional Orthodontics:**

- a. Basic principles
- b. Contemporary appliances –design, manipulation and management
- c. Case selection and evaluation of the treatment results
- d. Review of the current literature.

### **Dentofacial Orthopedics:**

- a. Principles
- b. Biomechanics
- c. Appliance design and manipulation
- d. Review of contemporary literature

### **Cleft lip and palate rehabilitation:**

- a. Diagnosis and treatment planning
- b. Mechanotherapy
- c. Special growth problems of cleft cases
- d. Speech physiology, pathology and elements of therapy as applied to orthodontics
- e. Team rehabilitative procedures.

### **Biology of tooth movement:**

- a. Principles of tooth movement-review
- b. Review of contemporary literature
- c. Applied histophysiology of bone, periodontal ligament
- d. Molecular and ultra cellular consideration in tooth movement

### **Orthodontic / Orthognathic surgery:**

- a. Orthodontist's role in conjoint diagnosis and treatment planning
- b. Pre and post-surgical Orthodontics
- c. Participation in actual clinical cases, progress evaluation and post retention study
- d. Review of current literature

### **Ortho / Perio / Prostho/Endo inter relationship:**

- a. Principles of interdisciplinary patient treatment
- b. Common problems and their management

### **Basic principles of mechanotherapy includes removable appliances and fixed appliances:**

- a. Design
- b. Construction
- c. Fabrication
- d. Management
- e. Review of current literature on treatment methods and results

### **Applied preventive aspects in Orthodontics:**

- a. Caries and periodontal disease prevention
- b. Oral hygiene measures

- c. Clinical procedures

#### **Interceptive Orthodontics:**

- a. Principles
- b. Growth guidance
- c. Diagnosis and treatment planning
- d. Therapy emphasis on:
  - Dento-facial problems
  - Tooth material discrepancies
  - Minor surgery for Orthodontics

#### **Evidence Based Orthodontics:**

#### **Different types of fixed Mechanotherapy:**

#### **Orthodontic Management of TMJ problems, sleep-apnoea etc.:**

#### **Retention and relapse:**

- a. Mechanotherapy – special reference to stability of results with various procedures
- b. Post retention analysis
- c. Review of contemporary literature

#### **Recent Advances :**

- a. Use of implants
- b. Lasers
- c. Application of F.E.M.
- d. Distraction Osteogenesis
- e. Invisible Orthodontics
- f. 3D imaging Digital Orthodontics, Virtual Treatment Planning
- g. CAD-CAM bracket Customization
- h. Robotic Wire Bending
- i. Accelerated Orthodontics
  - Surgical
  - Device assisted or mechanical stimulation
  - Biochemical Mediators
- j. Lingual Orthodontics

**Paper-III:** Essays (descriptive and analyzing type questions)

#### **PRE – CLINICAL EXERCISES**

(Should be completed within 3 months)

A general outline of the type of exercises is given here:

1. General Wire bending exercises to develop the manual dexterity.
2. Clasps, Bows and springs used in the removable appliances.
3. Soldering and welding exercises.
4. Fabrication of removable, habit breaking, mechanical and functional appliances, also all types of space maintainers and space regainers.
5. Bonwill Hawley Ideal arch preparation.
6. Construction of orthodontic models trimmed and polished.
7. Cephalometric tracing and various Analyses, also superimposition methods –
8. Fixed appliance typodont exercises.

- a) Training shall be imparted in one basic technique i.e. Standard Edgewise / Begg technique or its derivative / Straight wire etc., with adequate exposure to other techniques.
- b) Typodont exercise
  - Band making
  - Bracket positioning and placement
  - Different stages in treatment appropriate to technique taught
9. Clinical photography
10. Computerized imaging
11. Preparation of surgical splints, and splints for TMJ problems.
12. Handling of equipment like vacuum forming appliances and hydro solder etc.

### **Basic Pre-Clinical Exercise Work for the MDS Students:**

#### **1. Clasps:**

Sl.No	Exercise	No.
1	$\frac{3}{4}$ Clasps	1
2.	Triangular Clasps	1
3.	Adam's clasp	2
4.	Modification of Adam's – With Helix	2
5.	Southend Clasp	1

#### **2. Labial Bows:**

Sl.No.	Exercise	No.
1	Short labial bow (upper & lower)	1
2	Long labial bow (upper & lower)	1
3.	Split high labial bow	1

#### **3. Springs:**

Sl.No.	Exercise	No.
1	Double cantilever spring	1
2	Coffin spring	1
3	T spring	1

#### **4. Appliances:**

Sl.No.	Exercise	No.
1.	Hawley's retention appliance with anterior bite plane	1
2.	Upper Hawley's appliance with posterior bite plane	1
3.	Upper expansion appliance with expansion screw	1
4.	Habit breaking appliance with tongue crib	1
5.	Oral screen and double oral screen	1
6.	Lip bumper	1
7.	Splint for Bruxism	1
8.	Catalans appliance	1
9.	Activator	1
10.	Bionator	1
11.	Frankel-FR 1 & 2 appliance	2
12.	Twin block	1
13.	Lingual arch	1
14.	TPA	1



15.	Quad helix	1
16.	Utility arches	1
17.	Pendulum appliance	1
18.	Canine Retractor( <b>Marcotte &amp; PG Spring</b> )	1

#### 5. Soldering exercises:

Sl.No.	Exercise	No.
1	Star/Comb/Christmas tree	1

#### 6. Study model preparation:

#### 7. Model analysis – Mixed and permanent Dentition:

#### 8. Cephalometrics:

Sl.No.	Exercise
1	Lateral cephalogram to be traced in different colors and super imposed to see the accuracy of tracing
2	Vertical and Anterio-Posterior Cephalometric analysis
3	Soft tissue analysis – Holdaway and Burstone
4	Various superimposition methods

#### 9. Basics of Clinical Photography including Digital Photography:

#### 10. Typodont exercises: Begg or P.E.A. method/Basic Edgewise:

Sl.No	Exercise
1	Teeth setting in Class-II division I malocclusion with maxillary anterior Proclination and mandibular anterior crowding
2	Band pinching, welding brackets and buccal tubes to the bands
3	Different Stages dependent on the applied technique

### **CLINICAL WORK:**

Once the basic pre-clinical work is completed in three months, the students can take up clinical cases and the clinical training.

**Each postgraduate student should start with a minimum of 50 fixed orthodontics cases and 20 removable including myofunctional cases of his/her own. Additionally he/she should handle a minimum of 25 transferred cases.**

The type of cases can be as follows:

- Removable active appliances
- Class-I malocclusion with Crowding
- Class-I malocclusion with bi-maxillary protrusion
- Class-II division – 1
- Class-II division – 2
- Class-III (Orthopedic, Surgical, Orthodontic cases)
- Inter disciplinary cases
- Removable functional appliance cases like activator, Bionator, functional regulator, twin block and new developments
- Fixed functional appliances – Herbst appliance, jasper jumper etc
- Dento-facial orthopedic appliances like head gears, rapid maxillary expansion, NiTi expander etc.,
- Appliance for arch development such as molar distalization

- Fixed mechano therapy cases (Begg, PEA, Tip edge, Edgewise, lingual)
- Retention procedures of above treated cases.

### **Scheme of examination:**

<b>A. Theory:</b> Part-I: Basic Sciences Paper	-	<b>100 Marks</b>
Part-II: Paper-I, Paper-II & Paper-III	-	<b>300 Marks</b>
(100 Marks for each Paper)		

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

**PART-I:** Applied Basic Sciences: Applied anatomy, Physiology, Dental Materials, Genetics, Pathology, Physical Anthropology, Applied Research methodology, Bio-Statistics and Applied Pharmacology.

### **PART-II**

**Paper I:** Orthodontic history, Concepts of occlusion and esthetics, Child and Adult Psychology, Etiology and classification of malocclusion, Dentofacial Anomalies, Diagnostic procedures and treatment planning in Orthodontics, Practice management in Orthodontics

**Paper II :** Clinical Orthodontics

**Paper III :** Essays (descriptive and analyzing type questions)

*\* The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

**B. Practical / Clinical Examination :** **200 Marks**

**Exercise No: 1** **50 Marks**

**Functional Case :**

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

**Exercise No: 2 :** **50 Marks**

1. III stage with auxiliary springs/Wire bending of any stage of fixed orthodontics (OR)
2. Bonding of SWA brackets and construction of suitable arch wire.

**Exercise No. 3** **75 Marks**

**Display of records of the treated cases**  
**(Minimum of 5 cases)**

**Exercise No: 4** **25 Marks**

**Long case discussions**

**Time allotted for each exercise:**

No	Exercise	Marks allotted	Approximate Time
1	Functional appliance	50	1 hour (each day)
2	III stage mechanics / Bonding and arch wire fabrication	50	1 hr 30 min
3	Display of case records (a minimum of 5 cases to be presented along with all the patients and records)	75	1 hour
4	Long cases	25	2 hours

**Note: The complete records of all the cases should be displayed (including transferred cases)**

**C. Viva Voce : 100 Marks**  
**i. Viva-Voce examination: 80 marks**

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

**ii. Pedagogy Exercise: 20 marks**  
 A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

## 8. PEDIATRIC AND PREVENTIVE DENTISTRY

### **OBJECTIVES:**

At the end of 3 years of training the candidate should be able to

1. Create not only a good oral health in the child but also a good citizen tomorrow.
2. Instill a positive attitude and behavior in children
3. Understand the principles of prevention and preventive dentistry right from birth to adolescence
4. Guide and counsel the parents in regards to various treatment modalities including different facets of preventive dentistry
5. Prevent and intercept developing malocclusion

### **Skills:**

1. Obtain proper clinical history, methodological examination of the child patient, perform essential diagnostic procedures and interpret them. and arrive at a reasonable diagnosis and treat appropriately
2. Be competent to treat dental diseases which are occurring in child patient.
3. Manage to repair and restore the lost / tooth structure to maintain harmony between both hard and soft tissues of the oral cavity.
4. Manage the disabled children effectively and efficiently, tailored to the needs of individual requirement and conditions.
5. To acquire skills in managing efficiently life threatening conditions with emphasis on basic life support measures.

### **Attitudes:**

1. Develop an attitude to adopt ethical principles in all aspects of Pedodontic practice.
2. Professional honesty and integrity are to be fostered
3. Treatment care is to be delivered irrespective of the social status, cast, creed, and religion of the patients.
4. Willingness to share the knowledge and clinical experience with professional colleagues.
5. Willingness to adopt, after a critical assessment, new methods and techniques of Pedodontic management developed from time to time, based on scientific research, which are in the best interest of the child patient.
6. Respect child patient's rights and privileges, including child patients right to information and right to seek a second opinion.
7. Develop an attitude to seek opinion from allied medical and dental specialities, as and when required

### **COURSE CONTENTS:**

#### **A) Applied Basic Sciences:**

##### **Applied Anatomy of Head and Neck:**

- Anatomy of the scalp, temple and face
- Anatomy of the triangles of neck and deep structures of the neck
- Cranial and facial bones and its surrounding soft tissues with its applied aspects
- Muscles of head and neck
- Arterial supply, venous drainage and lymphatics of head and neck
- Congenital abnormalities of the head and neck
- Anatomy of the cranial nerves

- Anatomy of the tongue and its applied aspects
- Anatomy and its applied aspects of salivary glands, pharynx, thyroid and parathyroid gland, larynx, trachea, esophagus
- Autonomous nervous system of head and neck
- Functional anatomy of mastication, deglutition, speech, respiration and circulation
- TMJ: anatomy and function

### **Applied Physiology:**

Introduction, Mastication, deglutition, digestion and assimilation, Homeostasis, fluid and electrolyte balance. Blood composition, volume, function, blood groups and hemorrhage, Blood transfusion, circulation, Heart, Pulse, Blood pressure, Normal ECG, capillary and lymphatic circulation, shock, respiration, control, anoxia, hypoxia, asphyxia, artificial respiration. Endocrine glands in particular reference to pituitary, parathyroid and thyroid glands and sex hormones. Role of calcium and Vit D in growth and development of teeth, bone and jaws. Role of Vit. A, C and B complex in oral mucosal and periodontal health. Physiology and function of the masticatory system. Speech mechanism, swallowing and deglutition mechanism, salivary glands and Saliva

### **Applied Pathology:**

Inflammation and chemical mediators, Thrombosis, Embolism, Necrosis, Repair, Degeneration, Shock, Hemorrhage, Blood dyscrasias, Pathogenesis of Dental Caries, Periodontal diseases, tumors, oral mucosal lesions etc. in children

### **Applied Microbiology:**

Microbiology & Immunology as related to Oral Diseases in Children: Basic concepts, immune system in human body, Auto Immune diseases and Immunology of Dental caries.

### **Applied Nutrition & Dietetics:**

- General principles, balanced diet, effect of dietary deficiencies and starvation, protein energy, malnutrition, Kwashiorkor, Marasmus.
- Fluid and Electrolytic balance in maintaining haemostasis
- Diet, digestion, absorption, transportation and utilization

### **Genetics:**

- Introduction to genetics
- Cell structure, DNA, RNA, protein synthesis, cell division
- Modes of inheritance
- Chromosomal anomalies of oral tissues & single gene disorders

### **Growth & Development:**

Prenatal and Postnatal development of cranium, face, jaws, teeth and supporting structures. Chronology of dental development and development of occlusion. Dimensional changes in dental arches. Cephalometric evaluation of growth.

## **B) Pediatric Dentistry:**

- Child Psychology:  
Development & Classification of behavior, personality, intelligence in children, theories of child psychology, stages of psychological child development, fear, anxiety, apprehension & its management.
- Behavior Management: Non- pharmacological & Pharmacological methods.

- Child Abuse & Dental Neglect:
- Conscious Sedation:
- Deep Sedation & General Anesthesia in Pediatric Dentistry: (Including Other Drugs, Synergic & Antagonistic Actions of Various Drugs Used in Children)

#### Preventive Pedodontics:

Concepts, chair side preventive measures for dental diseases, high-risk caries including rampant & extensive caries – Recognition, Features & Preventive Management, Pit and Fissures Sealants, Oral Hygiene measures, Correlation of brushing with dental caries and periodontal diseases. Diet & Nutrition as related to dental caries. Diet Counseling

#### Dental Plaque:

Definition, Initiation, Pathogenesis, Biochemistry, and Morphology & Metabolism.

#### Gingival & Periodontal diseases in Children:

- Normal Gingiva & Periodontium in children.
- Gingival & Periodontal diseases – Etiology, Pathogenesis, Prevention & Management

#### Pediatric Operative Dentistry:

- Principle of Operative Dentistry along with modifications of materials/past, current & latest including tooth colored materials.
- Modifications required for cavity preparation in primary and young permanent teeth.
- Various Isolation Techniques
- Restorations of decayed primary, young permanent and permanent teeth in children using various restorative material like Glass Ionomer, Composites, Silver, Amalgam & latest material (gallium)
- Stainless steel, Polycarbonate & Resin Crowns / Veneers & fibre post systems.

#### Pediatric Endodontics:

- Primary Dentition: - Diagnosis of pulpal diseases and their management – Pulp capping, Pulpotomy, Pulpectomy (Materials & Methods), Controversies & recent concepts.
- Young permanent teeth and permanent teeth, Pulp capping, Pulpotomy, Apexogenesis, Apexification, Concepts, Techniques and Materials used for different procedures.
- Recent advances in Pediatric diagnosis and Endodontics.  
Prosthetic consideration in Pediatric Dentistry.

#### Traumatic Injuries in Children:

- Classifications & Importance.
- Sequelae & reaction of teeth to trauma.
- Management of Traumatized teeth with latest concepts.
- Management of jaw fractures in children.

#### Interceptive Orthodontics:

- Concepts of occlusion and esthetics: Structure and function of all anatomic components of occlusion, mechanics of articulations, recording of masticatory function, diagnosis of Occlusal dysfunction, relationship of TMJ anatomy and pathology and related neuromuscular physiology.

- A comprehensive review of the local and systemic factors in the causation of malocclusion.
- Recognition and management of normal and abnormal developmental occlusions in primary, mixed and permanent dentitions in children (Occlusal Guidance).
- Biology of tooth movement: A comprehensive review of the principles of teeth movement. Review of contemporary literature. Histopathology of bone and Periodontal ligament, Molecular and ultra cellular consideration in tooth movement.
- Myofunctional appliances: Basic principles, contemporary appliances: Design & Fabrication
- Removable appliances: Basic principles, contemporary appliances: Design & Fabrication
- Case selection & diagnosis in interceptive Orthodontics (Cephalometrics, Image processing, Tracing, Radiation hygiene, Video imaging & advance Cephalometric techniques).
- Space Management: Etiology, Diagnosis of space problems, analysis, Biomechanics, Planned extraction in interceptive orthodontics.

