

MASTER OF DENTAL SURGERY

POSTGRADUATE HANDBOOK



Army College of Dental Sciences Chennapur, CRPF Road,
Secunderabad- 500087

NAAC "A" Grade, ISO 9001:2015, 14001:2015

PREFACE

The Student's handbook is the welcoming and guiding arm of Team ACDS through your years as an ACDSian. The handbook provides the Undergraduate and the Postgraduate student an overview of the programs offered, their regulations, academic calendar, timetables, schedules, leave rules, facilities and amenities at ACDS, and more.

It is meant to be a quick reference and a ready reckoner to enable easy passage through academic and personal obligations at ACDS. The book is meant to be a daily companion through theory and clinical/practical postings.

We exhort you to utilize the golden opportunities that ACDS provides for holistic growth. We hope that this hand book will help you navigate through the waters of an exemplary dental education here and help in the transformation into a dental professional of global competence.

PREFACE

Postgraduate program @ ACDS is an enlightening & enriching experience. This booklet gives you an overview of the MDS program and research guidelines for students. The general rules and regulations, infrastructure, hostel, library facilities can be browsed at www.acds.co.in

Carefully planned curriculum, dedicated faculty trained in the- teaching-learning methodologies will inspire the students as future teachers/professionals in this profession. Advance equipment, experienced faculty and interdisciplinary teaching modules will groom the students to be successful clinician in their specialty. Standard research protocols, exposure to research methodology, and biostatistics will enable the students to become researchers and provide avenues to join other highest research bodies all over the world.

In your journey, ACDS will provide an excellent "en-route" to propel you a further in the right direction with "Quality and Joy of learning" as a pivotal point for your success.

TEAM ACDS

HIPPOCRATIC OATH

Hippocrates (c.460-370 B.C)



I swear by Apollo the physician, and Asclepius, and Hygieia and Panacea and all the gods and goddesses as my witnesses, that, according to my ability and judgment, I will keep this Oath and this contract.

To hold him who taught me this art equally dear to me as my parents, to be a partner in life with him, and to fulfill his needs when required; to look upon his offspring as equals to my siblings, and to teach them this art, if they shall wish to learn it, without fee or contract; and that by the set rules, lectures, and every other mode of instruction, I will impart a knowledge of the art to my sons, and those of my teachers, and to students bound by this contract and having sworn this Oath to the law of medicine, but no others.

I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them.

I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion.

In purity and according to divine law will I carry out my life and my art.

I will not use the knife, even upon those suffering from stones, but I will leave this to those who are trained in this craft.

Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they are free men or slaves. Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret, as considering all such things to be private.

So long as I maintain this Oath faithfully and without corruption, may it be granted to me to partake of life fully and the practice of my art, gaining the respect of all men for all time. However, should I transgress this Oath and violate it, may the opposite be my fate.

PRAYER OF PHYSICIAN

***Endow me with the strength of heart and mind
So that both may be ever ready
To serve the rich and poor
The good and wicked
Friend and enemy
And may I never see in the patient
Anything else
But a fellow creature in pain.***

PERSONAL INFORMATION

Name:

Roll No:

University reg no:

Date of birth: age:

Batch:..... year of study:

Hostel room no:.....

Current residential address:

.....
.....

Pin: Phone no:

Permanent address:

.....

Pin: Phone no:

E-mail id:

Blood group:

Health conditions, if any:.....

Allergic to

Emergency contact person name & phone no:

.....

PARENT/GUARDIAN NAME

Father/Guardian:

Occupation:

Office Address:

.....
.....

PIN:PHONE NO:

Mother:

Occupation:

Office Address:

.....
.....

PIN:PHONE NO:

Siblings/Relatives in ACDS:

Name:

Designation/Year of study:

Relation:

**Signature of Student
Parents /Guardian Signature**

AWES

Army Welfare Education Society (AWES) manages and ensures proper education facilities for children of Indian Army personnel through Local Military Authorities. Established in 1983, the society has its office at Shankar Vihar, Delhi Cantonment and over the years has opened over 137 Army Public Schools and 249 Army Pre Primary Schools across India. It has 12 professional institutions of higher education. A list of colleges and schools is available including Army Public Schools all across the nation in many cities, colleges about engineering, medical, dental, management, law, etc.

Professional institutions of AWES

- **Army Institute of Management & Technology, Greater Noida**
- **Army College of Dental Sciences, Secunderabad**
- **Army College of Medical Sciences, New Delhi**
- **Army Institute of Management, Kolkata**
- **Army Institute of Technology, Pune**
- **Army Institute of Fashion Design, Bangalore**
- **Army Institute of Hotel Management & Catering Technology, Bangalore**
- **Army Institute of Law**
- **Indian Army Public Schools**

ACDS QUALITY POLICY

We at ACDS, are committed to being the most preferred domicile for education and patient care in Dentistry, development of a holistic and scholarly attitude of students who can contribute to achieving excellence in oral health care for the upliftment of society, through :

- Providing quality education and patient care, suitable for contemporary and changing needs of the industry.
- Transforming individuals to be holistic adhering to ethics and values.
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- Promoting and contributing to research in emerging areas of national and global significance.
- Carrying out extension activities for the welfare of society and nation-building.
- Fulfilling all applicable regulatory, legal, and other requirements related to Quality.
- Continually improving Quality management systems through creating awareness among all interested parties regularly

ACDS

VISION

Be at the forefront of dental education, by providing quality education at affordable costs; be able to reach every citizen of the community by preventive and effective treatment strategies.

MISSION

To provide opportunities in professional dental education for the wards of Army personnel, Ex-servicemen and War widows; to take care of Oral Health needs of the community by providing high-quality value-based education to its graduates.

ABOUT ACDS

Army College of Dental Sciences (ACDS) has a quality policy and it has implemented the Quality system ISO 9001:2015 (for Quality Management Systems) and ISO 14001:2015 (Green Energy Systems), to become a world-class Institution. Our College started in the year 2001 with an annual intake of 40 students for UG courses. In the year 2008, our College was permitted to start an MDS course in 3 clinical specialties. We are affiliated with the Telangana State Kaloji Narayan Rao University of Health Sciences, Warangal. We are recognized to conduct Under Graduate & Post Graduate courses by Dental Council of India and the Ministry of Health & Family Welfare, Government of India, New Delhi.

OUR STRENGTH:

- We are an ISO 9001:2015 and 14001:2015 accredited organization.
- We are a NAAC 'A' [CGPA 3.02] accredited dental college&hospital.
- We are one of the top dental Colleges in India. NIRF Rank 30 / 2021
- We have strong alumni of nearly 650 students.
- We offer outreach programs at our various peripheral centers.
- We also provide mobile dental care services to underprivileged people & people with special needs, who are unable to avail of our services in the Dental College & Hospital.
- We provide state-of-the-art lab facilities in all our specialties.
- We have a comprehensive, single point of care, a tertiary clinic that can provide the best of services for Oral Rehabilitation using the latest in dental technologies, including Dental Implants, Lasers, Aesthetic Dentistry, Geriatric Dentistry, Pediatric Dentistry, Microscopic Dentistry, Orthodontics and much more on par with global care standards.
- We are enablers of Life Long Learning & Continuous Professional Development for Dental Professionals by imparting courses, programs for knowledge updates and skill enhancement, enrichment in various areas of interest for Dentist

Courses Offered Undergraduate Program

B.D.S. 5 Year Course (Including One Year Internship Program)

Postgraduate Program

1. Orthodontics & Dentofacial orthopedics
2. Prosthodontics& Crown & Bridge
3. Conservative Dentistry & Endodontics
4. Oral& Maxillofacial Surgery
5. Periodontics
6. Pedodontics

(Recognized By Dental Council of India & Affiliated To KNR University Of Health Sciences, Warangal)

TEACHING-LEARNING AT ACDS

Education at ACDS

Education at ACDS is aimed at inculcating the following signature attributes for a Dental Graduate from ACDS

- Stewardship and Leadership
- Research Acumen
- Discipline and Ethical conduct
- Clinical competence
- Holistic development

The teaching-learning methods practiced at ACDS are rooted in the current trends of dental education practiced worldwide. The focus of education is on transformative learning so that dental graduates from ACDS emerge as accomplished dentists equipped to provide comprehensive dental care. They would have ingrained all the attributes necessary to perform in their role as a dental surgeon with exemplary success. ACDS has pioneered a hybrid teaching methodology of inculcating outcome-based education within the framework of the statutory curriculum. ACDS has set clearly defined pro-gram objectives that the graduating student would have attained at graduation. Through a mapping of the program and course objectives at every year of study, a student is gradually led to achieving increasing levels of competence. Teaching schedules and lesson formats are in place to deliver a structured learning experience

The Dental curriculum as set down by the DCI and the KNR University of Health Sciences, Warangal, Telangana, recommends that the dental graduate fulfill competencies that include general skills, diagnosis, treatment planning, communication, community resources and practice management. The implementation of the curriculum at ACDS focuses on empowering the graduate to fulfill these competencies and practice evidence-based dentistry. The dental student is made industry ready on graduation by incorporating the newer learner-centric methods of education technology such as Problem based learning (PBL), Clinical Decision Making (CDM), Critically appraised Topics (CAT) and community outreach programs.

Co-curricular activities will be pivotal in providing a pragmatic educational system that will allow application of robust scientific and humanistic values to clinical practice. The educational approach at ACDS is designed to provide training that will enhance the cognitive, affective, and psychomotor domains and thus provide integrated and holistic development

ACDS encourages blended learning with the optimal use of digital learning resources. ACDS implements Continuous Comprehensive Assessment, which includes an assessment of varied facets of a dental professional. Self-assessment at all levels is encouraged and incorporated for continual improvement.

Core competencies of a dental graduate

'When we value Competence over the competition, Growth will triumph over goals '
- Royston Braganza

Every student who enters the premise of the Army College of Dental Sciences is an oral health leader in the making. The institution strives to achieve this goal as guided by its vision and mission statements as well as by staunchly adhering to the norms as stipulated by the statutory bodies. The institution has adopted evidence-based methods to define and implement learning outcomes, where teaching, learning, and assessment process are mapped to achieve the desired graduates attribute through Outcome-Based Education. The institution strongly believes that these methods will help metamorphose a student into a competent oral health professional that will set the stage for continual growth.

Competencies encompass Knowledge, Skills, and Abilities (KSAs) in addition to other personal characteristics such as values, initiative, and motivation that contribute to successful individual and organizational performance.

The core competency of Army College of Dental Sciences, Secunderabad has been formulated based on the three-circle model for specifying learning outcomes in Dentistry namely:

- Technical intelligence (What the doctor can do)
- Intellectual, emotional, analytical, and creative intelligence (How the doctor approaches their practice)
- Personal intelligence (The doctor as a professional)

[Reference: Clark J.D, Robertson L.J, Harden R.M. The Specification of Learning Outcomes in Dentistry. British Dental Journal Vol. 196 No. 5 Mar 2004].

The individual attributes:

1. Professionalism:

This attribute covers personal values, attitudes, and behaviors. On graduation a dental student will be able to demonstrate appropriate caring behaviour towards patients and respect professional boundaries between themselves and patients, patients' families and members of the community. They will recognize professional and individual scopes of practice and provide culturally safe and culturally competent practice that includes recognition of the distinct needs of the population.

2. Scientific, clinical, applied and integrated knowledge

The graduated student will be able to diagnose diseases and abnormalities of the oral cavity and head/neck region. Obtain and assess information relative to systemic health of patients, initiating consultations and referrals to other health care professionals as appropriate. Develop a comprehensive treatment and/or referral plan, based on current oral disease risk analyses' and standards-of-care strategies.

3. Communication skill, interpersonal skill and leadership quality

Apply interpersonal and communication skills to effectively care for diverse populations of patients and collaborate with other members of the health-care team and engage in mentor/mentee activities and leadership within a health care team.

4. Critical thinking and Clinical Decision Making

Integrate and synthesize information to advance knowledge and skills through critical evaluation of biomedical literature and the application of new science. On graduation, a dentist must be competent in decision-making, clinical reasoning and judgment to develop a differential, provisional or definitive diagnosis by interpreting and correlating findings from the history, clinical and radiographic examination, and other diagnostic tests, taking into account the social and cultural background of the individual.

These attributes also help to sharpen the research skill of the student.

5. Clinical expertise

Provide treatment and/or referrals as appropriate with the goal of achieving physiologic form, oral function, and health. The graduating dentist must be competent to prevent and manage the majority of medical and dental emergencies and also to identify and promptly refer dental or medical emergencies, which are beyond their scope of management.

6. Social responsibility

Realise their role as community oral health leaders and demonstrate their ability to function in community-based disease prevention and health promotion activities.

7. Practice management

Identify the business principles and programs used in the administration of a dental practice while complying with all regulations, policies and protocols that relate to health, safety, and the law. Apply principles of risk management, quality improvement, infection control and radiation safety to patient care

8. Ethics and Jurisprudence

Demonstrate an understanding of the concepts of professional ethics, healthcare principles and a familiarity with the DCI norms for Professional Conduct.

9. Pain management

Utilize pharmacological therapies and behavioural techniques to prevent or manage pain and anxiety

10. Oral health education

Educate patients, parents and/or caregivers with individualized instructions for improving nutrition and maintaining good oral health, monitoring and re-evaluating

LIFE @ACDS- FACILITIES AND AMENITIES

ACDS is a verdant campus nestled in the outskirts of Secunderabad city at Jawahar Nagar, Chennapur-CRPF road. It is adjacent BITS-PILANI campus and the neighbourhood boasts excellent amenities and connectivity. The campus houses a uniquely designed college and hospital building spread over 35 acres, women's and men's hostel, staff quarters, guest house and play grounds. The campus has access to ATMs, pharmacy and departmental stores.

ACDS is deeply committed to the use of sustainable energy sources and the judicious utilization of resources in order to promote healthy environment for all. ACDS is a green campus with a state of art Auditorium, Volleyball court, indoor Badminton courts, tennis court, two basketball courts and a huge playground common for football, cricket and athletics.

At ACDS, we recognize the potential, challenges and needs of today's dental student. In order to provide them with holistic education and equip emerging dental professionals with skills on par with global competitive standards, ACDS offers the best in terms of infra-structure, co-curricular and extra-curricular opportunities.

Teaching Aids

All classrooms are Information and Communication Technology (ICT) enabled. The classrooms are fitted with LCD Projectors, TV, OHP facilities and audio system.

Centre of Excellence

The Centre of Excellence at ACDS is the first of its kind in India and is optimally used for Faculty Development Programmes. This skilling centre occupies pride of place as a unique hub of dental training at the national level. The Center of Excellence is involved in imparting continuing dental education using advanced simulation techniques, haptic technology and other latest technological advances.

The Centre of Excellence will provide a platform for up-skilling and re-skilling for dentists within and outside the institution. Best training options and treatment planning guidance will be provided by highly trained and experienced staff. A few of the state-of-the-art facilities on offer for training will be Cone Beam Computed Tomography (CBCT), guided implant surgery training and lasers in dentistry.

Dental Education Unit (DEU)

Dental Education Unit functions to enhance the teaching qualities of the faculty members to ensure content delivery by implementing curriculum in an organized manner to the students and also to improve the learning abilities of the students. DEU focuses on developing an educational system that fosters excellence and moulds a teacher into a competent dental educator by ensuring continuous quality improvement in teaching, learning, assessment and evaluation. DEU has started promoting interdisciplinary multi-modular, outcome based education in dental sciences. There will be introduction of integrated courses, CAT (Critical appraisal Teaching), and early exposure

to clinical dentistry to the BDS students. DEU will facilitate collaborative research with allied health professions. DEU helps faculty to stay updated with current trends in dental education through educational workshops and conferences. DEU organises orientation and induction programs to the newly appointed teachers about modern teaching, assessment and evaluation techniques and certifies them to be trained teachers in Dental Sciences. DEU also organizes refresher courses and faculty development programs for all faculty members.

Behavioural Sciences Unit

Education at ACDS involves training in language and communication skills. Students are honed by constant exposure to Behavioural science education by subject experts. This focus on behavior and communication braces the ACDS student to adapt to situational needs and helps in gaining vital life skills necessary for successful professional life.