#### Oral Habits in Children:

- Definition, Etiology & Classification
- Clinical features of digit sucking, tongue thrusting, mouth breathing & various other secondary habits.
- Management of oral habits in children

#### Dental care of Children with special needs:

Definition, Etiology, Classification, Behavioral, Clinical features & Management of children with:

- Physically handicapped conditions
- Mentally compromising conditions
- Medically compromising conditions
- Genetic disorders

Oral manifestations of Systemic Conditions in Children & their Management

Management of Minor Oral Surgical Procedures in Children

Dental Radiology as related to Pediatric Dentistry

#### Cariology:

- Historical background
- Definition, Aetiology & Pathogenesis
- Caries pattern in primary, young permanent and permanent teeth in children.
- Rampant caries, early childhood caries and extensive caries. Definition, aetiology, Pathogenesis, Clinical features, Complications & Management.
- Role of diet and nutrition in Dental Caries
- Dietary modifications & Diet counseling.
- Subjective & objective methods of Caries detection with emphasis on Caries Activity tests, Caries prediction, Caries susceptibility & their clinical Applications

Pediatric Oral Medicine & Clinical Pathology: Recognition & Management of developmental dental anomalies, teething disorders, stomatological conditions, mucosal lesions, viral infections etc.

Congenital Abnormalities in Children: Definition, Classification, Clinical features & Management.

Dental Emergencies in Children and their Management.

Dental Materials used in Pediatric Dentistry.

**C) Preventive Dentistry:**

- Definition
- Principles & Scope
- Types of prevention
- Different preventive measures used in Pediatric Dentistry including fissure sealants and caries vaccine.

Dental Health Education & School Dental Health Programmes:

Dental health concepts, Effects of civilization and environment, Dental Health delivery system, Public Health measures related to children along with principles of Pediatric Preventive Dentistry

Fluorides:

- Historical background
- Systemic & Topical fluorides
- Mechanism of action
- Toxicity & Management.
- Defluoridation techniques.

Medico legal aspects in Pediatric Dentistry with emphasis on informed consent.

Counseling in Pediatric Dentistry

Case History Recording: Outline of principles of examination, diagnosis & treatment planning.

Epidemiology: Concepts, Methods of recording & evaluation of various oral diseases. Various national & global trends of epidemiology of oral diseases.

Comprehensive Infant Oral Health Care.

Principles of Bio-Statistics & Research Methodology & Understanding of Computers and Photography

Comprehensive cleft care management with emphasis on counseling, feeding, nasoalveolar bone remodeling, speech rehabilitation.

Setting up of Pediatric Dentistry Clinic.

Emerging concepts in Pediatric Dentistry of scope of lasers / minimum invasive procedures in Pediatric Dentistry.

**Preclinical Work**

(Duration – first 6 Months of First Year MDS)

(One on Each Exercise)

1. Carving of all deciduous teeth
2. Basic wire bending exercises (Clasps, Bows, Retractors and Springs, etc., on patient models)
3. Basics for Spot welding exercises
4. Fabrication of
  - a. Maxillary bite plate / Hawley's'
  - b. Maxillary expansion screw appliance
  - c. Canine retractor appliance



- d. All habit breaking appliances
  - Removable type
  - Fixed type
  - Partially fixed and removable
- e. Myofunctional appliances – Twin block, Activator, Lip bumper, Oral Screen
- f. Making of inclined plane appliance
- g. Feeding appliances
5. Basic soldering exercises – making of a lamppost of stainless steel wire pieces of different gauges soldered on either side of heavy gauge main post.
6. Fabrication of space maintainers
  - a. Removable type-
    - Unilateral Non – Functional space maintainer
    - Bilateral Non-Functional space maintainer
  - b. Space Regainers –
    - Gerber or Opencoil space regainer
  - c. Fixed Space maintainers
    - Band & loop space maintainer
    - Transpalatal arch space maintainer
    - Nance Palatal holding arch
    - Distal shoe appliance
7. Basics for spot welding exercise
8. Collection of extracted deciduous and permanent teeth
  - a. Sectioning of the teeth at various levels and planes
  - b. Drawing of section and shapes of pulp
  - c. Phantom Head Exercises : Performing ideal cavity preparation for various restorative materials for both Deciduous and permanent teeth
  - d. Performing pulpotomy, root canal treatment and Apexification procedure
    - i) Tooth preparation and fabrication of various temporary and permanent restorations on fractured anterior teeth.
    - ii) Preparation of teeth for various types of crowns
    - iii) Laminates/veneers
    - iv) Bonding & banding exercise
9. Performing of behavioral rating and IQ tests for children.
10. Computation of: -
  - a. Caries index and performing various caries activity tests.
  - b. Oral Hygiene Index
  - c. c. Fluorosis Index
11. Surgical Exercises :
  - a. Fabrication of splints
  - b. Type of Wiring
  - c. Suturing
12. a. Taking of periapical, occlusal, bitewing radiographs of children
  - b. Developing and processing of films, thus obtained
  - c. Tracing of soft tissue dental and skeletal landmarks as observed on Cephalometric radiographs and drawing of various planes and angles, further interpretation of Cephalometric radiographs.
  - d. Mixed dentition cast analysis
13. Library assignment
14. Synopsis

### Clinical work Requirements from 7 to 36 months

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

S.	Clinical Work	Total	7 To 12	13 To 24	25 To 36
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			Months	Months	Months
1.	Behavior Management of different age groups children with complete records.	17	2	10	5
2.	Detailed Case evaluation with complete records, treatment planning and presentation of cases with chair side and discussion	17	2	10	5
3.	Step-by-step chair side preventive dentistry scheduled for high risk children with gingival and periodontal diseases & Dental Caries	11	1	5	5
4.	Practical application of Preventive dentistry concepts in a class of 35-50 children & Dental Health Education & Motivation.	7	1	4	2
5.	Pediatric Operative Dentistry with application of recent concepts.				
	(a). Management of Dental Caries				
	(I) Class I	50	30	10	10
	(II) Class II	100	40	50	10
	(III) Other Restorations	100	20	50	30
	(b). Management of traumatized anterior teeth	15	04	06	05
	(c ) Aesthetic Restorations	25	05	10	10
	(d). Pediatric Endodontic Procedures				
	Deciduous teeth				
	Pulpotomy / Pulpectomy	150	30	50	70
	Permanent Molars	20	3	7	10
	Permanent Incisor	15	2	3	10
	Apexification & Apexogenesis	20	02	08	10
6.	Stainless Steel Crowns	50	10	20	20
7.	Other Crowns	05	01	02	02
8.	Fixed : Space Maintainers Habit breaking appliances	30	08	12	10
9.	Removable : Space Maintainers Habit breaking appliances	20	05	07	08
10.	Functional Appliances	05	01	02	02
11.	Preventive measures like fluoride applications & Pit & Fissure Sealants applications with complete follow-up and diet counseling	20	08	08	04
12.	Special Assignments	03	01	01	01
	(i) School Dental Health Programmes				
	(ii) Camps etc.,	02	01	01	-
13.	Library usage				
14.	Laboratory usage				
15.	Continuing Dental Health Programmes				

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

#### **Monitoring Learning Progress:**

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be

structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV

**Scheme of Examination:**

<b>A. Theory:</b> Part-I: Basic Sciences Paper	-	<b>100 Marks</b>
Part-II: Paper-I, Paper-II & Paper-III	-	<b>300 Marks</b>
		(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

**Part-I: Applied Basic Sciences** – Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics Growth & Development and Dental plaque, Genetics.

**Part-II:**

**Paper-I : Clinical Paedodontics**

1. Conscious sedation, Deep Sedation & General Anesthesia in Pediatric Dentistry
2. Gingival & Periodontal Diseases in Children
3. Pediatric Operative Dentistry
4. Pediatric Endodontics
5. Traumatic Injuries in Children
6. Interceptive Orthodontics
7. Oral Habits in children
8. Dental Care of Children with special needs
9. Oral Manifestations of Systemic Conditions in Children & their Management
10. Management of Minor Oral Surgical Procedures in Children
11. Dental Radiology as Related to Pediatric Dentistry
12. Pediatric Oral Medicine & Clinical Pathology
13. Congenital Abnormalities in Children
14. Dental Emergencies in Children & Their Management
15. Dental Materials Used in Pediatric Dentistry
16. Case History Recording
17. Setting up of Paedodontic & Preventive Dentistry Clinic

**Paper-II: Preventive and Community Dentistry as applied to Pediatric Dentistry**

1. Child Psychology
2. Behavior Management
3. Child Abuse & Dental Neglect
4. Preventive Paedodontics
5. Cariology
6. Preventive Dentistry
7. Dental Health Education & School Dental Health Programmes:
8. Fluorides
9. Epidemiology
10. Comprehensive Infant Oral Health Care/Comprehensive cleft care
11. Principles of Bio-Statistics & Research Methodology & Understanding of Computers and Photography

**Paper-III: Essays (descriptive and analyzing type questions)**

*\* The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

**B. Practical / Clinical Examination : 200 Marks**

The Clinical / Practical and Viva-Voce Examinations are conducted for a minimum of two days.

**First Day:****1. Case Discussion, Pulp Therapy i.e. Pulpectomy on a Primary Molar.**

Case Discussion	: 20 marks
Rubber Dam application	: 10 marks
Working length X-ray	: 20 marks
Obturation	: 20 marks
Total	<u>70 marks</u>

**2. Case Discussion, Crown preparation on a Primary Molar for Stainless steel crown and cementation of the same.**

Case discussion	: 10 marks
Crown Preparation	: 20 marks
Crown selection and Cementation	: 20 marks
Total	<u>50 marks</u>

**3. Case Discussion, band adaptation for fixed type of space maintainer and impression making.**

Case discussion	: 20 marks
Band adaptation	: 20 marks
Impression	: 20 marks
Total	<u>60 marks</u>

**Second Day:****1. Evaluation of Fixed Space Maintainer and Cementation : 20 marks****C. Viva Voce : 100 Marks****i. Viva-Voce examination : 80 marks**

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

**ii. Pedagogy Exercise : 20 marks**

A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

## 2. PERIODONTOLOGY:

### **OBJECTIVES:**

The following objectives are laid out to achieve the goals of the course

#### **A) KNOWLEDGE:**

Discuss historical perspective to advancement in the subject proper and related topics.

- Describe etiology, pathogenesis, diagnosis and management of common periodontal diseases with emphasis on Indian population
- Familiarize with the biochemical, microbiologic and immunologic genetic aspects of periodontal pathology
- Describe various preventive periodontal measures
- Describe various treatment modalities of periodontal disease from historical aspect to currently available ones
- Describe interrelationship between periodontal disease and various systemic conditions
- Describe periodontal hazards due to estrogenic causes and deleterious habits and prevention of it
- Identify rarities in periodontal disease and environmental/Emotional determinates in a given case
- Recognize conditions that may be outside the area of his/her Speciality/ competence and refer them to an appropriate Specialist
- Decide regarding non-surgical or surgical management of the case
- Update the student by attending courses, conferences and seminars relevant to periodontics or by self-learning process.
- Plan out/ carry out research activity both basic and clinical aspects with the aim of publishing his/her work in scientific journals
- Reach to the public to motivate and educate regarding periodontal disease, its prevention and consequences if not treated
- Plan out epidemiological survey to assess prevalence and incidence of early onset periodontitis and adult periodontitis in Indian population (Region wise)
- Shall develop knowledge, skill in the science and practice of Oral Implantology
- Shall develop teaching skill in the field of Periodontology and Oral Implantology
- Principals of Surgery and Medical Emergencies.
- To sensitize students about inter disciplinary approach towards the soft tissues of the oral cavity with the help of specialist from other departments.

#### **B) SKILLS:**

- Take a proper clinical history, thorough examination of intra oral, extra oral, medical history evaluation, advice essential diagnostic procedures and interpret them to come to a reasonable diagnosis
- Effective motivation and education regarding periodontal disease maintenance after the treatment
- Perform both non-surgical & education regarding periodontal disease, maintenance after the treatment
- Perform both non-surgical and surgical procedures independently
- Provide Basic Life Support Service (BLS) recognizes the need for advance life support and does the immediate need for that.
- Human values, ethical practice to communication abilities

- Adopt ethical principles in all aspects of treatment modalities; Professional honesty & integrity are to be fostered. Develop Communication skills to make awareness regarding periodontal disease Apply high moral and ethical standards while carrying out human or animal research, Be humble, accept the limitations in his/her knowledge and skill, and ask for help from colleagues when needed, Respect patients rights and privileges, including patients right to information and right to seek a second opinion.
- To learn the principal of lip repositioning and perio esthetics surgeries.

## **COURSE CONTENTS:**

### **PART-I:**

#### **APPLIED BASIC SCIENCES**

##### **APPLIED ANATOMY:**

1. Development of the Periodontium
2. Micro and Macro structural anatomy and biology of the periodontal tissues
3. Age changes in the periodontal tissues
4. Anatomy of the Periodontium
  - Macroscopic and microscopic anatomy
  - Blood supply of the Periodontium
  - Lymphatic system of the Periodontium
  - Nerves of the Periodontium
5. Temporomandibular joint, Maxillae and Mandible
6. Tongue, oropharynx
7. Muscles of mastication / Face
8. Blood Supply and Nerve Supply of Head & Neck and Lymphatics.
9. Spaces of Head & Neck

##### **PHYSIOLOGY:**

1. Blood
2. Respiratory system – knowledge of the respiratory diseases which are a cause of periodontal diseases (periodontal Medicine)
3. Cardiovascular system
  - a. Blood pressure
  - b. Normal ECG
  - c. Shock
4. Endocrinology – hormonal influences on Periodontium
5. Gastrointestinal system
  - a. Salivary secretion – composition, function & regulation
  - b. Reproductive physiology
  - c. Hormones – Actions and regulations, role in periodontal disease
  - d. Family planning methods
6. Nervous system
  - a. Pain pathways
  - b. Taste – Taste buds, primary taste sensation & pathways for sensation
7. Hemostasis

##### **BIOCHEMISTRY:**

1. Basics of carbohydrates, lipids, proteins, vitamins, enzymes and minerals
2. Diet and nutrition and periodontium
3. Biochemical tests and their significance
4. Calcium and phosphorus

**PATHOLOGY:**

1. Cell structure and metabolism
2. Inflammation and repair, necrosis and degeneration
3. Immunity and hypersensitivity
4. Circulatory disturbances – edema, hemorrhage, shock, thrombosis, embolism, infarction and hypertension
5. Disturbances of nutrition
6. Diabetes mellitus
7. Cellular growth and differentiation, regulation
8. Lab investigations
9. Blood

**MICROBIOLOGY:**

1. General bacteriology
  - a. Identification of bacteria
  - b. Culture media and methods
  - c. Sterilization and disinfection
2. Immunology and Infection
3. Systemic bacteriology with special emphasis on oral microbiology – staphylococci, genus actinomyces and other filamentous bacteria and actinobacillus actinomycetum comitans
4. Virology
  - a. General properties of viruses
  - b. Herpes, Hepatitis, virus, HIV virus
5. Mycology
  - a. Candidiasis
6. Applied microbiology
7. Diagnostic microbiology and immunology, hospital infections and management

**PHARMACOLOGY:**

1. General pharmacology
  - a. Definitions – Pharmacokinetics with clinical applications, routes of administration including local drug delivery in Periodontics
  - b. Adverse drug reactions and drug interactions
2. Detailed pharmacology of
  - a. Analgesics – opioid and nonopioid
  - b. Local anesthetics
  - c. Haematinics and coagulants, Anticoagulants
  - d. Vit D and Calcium preparations
  - e. Antidiabetics drugs
  - f. Steroids
  - g. Antibiotics
  - h. Antihypertensive
  - i. Immunosuppressive drugs and their effects on oral tissues
  - j. Antiepileptic drugs
3. Brief pharmacology, dental use and adverse effects of
  - a. General anesthetics
  - b. Antipsychotics
  - c. Antidepressants
  - d. Anxiolytic drugs
  - e. Sedatives
  - f. Antiepileptics
  - g. Antihypertensives
  - h. Antianginal drugs
  - i. Diuretics

- j. Hormones
- k. Pre-anesthetic medications
- 4. Drugs used in Bronchial asthma, cough
- 5. Drug therapy of
  - a. Emergencies
  - b. Seizures
  - c. Anaphylaxis
  - d. Bleeding
  - e. Shock
  - f. Diabetic ketoacidosis
  - g. Acute addisonian crisis
- 6. Dental Pharmacology
  - a. Antiseptics
  - b. Astringents
  - c. Sialogogues
  - d. Disclosing agents
  - e. Antiplaque agents
- 7. Fluoride pharmacology

### **BIOSTATISTICS:**

- 1. Introduction, definition and branches of biostatistics
- 2. Collection of data, sampling, types, bias and errors
- 3. Compiling data-graphs and charts
- 4. Measures of central tendency (mean, median and mode), standard deviation and variability
- 5. Tests of significance (chi square test, t-test and z-test)  
Null hypothesis

## **PART II**

### **PAPER 1**

#### **ETIOPATHOGENESIS:**

- 1. Classification of periodontal diseases and conditions
- 2. Epidemiology of gingival and periodontal diseases
- 3. Defense mechanisms of gingival
- 4. Periodontal microbiology
- 5. Basic concepts of inflammation and immunity
- 6. Microbial interactions with the host in periodontal diseases
- 7. Pathogenesis of plaque associated periodontal diseases
- 8. Dental calculus
- 9. Role of iatrogenic and other local factors
- 10. Genetic factors associated with periodontal diseases
- 11. Influence of systemic diseases and disorders of the periodontium
- 12. Role of environmental factors in the etiology of periodontal disease
- 13. Stress and periodontal diseases
- 14. Occlusion and periodontal diseases
- 15. Smoking and tobacco in the etiology of periodontal diseases
- 16. AIDS and periodontium
- 17. Periodontal medicine
- 18. Dentinal hypersensitivity

### **PAPER-II**



## **CLINICAL AND THERAPEUTIC PERIODONTOLOGY AND ORAL IMPLANTOLOGY**

### **Please note:**

Clinical periodontology includes gingival diseases, periodontal diseases, periodontal instrumentation, diagnosis, prognosis and treatment of periodontal diseases.

### **(i) GINGIVAL DISEASES**

1. Gingival inflammation
2. Clinical features of gingivitis
3. Gingival enlargement
4. Acute gingival infections
5. Desquamative gingivitis and oral mucous membrane diseases
6. Gingival diseases in the childhood

### **(ii) PERIODONTAL DISEASES**

1. Periodontal pocket
2. Bone loss and patterns of bone destruction
3. Periodontal response to external forces
4. Masticatory system disorders
5. Chronic periodontitis
6. Aggressive periodontitis
7. Necrotising ulcerative periodontitis
8. Interdisciplinary approaches
  - Orthodontic
  - Endodontic

### **(iii) TREATMENT OF PERIODONTAL DISEASES**

- A. History, examination, diagnosis, prognosis and treatment planning
  1. Clinical diagnosis
  2. Radiographic and other aids in the diagnosis of periodontal diseases
  3. Advanced diagnostic techniques
  4. Risk assessment
  5. Determination of prognosis
  6. Treatment plan
  7. Rationale for periodontal treatment
  8. General principles of anti-infective therapy with special emphasis on infection control in periodontal practice
  9. Halitosis and its treatment
  10. Bruxism and its treatment
- B. Periodontal instrumentation
  1. Periodontal Instruments
  2. Principles of periodontal instrumentation
- C. Periodontal therapy
  1. Preparation of tooth surface
  2. Plaque control
  3. Anti microbial and other drugs used in periodontal therapy and wasting diseases of teeth
  4. Periodontal management of HIV infected patients
  5. Occlusal evaluation and therapy in the management of periodontal diseases
  6. Role of orthodontics as an adjunct to periodontal therapy
  7. Special emphasis on precautions and treatment for medically compromised patients
  8. Periodontal splints

## 9. Management of dentinal hypersensitivity

### D. Periodontal surgical phase – special emphasis on drug prescription

1. General principles of periodontal surgery
2. Surgical anatomy of periodontium and related structures
3. Gingival curettage
4. Gingivectomy technique
5. Treatment of gingival enlargements
6. Periodontal flap
7. Osseous surgery (resective and regenerative)
8. Furcation; Problem and its management
9. The periodontic – endodontic **continuum**
10. Periodontic plastic and esthetic surgery
11. Recent advances in surgical techniques

### E. Future directions and controversial questions in periodontal therapy

1. Future directions for infection control
2. Research directions in regenerative therapy
3. Future directions in anti-inflammatory therapy
4. Future directions in measurement of periodontal diseases

### F. Periodontal maintenance phase

1. Supportive periodontal treatment
2. Results of periodontal treatment

### (iv) ORAL IMPLANTOLOGY

1. Introduction and historical review
2. Biological, clinical and surgical aspects of dental implants
3. Diagnosis and treatment planning
4. Implant surgery
5. Prosthetic aspects of dental implants
6. Diagnosis and treatment of Peri implant complications
7. Special emphasis on plaque control measures in implant patients
8. Maintenance phase

### (v) MANAGEMENT OF MEDICAL EMERGENCIES IN PERIODONTAL PRACTICE

Periodontology treatment should be practiced by various treatment plans and more number of patients to establish skill for diagnosis and treatment and after care with bio-mechanical, biological, bio-esthetics, bio-phonetics and all treatment should be carried out in more number for developing clinical skill.

### TEACHING / LEARNING ACTIVITIES:

The post graduate is expected to complete the following at the end of :

S.NO	Year Wise	ACTIVITIES WORKS TO BE DONE
1.	<b>Module 1 (First Year)</b>	Orientation to the PG program <b>Pre-clinical work (4 months)</b> <b>a. Dental</b> 1. Practice of incisions and suturing techniques on the typodont models. 2. Fabrication of bite guards and splints. 3. Occlusal adjustment on the casts mounted on the

		<p>articulator</p> <ol style="list-style-type: none"> <li>4. X-ray techniques and interpretation.</li> <li>5. Local anaesthetic techniques.</li> <li>6. Identification of Common Periodontal Instruments.</li> <li>7. To learn science of Periodontal Instruments maintenance (Sharpening , Sterilization and Storage)</li> <li>8. Concept of Biological width</li> </ol> <p>a. Typhodont Exercise</p> <ol style="list-style-type: none"> <li>(i) Class II Filling with Band and Wedge Application</li> <li>(ii) Crown cuttings</li> </ol> <p><b>b. Medical</b></p> <ol style="list-style-type: none"> <li>1. Basic diagnostic microbiology and immunology, collection and handling of sample and culture techniques.</li> <li>2. Introduction to genetics, bioinformatics.</li> <li>3. Basic understanding of cell biology and immunological diseases.</li> </ol> <p><b>Clinical work</b></p> <ol style="list-style-type: none"> <li>1. Applied periodontal indices 10 cases</li> <li>2. Scaling and root planning:- with Proper written history             <ol style="list-style-type: none"> <li>a. Manual 20 Cases</li> <li>b. Ultrasonic 20 Cases</li> </ol> </li> <li>3. Observation / assessment of all periodontal procedures including implants</li> </ol>
2.	<b>Module 2 (First Year)</b>	<ol style="list-style-type: none"> <li>1. Interpretation of various bio-chemical investigations.</li> <li>2. Practical training and handling medical emergencies and basic life support devices.</li> <li>3. Basic biostatistics – Surveying and data analysis.</li> </ol> <p><b>Clinical</b></p> <ol style="list-style-type: none"> <li>1. Case history and treatment planning 10 cases</li> <li>2. Root planning 50 cases</li> <li>3. Observation / assessment of all periodontal procedures including implant.</li> <li>4. Selection of topic for Library dissertation and submission of Dissertation Synopsis.</li> </ol>
3.	<b>Module 3 (First Year)</b>	<p>Minor surgical cases 20 cases</p> <ol style="list-style-type: none"> <li>(i) Gingival Depigmentation 3 Cases</li> <li>(ii) Gingival Curettage no limits</li> <li>(iii) ENAP 1 Case</li> <li>(iv) Gingivectomy/ Gingivoplasty 5 cases</li> <li>(v) Operculectomy 3 cases</li> </ol> <p>Poster Presentation at the Speciality conference</p>
4.	<b>Module 4 (Second Year)</b>	<p><b>Clinical work</b></p> <ol style="list-style-type: none"> <li>1. Case history and treatment planning 10 cases</li> <li>2. Occlusal adjustments 10 cases</li> <li>3. Perio splints 10 cases</li> <li>4. Local drug delivery techniques 5 cases</li> <li>5. Screening cases for dissertation</li> </ol>
5.	<b>Module 5 (Second Year)</b>	<ol style="list-style-type: none"> <li>1. Periodontal surgical procedures.             <ol style="list-style-type: none"> <li>a. Basic flap procedures 20 cases</li> </ol> </li> <li>2. Periodontal plastic and esthetic 10 cases             <ol style="list-style-type: none"> <li>a. Increasing width of attached gingival 5 cases</li> </ol> </li> </ol>

		b. Root coverage procedures / Papilla Preservation and Reconstruction 5 cases c. Crown lengthening procedures 5 cases d. Frenectomy 5 cases e. Vestibuloplasty 5 cases 3. Furcation treatment (Hemisection, Rootsection, Tunelling) 5 cases 4. Surgical closure of diastema. 2 cases
6.	<b>Module 6 (Third Year)</b>	1. Ridge augmentation procedures 5 cases 2. Implants Placements and monitoring 5 cases 3. Sinus lift procedures 2 cases 4. Case selection, preparation and investigation of implants. 5. Interdisciplinary Periodontics 2 each (i) Ortho – Perio (ii) Endo – Perio (iii) Restorative Perio (iv) Preprosthetic (v) Crown Prep 6. Osseous Surgery 2 each (i) Resective (ii) Regenerative 7. Scientific paper/ poster presentation at the conference.
7.	<b>Module 7 (Third Year)</b>	<b>Clinical work</b> 1. Flap surgeries & regenerative techniques 25 cases (using various grafts & barrier membranes) 2. Assistance / observation of advanced surgical procedure 5 each 3. Micro Surgery 5 each 4. Record maintenance & follow-up of all treated cases including implants. 5. Submission of dissertation – 6 months before completion of III year. 6. Scientific paper presentation at conferences.
8.	<b>Module 8 (Third Year)</b>	1. Refining of surgical skills. 2. Publication of an article in a scientific journal. 3. Preparation for final exams.
9.	<b>Module 9 (Third Year)</b>	1. Preparation for final exams. 2. University exam

**Note: Maintenance of Work Diary / Check list / Log books as prescribed.**

#### **ASSESSMENT EXAMINATION:**

In addition to regular evaluation, log book etc., Assessment examination should be conducted after every 3 modules & progress of the student monitored.

#### **MONITORING LEARNING PROGRESS:**

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects.

#### **SCHEME OF EXAMINATION:**

**A. Theory: Part-I: Basic Sciences Paper - 100 Marks**

Part-II: Paper-I, Paper-II & Paper-III - **300 Marks** (100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

**Part-I :** Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.

**Part-II**

**Paper I:** Normal Periodontal structure, Etiology & Pathogenesis of Periodontal diseases, epidemiology as related to Periodontics

**Paper II:** Periodontal diagnosis, therapy & Oral Implantology

**Paper III:** Essays (descriptive and analyzing type questions)

*\*The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

**B. Practical / Clinical Examination :**

**200 Marks**

The clinical examination shall be of two days duration

**1<sup>st</sup> day**

Case discussion

- Long case - One
- Short case - One

Periodontal surgery – Periodontal Surgery on a previously prepared case after getting approval from the examiners

**2<sup>nd</sup> day**

Post-surgical review and discussion of the case treated on the 1<sup>st</sup> day

Presentation of dissertation & discussion

All the examiners shall participate in all the aspects of clinical examinations / Viva Voce

Distribution of Marks for Clinical examination (recommended)

a) Long Case discussion	75		
b) 1 short case	25		
c) Periodontal surgery	1.	Anesthesia	10
	2.	Incision	20
	3.	Post Surgery Evaluation	25
	4.	Sutures	10

	5.	Pack (if any)	10
Post – operative review		25	
<b>Total</b>		<b>200</b>	

**C. Viva Voce :** **100**

**Marks**

**i. Viva-Voce examination:** **80**  
**marks**

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

**ii. Pedagogy Exercise :** **20**  
**marks**

A topic will be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

## 7. PUBLIC HEALTH DENTISTRY

### **OBJECTIVES:**

At the end of 3 years of training the candidate should be able to:

#### **Knowledge:**

- Applied basic sciences knowledge regarding etiology, diagnosis and management of the prevention, promotion and treatment of all the oral conditions at the individual and community level.
- Identify social, economic, environmental and emotional determinants in a given individual patient or a community for the purpose of planning and execution of Community Oral Health Program.
- Ability to conduct Oral Health Surveys in order to identify all the oral health problems affecting the community and find solutions using multi – disciplinary approach.
- Ability to act as a consultant in community Oral Health, teach, guide and take part in research (both basic and clinical), present and publish the outcome at various scientific conferences and journals, both national and international level.

#### **Skills:**

The candidate should be able to

1. Take history, conduct clinical examination including all diagnostic procedures to arrive at diagnosis at the individual level and conduct survey of the community at state and national level of all conditions related to oral health to arrive at community diagnosis.
2. Plan and perform all necessary treatment, prevention and promotion of Oral Health at the individual and community level.
3. Plan appropriate Community Oral Health Program, conduct the program and evaluate, at the community level.
4. Ability to make use of knowledge of epidemiology to identify causes and plan appropriate preventive and control measures.
5. Develop appropriate person power at various levels and their effective utilization.
6. Conduct survey and use appropriate methods to impart Oral Health Education.
7. Develop ways of helping the community towards easy payment plan, and followed by evaluation for their oral health care needs.
8. Develop the planning, implementation, evaluation and administrative skills to carry out successful community Oral Health Programs.

#### **Values:**

1. Adopt ethical principles in all aspects of Community Oral Health Activities.
2. To apply ethical and moral standards while carrying out epidemiological researches.
3. Develop communication skills, in particular to explain the causes and prevention of oral diseases to the patient.
4. Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed and promote teamwork approach.
5. Respect patient's rights and privileges including patients right to information and right to seek a second opinion.

### **COURSE CONTENTS:**

**A) Applied Basic Sciences:****Applied Anatomy and Histology:****a) Applied Anatomy in relation to:**

- Development of face
- Bronchial arches
- Muscles of facial expression
- Muscles of mastication
- TMJ
- Salivary gland
- Tongue
- Hard and soft palate
- Infratemporal fossa
- Paranasal air sinuses
- Pharynx and larynx
- Cranial and spinal nerves- with emphasis on trigeminal, facial, glossopharyngeal and hypoglossal nerve
- Osteology of maxilla and mandible
- Blood supply, venous and lymphatic drainage of head and neck
- Lymph nodes of head and neck
- Structure and relations of alveolar process and edentulous mouth
- Genetics-fundamentals

**b) Oral Histology:**

- Development of dentition, Innervations of dentin and pulp
- Periodontium-development, histology, blood supply, nerve supply and lymphatic drainage
- Oral mucous membrane
- Pulp-periodontal complex

**Applied Physiology and Biochemistry:**

- Cell
- Mastication and deglutition
- Food and nutrition
- Metabolism of carbohydrates, proteins and fats
- Vitamins and minerals
- Saliva and Oral health
- Fluid and electrolyte balance
- Pain pathway and mechanism-types, properties
- Blood composition and functions, clotting mechanism and erythropoiesis, Blood groups and transfusions, Pulse and blood pressure,
- Dynamics of blood flow
- Cardiovascular homeostasis-heart sounds
- Respiratory system: Normal physiology and variations in health and diseases, Asphyxia and artificial respiration
- Endocrinology: thyroid, parathyroid, adrenals, pituitary, sex hormones and pregnancy, Endocrine regulation of blood sugar.

**Applied Pathology:**



- Pathogenic mechanism of molecular level
- Cellular changes following injury
- Inflammation and chemical mediators
- Oedema, thrombosis and embolism
- Hemorrhage and shock
- Neoplasia and metastasis
- Blood disorders
- Histopathology and pathogenesis of dental caries, periodontal disease, oral mucosal lesions, and malignancies
- HIV
- Propagation of dental infection

### **Microbiology:**

- Microbial flora of oral cavity
- Bacteriology of dental caries and periodontal disease
- Methods of sterilization
- Infection control in dental office / camps
- Virology of HIV, herpes, hepatitis
- Parasitology
- Basic immunology – basic concepts of immune system in human body
  - Cellular and humoral immunity
  - Antigen and antibody system
  - Hypersensitivity
  - Autoimmune diseases

### **Oral Pathology:**

- Detailed description of diseases affecting the oral mucosa, teeth, supporting tissues and jaws.