Library

Our ACDS Central Library is well equipped to support & encourage scholarly communications & professional development. Presently our library has around 4500 books, 24 international journals with back volumes, e- consortium for students & staffs. Free online journals are made available to our students any time. We also have unique management system that ensures easy access to all back volumes of journals from 2006 till date. The library system & staff are meticulously focused for providing a comfortable, user friendly environment so as to enable learning & knowledge creation.

Mentoring

ACDS seeks to make the tenure of a student in college a nourishing and nurturing experience. Each student is assigned a staff Mentor / Institutional Guardian who will provide guidance, help and advise the student personally throughout the duration of the course. This paves the way for academic and personal support to the student as they cope with academic and personal growth.

Behavioral Counseling

Qualified behavioral therapists are available on campus to help and counsel students who experience difficulties in conforming to the needs of student life. This facilitates confidential support and early intervention to enable students to overcome obstacles to development and well-being.

Scientific and Academic Forum

Scientific and Academic Forum oversees and co-ordinates the activities of the various Scientific and Academic activities of the college. It's a common forum to initiate Curricular and Co-curricular activities to enhance more qualitative work amongst students & faculty from the institution.

Scientific and Academic Forum works with the Institutional Review Board (IRB) to identify the potential presentable material through scrutiny and uplift the standard & quality of presentation with relevance to present national and international standards.

Scientific and Academic Forum oversees activities of the clinical society meetings within the college and works along with dental educational unit (DEU), and the Academic cell, Teacher training activities and organizes other events to meet the departmental and institutional objectives.

CDE Programmes

Each Department organizes Seminars, Lectures and hands on courses by visiting faculty in order to provide students with varied learning opportunities. These CDE Programmes are accredited by the Telangana State Dental Council. They ensure beyond curriculum learning opportunities and updated knowledge of emerging trends.

Cultural and Sports activities

To bring out the latent histrionic talents of students, the student council organizes inter class cultural competitions and sports activities every year. The students are encouraged to participate in various cultural and scientific seminars and conferences conducted by the IDA and other reputed organizations.

The college encourages participation in various clubs that inculcate a strong sense of social responsibility in the student. Activities that contribute to team building, administrative and altruistic capabilities are the focus of three clubs that find wide membership and participation.

1. Youth Red Cross
2. Red Ribbon Club
3. National Social Service (NSS)

Gold Medals Awards and Prizes

The Institution honours toppers in every subject by giving following gold medals during the Graduation Day ceremony :-

- GOC-IN-C Patron in Chief Trophy for best in Academics and Cash prize of Rs 15000/ in final BDS
- COAS Trophy and cash prize of RS 20000/ for best outgoing student
- Col (Dr) M Sitaram Gold Medal in General Medicine
- Dr. Sai Rajendra Gold Medal in General Surgery
- Academic Excellence award for topper of respective academic year

Alumni Association

The College has an alumni association which organizes the alumni meet annually. The alumni of the institution engage in periodic feed-back and suggestions for improvement of college and have taken the onus of regular philanthropic work. The alumni are actively involved in all academic and extension activities of the institution. As a gesture of goodwill, the institution offers treatment to Alumni and the family members of Alumni at a concession of 15%. Alumni are also given preferential access to the training sessions at centre of excellence.

List of Committees:

Institutional activities are streamlined and facilitated through number of committees which monitor and supervise performance.

- Academic Cell & Monitoring Committee
- Dental education unit
- Research and development
- Institutional review board
- Institutional ethics committee
- Internal Quality Assurance Committee (IQAC)
- Resource planning and optimisation
- Hospital management committee
- Library committee
- Scientific academic forum (SAF)
- Hostel Committee
- Feedback committee
- Facility management & safety committee
- Grievance redressal committee
- Non-teaching staff welfare activity
- Anti-ragging committee
- Student council
- Gender sensitization committee against sexual harassment (GS-CASH)
- Mentorship committee
- Infection control committee
- Extension activities committee

Hostel amenities

The college has separate hostels for boys and girls. The girls hostel has 172 and the boys hostel has 152 rooms. A separate PG Girls hostel is available with 20 rooms.

The hostel inmates are provided with well-furnished and well-ventilated rooms for both UG and PG students. There is 24 X 7 security and medical emergency care for students. The hostels have In- house warden, supervisor and helpers to take care of the student.

The hostel is provided with mess facility providing hygienic and homely food which serves both vegetarian and non-vegetarian food. Laundromat facilities are available on campus. The students are provided with Indoor and outdoor sports facilities, recreation room, dining hall and other facilities.

ADMINISTRATIVE FACULTY

DESIGNATION	NAME OF FACULTY	CONTACT
Principal	Dr. S Subramanya Sharma	
Registrar	Col P G Krishna	

IMPORTANT CONTACT NUMBERS

1.	Academics Section Manager	9392338800
2.	Principal Office	: 040 29708384
3.	Women"s Hostel	: 403
4.	Men"s Hostel	: 404
5.	Warden Women"s Hostel	: 8309078121
6.	Warden Men"s Hostel	: 7981562485

ANTI-RAGGING MEASURES

Ragging is strictly prohibited in the hostel and college.

An Act to prohibit ragging in educational institutions in the State of Tamil Nadu.

Telangana Prohibition of Ragging Act, 1997

The following Act of the Telangana Legislative Assembly received the assent of the Governor on the 14th February 1997 and is hereby published for general information.

Excerpts from Act No.7 of 1997

Be it enacted by the Legislative Assembly of the State of Telangana in the Forty eighth year of Republic India as follows:

Short title, extend commencement

This Act may be called the Telangana Prohibition of Ragging Act, 1997.

It extends to the whole of the state of Telangana.

It shall be deemed to have come into force on the 19th day of December 1996

1) Definition

In this Act unless the context otherwise requires, "ragging" means display of noisy, disorderly conduct doing any act which causes or is likely to cause physical or psychological harm or raise apprehension or fear or shame or embarrassment to a student in any educational institution and includes.

- (a) teasing, abusing of playing practical jokes on, or causing hurt to such student or
- (b) asking the students to do any act or perform something which such student will not in the ordinary course willingly do.

2) Prohibition of ragging

Ragging within or without any educational institution is prohibited.

3) Penalty of ragging

Whoever directly or indirectly commits, participates in, abets or propagates "ragging" within or without any educational institution, shall be punished with imprisonment for a term which may extend to two years and shall also be liable to a fine which may extend to ten thousand rupees.

4) Dismissal of Student

Any student convicted of an offence under section 4 shall be dismissed from the educational institution and such student shall not be admitted in any other educational institution.

5) Suspension of student

(1) Without prejudice to the foregoing provisions, whenever any student complains of ragging to the Head of an Educational Institution, or to any other person responsible for the management of the educational institution he / she shall inquire into the same immediately and if found true shall suspend the student, who has committed the offence, from the educational institution.

(2) The decision of the Head of the Educational institution or the person responsible for the management of the Educational Institution that any student has indulged in ragging under sub-section (1) shall be final.

6) Deemed abetment

If the head of the educational institution or the person responsible for the management of the educational institution fails or neglects to take action in the manner specified in subsection (1) of section 6 when a complaint or ragging is made, such person shall be deemed to have abetted the offence of ragging and shall be punished as provided for in Section 4.

PROHIBITION OF RAGGING

Government of Telangana has issued very strict instructions regarding ragging. Any students found or reported to have indulged in/encouraging ragging will be dismissed from the college and legally steps will be taken as per Telangana Government gazette extraordinary act No.7 of 1997 and as per the order of the Honorable Supreme Court of India. The Ragging incident will be also reported to the university. The Honorable Supreme Court of India has given a more comprehensive meaning of ragging as under;

"Ragging is any disorderly conduct, whether by words spoken or written or by an act which has the effect of teasing, treating or handling with rude necessary student, indulging in rowdy or undisciplined activities which causes or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or junior students and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

The students found to be involved in ragging will be suspended and may be handed over to the police. They may be dismissed from the college if found guilty in the enquiry conducted.

The students are advised not to involve themselves in any of the activities based on politics, caste and community. The students are advised to desist from indulging themselves in bad and unlawful activities, which may bring a bad name not only to themselves but also to the institution and organization. The students who are found to violate the rules and regulations laid down by the college organization are liable for punishment including suspension or dismissal from the college.

"If any incidents of ragging come to the notice of the authority, the concerned student shall be given liberty to explain and if his explanation is not found satisfactory, the authority would expel him from the institution." -DCI letter No. DE 167-2008/A dated: 29.07.2008.

Anti Ragging Committee Members:

Dr.Bhanu Chander, Reader Prosthodontics

Dr.X.Nagamaheshwari, Reader,Conservative
dentistry and Endodontics

Dr.Shubnitha Verma,Sr lecturer, Orthodontics

Dr.Niharika, Sr lecturer, Pedodontics

Dr.Pooja Chauhan, Post Graduatr,
Prosthodontics

Uttam, Intern

Mrs Sangeeta, GH Warden

Hav J S Rao(retd), BH Warden

GRIEVANCE REDRESSAL COMMITTEE (GRC)

The Institution provides a framework for students and interested stakeholders to express their grievances, if any, in a confidential manner. The grievance Redressal committee ensures that such issues are addressed in a confidential, time- bound and fair manner to the benefit of the concerned complainant. Grievances can be reported by filling the grievance forms that are available on all floors and in the hostel and dropping them in the complaint boxes. Grievance may also be conveyed through phone to any of the GRC members or by mailing the committee.

Committee Members:

Name	Designation& Department	Contact
Dr.Sanjay Vasudevan	Professor & Head, Periodontics	
Dr. Pradeep Raj	Reader , Orthodontics	
Dr.Bhanu Chander	Reader, Prosthodontics	
Dr.Mrunalini Koneru	Lecturer,Dept of Public Health Dentistry	
Dr. Surabhi Bhadauriya	Post Graduate, Periodontology	
Sri Nandini Narayan	Intern	

Mail id: grievances@ACDS.ac.in

GENDER SENSITISATION COMMITTEE AGAINST SEXUAL HARASSMENT (GSCASH)

ACDS is strongly committed to gender equity and safety at the institution. It reiterates the principles enforced by the Government of India in the Vishaka guidelines and in the Sexual harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act of 2013. ACDS has a strict Institutional policy and has set down a clear framework for dealing with issues of gender harassment. ACDS realizes that the safety of the staff and students is paramount to a healthy work environment. The GSCASH committee is constituted as follows:

Name	Designation & Department
Dr. Mamta Kaushik	Prof & HOD, Conservative Dentistry
Dr. Prasad Chitra	Prof & HOD, Orthodontics
Dr. V Krishna Priya	Professor & HOD, Pedodontics
Dr. Ajay Reddy	Reader, Periodontics
Dr. David Tyro	Reader, Oral Surgery
Dr. Mrunalini Koneru	Lecturer, Dept of Public Health Dentistry
Ms. Kondaveeti Satyavati	External Member
Dr. Tripti Rathore	Post Graduate, Conservative dentistry
All PG and UG representatives	

Mail id for complaints : gscash@ACDS.ac.in

The committee deals with complaints in a fair, confidential and time bound manner. However, the greatest thrust area of the committee is in prevention of such acts through adequate monitoring and sensitization activities.

COMMITTEE TO MONITOR ADHERENCE TO CODE OF CONDUCT (CMACC)

The committee is responsible for general enforcement of the Code of conduct in ACDS. Committee members will develop and administer the Code of Conduct, educate the stakeholders about the Code and continually monitor the adherence of the staff and students to the Code. Compliance issues/breach of conduct will be handled by the Grievance Redressal Committee separately.

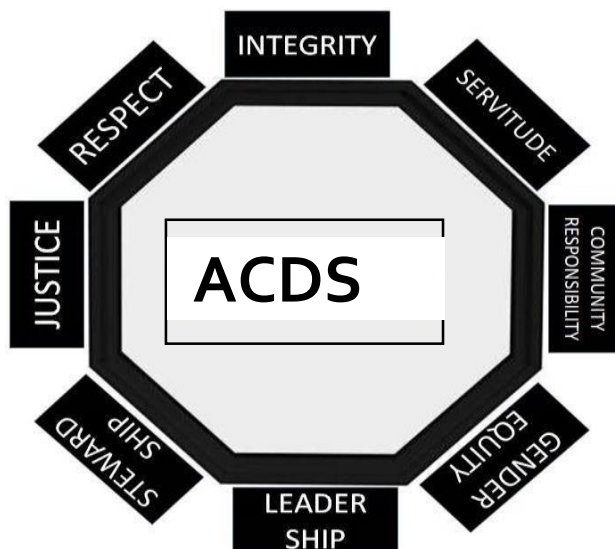
Responsibility:

The following members constitute the committee. Special members may be invited if deemed necessary.

1. Management representative
2. The Principal
3. Members of the Grievance Redressal Committee
4. Administrative officer

ACDS CODE OF CONDUCT

Every member of the ACDS family will be committed to the under mentioned principles and values. They will be the hallmark traits of an ACDSian in all endeavours and interpersonal communication.



1. LEAVE RULES

Application for leave must be submitted in advance in the prescribed format, signed by the HOD before being approved by the Principal. Any leave availed without prior permission should be justified by proper proof such as medical certificate and leave letter from parents.

2. BEHAVIOUR

- a. Students should attend the college in uniform along with their identity cards and name badges.
- b. Students are expected to be punctual to class.
- c. For any function, conference or meeting, students should get prior permission from the Principal / Director.
- d. They are advised to be polite to elders and courteous to all.
- e. Writing anything on the walls, desk or any property in college premises is strictly forbidden.
- f. Students should park their vehicles in the space meant for parking.
- g. Use of mobile phones is not permitted during college hours and will be confiscated.
- h. Students should not highlight, underline, write or remove pages from the library books.
- i. Students are responsible for their belongings. The college will not be responsible for any loss of property.
- j. Smoking as well as consumption of any intoxicants is strictly prohibited inside the campus.

k. Dress code:

Girls : Should be dressed in Chudidars only with hair combed neatly.(Scarf if any to be work inside the apron).

Boys : Should be dressed in shirts, trousers and leather shoes. They should be well groomed with short hair and clean shave.

Students should compulsorily come in respective uniforms and wear apron in the clinics.

3. ATTENDANCE AND PERFORMANCE

Being a professional college, students are expected to attend all the theory /practical classes as well as clinics. However a minimum attendance stipulated by the affiliating university in each department is mandatory for appearing in the University examinations. Students who have failed in any subject will be allowed to appear for the next university examination only after fulfilling the mandatory attendance. Similarly only those students, will be allowed to attend university exams, who have completed their quota of work.

4. INTERNAL ASSESSMENT EXAMINATIONS:

Three Internal assessment examinations are being conducted regularly for the students. It is compulsory to attend all the Three Assessments including the model exam. The absentees will be marked Zero and average of Three Internal Assessment marks will be calculated.

5. IDENTITY CARDS

Students should wear their identity cards duly signed by the Principal within the college premises. The cards will be issued to them immediately after admission to the college.

6. LIBRARY

- a. The Library will be kept open on all working days from 8.00 a.m.to5.00 p.m.
- b. Strict silence should be maintained in and around library
- c. Students are issued a card that will fetch him/her one book.
- d. The book should be returned on / before the due date.
- e. Magazines, Dailies, booklets and references should not be taken out from the library.
- f. If a student happens to lose any book, he/she should pay the current price of the book and a fine decided by the principal.

7. COLLEGE PROPERTY AND EQUIPMENT

Students are expected to take proper care of the college property and to keep the premises neat and tidy. Any damage done to the property of the college by disfiguring walls, doors, fittings, breaking furniture etc., is a breach of discipline. The students found responsible will be charged for the loss or damage.

8. MEETING OF PARENTS WITH PRINCIPAL / HOD

Parents / Guardians are requested to meet the Principal / Head of the Department/Mentor periodically during the PTM to know about their ward's progress in their studies and behaviour.

9. UNIVERISTY EXAMINATION

February 1st / August 1st every year. If the date of commencement falls on Saturdays, Sundays or declared public holidays, the examination shall begin on the next working day.

10. FEES PAYMENT

As per the instructions of the Government, the annual fee should be drawn through a Demand Draft in favour of Army College of Dental Sciences, Secunderabad.