### **Physical and Social Anthropology:**

**Anthropology is a part of Social Sciences, which also constitutes behavioral sciences i.e., Psychology and Sociology. Behavioral Sciences has been mentioned in Public Health.**

- Introduction and definition
- Appreciation of the biological basis of health and disease
- Evolution of human race, various studies of different races by anthropological methods

### **Applied Pharmacology:**

- Definition, scope and relations to other branches of medicine, mode of action, bioassay, standardization, pharmacodynamics, pharmacokinetics.
- Chemotherapy of bacterial infections and viral infections – sulphonamides and antibiotics.
- Local anesthesia
- Analgesics and anti-inflammatory drugs
- Hypnotics, tranquilizers and antipyretics
- Important hormones-ACTH, cortisone, insulin and oral antidiabetics.
- Drug addiction and tolerance
- Important pharmacological agents in connection with autonomic nervous system-adrenaline, noradrenaline, atropine
- Brief mention of antihypertensive drugs
- Emergency drugs in dental practice
- Vitamins and haemopoietic drugs

- Effect of drugs on oral health

### **Research Methodology and Biostatistics:**

**Health Informatics**– basic understanding of computers and its components, operating software (Windows), Microsoft office, preparation of teaching materials like slides, project, multimedia knowledge. Operative skills in analyzing the data.

**Research Methodology** – definitions, types of research, designing written protocol for research, objectivity in methodology, quantification, records and analysis.

**Biostatistics** – introduction, applications, uses and limitations of bio – statistics in Public Health dentistry, collection of data, presentation of data, measures of central tendency, measures of dispersion, methods of summarizing, parametric and non parametric tests of significance, correlation and regression, multivariate analysis, sampling and sampling techniques – types, errors, bias, trial and calibration

## **B) Public Health**

### **Public Health:**

- Definition, concepts and philosophy of dental health
- History of public health in India and at international level
- Terminologies used in public health

### **Health:**

- Definition, concepts and philosophy of health
- Health indicators
- Health determinants
- Community and its characteristics and relation to health

### **Disease:**

- Definition, concepts
- Multifactorial causation, natural history, risk factors
- Disease control and eradication, evaluation and causation, infection of specific diseases
- Vaccines and immunization

### **General Epidemiology:**

- Definition and aims, general principles
- Multifactorial causation, natural history, risk factors
- Methods in epidemiology, descriptive, analytical, experimental and classic epidemiology of specific diseases, uses of epidemiology
- Duties of epidemiologist
- General idea of method of investigating chronic diseases, mostly non-infectious nature, epidemic, endemic, and pandemic.
- Ethical conversation in any study requirement
- New knowledge regarding ethical subjects
- Screening of diseases and standard procedures used

### **Environmental Health:**

- Impact of important components of the environment of health
- Principles and methods of identification, evaluation and control of such health hazards
- Pollution of air, water, soil, noise, food
- Water purification, international standards of water
- Domestic and industrial toxins, ionizing radiation

- Occupational hazards
- Waster disposal- various methods and sanitation

### **Public Health Education:**

- Definition, aims, principles of health education
- Health education, methods, models, contents, planning health education programs

### **Public Health Practice and Administration System in India.**

### **Ethics and Jurisprudence:**

- Basic principles of law
- Contract laws- dentist – patient relationships & Legal forms of practice
- Dental malpractice
- Person identification through dentistry
- Legal protection for practicing dentist
- Consumer protection act

### **Nutrition in Public Health:**

- Study of science of nutrition and its application to human problem
- Nutritional surveys and their evaluations
- Influence of nutrition and diet on general health and oral health, dental caries, periodontal disease and oral cancers
- Dietary constituents and cariogenicity
- Guidelines for nutrition

### **Behavioral Sciences:**

- Definition and introduction
- Sociology: social class, social group, family types, communities and social relationships, culture, its effect on oral health.
- Psychology: definition, development of child psychology, anxiety, fear and phobia, intelligence, learning, motivation, personalities, fear, dentist-patient relationship, modeling and experience

### **Hospital Administration:**

- Departmental maintenance, organizational structures
- Types of practices
- Biomedical waste management

### **Health Care Delivery System:**

- International oral health care delivery systems – Review
- Central and state system in general and oral health care delivery system if any
- National and health policy
- National health programmes
- Health Planning and Evaluation
- Primary health care – concepts, oral health in PHC and its implications
- National and international health organizations
- Dentists Act 1928, Dental council of India, Ethics, Indian Dental Association
- Role of W.H.O. and Voluntary organizations in Health Care for the Community

### **Oral Biology and Genetics:**

- A detailed study of cell structure
- Introduction to Genetics, Gene structure, DNA, RNA
- Genetic counseling, gene typing
- Genetic approaches in the study of oral disorders

- Genetic Engineering - Answer to current health problems

### **Demography & Family Planning:**

Demographic trends, family planning methods, milestones in population control in India.

### **Health Economics:**

**Health benefit analysis and Cost effective analysis**

## **C) Dental Public Health:**

### **Dental Public Health:**

- History
- Definition and concepts of dental public health
- Differences between clinical and community dentistry
- Critical review of current practice
- Dental problems of specific population groups such as chronically ill, handicapped and institutionalized group

### **Epidemiology of Oral Diseases and Conditions:**

- Dental caries, gingival, periodontal disease malocclusion, dental Fluorosis, oral cancer, TMJ disorders and other oral health related problems.

### **Oral Survey Procedures:**

- Planning
- Implementation
- WHO basic oral health methods 1997
- Indices for dental diseases and conditions
- Evaluation

### **Delivery of Dental Care:**

- Dental person power – dental auxiliaries
- Dentist – population ratios,
- Public dental care programs
- School dental health programs- Incremental and comprehensive care
- Private practice and group practice
- Oral health policy – National and international policy

### **Payment for Dental Care:**

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

### **Evaluation of Quality of Dental Care:**

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

### **Preventive Dentistry:**

- Levels of prevention
- Preventive oral health programs screening, health education and motivation
- Prevention of all dental diseases-dental caries, periodontal diseases, oral cancer, malocclusion and Dentofacial anomalies
- Role of dentist in prevention of oral diseases at individual and community level.
- Fluoride

- History
- Mechanism of action
- Metabolism
- Fluoride toxicity
- Fluorosis
- Systemic and topical preparations
- Advantages and disadvantages of each
- Update regarding Fluorosis
- Epidemiological studies
- Methods of fluoride supplements
- Defluoridation techniques
- Antifluoridation lobby
- Plaque control measures-
  - Health Education
  - Personal oral hygiene
  - Tooth brushing technique
  - Dentifrices, mouth rinses
- Pit and fissure sealant, ART, Preventive resin restoration
- Preventive oral health care for medically compromised individual
- Update on recent preventive modalities
- Caries vaccines
- Dietary counseling

#### **Practice Management:**

- Definition
- Principles of management of dental practice and types
- Organization and administration of dental practice
- Ethical and legal issues in dental practice
- Current trends
- Infection control in dental practice

#### **Tobacco Counseling:**

- Health Consequences
- Tobacco dependence
- Benefits of intervention
- Tobacco cessation
- Role of dentist

#### **Health Man Power Planning:**

#### **Structured Training Schedule:**

### **FIRST YEAR**

#### **Seminars:**

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

#### **Clinical Training:**

1. Clinical assessment of patient

2. Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, fluorosis and malocclusion – 5 cases each
  - Oral Hygiene Index – Greene and Vermillion
  - Oral Hygiene Index – Simplified
  - DMF – DMF (T), DMF (S)
  - def t/s
  - Fluorosis Indices – Dean's Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
  - Community Periodontal Index (CPI)
  - Plaque Index-Silness and Loe, gingival index – Loe and Silness
  - Russels periodontal disease index
  - WHO Oral Health Assessment Form – 1997
  - Carrying out treatment (under comprehensive oral health care) of 10 patients
  - maintaining complete records.

### **Field Programme:**

- Carrying out preventive programs and health education for school children of the adopted school.
- School based preventive programs-
  - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
  - Pit and Fissure Sealant – chemically cured (GIC), light cured
  - Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
  - Organizing and carrying out dental camps in both urban and rural areas.
- 3. Visit to slum, water treatment plant, sewage treatment plant, and Milk dairy, Public Health Institute, Anti-Tobacco Cell, Primary Health Center and submitting reports.
- 4. In additions the postgraduate shall assist and guide the under graduate students in their clinical and field programs.

## **SECOND YEAR**

### **Seminars:**

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

### **Clinical Training-Continuation of the Clinical Training:**

1. Clinical assessment of patient
2. Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, fluorosis and malocclusion – 5 each
  - Oral Hygiene Index – Greene and Vermillion
  - Oral Hygiene Index – Simplified
  - DMF – DMF (T), DMF (S)
  - def t/s
  - Fluorosis Indices – Dean's Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
  - Community Periodontal Index (CPI)
  - Plaque Index-Silness and Loe, gingival index – Loe and Silness
  - Russels periodontal disease index

- WHO Oral Health Assessment Form – 1987
- Carrying out treatment (under comprehensive oral health care) of 10 patients – maintaining complete records

### **Field Program – Continuation of Field Program:**

- Carrying out school dental health education
- School based preventive programs-
  - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
  - Pit and Fissure Sealant – chemically cured (GIC), light cured
  - Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
  - Organizing and carrying out dental camps in both urban and rural areas.
- Assessing oral health status of various target groups like School children, Expectant mothers Handicapped, Underprivileged, and geriatric populations. Planning dental manpower and financing dental health care for the above group.
- Application of the following preventive measures in clinic-10 Cases each.
  - Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
  - Pit and Fissure Sealant
- Planning total health care for school children in an adopted school:
  - Periodic surveying of school children
  - Incremental dental care
  - Comprehensive dental care
- Organizing and conducting community oral health surveys for all oral conditions-3 surveys
- In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs
- To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic.

### **THIRD YEAR:**

#### **Seminars:**

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

#### **Clinical Training:**

- Clinical assessment of patient
- Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, fluorosis and malocclusion – 5 each
  - Oral Hygiene Index – Greene and Vermillion
  - Oral Hygiene Index – Simplified
  - DMF – DMF (T), DMF (S)
  - def t/s
  - Fluorosis Indices – Dean's Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
  - Community Periodontal Index (CPI)
  - Plaque Index-Silness and Loe, gingival index – Loe and Silness
  - Russels periodontal disease index

- WHO Oral Health Assessment Form – 1987
- Carrying out treatment (under comprehensive oral health care) of 10 patients – maintaining complete records
- Carrying out school dental health education
- School based preventive programs-
  - Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
  - Pit and Fissure Sealant
  - Minimal Invasive Techniques – Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
- To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic
- Exercise on solving community health problems – 10 problems
- Application of the following preventive measures in clinic – 10 cases each.
  - Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations
  - Pit and Fissure sealants
- Dental – health education training of school teachers, social workers, health workers,
- Posting at dental satellite centers/ nodal centers
- In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs.

### **Monitoring Learning Process:**

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

### **Scheme of Examination**

<b>A. Theory:</b> Part-I: Basic Sciences Paper	- <b>100 Marks</b>
Part-II: Paper-I, Paper-II & Paper-III	- <b>300 Marks</b>
	(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

**PART-I** : Applied Basic Sciences: Applied Anatomy and Histology, Applied Physiology and Biochemistry, Applied Pathology, Microbiology, Oral Pathology, Physical and Social Anthropology, Applied Pharmacology and Research Methodology and Biostatistics.

**PART-II** :

**Paper-I** : Public Health

**Paper-II** : Dental Public Health



**Paper-III :** Essays (descriptive and analyzing type questions)

*\* The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

**B. Practical / Clinical Examination : 200 Marks**

1. Clinical examination of at least 2 patients representing the community – includes history, main complaints, examination and recording of the findings, using indices for the assessment of oral health and presentation of the observation including diagnosis, comprehensive treatment planning. (50 Marks – 1 ½ Hrs)
2. Performing (50 Marks– 1 ½ Hrs)
  - a. One of the treatment procedures as per treatment plan. (Restorative, surgical, rehabilitation)
  - b. Preventive oral health care procedure.
  - c. One of the procedures specified in the curriculum
3. Critical evaluation of a given research article published in an international journal
  - Marks – 1 Hour)
4. Problem solving – a hypothetical oral health situation existing in a community is given with sufficient data. The student as a specialist in community dentistry is expected to suggest practical solutions to the existing oral health situation of the given community. (50 Marks – 1 ½ Hours)

**C. Viva Voce : 100 Marks**

- i. **Viva-Voce examination** : 80 marks  
All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.
- ii. **Pedagogy Exercise** : 20 marks  
A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

## **SCHEDULE – IX**

(See regulation 24)

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

The syllabus for MDS course includes both Applied Basic Sciences and subjects of concerned specialty. The syllabus in Applied Basic Sciences shall vary according to the particular specialty; similarly the candidates shall also acquire adequate knowledge in other subjects related to their respective specialty.

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

##### **AIM:**

To train the dental graduates so as to ensure higher level of competence in both general and specialty areas of Prosthodontics and prepare candidates with teaching, research and clinical abilities including prevention and after care in Prosthodontics – removable dental prosthodontics, fixed dental prosthodontics (Crown & Bridge), implantology, maxillofacial prosthodontics and esthetic dentistry.

##### **GENERAL OBJECTIVES OF THE COURSE:**

Training program for the dental graduates in Prosthetic dentistry– removable dental prosthodontics, fixed dental prosthodontics (Crown & Bridge), implantology, maxillofacial prosthodontics and esthetic dentistry and Crown & Bridge including Implantology is structured to achieve knowledge and skill in theoretical and clinical laboratory, attitude, communicative skills and ability to perform research with a good understanding of social, cultural, educational and environmental background of the society.

- To have adequate acquired knowledge and understanding of applied basic and systemic medical sciences, both in general and in particularly of head and neck region.
- The postgraduates should be able to provide Prosthodontic therapy for patients with competence and working knowledge with understanding of applied medical, behavioral and clinical science, that are beyond the treatment skills of the general BDS graduates and MDS graduates of other specialties,
- To demonstrate evaluative and judgment skills in making appropriate decisions regarding prevention, treatment, after care and referrals to deliver comprehensive care to patients.

##### **KNOWLEDGE:**

The candidate should possess knowledge of applied basic and systemic medical sciences.

- On human anatomy, embryology, histology, applied in general and particularly to head and neck, Physiology & Biochemistry, Pathology Microbiology & virology; health and diseases of various systems of the body (systemic) principles in surgery and medicine, pharmacology, nutrition, behavioral science, age changes, genetics, Immunology, Congenital defects & syndromes and Anthropology, Bioengineering, Bio-medical & Biological Principles
- The student shall acquire knowledge of various Dental Materials used in the specialty and be able to provide appropriate indication, understand the manipulation characteristics, compare with other materials available, be adept with recent advancements of the same.
- Students shall acquire knowledge and practice of history taking, Diagnosis, treatment planning, prognosis, record maintenance of oral, craniofacial and systemic region.
- Ability for comprehensive rehabilitation concept with pre prosthetic treatment plan including surgical re-evaluation and prosthodontic treatment planning, impressions, jaw relations, utility of face bows, articulators, selection and positioning of teeth, teeth

arrangement for retention, stability, esthetics, phonation, psychological comfort, fit and insertion.

- Instructions for patients in after care and preventive Prosthodontics and management of failed restorations shall be possessed by the students.
- Understanding of all the applied aspects of achieving physical, psychological well-being of the patients for control of diseases and / or treatment related syndromes with the patient satisfaction and restoring function of Cranio mandibular system for a quality life of a patient.
- Ability to diagnose and plan treatment for patients requiring Prosthodontic therapy
- Ability to read and interpret radiographs, and other investigations for the purpose of diagnosis and treatment planning.
- The theoretical knowledge and clinical practice shall include principles involved for support, retention, stability, esthetics, phonation, mastication, occlusion, behavioral, psychological, preventive and social aspects of Prosthodontics science of Oral and Maxillofacial Prosthodontics and Implantology
- Tooth and tooth surface restorations, Complete denture Prosthodontics, removable partial denture Prosthodontics, fixed prosthodontics and maxillofacial and Craniofacial Prosthodontics, implants and implant supported Prosthodontics, T.M.J. and occlusion, craniofacial esthetics, and biomaterials, craniofacial disorders, problems of psychogenic origin.
- Should have knowledge of age changes, geriatric psychology, nutritional considerations and prosthodontic therapy in the aged population.
- Should have ability to diagnose failed restoration and provide prosthodontic therapy and after care.
- Should have essential knowledge on ethics, laws, and Jurisprudence and Forensic Odontology in Prosthodontics.
- Should know general health conditions and emergency as related to prosthodontics treatment like allergy of various materials and first line management of aspiration of prosthesis
- Should identify social, cultural, economic, environmental, educational and emotional determinants of the patient and consider them in planning the treatment.
- Should identify cases, which are outside the area of his specialty / competence, refer them to appropriate specialists and perform interdisciplinary case management.
- To advice regarding case management involving surgical and interim treatment
- Should be competent in specialization of team management in craniofacial prosthesis design.
- To have adequate acquired knowledge, and understanding of applied basic, and systemic medical science knowledge in general and in particular to head and neck regions.
- Should attend continuing education programmes, seminars and conferences related to Prosthodontics, thus updating himself/herself.
- To teach and guide his/her team, colleagues and other students.
- Should be able to use information technology tools and carry out research both in basic and clinical areas, with the aim of publishing his/ her work and presenting his/her work at various scientific forums.
- Should have an essential knowledge of personal hygiene, infection control, prevention of cross infection and safe disposal of waste, keeping in view the risk of transmission of potential communicable and transmissible infections like Hepatitis and HIV.
- Should have an ability to plan and establish Prosthodontics clinic/hospital teaching department and practice management.
- Should have a sound knowledge (of the applications in pharmacology, effects of drugs on oral tissues and systems of body and in medically compromised patients.