LEAVE APPLICATION FORMAT

ARMY COLLEGE OF DENTAL SCIENCES RULES AND REGULATIONS FOR THE RESIDENTS OF HOSTEL

All existing and newly admitted students should read ALL the points carefully, before applying / check-in to Hostel accommodation at the start of every academic year. In case of any doubt, get them clarified from the Wardens. Violation of any of the rules stating ignorance will not be accepted and will attract disciplinary action.

BEHAVIOUR AND DISCIPLINE:

Hostel Residents are expected to display acceptable form of behaviour and maintain discipline and decorum everywhere in general, in and around the hostel complex in particular at all times.

Ragging is considered as punishable offence as per F.No.37- 3/Legal/AICTE/2009 regulations. Ragging in any form is strictly prohibited

Possession, distribution and/or consumption of alcoholic beverages, prohibited drugs, any form of narcotics, chewing & smoking tobacco, gambling in hostel premises are serious offence and are strictly prohibited.

Electrical appliances like water heaters, iron boxes, induction plate, fans, air conditioners/heaters are not permitted.

ADHERENCE TO HOSTEL TIMINGS:

Adherence to the specified timings is mandatory. If the student is being found delayed/late as per the hostel timings (as specified below) after four times in a month he/she will be expelled from the hostel premises.

Hostel residents are permitted to go out for their personal work during the following timings.

Boys Hostel:

Monday to Saturday - 4:00 PM to 8:00 PM
Sunday and Declared Holidays - 8:00 AM to 8:00 PM

Girls Hostel:

Monday to Saturday - 4:00 PM to 8:00 PM
Sunday and Declared Holidays - 8:00 AM to 8:00 PM

All the students should take prior approval from the Wardens before leaving for their homes or to any conference/seminar/tour/meet/ extracurricular activity, late entry etc.

UPKEEP OF THE HOSTEL

Damaging the hostel complex in any form is totally banned and shall invite disciplinary action. The cost of repair/Replacement shall be borne by the occupants of that room or corridor, as per the decision of the Warden(s).

Students have to use water and electricity judiciously. All fans, lights and electrical appliances must be switched off when not in use.

Garbage and wastes to be disposed properly.

PERSONAL BELONGINGS

Hostel Residents are solely responsible for all their personal and valuable belongings like mobile phones, laptop, watches, money, jewellery etc. In case of loss of any such belongings, the Hostel Management will not be responsible and no claim will be entertained in this regard.

VISITORS

Visitors, including parents are allowed only in the visitor's area of the hostel complex during the visiting hours

Hostel Residents are not permitted to allow visitors of the opposite gender into the rooms at any time for any reason whatsoever.

Day-Scholars/ Non-residents are prohibited from entering the hostel without the prior permission of the Warden.

MESS RULES

Availing Mess Facility is mandatory for all Residents admitted into the hostel.

Refund is not applicable in cases where a Resident skips the mess for part-day.

No Resident is permitted to take the Mess utensils/plates outside the hostel dining hall.

TERMINATION OF TENANCY

Hostel Residents can terminate the hostel tenancy by giving at least one month's written notice from their parents. Failure to give one month's advance notice will result in forfeiture of one month's rent.

The hostel management can end this tenancy at any time if:

The Hostel Residents fails to pay the hostel and mess fee within fifteen days of the start of the academic year.

The Hostel Residents fails to comply with the terms of this tenancy.

SECURITY

Hostel Residents are required to carry their hostel card at all times in the premises of the hostel complex and produce it on demand by the hostel authorities.

Any Hostel Residents, who find his /her room-mate missing for more than 24 hours, must report to the warden immediately.

EMERGENCY

In case of any emergency, please contact the Care takers staying in the hostel premises or call authorities. Important telephone numbers are provided and displayed in hostel premises.

Note: Students violating the above said rules shall attract disciplinary action, which may also include heavy fine and expulsion from the hostel.

HOSTEL MANAGEMENT

The following officers constitute the Hostel Administration Committee (HAC):

Chief Warden

Deputy Chief Wardens

Registrar

Each hostel is managed by a Warden who is regular faculty of the Institute.

Students can approach any of the above officers for help, guidance and grievance redressal.

Representations to higher officers must be forwarded through proper channel.

SAMPLE OF HOSTEL MESS MENU:

Day	BREAKFAST	LUNCH	SNACKS	DINNER
MONDAY	Millet Idly	Veg, Sabzi	Aloo bajji with	Veg. Sabzi
	Coriander Mint Chutney	Dal, Chutney	Chutney	Moong Dal
	Tea	Rice, Roti, Papad, Curd	Tea	Rice, Roti, Kheer
TUESDAY	Parotta	Aloo Chana Sabzi	Kachori with	Dal Makhni
	Veg Sabzi, Roasted Sprouts	Dal, Chutney	Chutney	Veg. Curry
	Tea	Rice, Chapati, Curd	Tea	Rice, Roti, Fruits
WEDNESDAY	Poori	Veg Sabzi		Chicken Masala, Paneer Mutter
	Aloo Subzi	Palak Dal, Pickle	Bhel Puri	Rice, Roti, Salad
	Tea	Rice, Roti, Curd, Fryums	Tea	Rava Kesari
THURSDAY	Bread, Cutlet, Butter, Jam	Chole Bhature	Samosa	Veg Sabzi
	Egg, Ketchup	Green Chutney, Jeera Rice	with Chutney	Masur Dal
	Tea	Raita, Salad	Tea	Rice, Roti, Papad
FRIDAY	Idly & Wada	Veg. Sabzi	Rusk or Gujrati Ghatiya with	Chicken, Paneer Masala
	Chutney & Sambar	Punjabi kadi	Chutney	Roti, Pulao, Salad
	Tea	Rice, Roti, Papad	Tea	Fruit Custard
SATURDAY	Poha, Namkeen with	Rajma Curry	Masala Wada	Dal Makhni
	Chutney, Dalliya (Sweet)	Egg Curry	with Chutney	Veg. Curry
	Tea	Rice, Roti, Curd	Tea	Rice, Roti, Salad
SUNDAY	Aloo or Gobi Parantha	Veg Pulao		Pasta, Milk
	Curd	Hyderabadi Dalcha or Salan	Ragada Chaat	Egg or Paneer Bhurji Sandwich
	Pickle, Tea	Raitha, Salad	Tea	Ketchup, Cut Fruit

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2. MDS MASTER TIME TABLE
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4. GUIDELINES
5. DEPARTMENT SPECIFIC ACTIVITIES

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ANNEXURE II (CONSERVATIVE AND ENDODONTICS)

ANNEXURE III (ORTHODONTICS)

ANNEXURE IV (PERIODONTICS)

ANNEXURE V (PEDODONTICS)

ANNEXURE VI (PROSTHODONTICS)

LEAVE RULES AND CRITERIA FOR APPEARING IN EXAMINATION

RESEARCH GUIDELINES JOURNAL GUIDELINES SEMINAR GUIDELINES

MDS Program Overview

MDS POSTGRADUATE PROGRAM @ACDS

MDS Postgraduate program spans over three years with meticulously crafted curriculum design and excellent latitude of academic flexibility. Curriculum design is based on Education 3.0 principles, thus exposing students to pedagogy, andragogy and heutagogy learning environments.

The aim of this program is to tap the potential of the students and have a holistic approach to bring out the best within them. Integrated teaching in all three years will help them to have multi-disciplinary approach, which is the mantra of the present successful post graduate. In addition to the respective specialty training in all three years, each year has specific integrated teaching goals. The students are exposed to all basics of computing and related digital technology, research methodology and biostatics in the first year. They are also exposed to Basic and applied sciences through the year long program .In second year more training will be given for minor oral surgical procedures, assisting major surgical cases along with peripheral postings including oral cancer.

The Final completion year of this MDS program is packed with multidisciplinary case discussion and treatment execution and post treatment analysis through the program.

Thus, MDS POSTGRADUATE PROGRAM ensures that all students will be in their respective specialization with positive outlook to further propel in individual direction. These programs are unique and practiced in most organized form in our Institution.

CALENDAR SEPT 2023- AUG 2024

- Academic Enrichment and Research Orientation Program
- Weekly Log Submission
- Quarterly Post-Graduate Appraisal
- Library Dissertation Topic submission
- Dissertation Research Proposal submission to IRB
- RB Proceeding: Dissertation research proposal presentation
- IEC Proceeding: Dissertation research proposal presentation
- Dissertation research proposal submission to university
- Preparation for year-end Basic Sciences University Exam

CALENDAR SEPT 2024 – AUG 2025

- Weekly Log Submission
- Quarterly Post Graduate Appraisal
- Library Dissertation: Soft copy submission
- IRB Proceeding: Dissertation Progress presentation
- Library Dissertation: Hardcopy submission
- IRB Proceeding: Dissertation Progress presentation
-

CALENDAR SEPT 2025 – AUG 2026

- Clinical-Holistic and Masters training Program
- Weekly Log Submission
- Quarterly Post-Graduate Appraisal
- IRB proceeding: Completed Dissertation presentation
- Dissertation Submission to Principal Office
- Dissertation Submission to University for appearing in July 2026 exam

GENERAL GUIDELINES

LEAVE RULES AND CRITERIA FOR APPEARING IN EXAMINATIONS

All postgraduates have to put in a minimum of 80% attendance during the course to be eligible for the MDS examination. The permitted period of absence of 20% includes all leave availed by the candidate including the period of registration of degree courses is taken as 36 months. It is emphasized, however, that all post graduates put in near 100% attendance for learning purposes.

With these in mind, the following leave rules are drawn up for postgraduate students. All leaves should be sanctioned and approved by the HOD in advance.

First /Second year—7-10days/year

Third year—7-10days

7 days/year for attending conferences/CMFs/workshops etc.

Any period in excess of this should be counted towards the 20% permissible absence. HODs may at their discretion permit students to attend more than one conference /CME / workshop provided that the learning experience is useful to them. However, work in the institute / Hospital should not suffer and all students should not be permitted to avail of this facility at the same time (i.e.) sufficient number should stay back for routine functioning of the department.

INTRA MURAL & EXTRA MURAL ROTATIONS

Intramural rotations within the institute are permissible at the discretion of the department, if considered necessary, for training. Extra-mural rotations (outside the institute) are permissible upto a maximum of three months for specific purposes (i.e.) to fulfill a learning need. A log book will be maintained by all postgraduates specifying the purpose and the institute posted and a report obtained from the institute where posted as regards the satisfactory attendance and quality of work of the postgraduate student during the period of rotation. This report must also specify what the candidate has gained during the rotation. Rotation must be confined to well-known Government / Private Institutes. As a policy rotation to private clinics is discouraged.

During rotation sufficient number of postgraduates must be retained so that working of the college / hospital is not affected (i.e.) all students in a batch must not be sent at the same time.

Before sending a candidate for rotation sanction must be obtained in writing from the authorities of the recipient Institutions. In addition to DCI rules for appearing in examination, all postgraduate degree students of ACDS should fulfill the following requirements to be eligible to appear for the examination.

- A. One poster and one oral paper presented at National, Regional conferences with the postgraduate student as the first author.
- B. One scientific paper sent for publication during the course. For this purpose proof of submission of the paper to an indexed journal / journal of National Association would be sufficient and it is not necessary that the paper should have appeared in print. The candidate should again be the first author.
- C. In addition, as per university norms, proof of submission of one paper based on the dissertation is required before issue of hall tickets to candidates

RESEARCH GUIDELINES

All postgraduates are encouraged to do high quality original research and library dissertation during their program. All short studies and dissertation research proposal should be submitted to IRB and IEC for approval before starting the research. The researchers have to present before the IRB and IEC for clearance. Every six months progress presentation to IRB should be made to solve any difficulties that arise after sub- mission of proposal. Any deviation from the research proposal should be brought to the notice of IRB. Upon completion of the research project, the report has to be submitted for mandatory plagiarism check. Admissible level of plagiarism is 10%. The dissertation write up has to be done according to the institution policy.

The following section will give details about the proposal for- mat, presentation format, dissertation format and submissioncheck

Research Proposal; Submission Template

1	Name of the candidate Phone No: Email id
2	Course to which admitted:
3	Month and year of admission:
4	Month and year of appearing for the final examination
5	Month and year of submission of dissertation
6	Name of the Guide Designation Phone No: Email id:
7	Name of the co-guide(s)
8	Departments involved
9	Place of Study
10	Title of dissertation
11	Introduction(1-2pages)
12	Aims
13	Relevant review of literature(notmorethan2pages)
14	Research question (PICO format, if applicable), Research and Null hypothesis
15	Methodology (Flowchart)
16	Study parameters (outcome measures) being monitored
17	Whether procedure involves Animals/humans or both
18	Type of Study
19	Number of groups to be studied (If Randomized, mention the method of Randomization)
20	Sample size in each group (with justification)
21	Inclusion criteria

22	Exclusion criteria
23	Drugs used, if any
24	Procurement of investigational drugs and storage, if any
25	Methods of statistical analysis
26	References:
27	Preliminary work done already, if any (preparation of Questionnaire, collection of patient details...)
28	Ethical issues involved in the study Clinical examination, blood sampling, subjecting the patient for some investigations or procedures, asking them to come for review (-to hospital) periodically, trying a new drug, utilizing the details of the disease & investigations of the patient.
29	Procedure involved for obtaining informed consent from the patient or Guardian & assent from the children
30	Procedure involved for recruiting volunteers, if any
31	Officer designated by the department for quality control (HOD or other Professor in case if the HOD is the Chief Investigator or Guide) Designation/Phone/Email
32	Procedure for termination of study (If untoward results are obtained/if the study is completed)
33	Sponsors for the study, if any (with address, contact number and email) Outside funding, if any
34	Time frame of study (GANTT format)
35	Financial frame

INSTITUTIONAL REVIEW BOARD: PRESENTATION GUIDELINES

After submission of research projects (dissertation/short study) the student researcher is expected to present in Institutional Review Board and Institutional Ethical Committee for approval and ethical clearance. The presentation will be of five minutes before each committee. The dates of the presentation is already put up in the calendar. The content of the slide presentation is given here with.

SLIDE ONE

TITLE/YOUR NAME/ GUIDE/ CO-GUIDE/DEPARTMENT NAME

SLIDE TWO

Introduction/ Identify the lacunae

Links to other reference in Mendeley. Linked Reference in Vancouver style ref. pdf should have the notes and tags made in Mendeley

SLIDE THREE

Research and Null hypothesis/ Research questions / No reference

SLIDE FOUR

Materials and Methodology

Sample/ Inclusion/ Exclusion criteria

Two to four slide presentation/ Pilot study details Reference links as mentioned in slide two

SLIDE FIVE

Sample size calculations Links to G power if required
References links as mentioned in slide two

SLIDE SIX

Statistical analysis Descriptive statistics Inferential statistics Normality distribution
Parametric or non-parametric
Reference links as mentioned in slide two

SLIDE SEVEN

Time frame in Gantt format No reference

INSTITUTIONAL REVIEW BOARD: PRESENTATION GUIDELINES

All research that has been approved by the IRB has to undergo IEC presentation for ethical clearance. If the dissertation research is rejected because of ethical issues, then a new proposal has to be submitted. New proposal should be presented again only in the next scheduled meeting. Hence student should take utmost care while formulating the research proposal. Each presentation will be there for five minutes

SLIDE ONE

Five minutes presentation
TITLE/YOUR NAME/GUIDE/CO-GUIDE/DEPARTMENT NAME
Keep link to your IRB PowerPoint Mendeley for reference in all slides

SLIDE TWO

IRB STATUS
Presented and approved/ Presented, resubmitted with modification and approved/ Presented and Resubmitted with modification
Links to original protocol and modified protocol and covering justification letter submitted to IRB

SLIDE THREE

ETHICAL ISSUES
This study requires ethical clearance because it falls under In-vivo study/ Animal study/ Ex-vivo study/ In-situ study

SLIDE FOUR

MATERIALS AND METHODOLOGY
In brief, with respect to ethical issues Two to four slide Presentation
Pilot study details, if any
Reference links as mentioned in slide one

SLIDE FIVE

ETHICAL ISSUE JUSTIFICATION
This study methodology was adopted/ modified from the following scientific literature.
1.
2.
3. (all referenced articles should be linked) Parametric or non-parametric
Reference links as mentioned in slide two

Research Progress: Performa Template

Work Completion Status: Hard Copy Submission

1	Name of the candidate Phone Number Email	
2	Course to which admitted	
3	Month and year of Admission	
4	Month and year of appearing in the final examination	
5	Month and year of submission of dissertation	
6	Name of the Guide Designation Phone Number Email	
7	Name of the Co-Guide Designation Phone Number Email	
8	Departments involved	
9	Place of study	
10	Title of dissertation	
11	IRB APPROVAL DATE	

Large empty rectangular area for additional information or notes.