### **SKILLS:**

- The candidate should be able to examine the patients requiring Prosthodontic therapy, investigate the patient systemically, analyze the investigation results, radiographs, diagnose the ailment, plan the treatment, communicate it with the patient and execute it.

- To understand the prevalence and prevention of diseases of craniomandibular system related to prosthetic dentistry.
- The candidate should be able to restore lost functions of stomatognathic system like mastication, speech, appearance and psychological comforts by understanding biological, biomedical, bioengineering principles and systemic conditions of the patients to provide quality health care in the craniofacial regions.
- The candidate should be able to demonstrate good interpersonal, communication skills **and** team approach in interdisciplinary care by interacting with other specialties including medical specialty for planned team management of patients for craniofacial & oral acquired and congenital defects, temporomandibular joint syndromes, esthetics, Implant supported Prosthetics and problems of Psychogenic origins.
- Should be able to demonstrate the clinical competence necessary to carry out appropriate treatment at higher level of knowledge, training and practice skills currently available in their specialty area with a patient centered approach.
- Should be able to interpret various radiographs like IOPA, OPG, CBCT and CT. Should and be able to plan and modify treatment plan based on radiographic findings
- Should be able to critically appraise articles published and understand various components of different types of articles and be able to gather the weight of evidence from the same
- To identify target diseases and create awareness amongst the population regarding Prosthodontic therapy.
- To perform Clinical and Laboratory procedures with a clear understanding of biomaterials, tissue conditions related to prosthesis and have required dexterity & skill for performing clinical and laboratory all procedures in fixed, removable, implant, maxillofacial, TMJ and esthetics Prosthodontics.
- To carry out necessary adjunctive procedures to prepare the patient before prosthesis like tissue preparation and preprosthetic surgery and to prepare the patient before prosthesis / prosthetic procedures
- To understand demographic distribution and target diseases of Cranio mandibular region related to Prosthodontics.

### **ATTITUDES:**

- To adopt ethical principles in Prosthodontic practice, Professional honesty, credibility and integrity are to be fostered. Treatment to be delivered irrespective of social status, caste, creed or religion of patient.
- Should be willing to share the knowledge and clinical experience with professional colleagues.
- Should develop an attitude towards quality, excellence, **non-compromising** in treatment.
- Should be able to self-evaluate, reflect and improve on their own.
- Should pursue research in a goal to contribute significant, relevant and useful information, concept or methodology to the scientific fraternity.
- Should be able to demonstrate **evidence-based** practice while handling cases
- Should be willing to adopt new methods and techniques in prosthodontics from time to time based on scientific research, which are in patient's best interest.
- Should respect patient's rights and privileges, including patient's right to information and right to seek second opinion.

### **COMMUNICATIVE ABILITIES:**

- To develop communication skills, in particular **and** to explain treatment options available in the management.
- To provide leadership and get the best out of his / her group in a congenial working atmosphere.
- Should be able to communicate in simple understandable language with the patient and explain the principles of prosthodontics to the patient. He/She should be able to guide and counsel the patient with regard to various treatment modalities available.

- To develop the ability to communicate with professional colleagues through various media like Internet, e-mails, videoconferences etc. to render the best possible treatment. Should demonstrate good explanatory and demonstrating ability as a teacher in order to facilitate learning among students

### **COURSE CONTENTS:**

The course content has been identified and categorized as essential knowledge given below.

### **ESSENTIAL KNOWLEDGE:**

The topics to be considered are Applied Basic Sciences, Oral and Maxillofacial Prosthodontics and Implantology

### **APPLIED BASIC SCIENCES:**

Should develop thorough knowledge on the applied aspects of Anatomy, Embryology, Histology particularly head and neck, Physiology, Biochemistry, Pathology, Microbiology, Virology, Pharmacology, Health and systematic diseases principles in surgery medicine and Anesthesia, Nutrition, Behavioral sciences, age changes, genetics, Dental Material Science, congenital defects and Syndromes and Anthropology, Biomaterial Sciences, Bio-engineering and Bio-medical and Research Methodology as related to Masters degree Prosthodontics and Crown & Bridge including Implantology

It is desirable to have adequate knowledge in Bio-statistics, Research Methodology and use of computers to develop necessary teaching skills in the specialty of Prosthodontics including crown and bridge.

### **APPLIED ANATOMY OF HEAD AND NECK:**

**General Human Anatomy** –Gross Anatomy, anatomy of Head and Neck in detail:Cranial and facial bones, TMJ and function, muscles of mastication and facial expression, muscles of neck and back including muscles of deglutition and tongue, arterial supply and venous drainage of the head and neck, anatomy of the Para nasal sinuses in relation to the V<sup>th</sup> cranial nerve. General considerations of the structure and function of the brain, brief considerations of V, VII, XI, XII, cranial nerves and autonomic nervous system of the head and neck. The salivary glands, Pharynx, Larynx Trachea, Oesophagus, Functional Anatomy of masticatory muscles, Deglutition, speech, respiration, and circulation, teeth eruption, morphology, occlusion and function. Anatomy of TMJ, its movements and myofacial pain dysfunction syndrome.

**Embryology** –Development of the face, tongue, jaws, TMJ, Paranasal sinuses,pharynx, larynx, trachea, esophagus, Salivary glands, Development of oral and Para oral tissues including detailed aspects of tooth formation.

**Growth & Development** –Facial form and Facial growth and development overview ofDentofacial growth process and physiology from foetal period to maturity and old age,. General physical growth, functional and anatomical aspects of the head, changes in craniofacial skeletal development, relationship between development of the dentition and facial growth.

**Dental Anatomy** –Anatomy of primary and secondary dentition, concept of occlusion,mechanism of articulation, and masticatory function. Detailed structural and functional study of the oral and Para oral tissues, normal occlusion, development of occlusion in deciduous mixed and permanent dentitions, root length, root configuration & tooth-numbering systems.

**Histology** –histology of enamel, dentin, Cementum, periodontal ligament and alveolar bone, pulpal anatomy, histology and biological consideration. Salivary glands and Histology of epithelial tissues including glands.

Histology of general and specific connective tissue including bone, , Salivary glands, Histology of skin, oral mucosa, respiratory mucosa, connective tissue, bone, cartilage, cellular elements of blood vessels, blood, lymphatics, nerves, muscles, tongue and tooth

**Cell biology** –Brief study of the structure and function of the mammalian cell Components of the cell and functions of various types of cells and their consequences with tissue injury

### **APPLIED PHYSIOLOGY AND NUTRITION :**

Introduction, Mastication, deglutition, digestion and assimilation, Homeostasis, fluid and electrolyte balance, blood composition, volume, function, blood groups and hemorrhage, Blood transfusion, circulation, Heart, Pulse, Blood pressure, capillary and lymphatic circulation. Shock, respiration, control, anoxia, hypoxia, asphyxia, artificial respiration. Endocrine glands in particular reference to pituitary, parathyroid and thyroid glands and sex hormones. Role of calcium and Vit D in growth and development of teeth, bone and jaws. Role of Vit. A, C and B complex in oral mucosal and periodontal health. Physiology and function of the masticatory system. Speech mechanism, mastication, swallowing and deglutition mechanism, salivary glands and Saliva

**Endocrines** – General principles of endocrine activity and disorders relating to pituitary, thyroid, pancreas, parathyroid, adrenals, gonads, including pregnancy and lactation. Physiology of saliva, urine formation, normal and abnormal constituents, Physiology of pain, Sympathetic and parasympathetic nervous system, neuromuscular co-ordination of the stomatognathic system.

**Applied Nutrition** – General principles, balanced diet, effect of dietary deficiencies and starvation, Diet, digestion, absorption, transportation and utilization & diet for elderly patients.

### **APPLIED BIOCHEMISTRY:**

General principles governing the various biological activities of the body, such as osmotic pressure, electrolytic dissociation, oxidation-reduction Carbohydrates, proteins, liquids and their metabolism, Enzymes, Vitamins, and minerals, Hormones, Blood, Metabolism of inorganic elements, Detoxification in the body & anti metabolites.

### **APPLIED PHARMACOLOGY AND THERAPEUTICS:**

Dosage and mode of administration of drugs. Action and fate of drugs in the body, Drug addiction, tolerance and hypersensitive reactions, Drugs acting on the central nervous system, general anesthetics hypnotics, analeptics and tranquilizers. Local anesthetics, Chemotherapeutics and antibiotics, Antitubercular and anti syphilitic drugs, Analgesics and antipyretics, Antiseptics, styptics, Sialogogues and antisialogogues, Haematinics, Cortisones, ACTH, insulin and other antidiabetics vitamins: A, D, B – complex group C, K etc. Chemotherapy and Radiotherapy. Drug regime for antibiotic prophylaxis and infectious endocarditis and drug therapy following dental surgical treatments like placement of implants, pre and peri prosthetic surgery

### **APPLIED PATHOLOGY:**

Inflammation, repair and degeneration, Necrosis and gangrene, Circulatory disturbances, Ischaemia, hyperaemia, chronic venous congestion, oedema, thrombosis, embolism and infarction. Infection and infective granulomas, Allergy and hypersensitive reactions, Neoplasms; Classification of tumors, Carcinogenesis, characteristics of benign and malignant tumors, spread of tumors. Applied histo pathology and clinical pathology.

## **APPLIED MICROBIOLOGY:**

Immunity, knowledge of organisms commonly associated with diseases of the oral cavity (morphology cultural characteristics etc) of strepto, staphylo, , Clostridia group of organisms, Spirochaetes, organisms of tuberculosis, leprosy, diphtheria, actinomycosis and moniliasis etc. Virology, Cross infection control, sterilization and hospital waste management

## **APPLIED ORAL PATHOLOGY:**

Developmental disturbances of oral and Para oral structures, Regressive changes of teeth, Bacterial, viral and mycotic infections of the oral cavity. Dental caries, diseases of pulp and periapical tissues, Physical and chemical injuries of the oral cavity, oral manifestations of metabolic and endocrine disturbances, Diseases of the blood and blood forming organism in relation to the oral cavity, Periodontal diseases, Diseases of the skin, nerves and muscles in relation to the Oral cavity.

## **LABORATORY DETERMINATIONS:**

Blood groups, blood matching, R.B.C. and W.B.C. count, Bleeding and clotting time, PT, PTT and INR Smears and cultures – urine analysis and culture. Interpretation of RBS, Glycosylated Hb, GTT

## **BIOSTATISTICS:**

Characteristics and limitations of statistics, planning of statistical experiments, sampling, collection, classification and presentation of data (Tables, graphs, pictograms etc) & Analysis of data, parametric and non parametric tests

**Introduction to Biostatistics** - Scope and need for statistical application to biological data. Definition of selected terms – scale of measurements related to statistics, Methods of collecting data, presentation of the statistical diagrams and graphs.

Frequency curves, mean, mode of median, Standard deviation and co-efficient of variation, Correlation – Co-efficient and its significance, Binominal distributions normal distribution and Poisson's distribution, Tests of significance.

## **RESEARCH METHODOLOGY:**

Understanding and evaluating dental research, scientific method and the behavior of scientists, understanding to logic – inductive logic – analogy, models, authority, hypothesis and causation,. Measurement and Errors of measurement, presentation of results, Reliability, Sensitivity and specificity diagnosis tests and measurements, Research Strategies, Observation, Correlation, Experimentation and Experimental design. Logic of statistical in(ter)ferences, balance judgements, judgement under uncertainty, clinical vs., scientific judgement, problems with clinical judgement, forming scientific judgements, the problem of contradictory evidence, citation analysis as a Means of literature evaluation, influencing judgement :

Protocol writing for experimental, observational studies, survey including hypothesis, PICO statement, aim objectives, sample size justification, use of control/placebo, standardization techniques, bias and its elimination, blinding, evaluation, inclusion and exclusion criteria.

## **APPLIED RADIOLOGY:**

Introduction, radiation, background of radiation, sources, radiation biology, somatic damage, genetic damage, protection from primary and secondary radiation, Principles of X-ray production, Applied principles of radio therapy and after care.

## **ROENTGENOGRAPHIC TECHNIQUES:**

Intra oral, extra oral roentgenography, Methods of localization digital radiology and ultra sounds. Normal anatomical landmarks of teeth and jaws in radiograms, temporomandibular joint radiograms, neck radiograms.  
Use of CT and CBCT in prosthodontics

## **APPLIED MEDICINE:**

Systemic diseases and (its) their influence on general health and oral and dental health. Medical emergencies like syncope, hyperventilation, angina, seizure, asthma and allergy/anaphylaxis in the dental offices – Prevention, preparation, medico legal consideration, unconsciousness, respiratory distress, altered consciousness, seizures, drug related emergencies, chest pain, cardiac arrest, premedication, prophylaxis and management of ambulatory patients, resuscitation, applied psychiatry, child, adult and senior citizens.

## **APPLIED SURGERY & ANESTHESIA:**

General principles of surgery, wound healing, incision wound care, hospital care, control of hemorrhage, electrolyte balance. Common bandages, sutures, splints, shifting of critically ill patients, prophylactic therapy, bone surgeries, grafts, etc, surgical techniques, nursing assistance, anesthetic assistance.

Principles in speech therapy, surgical and radiological craniofacial oncology, applied surgical ENT and ophthalmology.

## **APPLIED PLASTIC SURGERY:**

Applied understanding and assistance in programs of plastic surgery for prosthodontics therapy.

## **APPLIED DENTAL MATERIALS:**

- Students should have understanding of all materials used for treatment of craniofacial disorders – Clinical, treatment, and laboratory materials, associated materials, technical considerations, shelf life, storage, manipulations, sterilization, and waste management.
- Students shall acquire knowledge of testing biological, mechanical and other physical properties of all materials used for the clinical and laboratory procedures in prosthodontic therapy.
  - Students shall acquire full knowledge and practice of Equipments, instruments, materials, and laboratory procedures at a higher level of competence with accepted methods.

All clinical practices shall involve personal and social obligation of cross infection control, sterilization and waste management.

## **ORAL AND MAXILLOFACIAL PROSTHODONTICS AND IMPLANTOLOGY:**

### **I. NON-SURGICAL AND SURGICAL METHODS OF PROSTHODONTICS AND IMPLANTOLOGY**

- a. Prosthodontic treatment for completely edentulous patients – Complete dentures, immediate complete dentures, single complete dentures, tooth supported complete dentures & Implant supported Prosthesis for completely edentulous patients for typical and atypical cases
- b. Prosthodontic treatment for partially edentulous patients: - Clasp-retained acrylic and cast partial dentures, transitional dentures, immediate dentures,



intra coronal and extra coronal precision attachments retained partial dentures & maxillofacial prosthesis for typical and atypical cases

**Prosthodontic treatment for edentulous patients:** - Complete Dentures and Implant supported Prosthesis.

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

Scope of Prosthodontics – The Cranio Mandibular system and its functions, the reasons for loss of teeth, consequences of loss of teeth and treatment modality with various restorations and replacements

- a) **Edentulous Predicament**, Biomechanics of the edentulous state, Support mechanism for the natural dentition and complete dentures, Biological considerations, Functional and Para functional considerations, Esthetic, behavioral and adaptive responses, Temporomandibular joints changes.
- b) **Effects of aging of edentulous patients** –aging population, distribution and edentulism in old age, impact of age on edentulous mouth – Mucosa, Bone, saliva, jaw movements in old age, taste and smell, nutrition, aging, skin and teeth, concern for personal appearance in old age
- c) **Sequelae caused by wearing complete denture** –the denture in the oral environment – Mucosal reactions, altered taste perception, burning mouth syndrome, gagging, residual ridge (reduction) resorption, denture stomatitis, flabby ridge, denture irritation hyperplasia, traumatic Ulcers, Oral cancer in denture wearers, nutritional deficiencies, masticatory ability and performance, nutritional status and masticatory functions.
- d) **Temporomandibular disorders in edentulous patients** –Epidemiology, etiology and management, Pharmacotherapy, Physical modalities, and Bio-behavioral modalities
- e) **Nutrition Care for the denture wearing patient** –Impact of dental status on food intake, Gastrointestinal functions, nutritional needs and status of older adults, Calcium and bone health, vitamin and herbal supplementation, dietary counseling and risk factor for malnutrition in patients with dentures and when teeth are extracted.
- f) **Preparing patient for complete denture patients** –Diagnosis and treatment planning for edentulous and partially edentulous patients – familiarity with patients, principles of perception, health questionnaires and identification data, problem identification, prognosis and treatment identification data, problem identification, prognosis and treatment planning – contributing history – patient's history, social information, medical status –

systemic status with special reference to debilitating diseases, diseases of the joints, cardiovascular disorders, diseases of the skin, neurological disorders, oral malignancies, climacteric, use of drugs, mental health – mental attitude, psychological changes, adaptability, geriatric changes – physiologic, pathological, pathological and intra oral changes. Intra oral health – mucus membrane, alveolar ridges, palate and vestibular sulcus and dental health.