1	Sample collection/ Patients' selection	<p>All samples/Patients have been collected/ Selected as per the submitted protocol. (Annexure1) or Samples or patients have not completely selected. Proof of completed work is enclosed (Annexure1)</p> <p>The reason for partial completion is.....</p> <p>Work will be completed by</p>
2	Sample/Patient Preparation	<p>All samples/Patients have been prepared as-per the submitted protocol. (Annexure2) or Samples or patients have not completely prepared. Proof of partially completed work is enclosed (Annexure2)</p> <p>The reason for partial status is.....</p> <p>Work will be completed by.....</p>
3	Materials and methodology (Procurement and organization)	<p>All the materials required for the study has been procured. Equipment and methodology has been standardized as per the protocol or Material(s)was changed/not purchased because of (Annexure3-only if necessary) or Methodology/Equipment were changed because of (Annexure 4-only if necessary)</p>
4	Follow up status for clinical cases	<p>Experiment/Treatment were done as per the Protocol. or The Experiment/Treatment were modified because of (mention the modification in detail with proper references Annexure 5)</p>
5	Data collected	<p>As per the Protocol (Annexure 6) or Data collection modified from protocol (Annexure 6)</p>
6	Follow up status for clinical assesment	<p>All the Cases as mentioned in the protocol were followed up (Annexure7) or Follow up is not complete as per the protocol. (Mention in detail how many followed up, how-much more need to be done-Annexure7)</p>
7	Statistical analysis	<p>Statistical methods and analysis were used as mentioned in the protocol(Annexure8)or Statistical methods and analysis were modified- from the protocol because of.....(Annexure8)</p>

Work Status Endorsement

All data and Annexure details in Progress Proforma given by Dr
I/II/III year post graduate,

Submitted to IRB committee was shown to me Head of the
Department, Department of.....
Army College of Dental Sciences

Slide One:

Five Minutes Presentation

Title/ Your Name/ Guide/Co-Guide/Department Name Keep Link To Your Mendeley
For Reference In All Slides

Slide Two:

Submitted Time Frame of The Study In Gantt Format

Slide Three:

Work Completion Status

Status:

Partially Completed

Completed

Not Applicable

Not Started



Sample collection/ Patients' selection	Sample / Patient preparatio n	Material methodology (Procurement organization)	and and	Experim ent/ Treatme nt done	Data collection
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Follow up status for clinical cases

Statistical analysis Status

SLIDE FOUR:

Intro-duction	Review of literature	Material and methods analysis	Statistical	Results
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Discussion	Conclusion	Corrected by Guide	Final proof reading
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Compilation and binding

Status

STATUS OF DISSERTATION WRITE UP

DISSERTATION: SUBMISSION GUIDELINES

- Dissertation should be bounded in uniform format prescribed by the college.
- All bounded copies of dissertation to be submitted to the Office of Principal by 20thOctober, 2024
- Four bounded copies of dissertation should be submitted to Controller of Examination by 31stOctober2024
- From these 4 copies, two will be sent for reevaluation.
- Two copies will be returned to the office of principal of which, one will be kept in the central library and one for department library.
- Personal copies, copies for Guides, co guides and HOD should be printed as per the discretion of HOD in addition to these four copies.
- Model dissertation can be downloaded from www.igids.ac.in
- Certificate pages, figures, tables and graphs should be numbered in small Roman numerical. Rest of the text material should be numbered in Arabic numerical. All the figures, images can be kept in separate page immediately after the corresponding text page.

The Following annexures should be included

1. Key to master chart
2. Master chart(s)
3. Consent forms(sample)
4. IRB approval, progress, completion certificate and IEC clearance certificate
5. Plagiarism certificate
6. Detailed description of common procedures (Wherever relevant)
7. Description of statistical methods used

JOURNAL CLUB-GUIDELINES

Journal club consists of a group of individuals who meet regularly to critically evaluate recent articles in scientific literature. It is a part of postgraduate medical education aimed at improving the skills of critically appraising journal articles. Critical appraisal is the process of systematically examining research evidence to assess its validity and applicability for a particular problem or situation by paying more attention to the methods than the author's conclusion.

Article Selection

Unless you are given a specific topic or article to appraise, you can follow the general guidelines outlined below:

Choose a recently published article, dealing with the problems commonly encountered and that you are interested in (you can use google scholar to search articles and display those published within certain years)

Give priority to original articles over systematic review or meta-analysis

Try to select articles from a journal with a good impact factor or those that belong to specific medical societies

Slide 1: Introduction

What was the clinical question that led you to the searching of literature and what was the reason you chose the particular article?

Slide 2: About Author and Journal

Title of the article, Authors and their Affiliated Institutions

Mention any outstanding features of the article (e.g., first study of its kind), well-known author(s) or affiliated institutions

Journal presence: Impact factor, SCIMAGO journal ranking, Cite score
Circulation of journal: Regional, National or International

Readership of the journal: Who are the readers the journal aims at?

Slide 3: Hypothesis

Mention the research question or hypothesis Summarize the research question in PICOT format:

- Population: Sample studied
- Intervention: Intervention or treatment tested
- Comparison: Reference group or control group of the study (may not always be present)
- Outcome: Outcome tool(s) used in the study to measure the effectiveness of intervention
- Time: Duration of the study

Slide 4: Evidence base

Go through the papers referenced in the chosen study and other relevant literatures and answer the following:

What is already known on the subject and is this information correctly mentioned in the article?

Is the hypothesis of the chosen article, correct?

Is the research question still important and relevant in the context of existing evidence base?

What does the study contribute to existing evidence base? Have they assessed or validated something new?

Slide 5: Study design

Type of study: Descriptive, Cross-sectional, Case-control, Cohort (prospective/retrospective), Quasi-experimental, RCT, Systematic review, Meta-analysis

Mention the level of evidence given by the study type

Study population:

Can the results of the study be generalized?

If not, is it explicitly mentioned in the article? Randomization: How are the subjects allocated into groups?

Bias:

Possible bias in the study

Has randomization been done?

Has blinding been used? If yes – what type? Inclusion and exclusion criteria:

Are the inclusion and exclusion criteria clearly stated?

Do you find anything included or excluded that could have affected the results of the study?

Slide 6: Analysis of the methodology

Was the method and approach to the study appropriately diligent? Were processes consistent?

Was follow-up complete and consistent in each group?

What outcome measures were used and were they appropriate?

Are the statistical tools adopted suitable and correctly interpreted by the investigators?

Have the authors made a power statement (like P-value, alpha, beta, power, power analysis and effect size)?

What significance level has been used (P-value)?

Has the power of the study been stated, does it exceed 80%?

Slide 7: Results

State the results and if they are clearly stated

Are the results statistically significant/Is the null-hypothesis rejected?

Slide 8: Discussion and Interpretation

Strengths of the study Weaknesses of the study

Are the results consistent with the conclusion?

Is the statistically significant finding also clinically significant?

Does the article acknowledge relevant literatures and other approaches? Analyze the limitations of the study stated by the authors. Are the authors' claims correct?

Any conflicts of interest stated by the authors?

Slide 9: Clinical context

Go back to the clinical question you started with

How the article might change practice in your clinical setting?

Derived from: Bowles, P., Marenah, K., Ricketts, D., & Rogers, B. (2013). How to prepare for and present at a journal club. *British Journal of Hospital Medicine*, 74(Sup10), C150–C152. doi:10.12968/hmed.2013.74.sup10.c150

LINK – Presentation on SlideShare to understand what is journal club, How its done, types of the club and outcomes of a successful journal club

<https://www.slideshare.net/sanch1684/how-to-present-a-journal-club>

SEMINAR GUIDELINES

Preparing and Presenting a Seminar – A Guide.

Presenting your ideas to a seminar is a good way to start the process of communicating more widely.

While not as formal or large an undertaking as presenting at a conference or writing for publication, it will require you to go through many of the same steps.

The Oxford dictionary tells us that a seminar is “a small class at a university, etc for discussion and research, a class meeting for systematic study under the direction of a specified person”. You are the specified person, someone who prepares the topic, arranges a program that will encourage and enable all who come to participate and to contribute to each other’s learning. Many people will recognize this as the definition of a workshop and feel that a seminar is a time where a presenter presents and allows a short time for questions. As seminar leader you will take responsibility for

- Identifying the topic
- Planning the event
- Providing a scholarly framework
- Devising the learning stimulus
- Helping participants to learn
- Encouraging learning reflection for others as well as for yourself.

These activities can be organized into three stages

1. Preparation
2. Implementation
3. Review and Evaluation

Preparation

Write a few lines in answer to these questions. Designing the seminar

- What is it that you want to share with people?
- What is your purpose in conducting this seminar?
- What is it that you want people to learn?
- How can you help them to know that? Planning the program

Develop one or two clear objectives, point three above should provide some basis for their development. These objectives are for your guidance they should clearly identify:

- Purpose for presenting a seminar, what is your justification for taking up the time of your colleagues, being very clear about this. How will the organization benefit? How will the individual benefit? What is the relevance of the seminar to the organization's goals, objectives and strategy?
- Learning outcome, what is your topic, what will people learn as a result of this presentation and discussion, how does it relate to the organization's goals objectives and strategy?
- Prepare a series of questions that will help participants make links between their own experiences and what is being presented and use these to guide the development of your program.

How will you use the time allocated to the seminar, how will it be proportioned between?

- Input
- Activity or exercise.

The answers you wrote in relation to 'Designing the seminar' will help you develop your seminar plan. In particular, 'What is it that you want people to learn?' and 'How can you help them to know that?'

Implementation: Running the seminar Introduction This is where you set the tone for the seminar. It is important to strike a balance between seeming well organized but not determined to control the program too tightly. An overhead that announces the topic and the session plan can be displayed as you welcome people and outline your objectives for the session.

Learning Stimulus

It is good practice to start with a simple activity that will enable all to participate from the beginning, contributes to a sense of camaraderie and increases the energy level of the group.

The activity needs to be relevant to the topic and provide an opportunity for people to draw on their own relevant prior knowledge. With a few words to conclude the activity affirming people's contribution and connecting it to what is to follow. Learning What is it that you want to share with people? What is it that you want people to learn?

How can you help them to know that?

Your answers to these questions form the basis for this part of the program. This will probably involve you in some telling but keep this to a minimum; remember that the definition of a seminar is 'for discussion and research, a meeting for systematic study'. Your telling needs to be the catalyst to allow people to explore the topic for themselves. As the director of this learning experience guide the conversation with a series of questions that ask people to make connections between the topic and their own teaching or research, this will enable learning integration. Your task is to outline the issue. Provide sufficient context to people to understand your findings or conclusions then ask for their contribution.

Learning reflection

Use some further questions or an activity to bring the discussion to a close. These questions or activities should be reflective, focusing on what has been learnt during the session. It may take a form that will be helpful to you in your own review and evaluation of the session.

Conclude with a short remark indicating how the discussion has enlarged your own view and thanking the participants for their contribution to your own learning.

Review/Evaluation

Reflection to consider what happened, what was observed, what was learnt (on your part as well as by others), were the outcomes achieved, did anything unexpected occur, what have you learnt that will enable you to improve on your seminar presentations in the future.

As you replay the event in your mind make a note of anything significant. Be clear about what you want to know, in this instance

you probably want to know the extent to which you achieved your objectives and some idea of how to improve future seminar presentations.

Asking the participants

Develop two to three key questions that will enable the participants to tell you in what ways

the seminar was useful to them. Asking yourself

The following is a simple checklist to help you focus on your own contribution to the seminar. Write a brief note beside each question.

- Was the pre-seminar planning adequate?
- Was the session plan appropriate?
- Was there a balance between telling and discussing?
- Did the entire group participate?
- Were others able to contribute to the generation of new knowledge?
- Did I introduce the topic sufficiently?
- Did the first activity involve people in the topic?
- What was the highlight of the session? Why?
- What was the low point of the session? Why?
- How could I present this seminar differently next time?

The evaluation process is not complete until you have made a judgment. In this case you have data from the participants and the product of your own reflection on the event. As in any other evaluation, focus on what your data suggests which you were not aware of as much as on what it confirms what you expected. Write a brief note in your journal about the seminar based on this evidence and include the recommendations that you believe will improve the planning and implementation of a seminar in the future.

Preparing and Delivering a Seminar Build a seminar around the main points you want to convey. Make sure that each one is clearly, slowly and explicitly stated when it first arises during the talk. At the end of the talk, restate all of the points in a summary.

Here are some additional principles, practices, and tips for preparing and delivering seminars. Some of these ideas apply to writing papers, too.

1. Assume your audience is infinitely ignorant but infinitely intelligent. The audience will understand a clear, complete explanation.
2. Give a good introduction. A research report will be boring to every-one except an expert in your area unless you provide the context. Explain why what you are doing is interesting and important.
3. Never underestimate a person's pleasure in hearing a good presentation of what he or she already knows. Don't feel foolish providing background that your audience might be familiar with. And don't assume your audience knows a great deal more than you do, even if you are a graduate student and they are professors. They still need you to orient them to what you are doing.
4. Keep your audience oriented. Make sure that they understand, at each step, why you are presenting each topic. If the audience becomes disoriented, you will lose their attention. Presenting an outline of the talk near the beginning can help.
5. A talk should entertain. The best scientific talks entertain by giving people new ideas and perspectives. High-quality graphics can also help.
6. Present only one big idea per slide. This helps convey your ideas forcefully, and prevents the audience from reading ahead instead of listening to you. (The exceptions are the outline and summary slides.)
7. Never read aloud from your slides! A slide should support your talk, never substitute for it.
8. Avoid spending time on highly technical points. Unless it is a critical detail, it is acceptable to briefly state what was done and that it was reasonable, and add that you'd be happy to explain it in detail if anyone is interested. Then continue with the seminar.
9. Practice. Stand in front of a seminar room and present to an imagined audience or to a friend. Identify parts where you have trouble finding the right words and work on them. Make sure the talk is about the right length.
10. Benefit from other people's opinions of your talk. Parts of your talk may be less clear than you imagined. Even invalid criticism can be helpful: if one person thought your talk had an error, someone else probably will also, so head off future concerns by add a sentence or two to make your point clearer.
11. Pay attention to your audience when you're speaking. If every-one is watching you and listening, you are succeeding! If people look lost or somnolent, you may need to slow down, speak more loudly, and/or explain better.
12. When you are speaking, you are in charge. A talk can be badly derailed if you get into a discussion or debate with someone in the audience. If the discussion seems to have no end, say that you'll be pleased to continue the discussion after the talk and then resume.
13. Check the time occasionally during your talk. Adjust the level of detail and the rate of presentation so that the talk fits the allotted time.

DEPARTMENT SPECIFIC ACTIVITIES

ANNEXURE: Overview

- FACULTY PROFILE
- FIRST YEAR: Basic Sciences; Pre-clinical Exercises
- SECOND YEAR: Basics in Specialty
- THIRD YEAR: Advances in Specialty
- Checklists for Departmental activities

Journal Club
Seminars
Case presentations/ Discussions
Lectures taken for Undergraduates
CDE/Workshop attended
Conferences attended.
Clinical work done

- Weekly Log Sheet
- Postgraduate Competency Evaluation Criteria
- Learning Outcome
- List of suggested books and journals

Annexure I

Department of Oral &
Maxillofacial Surgery

FACULTY PROFILE

① HOD & PROFESSOR: DR. S SUBRAMANYA SHARMA
MDS, FELLOW ICOI (USA) CERT. HM

① READER 1: DR SUKHVINDER BINDRA, MDS

① READER 2: DR G MADHUSUDHAN RAO, MDS

① SENIOR LECTURER 1: DR. DAVID TYRO, MDS

① SENIOR LECTURER 2: DR. NAVALJEET KAUR, MDS

MDS

1ST YEAR

**Basic Sciences &
Applied Anatomy**

**Pre-Clinical
Exercises**

**Thesis selection
and Submission of
synopsis in first 6
months**

**Library
dissertation topic**

2ND YEAR

Minor Surgery

**Peripheral
Postings**

**Submission
of Library
Dissertation**

3RD YEAR

Clinical training

Case presentations

**Submission of
Thesis**

FIRST YEAR – INTRODUCTION (ORAL SURGERY)

OBJECTIVES:

This year long program for first year postgraduates in MDS will prepare the students for their clinical and research intensive second and final year program. With the exponential growth in the field of education, research and technology, it has become imperative for students to face the real life scenario with confidence in these subjects. Thus, tailor-made curriculum, with no set boundaries will expose the students to very best that is available, within their reach.