Data collection and recording, visual observation, radiography, palpation, measurement of sulci or fossae, extra oral measurement, the vertical dimension of occlusion, diagnostic casts.

Specific observations – existing dentures, soft tissue health, hard tissue health – teeth, bone

Biomechanical considerations – jaw relations, border tissues, saliva, muscular development – muscle tone, neuromuscular co-ordination, tongue, cheek and lips. Interpreting diagnostic findings and treatment planning

- g) **Pre prosthetic surgery** –Improving the patients denture bearing areas and ridge relations.
- h) **Non surgical methods** –rest for the denture supporting tissues, occlusal correction of the old prosthesis, good nutrition, conditioning of the patients musculature,
- i) **Surgical methods** –Correction of conditions, that preclude optimal prosthetic function – hyperplastic ridge – epulis fissuratum and papillomatosis, frenular attachments

and pendulous maxillary tuberosities, ridge augmentation, maxillary and mandibular oral implants, corrections of congenital deformities, discrepancies in jaw size, relief of pressure on the mental foramen, enlargement of denture bearing areas, vestibuloplasty, ridge augmentation, replacement of tooth roots with Osseo integrated denture implants.

- j) **Immediate Denture** –Advantages, Disadvantages, Contraindications,Diagnosis, treatment planning and Prognosis, Explanation to the patient, Oral examinations, Examination of existing prosthesis, Tooth modification, Prognosis, Referrals/adjunctive care, oral prophylaxis and other treatment needs.

First visit, preliminary impressions and diagnostic casts, management of loose teeth, custom trays, final impressions and master casts, two tray or sectional custom impression tray, location of posterior limit and jaw relation records, setting of the posterior denture teeth / verifying jaw relations and the patient try in.

Laboratory phase, setting of anterior teeth, Wax contouring, flasking and boil out, processing and finishing, surgical templates, surgery and immediate denture insertion, post operative care and patient instructions, subsequent service for the patient on the immediate denture.

- k) **Over dentures** (tooth supported complete dentures)–indications and treatment planning, advantages and disadvantages, selection of abutment teeth, loss of abutment teeth, tooth supported complete dentures. Non-coping abutments, abutment with copings, abutments with attachments, submerged vital roots, preparations of the retained teeth.

- l) **Single Dentures:** Single Mandibular denture to oppose natural maxillary teeth, single complete maxillary denture to oppose natural Mandibular teeth to oppose a partially edentulous Mandibular arch with fixed prosthesis, partially edentulous Mandibular arch with removable partial dentures. Opposing existing complete dentures, preservation of the residual alveolar ridge, necessity for retaining maxillary teeth and preventing mental trauma.

- m) **Art of communication in the management of the edentulous predicament** – Communication–scope, a model of communication, why communication is important? What are the elements of effective communication? special significance of doctor / patient communication, doctor behavior, The iatro sedative (doctor & act of making calm) recognizing and acknowledging the problem, exploring and identifying the problem, interpreting and explaining the problem, offering a solution to the problem for mobilizing their resources to operate in a most efficient way, recognizing and acknowledging the problem, interpreting and explaining the problem, offering a solution to the problem.

- n) **Materials prescribed in the management of edentulous patients** - Denture base materials, General requirements of biomaterials for edentulous patients, requirement of an ideal denture base, chemical composition of denture base resins, materials used in the fabrication of prosthetic denture teeth, requirement of prosthetic denture teeth, denture lining materials and tissue conditioners, cast metal alloys as denture bases – base metal alloys.

- o) **Articulators – Evolution of concepts**, Classification, selection, limitations, precision, accuracy and sensitivity, and Functions of the articulator and their uses. Recent advancements including virtual articulator

- p) **Fabrication of complete dentures** –complete denture impressions–muscles of facial expressions and anatomical landmarks, support, retention, stability, aims and objectives of preservation, support, stability, aesthetics, and retention. Impression materials and techniques – need of 2 impressions the preliminary impression and final impressions.

Developing an analogue / substitute for the maxillary denture bearing area – anatomy of supporting structures – mucous membrane, hard palate, residual ridge, shape of the supporting structure and factors that influence the form and size of the supporting bones, incisive foramen, maxillary tuberosity, sharp spiny process, torus palatinus, Anatomy of peripheral or limiting structures, labial vestibule, Buccal vestibule, vibrating lines. Preliminary and final impressions, impression making, custom tray and refining the custom tray, preparing the tray to secure the final impression, making the final impression, boxing impression and making the casts

Developing an analogue / substitute for the Mandibular denture bearing area– anatomy of supporting structure, crest of the residual ridge, buccal shelf, shape of

supporting structure, mylohyoid ridge, mental foramen, genial tubercles, torus mandibularis, Anatomy of peripheral or limiting structure – labial vestibule, Buccal vestibule, lingual border, mylohyoid muscle, retromylohyoid fossa, sublingual gland region, alveolingual sulcus, Mandibular impressions – preliminary impressions, custom tray, refining, preparing the tray\, final impressions.

- q) **Mandibular movements, Maxillo mandibular relations and concepts of occlusion** – Gnathology, identification of shape and location of arch form–Mandibular and maxillary occlusion rims, level of occlusal plane and recording of trail denture base, tests to determine vertical dimension of occlusion, interocclusal & centric relation records. Biological and clinical considerations in making jaw relation records and transferring records from the patients to the articulator, Recording of Mandibular movements – influence of opposing tooth contacts, temporomandibular joint, muscular involvements, neuromuscular regulation of Mandibular motion, the envelope of motion, rest position.
- Maxillo – Mandibular relations – the centric, eccentric, physiologic rest position, vertical dimension, occlusion, recording methods – mechanical, physiological, Determining the horizontal jaw relation – Functional graphics, tactile or interocclusal check record method, Orientation / sagittal relation records, Arbitrary / Hinge axis and face bow record, significance and requirement, principles and biological considerations and securing on articulators.
- r) **Selecting and arranging artificial teeth and occlusion for the edentulous patient** – anterior tooth selection, posterior tooth selection, and principles in arrangement of teeth, and factors governing the position of teeth – horizontal & vertical relations. The inclinations and arrangement of teeth for aesthetics, phonetics and mechanics – to concept of occlusion.
- s) **The Try in** –verifying vertical dimension, centric relation, establishment of posterior palatal seal, creating a facial and functional harmony with anterior teeth, harmony of spaces of individual teeth position, harmony with sex, personality and age of the patient, co-relating aesthetics and incisal guidance.
- t) **Speech considerations with complete dentures & speech production** –structural and functional demands, neuropsychological background, speech production and the roll of teeth and other oral structures – bilabial sounds, labiodental(s) sounds, linguodental sounds, linguoalveolar sound, articulatoric characteristics, acoustic characteristics, auditory characteristics, linguopalatal and linguoalveolar sounds, speech analysis and prosthetic considerations.
- u) **Waxing contouring and processing the dentures their fit and insertion and after care** –laboratory procedure–wax contouring, flasking and processing, laboratory remount procedures, ***selective grinding***, finishing and polishing.
- Critiquing the finished prosthesis – doctors evaluation, patients evaluation, friends evaluation, elimination of basal surface errors, errors in occlusion, interocclusal records for remounting procedures – verifying centric relation, eliminating occlusal errors.
- Special instructions to the patient – appearance with new denture, mastication with new dentures, speaking with new dentures, oral hygiene with dentures, preservation of residual ridges and educational material for patients, maintaining the comfort and health of the oral cavity in the rehabilitated edentulous patients. Twenty-four hours oral examination and treatment and (preventive) Prosthodontic – periodontic recall for oral examination 3 to 4 months intervals and yearly intervals.
- v) **Implant supported Prosthesis for partially edentulous patients** –Science of Osseo integration, clinical protocol (***diagnostic, surgical and prosthetic***) for treatment with implant supported over dentures, managing problems and complications. Implant Prosthodontics for edentulous patients: current and future directions.
- Implant supported prosthesis for partially edentulous patients – Clinical and laboratory protocol: Implant supported prosthesis, managing problems and complications
- Introduction and Historical Review
  - Biological, clinical and surgical aspects of oral implants
  - Diagnosis and treatment planning

- Radiological interpretation for selection of fixtures
- Splints for guidance for surgical placement of fixtures
- **Surgical and** Intra oral plastic surgery, if any
- Guided bone and Tissue regeneration consideration for implants fixture.
- Implant supported prosthesis for complete edentulism and partial edentulism
- Occlusion for implant supported prosthesis.
- Peri-implant tissue and Management of peri-implantitis
- Maintenance and after care
- Management of failed restoration.
- Work authorization for implant supported prosthesis – definitive instructions, legal aspects, delineation of responsibility.

### **Prosthodontic treatment for partially edentulous patients – Removable partial Prosthodontics –**

- a. **Scope, definition** and terminology, Classification of partially edentulous arches - requirements of an acceptable method of classification, Kennedy's classification, Applegate's rules for applying the Kennedy classification
- b. **Components of RPD –**
  - i) major connector—mandibular and maxillary
  - ii) minor connectors, design, functions & form and location of major and minor connectors, tissue stops, finishing lines, reaction of tissue to metallic coverage
  - iii) Rest and rest seats – form of the Occlusal rest and rest seat, interproximal Occlusal rest seats, internal Occlusal rests, possible movements of partial dentures, support for rests, lingual rests on canines and incisor teeth, incisal rest and rest seat.
  - iv) Direct retainers- Internal attachments & extracoronal direct retainers. Relative uniformity of retention, flexibility of clasp arms, stabilizing reciprocal clasp, criteria for selecting a given clasp design, the basic principles of clasp design, circumferential clasp, bar clasp, combination clasp and other type of retainers.
  - v) Indirect Retainers – denture rotation about an axis, factors influencing effectiveness of indirect retainers, forms of indirect retainers, auxiliary Occlusal rest, canine extensions from Occlusal rests, canine rests, continuous bar retainers and linguoplates, modification areas, rugae support, direct – indirect retention.
  - (vi) Teeth and denture bases – types, materials, advantages and dis-advantages, indications and contraindications and clinical use.

Principles of removable partial Denture design – Bio mechanical considerations, and the factors influencing after mouth preparations – Occlusal relationship of remaining teeth, orientation of Occlusal plane, available space for restoration, arch integrity, tooth morphology, response of oral structure to previous stress, periodontal conditions, abutment support, tooth supported and tooth and tissue supported, need for indirect retention, clasp design, need for rebasing, secondary impression, need for abutment tooth modification, type of major connector, type of teeth selection, patients past experience, method of replacing single teeth or missing anterior teeth.

Difference between tooth supported and tissue supported partial dentures. Essentials of partial denture design, components of partial denture design, tooth support, tissue support, stabilizing components, guiding planes, use of splint bar for denture support, internal clip attachments, overlay abutment as support for a denture base, use of a component partially to gain support.
- c. **Education of patient**
- d. **Diagnosis and treatment planning**
- e. **Design, treatment sequencing and mouth preparation**
- f. **Surveying** –Description of dental surveyor, purposes of surveying, Aims and objectives in surveying of diagnostic cast and master cast, Final path of insertion, factors that determine path of insertion and removal, Recording relation of cast to surveyor, measuring amount of retentive area Blocking of

master cast – paralleled blockout, shaped blockout, arbitrary blockout and relief.

- g. **Diagnosis and treatment planning** –Infection control and cross infection barriers – clinical and laboratory and hospital waste management, Objectives of prosthodontic treatment, Records, systemic evaluation, Oral examination, preparation of diagnostic cast, interpretation of examination data, radiographic interpretation, periodontal considerations, caries activity, prospective surgical preparation, endodontic treatment, analysis of occlusal factors, fixed restorations, orthodontic treatment, need for determining the design of components, impression procedures and occlusion, need for reshaping remaining teeth, reduction of unfavorable tooth contours, differential diagnosis : fixed or removable partial dentures, choice between complete denture and removable partial dentures, choice of materials
- h. **Preparation of Mouth for removable partial dentures** –Oral surgical preparation, conditioning of abused and irritated tissues, periodontal preparation – objectives of periodontal therapy, periodontal diagnosis, control therapy, periodontal surgery.
- i. **Preparation of Abutment teeth** –Classification of abutment teeth, sequence of abutment preparations on sound enamel or existing restorations, conservative restorations using crowns, splinting abutment teeth, utilization, temporary crowns to be used as abutment.
- j. **Impression Materials and Procedures for Removable Partial Dentures** –Rigid materials, thermoplastic materials, Elastic materials, Impressions of the partially edentulous arch, Tooth supported, tooth tissue supported, Individual impression trays.
- k. **Support for the Distal Extension Denture Base** –Distal extension removable partial denture, Factors influencing the support of distal extension base, Methods of obtaining functional support for the distal extension base.
- l. **Laboratory Procedures** –Duplicating a stone cast, Waxing the partial denture framework, Anatomic replica patterns, Spruing, investing, burnout, casting and finishing of the partial denture framework, making record bases, occlusion rims, making a stone occlusal template from a functional occlusal record, arranging posterior teeth to an opposing cast or template, arrangement of anterior teeth, waxing and investing the partial denture before processing acrylic resin bases, processing the denture, remounting and occlusal correction to an occlusal template, polishing the denture.
- m. **Initial placement, adjustment and servicing of the removable partial denture** –adjustments to bearing surfaces of denture framework, adjustment of occlusion in harmony with natural and artificial dentition, instructions to the patient, follow – up services
- n. **Relining and Rebasing the removable partial denture** –Relining tooth supported dentures bases, relining distal extension denture bases, methods of reestablishing occlusion on a relined partial denture.
- o. **Repairs and additions to removable partial dentures** –Broken clasp arms, fractured occlusal rests, distortion or breakage of other components – major and minor connectors, loss of a tooth or teeth not involved in the support or retention of the restoration, loss of an abutment tooth necessitating its replacement and making a new direct retainer, Other types of repairs & repair by soldering.
- p. **Removable partial denture considerations in maxillofacial prosthetics** – Maxillofacial prosthetics, intra oral prosthesis, design considerations, maxillary prosthesis, Obturators, speech aids, palatal lifts, palatal augmentations, mandibular prosthesis, treatment planning, framework design, class I resection, Class II resection, mandibular flange prosthesis, jaw relation records.
- q. **Management of failed restorations and work authorization details.**

## II. MAXILLOFACIAL REHABILITATION:

Scope, terminology, definitions, cross infection control and hospital waste management, work authorization.

Behavioral and psychological issues in Head and neck cancer, Psychodynamic interactions between clinician and patient. **Cancer Chemotherapy:** Oral Manifestations, Complications, and management, **Radiation therapy of head and neck tumors:** Oral effects, Dental manifestations and dental treatment: Etiology, treatment and rehabilitation (restoration).

Acquired defects of the mandible, acquired defects of hard palate, soft palate, clinical management of edentulous and partially edentulous maxillectomy patients, Facial defects, Restoration of speech, Velopharyngeal function, cleft lip and palate, cranial implants, maxillofacial trauma, Lip and cheek support prosthesis, Laryngectomy aids, Obstructive sleep apnoea, Tongue prosthesis, Oesophageal prosthesis, radiation carriers, Burn stents, Nasal stents, Vaginal and anal stents, Auditory inserts, Trismus appliances, mouth controlled devices for assisting the handicapped, custom prosthesis, conformers, and orbital prosthesis for ocular and orbital defects. Osseo integrated supported facial and maxillofacial prosthesis. Resin bonding for maxillofacial prosthesis, cranial prosthesis Implant rehabilitation of the mandible compromise by radiotherapy, Prosthodontic treatment, Material and laboratory procedures for maxillofacial prosthesis.

### III. OCCLUSION

#### EVALUATION, DIAGNOSIS AND TREATMENT OF OCCLUSAL PROBLEMS:

Scope, definition, terminology, optimum oral health, anatomic harmony, functional harmony, occlusal stability, causes of deterioration of dental and oral health. Anatomical, physiological, neuro – muscular, psychological considerations of teeth; muscles of mastication; temporomandibular joint; intra oral and extra oral and facial musculatures and the functions of Cranio mandibular system.

Occlusal therapy, the stomatognathic system, centric relation, vertical dimension, the neutral zone, the occlusal plane, differential diagnosis of temporomandibular disorders, understanding and diagnosing intra articular problems, relating treatment to diagnosis of internal derangements of TMJ, Occlusal splints. Selecting instruments for occlusal diagnosis and treatment, mounting casts, Pankey-Mann-Schuyler philosophy of complete occlusal rehabilitation, long

centric, anterior guidance, restoring lower anterior teeth, restoring upper anterior teeth, determining the type of posterior occlusal contours, methods for determining the plane of occlusion, restoring lower posterior teeth, restoring upper posterior teeth, functionally generated path techniques for recording border movements intra orally, occlusal equilibration.

Bruxism, Procedural steps in restoring occlusion, requirements for occlusal stability, solving occlusal problems through programmed treatment planning, splinting, solving – occlusal wear problems, deep overbite problems, anterior overjet problems, anterior open bite problems. Treating – end to end occlusion, splined anterior teeth, cross bite problems, Crowded, irregular, or interlocking anterior bite. Using Cephalometric for occlusal analysis, solving severe arch malrelationship problems, transcranial radiography, postoperative care of occlusal therapy.

### IV. FIXED PROSTHODONTICS

Scope, definitions and terminology, classification and principles, design, mechanical and biological considerations of components – Retainers, connectors, pontics, work authorization.

- **Diagnosis and treatment planning** –patients history and interview, patients desires and expectations and needs, systemic and emotional health, clinical examinations – head and neck, oral – teeth, occlusal and periodontal, Preparation of diagnostic cast, radiographic interpretation, Aesthetics, endodontics considerations, abutment selection – bone support, root proximities and inclinations, selection of abutments for cantilever, pier

abutments, splinting, available tooth structures and crown morphology, TMJ and muscles of mastication and comprehensive planning and prognosis.

- **Management of Carious teeth** –caries in aged population, caries control, removal caries, protection of pulp, reconstruction measure for compromised teeth – retentive pins, horizontal slots, retentive grooves, prevention of caries, diet, prevention of root caries and vaccine for caries.
- **Periodontal considerations** –attachment units, ligaments, prevention of gingivitis, periodontitis. Microbiological aspect of periodontal diseases, marginal lesion, occlusal trauma, periodontal pockets in attached gingiva, interdental papilla, gingival embrasures, gingival/periodontal prosthesis, radiographic interpretations of Periodontia, intraoral, periodontal splinting – Fixed prosthodontics with periodontially compromised dentitions, placement of margin restorations.
- **Biomechanical principles of tooth preparation** –individual tooth preparations - Complete metal Crowns – P.F.C., All porcelain – Cerestore crowns, dicor crowns, inceram etc. porcelain jacket crowns; partial 3/4, 7/8, telescopic, pin– ledge, laminates, inlays, onlays. Preparations for restoration of teeth– amalgam, glass ionomer and composite resins. Resin bond retainers, Gingival marginal preparations – Design, material selection, and biological and mechanical considerations – intracoronar retainer and precision attachments – custom made and prefabricated.
- **Isolation and fluid control** – Rubber dam application(s), tissue dilation–soft tissue management for cast restoration, impression materials and techniques, provisional restorations, interocclusal records, laboratory support for fixed Prosthodontics, Occlusion, Occlusal equilibration, articulators, recording and transferring of occlusal relations, cementing of restorations.
- **Resins, Gold and gold alloys, glass ionomer, restorations.**
- **Restoration of endodontically treated teeth, Stomatognathic Dysfunction and management**
- **Management of failed restorations**
  - **Osseo integrated supported fixed Prosthodontics** –Osseo integrated supported and tooth supported fixed Prosthodontics
- **CAD – CAM Prosthodontics**

## V. TMJ – Temporomandibular joint dysfunction – Scope, definitions, and terminology

Temporomandibular joint and its function, Orofacial pain, and pain from the temporomandibular joint region, temporomandibular joint dysfunction, temporomandibular joint sounds, temporomandibular joint disorders, Anatomy related, trauma, disc displacement, Osteoarthritis/Osteoarthrosis, Hyper mobility and dislocation, infectious arthritis, inflammatory diseases, Eagle's syndrome (Styloid – stylohyoid syndrome), Synovial chondromatosis, Osteochondrosis disease, Osteonecrosis, Nerve entrapment process, Growth changes, Tumors, Radiographic imaging

- Etiology, diagnosis and cranio mandibular pain, differential diagnosis and management of orofacial pain – pain from teeth, pulp, dentin, muscle pain, TMJ pain – psychologic, physiologic – endogenous control, acupuncture analgesia, Placebo effects on analgesia, Trigeminal neuralgia, Temporal arteritis
- Occlusal splint therapy – construction and fitting of occlusal splints, management of occlusal splints, therapeutic effects of occlusal splints, occlusal splints and general muscles performance, TMJ joint uploading and anterior repositioning appliances, use and care of occlusal splints.
- Occlusal adjustment procedures – Reversible – occlusal stabilization splints and physical therapies, jaw exercises, jaw manipulation and other physiotherapy or irreversible therapy – occlusal repositioning appliances, orthodontic treatment,

Orthognathic surgery, fixed and removable prosthodontic treatment and occlusal adjustment, removable prosthodontic treatment and occlusal adjustment. Indication for occlusal adjustment, special nature of orofacial pain, Psychopathological considerations, occlusal adjustment philosophies, mandibular position, excursive guidance, occlusal contact scheme, goals of occlusal adjustment, significance of a slide in centric, Preclinical procedures, clinical procedures for occlusal adjustment.

## VI. ESTHETICS

### SCOPE, DEFINITIONS :

**Morpho psychology and esthetics, structural esthetic rules** –facial components, dental components, gingival components and physical components. Esthetics and its relationship to function – Crown morphology, physiology of occlusion, mastication, occlusal loading and clinical aspect in bio esthetic aspects, Physical and physiologic characteristic and muscular activities of facial muscle, perioral anatomy and muscle retaining exercises Smile – classification and smile components, smile design, esthetic restoration of smile, Esthetic management of the dentogingival unit, intraoral materials for management of gingival contours, and ridge contours, Periodontal esthetics, Restorations – Tooth colored restorative materials, the clinical and laboratory aspects, marginal fit, anatomy, inclinations, form, size, shape, color, embrasures & contact point.

Prosthodontic treatment should be practiced by developing skills, by treating various and more number of patients to establish skill to diagnose and treatment and after care with bio-mechanical, biological, bio-esthetics, bio-phonetics. All treatments should be carried out in more numbers for developing clinical skills.

- Infection control, cross infection barrier – clinical & lab ; hospital & lab waste management

### Teaching / Learning Activities:

The post graduate is expected to complete the following at the end of :

#### I YEAR M.D.S.

- Theoretical exposure of all applied sciences
- **Pre-clinical** exercises involved in prosthodontic therapy for assessment
- Commencement of library assignment within six months
- To carry out short epidemiological study relevant to prosthodontics.
- Acquaintance with books, journals and referrals.
- To differentiate various types of articles published in and critically appraise based on standard reference guidelines.
- To develop the ability to gather evidence from published articles.
- To acquire knowledge of published books, journals and websites for the purpose of gaining knowledge and reference – in the field of **Oral and Maxillofacial Prosthodontics and Implantology**
- Acquire knowledge of instruments, equipment, and research tools in Prosthodontics.
- To acquire knowledge of Dental Material Science – Biological and biomechanical & bio-esthetics, knowledge of using material in laboratory and clinics including testing methods for dental materials.
- Submit a protocol for their dissertation before Institutional Review Board and Institutional Ethics Committee.
- Participation and presentation in seminars, didactic lectures.



## II YEAR M.D.S.

- Acquiring confidence in obtaining various phases and techniques in removable and fixed prosthodontics therapy
- Acquiring confidence by clinical practice with sufficient number of patients requiring tooth and tooth surface restorations
- Fabrication of adequate number of complete denture prosthesis following, higher clinical approach by utilizing semi-adjustable articulators, face bow and graphic tracing.
- Understanding the use of dental surveyor and its application in diagnosis and treatment plan in R.P.D.
- Adequate number of R.P.D's covering all partially edentulous situations.
- Adequate number of Crowns, Inlays, laminates, **FDP ( fixed dental prosthesis)** covering all clinical situations.
- Selection of cases and following principles in treatment of partially or complete edentulous patients by implant supported prosthesis.
- Treating single edentulous arch situations by implant supported prosthesis.
- Diagnosis and treatment planning for implant prosthesis.
- Ist stage and IInd stage implant surgery
- Understanding the maxillofacial **Prosthodontics, treating craniofacial and management of orofacial defects**
- Prosthetic management of TMJ syndrome
- Occlusal rehabilitation
- Management of failed restorations.
- Prosthodontic management of patient with psychogenic disorder.
- Practice of child and geriatric prosthodontics.
- Participation and presentation in seminars, didactic and non didactic Teaching and Training students.

## III YEAR M.D.S

- Clinical and laboratory practice continued from IInd year.
- Occlusion equilibration procedures – fabrication of stabilizing splint for parafunctional disorders, occlusal disorders and TMJ functions.
- Practice of dental, oral and facial esthetics
- The clinical practice of all aspects of Prosthodontic therapy for elderly patients.
- Implants Prosthodontics – Rehabilitation of Partial Edentulism, Complete edentulism and craniofacial rehabilitation.
- Failures in all aspects of Prosthodontics and their management and after care.
- Team management for esthetics, TMJ syndrome and Maxillofacial & Craniofacial Prosthodontics
- Management of Prosthodontic emergencies, resuscitation.
- Candidate should complete the course by attending a large number and variety of patients to master the prosthodontic therapy. This includes the practice management, examinations, treatment planning, communication with patients, clinical and laboratory techniques materials and instrumentation required in different aspects of prosthodontic therapy, Tooth and Tooth surface restoration, Restoration of root treated teeth, splints for periodontal rehabilitations and fractured jaws, complete dentures, R.P.D's, F.D.P's,  
Immediate dentures, over dentures, implant supported prosthesis, maxillofacial and body prosthesis, occlusal rehabilitation.
- Prosthetic management of TMJ syndrome
- Management of failed restorations
- Should complete and submit Main Dissertation assignment 6 months prior to examination.

- Candidates should acquire complete theoretical and clinical knowledge through seminars, symposium, workshops and reading.
- Participation and presentation in seminars, didactic lectures

## PROSTHODONTIC TREATMENT MODALITIES

- 1) Diagnosis and treatment planning prosthodontics
- 2) Tooth and tooth surface restorations
  - Fillings
  - Veneers – composites and ceramics
  - Inlays- composite, ceramic and alloys
  - Onlay – composite, ceramic and alloys
  - Partial crowns –  $\frac{3}{4}$ <sup>th</sup>,  $\frac{4}{5}$ <sup>th</sup>,  $\frac{7}{8}$ <sup>th</sup>, Mesial  $\frac{1}{2}$  crowns
  - Pin-ledge
  - Radicular crowns
  - Full crowns

### 3) Tooth replacements

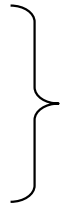
	<b>Partial</b>	<b>Complete</b>
<ul style="list-style-type: none"> <li>• Tooth supported</li> <li>• Tissue supported</li> </ul>	Fixed partial denture Interim partial denture Intermediate partial denture	Overdenture Complete denture Immediate denture  Immediate complete denture Overdenture
<ul style="list-style-type: none"> <li>• Tooth and tissue Supported</li> </ul>	Cast partial denture Precision attachment	Overdenture
<ul style="list-style-type: none"> <li>• Implant supported</li> </ul>	Cement retained Screw retained Clip attachment	Bar attachment Ball attachment
<ul style="list-style-type: none"> <li>• Tooth and implant Supported</li> </ul>	Screw retained Cement retained	Screw retained Cement retained
<ul style="list-style-type: none"> <li>• <b>Root supported</b></li> </ul>	Dowel and core Pin retained	Over denture

- Precision attachments
  - Intra coronal attachments
  - Extra coronal attachments
  - Bar – slide attachments
  - Joints and hinge joint attachments

#### 4) Tooth and tissue defects (Maxillo- facial and Cranio-facial prosthesis)

##### A. Congenital Defects

- a. Cleft lip and palate
- b. Pierre Robin Syndrome
- c. Ectodermal dysplasia
- d. Hemifacial microstomia
- e. Anodontia
- f. Oligodontia
- g. Malformed teeth



cast partial dentures  
 implant supported prosthesis  
 complete dentures  
 fixed partial dentures

##### B. Acquired defects

- a. Head and neck cancer patients – prosthodontic splints and stents
- b. Restoration of facial defects
  - Auricular prosthesis
  - Nasal prosthesis
  - Orbital prosthesis
  - Craniofacial implants
- c. Midfacial defects
- d. Restoration of maxillofacial trauma

- e. Hemimandibulectomy
- f. Maxillectomy
- Dentures
- g. Lip and cheek support prosthesis



cast partial denture  
 implant supported  
 complete dentures

- h. Ocular prosthesis
- i. Speech and Velopharyngeal prosthesis
- j. Laryngectomy aids
- k. Esophageal prosthesis
- l. Nasal stents
- m. Tongue prosthesis
- n. Burn stents
- o. Auditory inserts
- p. Trismus appliances

#### 5) T.M.J and Occlusal disturbances

- a. Occlusal equilibration
- b. Splints - Diagnostic
  - Repositioners / Deprogrammers
- c. Anterior bite planes
- d. Posterior bite planes
- e. Bite raising appliances
- f. Occlusal rehabilitation

#### 6) Esthetic/Smile designing

- a. Laminates / Veneers
- b. Tooth contouring (peg laterals, malformed teeth)
- c. Tooth replacements
- d. Team management

#### 7) Psychological therapy

- a. Questionnaires
- b. Charts, papers, photographs
- c. Models
- d. Case reports
- e. Patient counseling
- f. Behavioral modifications
- g. Referrals

#### **8) Geriatric Prosthodontics**

- a. Prosthodontics for the elderly
- b. Behavioral and psychological counseling
- c. Removable Prosthodontics
- d. Fixed Prosthodontics
- e. Implant supported Prosthodontics
- f. Maxillofacial Prosthodontics
- g. Psychological and physiological considerations

#### **9) Preventive measures**

- a. Diet and nutrition modulation and counseling
- b. Referrals

**The bench work should be completed before the start of clinical work during the first year of the MDS Course**

### **I. Complete dentures**

1. Arrangements on adjustable articulator for
  - Class I
  - Class II
  - Class III
2. Various face bow transfers to adjustable articulators
3. Processing of characterized anatomical dentures

### **II. Removable partial dentures**

1. Design for Kennedy's Classification  
(Survey, block out and design)
  - a. Class I
  - b. Class II
  - c. Class III
  - d. Class IV
2. Designing of various components of RPD
3. Wax pattern on refractory cast
  - a. Class I
  - b. Class II
  - c. Class III
  - d. Class IV
4. Casting and finishing of metal frameworks
5. Acrylisation on metal frameworks for  
Class I  
Class III with modification

### **III. Fixed Partial Denture**

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

- 7/8<sup>th</sup> posterior
  - Proximal half crown
- Inlay – Class I, II, V
  - Onlay – Pin ledged, pinhole
  - Laminates
2. Preparation of different die systems
  3. Fabrication of wax patterns by drop wax build up technique
    - Wax in increments to produce wax coping over dies of tooth preparations on substructures
    - Wax additive technique
    - 3-unit wax pattern (maxillary and Mandibular)
    - Full mouth
  4. Pontic designs in wax pattern
    - Ridge lap
    - Sanitary
    - Modified ridge lap
    - Modified sanitary
    - Spheroidal or conical
  5. Fabrication of metal frameworks
    - Full metal bridge for posterior (3 units)
    - Coping for anterior (3 unit)
    - Full metal with acrylic facing
    - Full metal with ceramic facing
    - Adhesive bridge for anteriors
    - Coping for metal margin ceramic crown
    - Pin ledge crown
  6. Fabrication of crowns
    - All ceramic crowns with characterisation
    - Metal ceramic crowns with characterisation
    - Full metal crown
    - Precious metal crown
    - Post and core
  7. Laminates
    - Composites with characterisation
    - Ceramic with characterisation
    - Acrylic
  8. Preparation for composites
    - Laminates
    - Crown
    - Inlay
    - Onlay
    - Class I
    - Class II
    - Class III
    - Class IV
    - Fractured anterior tooth

#### **IV. Maxillofacial prosthesis**

- Eye

- Ear
- Nose
- Face
- Body defects
  - Cranial
  - Maxillectomy
  - Hemimandibulectomy
  - Finger prosthesis
  - Guiding flange
  - Obturator

## V. Implant supported prosthesis

1. Step by step procedures –***Surgical and*** laboratory phase

## VI. Other exercises

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

## **ESSENTIAL SKILLS:**

\*Key

O – Washes up and observes

A – Assists a senior

PA – Performs procedure under the direct supervision of a senior specialist

PI – Performs independently

The following list of procedures are expected of the post graduate to complete in the post graduate programme under faculty guidance [PA] or independently [PI] . Each of the following procedures should be evaluated for the competencies like critical thinking, patient centered approach, use of evidence based approach, professionalism, systems based practice approach and communication skills of the student. The mentioned numbers denote minimal requirement. However, the head of the department has the discretion to fix the quota and assess them systematically. There may be procedures which the student has observed [O] or assisted [A]. The student can however make his entry into his log book or portfolio wherein he/she can make his comments with remarks of the facilitator in the form of a feedback which would reinforce his learning.