TOPICS:

- PG Study Skills
- Education and Postgraduation
- Teaching and Learning: Principles and Practice
- Computer Applications in Dentistry (Ms office/Powerpoint/ Photoshop/ Publisher/ Video Editing)
- How to Select Your Thesis Topic
- Mind mapping
- Evidence Based Dentistry
- How to Organize, Draft and Cite Your Academic Research Paper
- How to Do Seminar and Journal Club Presentation
- How to Do Scientific Posters
- Dental photography
- Research methodology and biostatistics
- Scientific Writing

PRE-CLINICAL WORK:(ORAL SURGERY)

- Suturing and Wiring Exercise
- Plating Exercise
- Simulations
- BLS and ACLS

FIRST YEAR - APPLIED BASIC SCIENCES (ORAL SURGERY)

OBJECTIVES:

Applied basic sciences are a very important stepping stone for clinical post graduate students to handle their clinical cases successfully. First year postgraduate program is fully packed with integrated basic sciences discussions, seminars and classes thus bridging the gap between basic sciences and clinical treatment protocols. This applied aspect is done with problem-based learning.

TOPICS:

1. History Taking and Clinical Examination
2. Asepsis, Disinfection & Sterilization
3. Theatre Protocols
4. External Carotid Artery: Surgical and Applied Anatomy
5. Internal Carotid Artery: Surgical and Applied Anatomy
6. Surgical Anatomy of Face
7. Venous Drainage of Head and Neck
8. Facial Nerve Distribution and Surgical Anatomy
9. Nsaids And Opioids
10. Antibiotics: Principles
11. Antiplatelets, Anticoagulants Styptics, Hemostatic Agents
12. Blood Groups and Blood Transfusions
13. Shock and Hemorrhage
14. Development of Head and Neck
15. Lymphatics of Head and Neck
16. Local Anaesthesia: Introduction and Pharmacology
17. Local Anaesthesia: Nerve Blocks
18. Local Anaesthesia: Complication
19. General Anaesthesia And Complications
20. Airway Management
21. Fluid and Electrolyte Management
22. Management of Medically Compromised Patients
23. Management of Medical Emergencies
24. Exodontia: Introduction, Principles, Armamentarium and techniques
25. Exodontias: Transalveolar Extraction

SECOND YEAR – MAXILLOFACIAL SURGERY

OBJECTIVES:

This year Post graduates will have more insight into the Maxillofacial Surgery including Minor Surgery, Pathology. Peripheral postings including oral cancer to be finished.

TOPICS:

1. Impaction: Introduction Etiology
2. Mandibular Impactions
3. Maxillary and Canine Impaction
4. Biopsy, Fnac, Apicoectomy
5. Surgical Approaches to Mandible
6. Surgical Approaches to Mid-Face
7. Nerve Injuries and Facial Palsy
8. Trigeminal Neuralgia & Orofacial Pain
9. Facial Space Infections: Anatomy of Facial Spaces, Paths of Spread
10. Facial Spaces: management And Complications
11. Osteomyelitis and Osteonecrosis
12. Fungal Infections of The Head and Neck
13. Maxillary Sinus: Applied Anatomy, Sinusitis
14. Maxillary Sinus: Oaf and Lesions of The Sinus
15. Odontogenic and Non-Odontogenic Cysts
16. Giant Cell Lesions
17. Benign & Malignant Tumours
18. Vascular Malformations
19. Implantology
20. Salivary Gland: Surgical Anatomy and Infections
21. Salivary Gland Pathology
22. Tmj: Surgical Anatomy and Dislocation
23. Tmj Ankylosis and Total Joint Replacement
24. Tmj Mpds and Internal Derangement
25. Cleft Lip and Palate

THIRD YEAR – ADVANCED LEARNING

OBJECTIVES:

Managing patient comprehensively is the goal of a good clinician. Students will be exposed and motivated to learn in heutagogy manner, thrusting them beyond the confines of classroom learning. All the third-year postgraduates and faculties will contribute to the outcome of learning in the interdisciplinary cases and its management

TOPICS:

1. Multidisciplinary Case Presentation and Discussion and The Treatment Planning, Completed Cases and Follow up Level.
2. Rigid Internal Fixation
3. Non-Rigid Internal Fixation
4. Facial Trauma: Etiology and Primary Management
5. Dentoalveolar Fracture
6. Mandibular Fracture and Condylar Fracture
7. Maxillary Fractures
8. Zmc And Orbital Fracture
9. Noe And Frontal Fracture
10. Pediatric, Geriatric and Gun Shot Injuries
11. Complications of Open Reduction and Pre, Peri and Post-Operative Care Of Trauma Pts
12. Orthognathic Surgery: Introduction, Diagnosis, Role of Orthodontics
13. Orthognathic Surgery: Maxilla and Mandible
14. Complications of Orthognathic
15. Distraction Osteogenesis
16. Oncology: Introduction, Pathophysiology Staging and Diagnosis
17. Oncology: Neck Dissection and Its Complications
18. Oncology: Alveolus Tongue Floor of Mouth
19. Oncology: Gingiva, Buccal Mucosa Rmt
20. Oncology: Radiotherapy and Chemotherapy
21. Reconstruction: Introduction and Local Flaps
22. Reconstruction: Regional Flaps
23. Reconstruction: Distant Flaps/ Microvascular Free Flaps
24. Biology of Bone Grafts and Non-Vascularized Bone Grafts
25. Vascularized Bone Grafts
26. Radiology and CBCT In Endodontic Practice.
27. Procedural Errors in Endodontics and Their Management.
28. Endodontic Failures and Retreatment.
29. Resorptions and Its Management.
30. Microscopes and Microsurgery in Endodontics.
31. Single Visit Endodontics, Current Concepts and Controversies.
32. Regenerative Endodontic
33. Management of Non-Carious Lesions.
34. Management of Discoloured Tooth
35. Recent Advances in Restoration of Endodontically Treated Teeth and Grossly Mutilated Teeth.
36. Hypersensitivity-Theories, Causes and Management.
37. Lasers in Conservative Dentistry.
38. Cad-Cam in Restorative Dentistry.
39. Digital Imaging and Its Applications In Restorative Dentistry.
40. Clinical Photography.

CHECKLIST -1

EVALUATION OF JOURNAL CLUB PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

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

Comment:

Signature of Faculty:

Signature of HOD

CHECKLIST -2

EVALUATION OF SEMINAR PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Whether other relevant publications consulted					
2	Whether cross references have been consulted					
3	Completeness of preparation					
4	Clarity of presentation					
5	Understanding of subject					
6	Ability to answer questions					
7	Time scheduling					
8	Appropriate use of audio-visual aids					
9	Overall performance					
10	Any other observation					
	Total score					

Comment:

Signature of Faculty:

Signature of HOD

CHECKLIST -3

EVALUATION OF CLINICAL PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative					
6	Accuracy of general physical examination					
7	Diagnosis: whether it follows logically history and findings					
8	Investigation required Complete list Relevant order Interpretation of investigations					
9	Ability to react to questions whether it follows logically from history and findings					
	Total score					

Comment:

Signature of
Faculty:

Signature of HOD

CHECKLIST -4

EVALUATION OF TEACHING SKILLS

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Communication of the purpose of talk					
2	Evokes audience interest in subject					
3	Introduction					
4	The sequence of ideas					
5	Use of practical examples and/or illustrations					
6	Speaking style (enjoyable, monotonous etc. specify)					
7	Attempts audience participation					
8	Summary of the main points at the end					
9	Asks questions					
10	Answer questions asked by audience					
11	Rapport of the speaker with the audience					
12	Effectiveness of the talk					
13	Uses AV aids appropriately					
	Total score					

Signature of HOD

Comment:

Signature of
Faculty:

MINOR OPERATIVE PROCEDURES PERFORMED

S.no	Date	OP NO	Patients Name	Age Sex	Diagnosis	Procedures performed	OA	Sign

O-observed A-Assisted PA- Performed with Assistance PI-Performed independently

MAJOR OPERATIVE PROCEDURES PERFORMED

O-observed A-Assisted PA- Performed with Assistance PI-Performed independently

S.no	Date	OP NO	Patients Name	Age Sex	Diagnosis	Procedures performed	OA	Sign

ARMY COLLEGE OF DENTAL SCIENCES
DEPARTMENT OF
POST GRADUATE WEEKLY LOG SHEET

NAME:

DATE TO MONTH ACADEMIC YEAR

DAY/DATE	ACADEMIC										NON/ PARA ACADEMIC	
	PRECLINICAL EXERCISES		CLINICAL CASES		JC/SEMINAR/CLASS		CDE/CONFERENCES /CONVENTION		DISERTATION/ LD	OTHERS LIBRARY EXAM		
	WORK DONE/ ASSISTED/ DISCUSSED	STAFF SIGN	WORK DONE/ ASSISTED/ DISCUSSED	STAFF SIGN	DISCUSSED/ PRESENTED/ ATTENDED	STAFF SIGN	DISCUSSED/ PRESENTED/ ATTENDED	STAFF SIGN				
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												
PG SIGNATURE:	COMMENTS:										ATTENDANCE REPORT	
PG IN-CHARGE:											NO.OF CASES ALLOTTED:	
HOD:											NO.OF CASES DONE:	
											NO.OF ONGOING CASES:	
											NO.OF CASES COMPLETED:	
											NO.OF DAYS PRESENT:	
											DAYS ABSENT:	
											ATTENDANCE PERCENTAGE:	

POSTGRADUATE COMPETENCY EVALUATION CRITERIA

COMPETENCY LIST OF POSTGRADUATES AND RATING SCALE

NAME:.....

DEPARTMENT:.....

YEAR: I/ II/III PERIOD OF ASSESSMENT:.....

EVALUATION CRITERIA	RATING SCALE					
	5	4	3	2	1	NA
GENERAL						
1. Personal cleanliness						
2. Maintenance of work area/Equipments						
3. Attendance: Theory/Clinicals/Others						
4. Interaction with UG & PG Students						
5. Interaction with Para medical Staff						
6. Interaction with Teaching Staff						
7. Interest and participation in Extra Curricular activities						
ACADEMIC						
8. Record keeping and Documentation						
9. Seminar/JC/Class						
10. Library Dissertation						
11. Thesis						
12. CDE/Workshop/Conference: Participation and Presentations						
13. Research Projects: Publications & Interest						
14. Pre and Para clinical work: Maintenance of Schedule/Skills/Conceptual understanding						
15. Patient appointment Scheduling and management						
16. Interaction with faculty regarding diagnosis and treatment planning						
17. Procedural Skills						
18. Interdisciplinary approach and execution						
19. Post treatment follow up						
20. Self directed learning						
OVERALL PERFORMANCE						

This evaluation is based on : My observations only () / Collective observations ()

Rating Scale: 1. Unsatisfactory 2. Below Average 3. Average 4. Above Average 5. Outstanding
 NA. Not applicable

HOD

STUDENT

ASSESSOR (other than HOD, if any)

LEARNING OUTCOMES

TEACHING / LEARNING ACTIVITIES:

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

I Year

Study of applied basic sciences including practical's (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.

ARMY COLLEGE OF DENTAL SCIENCES
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

S.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 and drainage of anabscess	PI	10
4	Surgical extraction	PI	15
5	Impacted teeth	PI,A	30,20
6	Preprosthetic surgery corrective procedures : Ridge extension Ridge reconstruction	PIAA	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	Periapical 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	Midface 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 and cartilagegrafts Iliac crest Rib Calvarial Fibula	A,O A,O A,O A,O	3,5 3,3 2,2 2,2 105
21	T.M. Joint Surgery	A	3
22	Jaw resections	PI	3,5
23	Onco-surgery	A,O	3,3
24	Micro vascular anastomosis	A,O	2,2
25	Cleft lip and palate	A,O	3,5
26	Distraction osteogenesis	A,O	2,3
27	Rhinoplasty	A,O	2,3
28	Access osteotomies and base of the skull surgeries	A,O	1,3
29	Emergency Management for OMFS Patients in Casualty Accident and Emergency	PI,O	5,5

PI : Performed Independently
A: Assisted
O: Observed

PROGRAMME OUTCOMES(MDS OMFS)

KNOWLEDGE

PO1: to acquire adequate knowledge and understanding of etiology pathophysiology and diagnosis, treatment planning of various maxillofacial major and minor surgical problems

PO2: to understand general surgical principles

PO3: understanding basic sciences relevant to oral and maxillofacial surgery PO4: ability to identify social, cultural, economic, genetic and environmental factors and their relevance to disease process, management in the oral and maxillofacial surgery

PO5: essential knowledge of personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waste keeping in view high prevalence of HIV & hepatitis

Skill

PO6: 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

PO7: to perform with competence minor oral surgical procedures and common maxillofacial surgery. To treat with both surgically and medical mode of treatment.

PO8: capable of providing care for maxillofacial surgery patients.

Attitude

PO9: develop attitude to adopt ethical principles in all aspects of surgical practice, professional honesty and integrity to be fostered. Surgical care to be delivered irrespective of the social status, caste, creed or religion of the patient.

PO10: willing to share the knowledge and clinical experience to the professional colleagues

PO11: willing to adopt new techniques and surgical management developed from time to time based on scientific research which is in best interest of the patient.

PO12: respect patient rights and privilege including right to information and right to seek second opinion

PO13: develop an attitude to seek opinion from an allied medical and dental specialist as and when required.

Communication skills:

PO14: develop adequate communication skills specially with the patient giving them 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

PO15: develop the ability to work with professional colleagues PO16: develop ability to teach undergraduates

M.D.S COURSE OUTCOME - OMFS

I-YEAR

CO1: To excel in the knowledge of surgical anatomy, cadaveric dissection is used as a learning tool.

CO2: Medical management being part of the curriculum, exposure to basic medical sciences such as Physiology, Microbiology, Pathology and Pharmacology is provided.

LIST OF SUGGESTED BOOKS

1. Text book of Oral & Maxillofacial Surgery – Laskin Vol. 1 & 2
2. Principles of Oral & Maxillofacial Surgery – Peterson Vol. 1 & 2
3. Maxillofacial Injuries – Row & Williams Vol.1 & 2
4. Maxillofacial Trauma Fonseca Vol. 1 & 2
5. Maxillofacial Infections – Topazian
6. Text book of Oral & Maxillofacial Surgery – Peter Ward booth Vol.1& 2
7. Maxillofacial Trauma & reconstruction- Peter Ward booth
8. Plastic Surgery- Mathes Vol. 1 to 5
9. Oral Oncology – J.P.Jain
10. Oral Cancer- McGregor
11. Minor Oral Surgery – G.L. Howe
12. Extraction of teeth- G.I.Howe
13. Text book of Oral & Maxillofacial Surgery – Fonseca Vol. 1 to 7
14. Text book of Preprosthetic Surgery – Starshack
15. Dentofacial deformities – Bell Vol.1 & 3
16. Facial esthetics & Dentofacial deformities – Epker Vol 1 to 4
17. Principles of Oral & Maxillofacial Surgery – Moore
18. Complications of Oral & Maxillofacial Surgery – Kaban
19. Current advances in Oral & Maxillofacial Surgery – Irby & Shellon
20. Controversies in Oral & Maxillofacial Surgery
21. Operative Maxillofacial Surgery – Langdon & Patel
22. Local anesthesia – Malamed
23. Bennett's text book of local anesthesia – Monheims
24. Text book of local analgesia – Roberts
25. Distraction Osteogenesis – Sanchukov
26. Distraction Osteogenesis- McCarthy

SUGGESTED PERIODICALS

1. Journal of Oral & Maxillofacial Surgery
2. British Journal of Oral & Maxillofacial Surgery
3. International Journal of Oral & Maxillofacial Surgery
4. Oral medicine, Oral surgery, Oral pathology, Oral Radiology & Endodontics
5. Journal of Craniofacial surgery 6. Journal of Cranio Maxillofacial Surgery
7. Oral & Maxillofacial Surgery clinics of North America
8. Atlas of Oral & Maxillofacial Clinics of North America
9. Plastic & Reconstructive Surgery
10. Oral Oncology
11. British Dental Journal
12. Journal of American Dental Association
13. Australian Dental Journal
14. Journal of Canadian Dental Association

Annexure-2

Department of Conservative
Dentistry & Endodontics

FACULTYPROFILE

0 HOD & PROFESSOR:	DR MAMTA KAUSHIK MDS
0 READER 1:	DR. E. SOUJANYA, MDS
0 READER 2:	DR. NEHA MEHRA, MDS
0 READER 3:	DR. CHANDRAKANTH, MDS
0 SENIOR LECTURER 1:	DR. X. NAGA MAHESHWARI, MDS
0 SENIOR LECTURER 2:	DR. ALVIN GEORGE, MDS
0 SENIOR LECTURER 3:	DR. AJITA RATHI, MDS

FIRST YEAR – INTRODUCTION (ORAL SURGERY)

OBJECTIVES:

This year long program for first year post graduates in MDS will prepare the students for their clinical and research intensive second and final year program. With the exponential growth in the field of education, research and technology, it has become imperative for students to face the real life scenario with confidence in these subjects. Thus, tailor-made curriculum, with no set boundaries will expose the students to very best that is available, within their reach.

TOPICS:

- PG STUDY SKILLS
- EDUCATION AND POSTGRADUATION
- TEACHING AND LEARNING: PRINCIPLES AND PRACTICE
- COMPUTERAPPLICATIONS INDENTISTRY (MSOFFICE/ POWERPOINT/ PHOTOSHOP/ PUBLISHER/ VIDEOEDITING)
- HOW TO SELECT YOUR THESIS TOPIC
- MINDMAPPING
- EVIDENCE BASED DENTISTRY
- HOW TO ORGANIZE, DRAFT AND CITE YOUR ACADEMIC RESEARCH PAPER
- HOW TO DO SEMINAR AND JOURNAL CLUB PRESENTATION
- HOW TO DO SCIENTIFIC POSTER
- DENTAL PHOTOGRAPHY
- RESEARCH METHODOLOGY AND BIostatISTICS
- SCIENTIFIC WRITING

PRE-CLINICAL WORK:

1. Preclinical work on typhodont teeth

S.No	Preclinical Activity	Numbers
1	Class II amalgam cavities Conservative preparation Conventional preparation	03 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 Anterior Posterior	02 02

2. Preclinical work on natural teeth

S.No	Work	Numbers
1	Wax Carving of all permanent teeth	
2	Inlay on molars and premolars MO, DO, and MOD including wax pattern and casting	02
3	Amalgam cavity preparation a. Conventional b. Conservative	02 02
4	Complex amalgam on molar teeth (1 to be processed)	02
5	Onlay on molars including wax pattern and casting	02
6	Full crown premolars and molars (metal, PFM & Ceramic)	04
7	Full crown anterior (PFM, composite & Ceramic)	03
8	Veneers anterior teeth	02

3. Endodontics

S.No	Pre -clinical work	Numbers
1	Sectioning of all maxillary and mandibular teeth (vertical & horizontal).	
2	Access cavity opening in relation to maxillary and mandibular permanent teeth	
3	<p>Access cavity preparation, BMP and Obturation</p> <p>a) Anterior (3 maxillary and 3 mandibular)</p> <p>Conventional prep</p> <p>Step back</p> <p>Crown down</p> <p>Obturation</p> <p>(2 lateral compaction and 1 thermoplastic zed)</p> <p>Premolar</p> <p>(2 upper and 2 lower) obturation 1 each</p> <p>Molar</p> <p>(3 upper – 2 first molars and 1 second molar, 3 lower – 2 first molars and 1 second molar) obturation 1 each)</p> <p>Post and core preparation and fabrication in relation to anterior and posterior teeth</p> <p>Anterior - 10 (Cast Post 5 and prefabricated post 5)</p> <p>Posterior - 05 (Cast Post 2 and prefabricated post 5)</p>	<p>06</p> <p>02</p> <p>02</p> <p>02</p> <p>03</p> <p>04</p> <p>06</p>

FIRST YEAR - APPLIED BASIC SCIENCES

OBJECTIVES:

Applied basic sciences are a very important stepping stone for clinical post graduate students to handle their clinical cases successfully.

First year postgraduate program is fully packed with integrated basic sciences discussions, seminars and classes thus bridging the gap between basic sciences and clinical treatment protocols. This applied aspect is done with problem-based learning.

TOPICS:

1. Development of face, paranasal sinuses
2. TMJ anatomy and function
3. cranial nerves and autonomic nervous system of head and neck
4. Salivary glands
5. Functional anatomy of mastication, deglutition and speech
6. Internal anatomy of permanent teeth and its significance.
7. Enamel, Dentine, Pulp, Cementum, PDL – In Detail
8. Fluid and electrolyte balance
9. Blood and Blood dyscrasias
10. Endocrinology – pituitary, thyroid, parathyroid, adrenals including pregnancy and lactation.
11. Physiology of pain
12. Inflammation, repair, degeneration, necrosis
13. Circulatory disturbances
14. Neoplasms
15. Developmental disturbances of oral and Para oral structures
16. Bacterial, viral, mycotic infections of the oral cavity.
17. Pathways of pulpal infection
18. Immunology – antigen antibody reaction
19. Dosage and route of administration of drugs
20. Local anesthesia
21. General anesthesia
22. Anaesthetic emergencies
23. Sampling
24. Health information systems – collection, compilation, presentation of data
25. Tests of significance
26. Essential features of a protocol for research in humans
27. Experimental and non-experimental study designs
28. Ethical considerations of research
29. Physical and mechanical properties of dental materials, biocompatibility.
30. Impression materials
31. Dental ceramics-recent advances, finishing and polishing materials
32. Dental burs – design and mechanics of cutting – other modalities of tooth preparation.
33. Methods of testing biocompatibility of materials used.

SECOND YEAR – CONSERVATIVE DENTISTRY AND ENDODONTICS

OBJECTIVES:

This year Post graduates will have more insight into the anterior and posterior root canal treatment, restorations, crown preparations, esthetic rehabilitations, Bleaching, tooth resorption management and management of fractured and discolored teeth.

TOPICS:

1. Examination, diagnosis and treatment plan
2. Occlusion as related to conservative dentistry, contact, contour
3. matrices
4. Dental caries
5. Hand and rotary cutting instruments
6. Infection control procedures
7. Direct and indirect composite restorations
8. Indirect tooth colored restorations
9. Minimal intervention dentistry
10. Hypersensitivity-theories, causes and management.
11. Cast metal restorations
12. Direct gold restorations
13. Rationale of endodontics.
14. Pulp and periapical pathology.
15. Pathobiology of periapex.
16. Case selection and treatment planning.
17. Endodontic microbiology.
18. Infection control procedures used in Endodontics
19. Endodontic emergencies and management.
20. Access cavity preparation – objectives and principles
21. Endodontic instruments and instrumentation
22. Root canal irrigants and intra canal medicaments.
23. Obturation materials, techniques and recent advances
24. Traumatic injuries and management – endodontic treatment for young permanent teeth.

THIRD YEAR – ADVANCED LEARNING

OBJECTIVES:

Managing patient comprehensively is the goal of a good clinician. Students will be exposed and motivated to learn in heutagogy manner, thus taking them beyond the confines of classroom learning. All the third-year postgraduates and faculties will contribute to the outcome of learning in the interdisciplinary cases and its management.

TOPICS:

41. Multidisciplinary case presentation and discussion at the treatment planning, completed cases and follow up level.
42. Endodontic surgeries, recent developments in technique and devices and wound healing.
43. Lasers in endodontics.
44. Multidisciplinary approach to endodontic situations.
45. Radiology and CBCT in endodontic practice.
46. Procedural errors in endodontics and their management.
47. endodontic failures and retreatment.
48. Resorptions and its management.
49. Microscopes and microsurgery in endodontics.
50. Single visit endodontics, current concepts and controversies.
51. Regenerative endodontic
52. Management of non-carious lesions.
53. Management of discolored tooth
54. Recent advances in restoration of endodontically treated teeth and grossly mutilated teeth.
55. Hypersensitivity-theories, causes and management.
56. Lasers in Conservative Dentistry.
57. CAD-CAM in restorative dentistry.
58. Digital imaging and its applications in restorative dentistry.
59. Clinical Photography.

CHECKLIST -1

EVALUATION OF JOURNAL CLUB PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

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

Comment:

Signature of Faculty:

Signature of HOD

CHECKLIST -2

EVALUATION OF SEMINAR PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Article chosen was					
2	Extent of understanding of scope and objectives of paper by the candidate					
3	Whether cross references havebeen consulted					
4	Whether other references havebeen consulted					
5	Ability to respond to questions on paper/ subject					
6	Audio-Visual aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
	Total score					

Comment:

Signature of Faculty:

Signature of HOD

CHECKLIST -3
EVALUATION OF CLINICAL PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative					
6	Accuracy of general physical exam-ination					
7	Diagnosis: whether it follows logi- cally history and findings					
8	Investigation required Complete list Relevant order Interpretation of investigations					
9	Ability to react to questions wheth- er it follows logically from history and findings					
	Total score					

Comment:

Signature of HOD

Signature of
Faculty:

CHECKLIST -4

EVALUATION OF TEACHING SKILLS

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Communication of the purpose of talk					
2	Evokes audience interest in subject					
3	Introduction					
4	The sequence of ideas					
5	Use of practical examples and/or illustrations					
6	Speaking style (enjoyable, monotonous etc. specify)					
7	Attempts audience participation					
8	Summary of the main points at the end					
9	Asks questions					
10	Answer questions asked by audience					
11	Rapport of the speaker with the audience					
12	Effectiveness of the talk					
13	Uses AV aids appropriately					
	Total score					

Comment:

Signature of HOD

Signature of
Faculty:

LIST OF SPECIAL CASES

S.no	Date	OP NO	Patients Name	Age Sex	Diagnosis	Procedures performed	OA	Sign

O-observed A-Assisted PA- Performed with Assistance PI-Performed independently

ARMY COLLEGE OF DENTAL SCIENCES
DEPARTMENT OF
POST GRADUATE WEEKLY LOG SHEET

NAME:

DATE..... TO MONTH..... ACADEMIC YEAR.....

DAY/DATE	ACADEMIC										NON/ PARA ACADEMIC	
	PRECLINICAL EXERCISES		CLINICAL CASES		JC/SEMINAR/CLASS		CDE/CONFERENCES /CONVENTION		DISERTATION/ LD	OTHERS LIBRARY EXAM		
	WORK DONE/ ASSISTED/ DISCUSSED	STAFF SIGN	WORK DONE/ ASSISTED/ DISCUSSED	STAFF SIGN	DISCUSSED/ PRESENTED/ ATTENDED	STAFF SIGN	DISCUSSED/ PRESENTED/ ATTENDED	STAFF SIGN				
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												
PG SIGNATURE:	COMMENTS:										ATTENDANCE REPORT	
PG IN-CHARGE:											NO.OF DAYS: DAYS PRESENT: DAYS ABSENT: ATTENDANCE PERCENTAGE:	
HOD:											NO.OF CASES ALLOTTED: NO.OF CASES DONE: NO.OF ONGOING CASES: NO.OF CASES COMPLETED:	

COMPTENCY LIST OF POSTGRADUATES AND RATING SCALE

POSTGRADUATE COMPETENCY EVALUATION CRITERIA

NAME:.....

DEPARTMENT:.....

YEAR: I/ II/III PERIOD OF ASSESSMENT:.....

EVALUATION CRITERIA	RATING SCALE					
	5	4	3	2	1	NA
GENERAL						
1. Personal cleanliness						
2. Maintenance of work area/Equipments						
3. Attendance: Theory/Clinicals/Others						
4. Interaction with UG & PG Students						
5. Interaction with Para medical Staff						
6. Interaction with Teaching Staff						
7. Interest and participation in Extra Curricular activities						
ACADEMIC						
8. Record keeping and Documentation						
9. Seminar/JC/Class						
10. Library Dissertation						
11. Thesis						
12. CDE/Workshop/Conference: Participation and Presentations						
13. Research Projects: Publications & Interest						
14. Pre and Para clinical work: Maintenance of Schedule/Skills/Conceptual understanding						
15. Patient appointment Scheduling and management						
16. Interaction with faculty regarding diagnosis and treatment planning						
17. Procedural Skills						
18. Interdisciplinary approach and execution						
19. Post treatment follow up						
20. Self directed learning						
OVERALL PERFORMANCE						

This evaluation is based on : My observations only () / Collective observations ()

Rating Scale: 1. Unsatisfactory 2. Below Average 3. Average 4. Above Average 5. Outstanding
 NA. Not applicable

HOD

STUDENT

ASSESSOR (other than HOD, if any)

Annexure-3

Department of Orthodontics &
Dentofacial Orthopaedics

FACULTYPROFILE

- | | |
|-------------------------------|---|
| ① HOD & PROFESSOR: | DR. PRASAD CHITRA MDS , MDORCPS,
Morth RCS |
| ① READER 1: | DR. K Y POORNIMA, MDS |
| ① READER 2: | DR. G. PRADEEP RAJ, MDS |
| ① SENIOR LECTURER 1: | DR. SOWMYA JANGAM, MDS |
| ① SENIOR LECTURER 2: | DR. SHUBHNITA VERMA, MDS |

FIRST YEAR – INTRODUCTION (ORAL SURGERY)

OBJECTIVES:

This year long program for first year post graduates in MDS will prepare the students for their clinical and research intensive second and final year program. With the exponential growth in the field of education, research and technology, it has become imperative for students to face the real life scenario with confidence in these subjects.

Thus, tailor-made curriculum, with no set boundaries will expose the students to very best that is available, within their reach.

TOPICS:

- PG STUDY SKILLS
- EDUCATION AND POST GRADUATION
- TEACHING AND LEARNING: PRINCIPLES AND PRACTICE
- COMPUTER APPLICATIONS IN DENTISTRY (MS OFFICE/POWERPOINT/PHOTOSHOP/PUBLISHER/VIDEOEDITING)
- HOW TO SELECT YOU'RE THESIS TOPIC
- MIND MAPPING
- EVIDENCE BASED DENTISTRY
- HOW TO ORGANIZE, DRAFT AND CITE YOUR ACADEMIC RESEARCH PAPER
- HOW TO DO SEMINAR AND JOURNAL CLUB PRESENTATION
- HOW TO DO SCIENTIFIC POSTER
- DENTAL PHOTOGRAPHY
- RESEARCH METHODOLOGY AND BIostatISTICS
- SCIENTIFIC WRITING

PRE-CLINICAL WORK

(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 re-gainers.
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.

Basic Pre-Clinical Exercise Work for the MDS Students:

1. <u>Clasps: Sl. No</u>	<u>Exercise</u>	<u>No.</u>
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. <u>Labial Bows: Sl. No</u>	<u>Exercise</u>	<u>No.</u>
1	Short labial bow (upper & lower)	1
2.	Long labial bow (upper & lower)	1
3.	Split high labial bow	1

3. <u>Springs: Sl. No.</u>	<u>Exercise</u>	<u>No.</u>
1	Double cantilever spring	1
2.	Coffin spring	2
3.	T spring	2

4. Appliances:	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

<u>4. Appliances:</u>	<u>Exercise</u>	<u>No.</u>
17.	Pendulum appliance	1
18.	Canine Retractor(Marcotte & PG Spring)	1

<u>4. Appliances:</u>	<u>Exercise</u>	<u>No.</u>
18.	Star/Comb/Christmas tree	1

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 superimposed to see the accuracy of tracing
2	Vertical and Anterio-Posterior Cephalometric analysis
3	Soft tissue analysis – Holdaway and Burstone
4	Various superimposition methods

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 malocclusion with maxillary
2	Band pinching, welding brackets and buccal tubes to the bands
3	Different Stages dependent on the applied technique

FIRST YEAR - APPLIED BASIC SCIENCES

OBJECTIVES:

Applied basic sciences are a very important stepping stone for clinical post graduate students to handle their clinical cases successfully. First year postgraduate program is fully packed with integrated basic sciences discussions, seminars and classes thus bridging the gap between basic sciences and clinical treatment protocols. This applied aspect is done with problem-based learning

TOPICS:

1. 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.