PROCEDURE	CATEGORY			
	O	A	PA	PI
Tooth and tooth surface restoration				
a) Composites – fillings, laminates, inlay, onlay				5
b) Ceramics – laminates, inlays, onlays				5
c) Glass Ionomer				5
<b>CROWNS</b>				

FVC for metal				10
FVC for ceramic				10
Precious metal crown or Galvanoformed crown	1	-	1	5
Intraradicular crowns (central, lateral, canine, premolar, and molar)		-	-	5
Crown as implant supported prosthesis	As many	5	5	5
<b>FIXED PARTIAL DENTURES</b>				
Porcelain fused to metal (anterior and posterior)				10
Multiple abutments – maxillary and Mandibular full arch				5

Incorporation of custom made and prefabricated precision attachments			2	
Adhesive bridge for anterior/posterior		-		5
<b>CAD – CAM Anterior/Posterior FPD</b>	-	-		5
Interim provisional restorations (crowns and FPDs)				for all crowns and bridges
Immediate fixed partial dentures (interim) with ovate pontic		-	-	5
Fixed prosthesis as a retention and rehabilitation means for acquired and congenital defects – maxillofacial Prosthetics				5
Implant supported prosthesis		-		1
Implant – tooth supported prosthesis		-		1
<b>REMOVABLE PARTIAL DENTURE</b>				
Provisional partial denture prosthesis				10
Cast removable partial denture (for Kennedy's Applegate classification with modifications)				3
Removable bridge with precision attachments and Telescopic crowns for anterior and posterior edentulous Spaces				1
Immediate RPD				5
Partial denture for medically compromised and Handicapped patients				2
<b>COMPLETE DENTURES</b>				
Anatomic characterized prosthesis (by using semi adjustable articulator)	-	-		25
Single dentures	-	-		5
Overlay dentures	-	-		5
Interim complete dentures as a treatment prosthesis for abused denture supporting tissues	-	-		5
Complete denture prosthesis (for abnormal ridge relation, ridge form and ridge size)	-	-		5

Complete dentures for patients with TMJ syndromes	-	-		2
Complete dentures for medically compromised and handicapped patients	-	-		2
<b>GERIATRIC PATIENTS</b>				
Handling geriatric patients requiring nutritional counseling, psychological management and management of co-morbidity including xerostomia and systemic problems. Palliative care to elderly.				
<b>IMPLANT SUPPORTED COMPLETE PROSTHESIS</b>				
Implant supported complete prosthesis (maxillary and Mandibular)	-	-		1
<b>MAXILLOFACIAL PROSTHESIS</b>				

e.g. Guiding flange/ obturators/ Speech and palatal lift prosthesis/ Eye/ Ear/ Nose/ Face/Finger/Hand/Foot	5 different types as PI
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<b>TMJ SYNDROME MANAGEMENT</b>				
Splints – periodontal, teeth, jaws	-	-	1	1
TMJ supportive and treatment prosthesis	-	-	1	1
Stabilization appliances for maxilla and mandible with freedom to move from IP to CRCP	-	-	-	1
In IP without the freedom to move to CRCP	-	-	-	1
Repositioning appliances, anterior disocclusion appliances	-	-	-	1
Chrome cobalt and acrylic resin stabilization appliances for modification to accommodate for the irregularities in the dentition	-	-	-	1
Occlusal adjustment and occlusal equilibrium appliances	-	-	1	4
<b>FULL MOUTH REHABILITATION</b>				
Full mouth rehabilitation – restoration of esthetics and function of stomatognathic system	-	-	1	2
<b>INTER-DISCIPLINARY TREATMENT MODALITIES</b>				
Inter-disciplinary management – restoration of Oro craniofacial defects for esthetics, phonation, mastication and psychological comforts	-	-	1	2
<b>MANAGEMENT OF FAILED RESTORATION</b>				
Tooth and tooth surface restorations	-	-	-	5



Removable prosthesis	-	-	-	5
Crowns and fixed prosthesis	-	-	-	5
Maxillofacial prosthesis	-	-	-	2
Implant supported prosthesis	-	-	-	1
Occlusal rehabilitation and TMJ syndrome	-	-	-	2
Restoration failures of psychogenic origin	-	-	-	2
Restoration failures to age changes	-	-	-	2

#### SCHEME OF EXAMINATION:

**A. Theory:** Part-I : Basic Sciences Paper - **100 Marks**  
 Part-II : Paper-I, Paper-II & Paper-III - **300 Marks**  
 (100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of **MDS course. Part 1 examination consists of two essays of 25 marks each and 10 short answers of 5 marks each. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I, Paper-II and Paper III shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Distribution of topics for each paper will be as follows:**

**Part-I : Applied Basic Sciences: Applied Anatomy**  
 Nutrition & Biochemistry, Pathology & Microbiology, virology, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

#### Part-II

**Paper-I : Removable Prosthodontics and Implant supported prosthesis (Implantology), Geriatric dentistry and Cranio facial Prosthodontics**

**Paper-II : Fixed Prosthodontics, Occlusion, TMJ and esthetics.**

**Paper-III : Essays (descriptive and analyzing type questions)**

*\*The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

- A. Practical / Clinical Examination : 200 Marks**
- 1. Presentation of treated patients and records during their 3 years Training period 35 Marks**
    - a. C.D. 1 mark
    - b. R. P.D. 2 marks
    - c. F.P.D. including single tooth and surface restoration 2 marks
    - d. I.S.P. 5 marks
    - e. Occlusal rehabilitation 5 marks
    - f. T.M.J. 5 marks
    - g. Maxillofacial Prosthesis 5 marks
    - h. Pre Clinic Exercises 10 marks

**2. Presentation of Clinical Exam CD patient's prosthesis including insertion**  
**75 Marks**

1.	Discussion on treatment plan and patient review	10 marks
2.	Tentative jaw relation records	5 marks
3.	Face Bow – transfer	5 marks
4.	Transferring it on articulators	5 marks
5.	Extra oral tracing and securing centric and	15 marks
	protrusive/lateral, record	
6.	Transferring records on articulator and programming.	5 marks
7.	Selection of teeth	5 marks
8.	Arrangement of teeth	10 marks
9.	Waxed up denture trial	10 marks
10.	Check of Fit, insertion and instruction of previously	5 marks
	processed characterised, anatomic complete denture	
	Prosthesis	

**ALL STEPS WILL INCLUDE CHAIRSIDE, LAB AND VIVA VOCE**

**3. Fixed Partial Denture 35 Marks**

- a. Case discussion including treatment planning and selection of patient for F.P.D. 5 Marks
- b. Abutment preparation isolation and fluid control 15 marks
- c. Gingival retraction and impressions (conventional/ CAD CAM impressions) 10 marks
- d. Cementation of provisional restoration 5 marks

**4. Removable Partial Denture 25 Marks**

- a. Surveying and designing of partial dentate cast. 5 marks
- b. Discussion on components and material selection including occlusal schemes. 10 marks

**5. Implant supported prosthesis (2<sup>nd</sup> stage- protocol) 30 marks**

- a. Case discussion including treatment planning and selection of patient for ISP 10 marks
- b. II stage preparation, Abutment selection, placement, evaluation 10 marks
- c. Implant impression and making of cast 10 marks

**B. Viva Voce : 100 Marks**

**I. Viva-Voce examination: 80 marks**

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expressions, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

**II. Pedagogy**

20 marks



**THAI MOOGAMBIGAI DENTAL COLLEGE AND HOSPITAL**  
(A constituent of Dr M G R Educational and Research Institute)

Dr. Karthikeyan MK  
Principal i/c,  
TMDCH

6/1/2021

To  
The Registrar  
Dr M G R Educational and Research Institute University  
Maduravoyal, Chennai 95

**AGENDA**

**Ref: Regarding fellowship course in dentistry, Reg DCI circular No.DE-22-Academic (BDS)/2020/5007 regarding opening of college post lockdown**

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The following are the tentative items of the agenda to be discussed at the 34<sup>th</sup> Board of studies meeting to be held on 12/1/2021

1. Fellowship programme in general dentistry
2. Discuss syllabus proposal for the same
3. Discuss DCI circular regarding opening of college and hospital post lockdown
4. Discuss "Tentative/Suggestive Schedule of Academic Programme -(Post Pandemic COVID 19 Situation) and its duration including University Exam"
5. Discuss the advisory on "Relaxation of three months period in submission of the Post Graduate dissertation/Thesis"

**THAI MOOGAMBIGAI DENTAL COLLEGE AND HOSPITAL**  
**(A constituent of Dr M G R Educational and Research Institute)**

Minutes of the meeting Board of Studies

12/1/2021

Dr. Karthikeyan Principal, chaired the meeting and welcomed all the members to the first BOS meeting of the year 2021. All the heads and other members welcomed Dr. Karthikeyan as the new principal of the dental college.

**AGENDA 1**

Principal emphasized the need for a short-term fellowship in dentistry and everybody seconded the idea and welcomed the new move.

Dr. Krithika proposed that all the clinical departments namely, Oral surgery, periodontics, Orthodontics, Prosthodontics, Pedodontics and conservative dentistry should take actively take part and discuss the proposed syllabus.

Dr. Pradeep said that the goal of the program was to empower the candidates with clinical skills which will enable them to practice general dentistry with confidence. He suggested that the students should go on rotation basis to all the clinical departments.

Dr. Ponsekar discussed in detail the clinical and preclinical prosthodontic curriculum that would be imparted to the candidate during their clinical posting. Other heads also proposed the syllabus, both theory and clinical with regards to Periodontics, Restorative dentistry, Oral surgery, Pedodontics and Orthodontics.

Decisions regarding evaluation pattern of theory and clinical skills was also discussed and it was agreed uniformly that it should be done at the end of the year as a comprehensive assessment.

Principal read out the proposed syllabus to all and everyone concurred with the

same. Thereafter, it was unanimously decided to forward the proposal to the academic council of the university for ratification.

## AGENDA 2

Attention was brought to the tentative/suggested schedule proposed by DCI. The new first year BDS students, who joined college in the academic year 20-21, will have the following schedule regarding completion of every year. It was proposed to follow the schedule given by DCI. (ANNEXURE II attached)

Principal urged all the heads to take note of this and finish the academic programme by July so that the examinations could be accommodated well within the proposed schedule.

Questions were raised for the present Interns and as to when they would complete. Principal stated that according to DCI proposal (ANNEXURE II), the 2016-17 batch should have their postings from Jan 21 to Dec 21 and they would complete their internship by December 21.

## AGENDA 3

Principal updated the status regarding the relaxation for submission of dissertation thesis by PG Students admitted during the Academic year 2019-2020.

- In view of the COVID 19 pandemic the DCI has decided to relax the said portion of the regulation and allow the Postgraduate degree students of batches 2018-19, to submit their thesis at least three months before the Theory and Clinical/Practical examination.
- Further, in view of dearth of clinical material during current COVID 19 pandemic, the Universities and Dental colleges/institutions are also advised that while evaluating the thesis submitted for acceptance for the batches 2018-19, final sample size actually analyzed may be considered even if it is less than the committed sample size in the approved thesis protocol for the study

Decisions regarding the SOP was also discussed. Principal stated that all the measures taken till date will continue which were the following

1. Physical distancing of at least 6 feet to be followed
2. Use of face covers/masks to be made mandatory
3. Use of alcohol-based hand sanitizers/soap
4. Respiratory etiquettes to be strictly followed
5. Regular screening of faculty, staff and student

Principal asked all the Heads to urge students to download and use the Aarogya Setu App.

Questions were raised regarding the teaching method to be followed. Principal clarified that as of now, online teaching to be done and simulation teaching and objective structured clinical practical training methods, case-based learning and problem-based learning should be incorporated in the teaching learning modules.

With the above discussion, Principal expressed his gratitude to all the members present for active discussion and valuable suggestions regarding the fellowship program proposal and the meeting ended.

**Copy to**

The Registrar, Dr M G R Educational and Research Institute University

Copy of proposed syllabus also attached

Copy of the DCI circular with annexures regarding change in the academic programme for the year 20-21

**THAI MOOGAMBIGAI DENTAL COLLEGE AND HOSPITAL**  
(A constituent of Dr M G R Educational and Research Institute)

Dr. Ramachandra Prabhakar,  
Dean,  
TMDCH

11/5/2020

To  
The Registrar  
Dr M G R Educational and Research Institute University  
Maduravoyal, Chennai 95

**AGENDA**

**Ref: DCI Notification** No.DE-22-BDS(Academic)-2020/07052020

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The following are the tentative items of the agenda to be discussed at the 33<sup>rd</sup> Board of studies meeting to be held on 18/5/2020

1. Regarding reopening of dental college and clinical departments
2. Incorporating lockdown guidelines
3. Standard Operating Procedure (SOP) guidelines

**THAI MOOGAMBIGAI DENTAL COLLEGE AND HOSPITAL**  
**(A constituent of Dr M G R Educational and Research Institute)**

Minutes of the meeting Board of Studies

18/5/2020

In view of the pandemic, online meet was organized, to discuss the current pandemic situation and the measures to be taken accordingly, prior to reopening of dental college.

1. Firstly, Dean welcomed all the members and attendance was registered. He brought to notice the dental council advisory No.DE-22-BDS(Academic)- 2020/16042020 dated 16.04.2020, orders (i) No.40-3/2020-DM-I(A) dated 15.04.2020 and (ii) No.40- 3/2020-DM-I(A) dated 01.05.2020, regarding reopening of dental colleges.
2. Dr.Krithika expressed that all preparatory arrangements with regard to the Standard Operating Procedures (SOPs) for social distancing, should be organized and discussed before opening the college/hospital to public. She asked all the HOD'S to go through the consolidated revised guidelines incorporating these selected permitted activities - copy of an Order No.DE-22-BDS(Academic)- 2020/16042020 dated 16.04.2020 that has been uploaded on the website of Dental Council.
3. Dr Joyson Moses suggested that post graduate students and staff will be at risk due to aerosol generating procedures. He suggested that only a single department be kept open for screening and conducting noninvasive procedures.
4. Dean proposed that all the staff need not be present on all days, but on rotation, so that crowding is avoided and adequate social distancing can be maintained.
5. Dean urged all the members to go through the SOP recommended by



council and come out with valuable suggestions for smooth implementation.

6. Dr Uma Sudhakar suggested that posters must be displayed outside the dental college as well as inside, and in all the departments, for patients to follow the necessary protocol
7. Strategies to assure proper and adequate supplies of alcohol-based hand rub, soap at sinks, use of barrier screens was discussed. Dr. Pradeep suggested that tables, chair arms, doorknobs, light switches, hangers, and anything else with which people come in contact should be cleaned using a detergent or soap and water prior to disinfection.
8. Dr. Karthikeyan proposed that specialized cubicles should be created in departments where aerosol generating procedures were to be done in the future. Also, the need for PPE for the staff and post graduate students was emphasized.
9. Decisions regarding the administrative staff working hours was also discussed.
10. The meeting concluded with Dean thanking everybody and asked all the heads to discuss the SOP with the respective staff members and come up with suggestions for effective implementation.

### Copy to

The Registrar, Dr M G R Educational and Research Institute University  
Copy of DCI SOP also attached



*C. B. Palanivelu*  
REGISTRAR  
Dr. M.G.R.  
EDUCATIONAL AND RESEARCH INSTITUTE  
(Deemed to be University)  
Periyar E.V.R. High Road,  
Maduravoyal, Chennai 600 095