2. 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

3. 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: Specification and tests methods used for materials used in Orthodontics:
- j. Survey of all contemporary literature and recent advances in above mentioned materials:

4. 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.

5. Physical Anthropology:

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

6. Pathology:

- a. Inflammation
- b. Necrosis

7. Biostatistics:

- a. Statistical principles
 - i. Data Collection
 - ii. Method of presentation
 - iii. Method of Summarizing
 - iv. Methods of analysis – different tests/errors
 - v. Sampling and Sampling technique
 - vi. Experimental models, design and interpretation
 - vii. Development of skills for preparing clear concise and cogent scientific abstracts and publications

8. 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.

9. Applied Pharmacology: Definitions & terminologies used – Dos-age 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.

SECOND YEAR – ORTHODONTICS

OBJECTIVES:

To inculcate scientific and ethical orthodontic practice techniques.

TOPICS:

- 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

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.

THIRD YEAR – ADVANCED LEARNING

OBJECTIVES:

Managing patient comprehensively Is the goal of a good clinician. Students will be exposed and motivated to learn in heutagogy manner, thrusting them beyond the confines of classroom learning. All the third-year postgraduates and faculties will contribute to the outcome of learning in the interdisciplinary cases and its management.

TOPICS:

- Evidence Based Orthodontics:
- Different types of fixed Mechanotherapy:
- Orthodontic Management of TMJ problems, sleepapnoea etc.:
- Retention and relapse:
 - Mechanotherapy – special reference to stability of results with various procedures
 - Post retention analysis
 - 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
- Thesis submission

CHECKLIST -1

EVALUATION OF JOURNAL CLUB PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

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

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -2

EVALUATION OF SEMINAR PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

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

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -3

EVALUATION OF CLINICAL PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative					
6	Accuracy of general physical examination					
7	Diagnosis: whether it follows logically history and findings					
8	Investigation required Complete list Relevant order Interpretation of investigations					
9	Ability to react to questions whether it follows logically from history and findings					
	Total score					

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -4

EVALUATION OF TEACHING SKILLS

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Communication of the purpose of talk					
2	Evokes audience interest in subject					
3	Introduction					
4	The sequence of ideas					
5	Use of practical examples and/or illustrations					
6	Speaking style (enjoyable, monotonous etc. specify)					
7	Attempts audience participation					
8	Summary of the main points at the end					
9	Asks questions					
10	Answer questions asked by audience					
11	Rapport of the speaker with the audience					
12	Effectiveness of the talk					
13	Uses AV aids appropriately					
	Total score					

Comment:

Signature of faculty

Signature of HOD

ARMY COLLEGE OF DENTAL SCIENCES
DEPARTMENT OF
POST GRADUATE WEEKLY LOG SHEET

NAME:

DATE: TO MONTH, ACADEMIC YEAR

DAY/DATE	PRECLINICAL EXERCISES		CLINICAL CASES		ACADEMIC		DISERTATION/ LD	OTHERS LIBRARY EXAM	NON/ PARA ACADEMIC
	WORK DONE/ ASSISTED/ DISCUSSED	STAFF SIGN	WORK DONE/ ASSISTED/ DISCUSSED	STAFF SIGN	JC/SEMINAR/CLASS				
					DISCUSSED/ PRESENTED/ ATTENDED	STAFF SIGN			
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
PG SIGNATURE:	COMMENTS:				NO. OF CASES ALLOTTED:		ATTENDANCE REPORT		
PG IN-CHARGE:					NO. OF CASES DONE:		NO. OF DAYS:		
HOD:					NO. OF ONGOING CASES:		DAYS PRESENT:		
					NO. OF CASES COMPLETED:		DAYS ABSENT:		
							ATTENDANCE PERCENTAGE:		

POSTGRADUATE COMPETENCY EVALUATION CRITERIA

COMPTENCY LIST OF POSTGRADUATES AND RATING SCALE

NAME:.....

DEPARTMENT:.....

YEAR: I/ II/III PERIOD OF ASSESSMENT:.....

EVALUATION CRITERIA	RATING SCALE					
	5	4	3	2	1	NA
GENERAL						
1. Personal cleanliness						
2. Maintenance of work area/Equipments						
3. Attendance: Theory/Clinicals/Others						
4. Interaction with UG & PG Students						
5. Interaction with Para medical Staff						
6. Interaction with Teaching Staff						
7. Interest and participation in Extra Curricular activities						
ACADEMIC						
8. Record keeping and Documentation						
9. Seminar/JC/Class						
10. Library Dissertation						
11. Thesis						
12. CDE/Workshop/Conference: Participation and Presentations						
13. Research Projects: Publications & Interest						
14. Pre and Para clinical work: Maintenance of Schedule/Skills/Conceptual understanding						
15. Patient appointment Scheduling and management						
16. Interaction with faculty regarding diagnosis and treatment planning						
17. Procedural Skills						
18. Interdisciplinary approach and execution						
19. Post treatment follow up						
20. Self directed learning						
OVERALL PERFORMANCE						

This evaluation is based on : My observations only () / Collective observations ()

Rating Scale: 1. Unsatisfactory 2. Below Average 3. Average 4. Above Average 5. Outstanding
NA. Not applicable

HOD

STUDENT

ASSESSOR (other than HOD, if any)

Recommended Book List

Orthodontics & Dentofacial Orthopedics

S NO.	Author	Title	Edition	Publisher
1.	Athanasios E Athanasiou	Orthodontic Cephalometry	1st	MOSBY -WOLFE
2.	Thomas Rakosi	Cephalometric Radiography		LEA & FEBIGER
3.	Burstone	Modern Edgewise Mechanics		Dept of orthodontics, Univ of Connecticut, School of Dental Medicine
4.	Burstone	Problem Solving In Orthodontics		Quintessence Pub.
5.	Enlow Hans	Facial Growth		Needham Pub.
6.	Epker Stella Fish	Dentofacial Deformities Vol 1	2 nd	MOSBY
7.	Epker Stella Fish	Dentofacial Deformities Vol 2	2 nd	MOSBY
8.	Epker Stella Fish	Dentofacial Deformities Vol 3	2 nd	MOSBY
9.	Graber Rakosi Petrovic	Dentofacial Orthopedics With Functional Appliance	2 nd	MOSBY
10.	Graber Swain	Orthodontics Current Principles & Technique		MOSBY
11.	Graber Vansardall	Orthodontics Current Principles & Technique	6th	MOSBY
12.	Marcotte	Biomechanics In Orthodontics		B C DECKER

Recommended Book List

Orthodontics & Dentofacial Orthopedics

S NO.	Author	Title	Edition	Publisher
1.	Athanasios E Athanasiou	Orthodontic Cephalometry	1st	MOSBY -WOLFE
2.	Thomas Rakosi	Cephalometric Radiography		LEA & FEBIGER
3.	Burstone	Modern Edgewise Mechanics		Dept of orthodontics, Univ of Connecticut, School of Dental Medicine
4.	Burstone	Problem Solving In Orthodontics		Quintessence Pub.
5.	Enlow Hans	Facial Growth		Needham Pub.
6.	Epker Stella Fish	Dentofacial Deformities Vol 1	2 nd	MOSBY
7.	Epker Stella Fish	Dentofacial Deformities Vol 2	2 nd	MOSBY
8.	Epker Stella Fish	Dentofacial Deformities Vol 3	2 nd	MOSBY
9.	Graber Rakosi Petrovic	Dentofacial Orthopedics With Functional Appliance	2 nd	MOSBY
10.	Graber Swain	Orthodontics Current Principles & Technique		MOSBY
11.	Graber Vansardall	Orthodontics Current Principles & Technique	6th	MOSBY
12.	Marcotte	Biomechanics In Orthodontics		B C DECKER

27.	Ricketts	Bioprogressive Therapy		Rocky Mountain
28.	Sperber	Craniofacial Development		PMPH-USA
29.	Timms	Rapid Maxillary Expansion		Quintessence Publishing Co.
30.	Tweed	Clinical Orthodontics Vol 1		Mosby
31.	Tweed	Clinical Orthodontics Vol 2		Mosby
32.	Bristol	P.G Ortho Notes	5th	
33.	Ravindra Nanda	Temporary Anchorage Devices In Orthodontics	2009	Elsevier
34.	Salzman	Orthodontics Practice & Technique		Lippincott Williams and Wilkins
35.	Ravindra Nanda & Burstone	Retention & Stability In Orthodontics		W B Saunders Co
36.	Moschos Papadopoulos	Orthodontic Treatment Class II Non Compliant Patient		Mosby
37.	McNamara	Growth&Modification on What Works,Doses'n&why		Needham Pr
38.	T.M.Graber	Orthodontics Principles & Practice	3rd	Saunders (W.B.) Co Ltd
39.	McLaughlin,Bennett,Trivesi	Systemized Orthodontic Treatment mechanics		Elsevier
40.	Vinod Krishnan, Ze'ev Davidovitch	Integrated Clinical Orthodontics	2012	Wiley-Blackwell

41.	O.P Kharbanda	Orthodontics: Diagnosis and Management of Malocclusion & Dentofacial Deformities		Elsevier
42.	Rafi Romano	Lingual Orthodontics		B.C. Decker
43.	William A. Brantley, Theodore Eliades	Orthodontic Materials - Scientific and Clinical Aspects		Thieme
44.	Graber ,Newman	Removable orthodontic appliance		Saunders
45.	Samir Bishra	Text Book Of Orthodontics		Saunders
46.	Laura Mitchell	An Introduction to Orthodontics		OUP Oxford
47.	Cheol-Ho Paik, Park,	Orthodontic Miniscrew Implants - Clinical Applications		Mosby
48.	Eiichiro Nakajima	Manual Of Wire Bending Techniques		Quintessence Publishing Co Inc.
49.	Samuel Berkowitz,	Cleft Lip and Palate: Diagnosis and Management,	3rd	Springer
50.	Shadi S. Samawi	A Short Guide to Clinical Digital Photography in Orthodontics		

51.	Tae-Woo Kim, Hyewon Kim	Clinical application of orthodontic mini- implant		
52.	Federico brugnami alfonso caiazzo	Orthodontically Driven Corticotomy		Wiley-Blackwell
53.	Bjoern Ludwig, Dirk Bister, Sebastian Baumgaertel	Self-Ligating Brackets in Orthodontics - Current Concepts and Techniques		Thieme
54.	Birte Melsen	Adult Orthodontics	2012	Wiley-Blackwell
55.	Vinod Krishnan	Biological Mechanisms of Tooth Movement		John Wiley & Sons
56.	Peter W. Ngan, Toshio Deguchi, Eugene W. Roberts	Orthodontic Treatment of Class III Malocclusion		Bentham Science Publishers
57.	Sunil Kapila	Cone Beam Computed Tomography in Orthodontics: Indications, Insights, and Innovations		Wiley-Blackwell
58.	Theodore Eliades,	Research Methods in Orthodontics: A Guide to Understanding Orthodontic Research		Springer

Recommended Journals

S.No.	Journal Name
1.	American Journal of Orthodontics and Dentofacial Orthopaedics
2.	<u>Journal of Clinical Orthodontics</u>
3.	Angle Orthodontist
4.	<u>European Journal of Orthodontics</u>
5.	<u>Journal of Orthodontics(Formerly BJO)</u>
6.	Seminars In Orthodontics
7.	Orthodontics & Craniofacial Research

Annexure-4

Department of Periodontology

FACULTYPROFILE

① **HOD & PROFESSOR:** DR SANJAY VASUDEVAN, MDS

① **READER 1:** DR. AJAY REDDY . P, MDS

① **READER 2:** DR. ATCHUTA ABHINAV, MDS

① **SENIOR LECTURER 1:** DR. V. VAISHNAVI, MDS

① **SENIOR LECTURER 2:** DR. NAVNEET KAUR, MDS

FIRST YEAR - INTRODUCTION

OBJECTIVES:

This year long program for first year postgraduates in MDS will prepare the students for their clinical and research intensive second and final year program. With the exponential growth in the field of education, research and technology, it has become imperative for students to face the real life scenario with confidence in these sub-jects.

Thus, tailor-made curriculum, with no set boundaries will expose the students to very best that is available, within their reach.

TOPICS:

- PG study skills
- Education and postgraduation
- Teaching and learning: principles and practice
- Computer applications In dentistry (Msoffice/ Powerpoint/ Photoshop/ Publisher/Video editing)
- How to select your thesis topic
- Mind mapping
- Evidence based dentistry
- How to organize, Draft and cite your academic research paper
- How to do seminar and journal club Presentation
- How to do scientific poster
- Dental photography
- Research methodology and biostatistics
- Scientific Writing

PRE-CLINICAL WORK

- Carving of defects on castso Horizontal defects
 - Vertical defects
 - Reverse architecture
 - Furcation involvement

- Occlusal bite guards
- Incisions
 - Internal bevel incision
 - External bevel incision
- Suturing techniques
 - Simple loop suture
 - Interrupted figure – eight suture
 - Single, interrupted sling suture
 - Continues independent sling suture using a horizontal mattressuture
 - Distal wedge suture
- Splinting
- Treatment of recession defect with a palatal graft
- Gingivectomy in relation to maxillary anterior
- Crown cutting on tyodont
- Class II cavity preparation and restoration

FIRST YEAR - APPLIED BASIC SCIENCES

OBJECTIVES:

Applied basic sciences are a very important stepping stone for clinical post graduate students to handle their clinical cases successfully. First year postgraduate program is fully packed with integrated basic sciences discussions, seminars and classes thus bridging the gap between basic sciences and clinical treatment protocols. This applied aspect is done with problem-based learning.

TOPICS:

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
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
10. Blood
11. Respiratory System – Knowledge of The Respiratory Diseases Which Are A Cause of Periodontal Diseases (Periodontal Medicine)
12. Cardiovascular System A. Blood Pressure B. Normal Ecg C. Shock
13. Endocrinology – Hormonal Influences on Periodontium
14. Gastrointestinal System A. Salivary Secretion – Composition, Function & Regulation B. Reproductive Physiology C. Hormones – Actions And Regulations, Role in Periodontal Disease D. Family Planning Methods
15. Nervous System A. Pain Pathways B. Taste – Taste Buds, Primary Taste Sensation & Pathways for Sensation
16. Hemostasis

17. Circulatory Disturbances – Edema, Hemorrhage, Shock, Thrombosis, Embolism, Infarction And Hypertension
18. Disturbances Of Nutrition
19. Diabetes Mellitus
20. Cellular Growth And Differentiation, Regulation
21. Lab Investigations
22. General Bacteriology A. Identification Of Bacteria B. Culture Media And Methods C. Sterilization And Disinfection
23. Immunology And Infection
24. Systemic Bacteriology With Special Emphasis On Oral Microbiology – Staphylococci, Genus Actinomyces And Other Filamentous Bacteria And Actinobacillus Actinomycetum Comitans
25. Virology A. General Properties Of Viruses B. Herpes, Hepatitis, Virus, Hiv Virus
26. Mycology A. Candidiasis
27. Applied Microbiology
28. Diagnostic Microbiology And Immunology, Hospital Infections And Management
29. General Pharmacology
30. Detailed Pharmacology
31. Drugs Used In Bronchial Asthma, Cough
32. Drug Therapy
33. Introduction, Definition And Branches Of Biostatistics
34. Collection Of Data, Sampling, Types, Bias And Errors
35. Compiling Data-Graphs And Charts
36. Measures Of Central Tendency (Mean, Median And Mode), Standard Deviation And Variability
37. Tests Of Significance (Chi Square Test, T-Test And Z-Test) Null Hypothesis

SECOND YEAR – PERIODONTICS

OBJECTIVES:

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

THIRD YEAR – ADVANCED LEARNING

OBJECTIVES:

Managing patient comprehensively is the goal of a good clinician. Students will be exposed and motivated to learn in heutagogy manner, thus taking them beyond the confines of classroom learning. All the third-year postgraduates and faculties will contribute to the outcome of learning in the inter disciplinary cases and its management.

TOPICS:

- Evidence Based Orthodontics:
- Different types of fixed Mechanotherapy:
- Orthodontic Management of TMJ problems, sleep-apnoea etc.:
- Retention and relapse:
 - Mechanotherapy – special reference to stability of re-sults with various procedures
 - Post retention analysis
 - 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
- Thesis submission

CHECKLIST -1

EVALUATION OF JOURNAL CLUB PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

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

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -2

EVALUATION OF SEMINAR PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

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

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -3

EVALUATION OF CLINICAL PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative					
6	Accuracy of general physical examination					
7	Diagnosis: whether it follows logically history and findings					
8	Investigation required Complete list Relevant order Interpretation of investigations					
9	Ability to react to questions whether it follows logically from history and findings					
	Total score					

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -4

EVALUATION OF TEACHING SKILLS

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Communication of the purpose of talk					
2	Evokes audience interest in subject					
3	Introduction					
4	The sequence of ideas					
5	Use of practical examples and/or illustrations					
6	Speaking style (enjoyable, monotonous etc. specify)					
7	Attempts audience participation					
8	Summary of the main points at the end					
9	Asks questions					
10	Answer questions asked by audience					
11	Rapport of the speaker with the audience					
12	Effectiveness of the talk					
13	Uses AV aids appropriately					
	Total score					

Comment:

Signature of faculty

Signature of HOD

**ARMY COLLEGE OF DENTAL SCIENCES
DEPARTMENT OF
POST GRADUATE WEEKLY LOG SHEET**

NAME:

DATE: TO MONTH, ACADEMIC YEAR:

DAY/DATE	PRECLINICAL EXERCISES		CLINICAL CASES		ACADEMIC				DISERTATION/ LD	OTHERS LIBRARY EXAM	NON/ PARA ACADEMIC
	WORK DONE/ ASSISTED/ DISCUSSED	STAFF SIGN	WORK DONE/ ASSISTED/ DISCUSSED	STAFF SIGN	JC/SEMINAR/CLASS		CDE/CONFERENCES /CONVENTION				
					DISCUSSED/ PRESENTED/ ATTENDED	STAFF SIGN	DISCUSSED/ PRESENTED/ ATTENDED	STAFF SIGN			
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
PG SIGNATURE:	COMMENTS:										ATTENDANCE REPORT
PG IN-CHARGE:											NO. OF DAYS: DAYS PRESENT: DAYS ABSENT:
HOD:											NO. OF CASES ALLOTTED: NO. OF CASES DONE: NO. OF ONGOING CASES: NO. OF CASES COMPLETED: ATTENDANCE PERCENTAGE:

POSTGRADUATE COMPETENCY EVALUATION CRITERIA

COMPTENCY LIST OF POSTGRADUATES AND RATING SCALE

NAME:.....

DEPARTMENT:.....

YEAR: I/ II/III PERIOD OF ASSESSMENT:.....

EVALUATION CRITERIA	RATING SCALE					
	5	4	3	2	1	NA
GENERAL						
1. Personal cleanliness						
2. Maintenance of work area/Equipments						
3. Attendance: Theory/Clinicals/Others						
4. Interaction with UG & PG Students						
5. Interaction with Para medical Staff						
6. Interaction with Teaching Staff						
7. Interest and participation in Extra Curricular activities						
ACADEMIC						
8. Record keeping and Documentation						
9. Seminar/JC/Class						
10. Library Dissertation						
11. Thesis						
12. CDE/Workshop/Conference: Participation and Presentations						
13. Research Projects: Publications & Interest						
14. Pre and Para clinical work: Maintenance of Schedule/Skills/Conceptual understanding						
15. Patient appointment Scheduling and management						
16. Interaction with faculty regarding diagnosis and treatment planning						
17. Procedural Skills						
18. Interdisciplinary approach and execution						
19. Post treatment follow up						
20. Self directed learning						
OVERALL PERFORMANCE						

This evaluation is based on : My observations only () / Collective observations ()

Rating Scale: 1. Unsatisfactory 2.Below Average 3. Average 4. Above Average 5.Outstanding
NA. Not applicable

HOD

STUDENT

ASSESSOR (other than HOD, if any)

Department of periodontics List of books

S.No	Books	Author
1	Periodontal therapy	Nabersstalker
2	Periodontology and periodontics modern therapy and practice	Ramfjord, Major M ASH Jr
3	Periodontology exam preparatory manual for under graduate	Vivek bains ,Vivek gupta jyoti bansal
4	Outline periodontics	JD Manson,B Meleey
5	Successful periodontal therapy a non-surgical approach	Peter A Heasmon .Philip M Pre-shaw,Pauline robertson
6	Carranzas clinical periodontology	MG newman
7	Essentials of clinical periodontology and periodonotics	F A Carranza , Takie P R Klorkevold
8	Textbook of periodontology and oral implantology	Shantipriya
9	Clinical periodontology	Carranza, Newman
10	Clinical periodontology and im-plant dentistry	John Lindhe ,Thorkeld kerring Niklaus p lang
11	Periodontics medicine surgery and implants	Louis F.Rose ,Brian L.Mealey
12	Periodontal and gingival health and diseases children adolescents and young adults	Eurique bimstein Haward L.Needleman
13	Periodontal therapy	Henry M.Goldman D.walter cohen
14	A comprehensive textbook of peri-odontology	T.R.Gururraja rao

Annexure-5

**Department of Pedodontics
&
Preventive Dentistry**

FACULTYPROFILE

0 HOD & PROFESSOR: DR KRISHNA PRIYA .V, MDS

0 READER 1: DR. SHILPA G, MDS

0 READER 2: DR. SANTOSH KUMAR CH, MDS

0 SENIOR LECTURER 1: DR. K SAIGEETA, MDS

0 SENIOR LECTURER 2: DR. NIHARIKA S, MDS

FIRST YEAR - INTRODUCTION

OBJECTIVES:

This year long program for first year postgraduates in MDS will prepare the students for their clinical and research intensive second and final year program. With the exponential growth in the field of education, research and technology, it has become imperative for students to face the real life scenario with confidence in these subjects. Thus, tailor-made curriculum, with no set boundaries will expose the students to very best that is available, within their reach.

TOPICS:

- PG study skills
- Education and postgraduation
- Teaching and learning: principles and practice
- Computer applications in dentistry (ms office/powerpoint/ photo- shop/ publisher/ video editing)
- How to select your thesis topic
- Mind mapping
- Evidence based dentistry
- How to organize, draft and cite your academic research paper
- How to do seminar and journal club presentation
- How to do scientific poster
- Dental photography
- Research methodology and biostatistics
- Scientific writing

PRE-CLINICAL 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 All habit breaking appliances
 - Removable type
 - Fixed type
 - Partially fixed and removable
 - d. Myo-functional appliances – Twin block, Activator, Lip bumper, Oral Screen
 - e. Making of inclined plane appliance
 - f. 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 permanentteeth
 - d. Performing pulpotomy, root canal treatment and Apexificationprocedure
 - i) Tooth preparation and fabrication of various temporary and permanent restorations on fractured anteriorteeth.
 - 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:

			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 plan-ning 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

			Months	Months	Months
	(d). Pediatric Endodontic Procedures				
	Deciduous teeth Pulpotomy / Pulpectomy	150	30	50	70
	Permanent Molars Permanent Incisor	20	3	7	10
	Apexification & Apexogenesis	15	2	3	10
		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 (i) School Dental Health Programmes	03	01	01	01
	(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 de- partment based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects.

- Thesis submission

CHECKLIST -1

EVALUATION OF JOURNAL CLUB PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

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

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -2

EVALUATION OF SEMINAR PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

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

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -3

EVALUATION OF CLINICAL PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative					
6	Accuracy of general physical examination					
7	Diagnosis: whether it follows logically history and findings					
8	Investigation required Complete list Relevant order Interpretation of investigations					
9	Ability to react to questions whether it follows logically from history and findings					
	Total score					

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -4

EVALUATION OF TEACHING SKILLS

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Communication of the purpose of talk					
2	Evokes audience interest in subject					
3	Introduction					
4	The sequence of ideas					
5	Use of practical examples and/or illustrations					
6	Speaking style (enjoyable, monotonous etc. specify)					
7	Attempts audience participation					
8	Summary of the main points at the end					
9	Asks questions					
10	Answer questions asked by audience					
11	Rapport of the speaker with the audience					
12	Effectiveness of the talk					
13	Uses AV aids appropriately					
	Total score					

Comment:

Signature of faculty

Signature of HOD

ARMY COLLEGE OF DENTAL SCIENCES
DEPARTMENT OF
POST GRADUATE WEEKLY LOG SHEET

NAME:

DATE: TO MONTH, ACADEMIC YEAR

DAY/DATE	PRECLINICAL EXERCISES		CLINICAL CASES		ACADEMIC		DISERTATION/ LD	OTHERS LIBRARY EXAM	NON/ PARA ACADEMIC
	WORK DONE/ ASSISTED/ DISCUSSED	STAFF SIGN	WORK DONE/ ASSISTED/ DISCUSSED	STAFF SIGN	JC/SEMINAR/CLASS	CDE/CONFERENCES /CONVENTION			
					DISCUSSED/ PRESENTED/ ATTENDED	STAFF SIGN	DISCUSSED/ PRESENTED/ ATTENDED	STAFF SIGN	
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
PG SIGNATURE:	COMMENTS:						ATTENDANCE REPORT		
PG IN-CHARGE:							NO. OF CASES ALLOTTED:		
HOD:							NO. OF CASES DONE:		
							NO. OF ONGOING CASES:		
							NO. OF CASES COMPLETED:		
							NO. OF DAYS: DAYS PRESENT: DAYS ABSENT:		
							ATTENDANCE PERCENTAGE:		

COMPTENCY LIST OF POSTGRADUATES AND RATING SCALE

POSTGRADUATE COMPETENCY EVALUATION CRITERIA

NAME:.....

DEPARTMENT:.....

YEAR: I/ II/III PERIOD OF ASSESSMENT:.....

EVALUATION CRITERIA	RATING SCALE					
	5	4	3	2	1	NA
<u>GENERAL</u>						
1. Personal cleanliness						
2. Maintenance of work area/Equipments						
3. Attendance: Theory/Clinicals/Others						
4. Interaction with UG & PG Students						
5. Interaction with Para medical Staff						
6. Interaction with Teaching Staff						
7. Interest and participation in Extra Curricular activities						
<u>ACADEMIC</u>						
8. Record keeping and Documentation						
9. Seminar/JC/Class						
10. Library Dissertation						
11. Thesis						
12. CDE/Workshop/Conference: Participation and Presentations						
13. Research Projects: Publications & Interest						
14. Pre and Para clinical work: Maintenance of Schedule/Skills/Conceptual understanding						
15. Patient appointment Scheduling and management						
16. Interaction with faculty regarding diagnosis and treatment planning						
17. Procedural Skills						
18. Interdisciplinary approach and execution						
19. Post treatment follow up						
20. Self directed learning						
OVERALL PERFORMANCE						

This evaluation is based on : My observations only () / Collective observations ()

Rating Scale: 1. Unsatisfactory 2. Below Average 3. Average 4. Above Average 5. Outstanding
 NA. Not applicable

HOD

STUDENT

ASSESSOR (other than HOD, if any)

Books Pertaining to Pedodontics & Preventive Dentistry

1. AAPD Handbook of Pediatric Dentistry
2. Pediatric Dental Medicine - Forrester DJ
3. Pediatric Dentistry - Stewart, Barber, Trautman and Wei
4. Pediatric Dentistry: Total Patient Care - Stephen HY Wei
5. Pediatric Dentistry: Infancy through Adolescence - Pinkham JR - 4th Edition
6. Clinical Pedodontics - Sydney B. Finn
7. Fundamentals of Pediatric Dentistry - Mathewson R J and Primosch R E - 3rd Edition
8. Dentistry for the Child Adolescent: 8th Edition - McDonald RE and David R Avery
9. Pedodontics: a clinical approach - Goran Koch
10. Text book of Pediatric Dentistry - Braham and Morris
11. Post graduate hand book of Pediatric Dentistry - Barber
12. Hand book of Pediatric Dentistry - Cameron and Widmer
13. Manual of Pedodontics - Andlaw and Rock
14. Kennedy's Pediatric Operative Dentistry - Kennedy and Curzon
15. Dentistry and the Handicapped patient - Kenneth E Wessels
16. Dentistry for the Adolescent - Castaldi and Brass
17. Behavior management of Children in Dental practice- Wright
18. Child management in Dentistry - Wright
19. Management of Dental Behavior in child: Volume 1 - Louis W Ripa
20. Psychology - Crider, Goethals and Kavanaugh
21. Child Development - Santrock
22. Psychology: Essentials - Santrock
23. Munn's Introduction to Psychology
24. Conscious Sedation and Analgesia - Watson
25. Sedation in Dentistry - Girtler and Hill
26. Contemporary Orthodontics - Proffit WR
27. Orthodontics Principles and Practice - Graber
28. Orthodontics - Graber and Vanersdal
29. Occlusal Guidance in Pediatric Dentistry - Minoru Nakata & Stephan HYWei
30. Cariology today - Guggenheim
31. Cariology - Newbrun E
32. Pediatric Oral and Maxillofacial Surgery - Kaban

33. Pediatric Orofacial medicine and pathology - Hall
34. Pathways of Pulp - Cohen and Burns
35. Endodontics - Ingle
36. Endodontic Practice - Grossman
37. Pulp Dentin Complex - Weine
38. Surgical Endodontics - Gutmann
39. The Management of Traumatized Anterior Teeth of Children - Hargreaves J A
40. Traumatic Injuries of Anterior Teeth - Andreasen
41. A Color atlas of Oral diseases in Children and Adolescents - Crispian Scully
42. Shafer's Oral Pathology
43. Understanding Dental Caries - Gordon Nikiforuk
44. Text book of Clinical Cariology - Thylstrup and Fejerskov
45. Dental Caries: Etiology, Pathology and Prevention - Silverstone
46. The Biologic basis of Dental Caries - Lewis Manekar
47. Clinical Use of Fluorides - Stephen HY Wei
48. Community dental health - Jong
49. Primary Preventive Dentistry - Norman O . Harris
50. The Prevention of Dental Disease - Murray
51. Essentials of Preventive and Community dentistry - Soben Peter
52. Fluoride in Dentistry - Fejerskov, Ekstrand and Burt
53. Fluorides in caries prevention - Murray, Rugg Gunn and Jenkins
54. The Metabolism and Toxicity of Fluoride - Garry M. Whitford
55. Nutrition in preventive dentistry: Science and Practice - Nizel
56. Diet and Nutrition in dentistry - Rutgunn
57. Disease prevention and oral health promotion - Cohen and Gift
58. Common drugs in Pediatrics: 8th Edition - Santhanakrishnan BR
59. Drugs in Pregnancy and Lactation - Gerald G Briggs
60. Medical emergencies in Dental Practice - malamed
61. Pediatric Medical Emergencies - P.S. Whatt
62. Oral health care systems - WHO
63. Oral health surveys: Basic methods - WHO
64. Self assessment picture tests in Pediatric dentistry - Linda
65. Infection Control in Dentistry - Cottone, JA

Journals Pertaining to Pedodontics & Preventive Dentistry

1. ASDC Journal of Dentistry for Children
2. European Journal of Pediatric Dentistry
3. International Journal of Pediatric Dentistry
4. Journal of Clinical Pediatric Dentistry
5. Journal of Indian Society of Pedodontics & Preventive Dentistry
6. Pediatric Dentistry
7. Pediatric Dental Journal, a Free Online Journal (International Journal of Japanese Society of Pediatric Dentistry)
8. Special Care Dentistry

Journals pertaining to Dental education and practice

1. ACTA Odontologica Scandinavica
2. American Journal of Orthodontics or American Journal Of Orthodontics & Dentofacial Orthopedics
3. Annals of Dentistry
4. Australian Dental Journal
5. Australian Endodontics Journal
6. British Dental Journal
7. British Journal of Orthodontics
8. Caries Research
9. Cleft Lip Craniofacial Journal
10. Community Dental Health
11. Community Dentistry and Oral Epidemiology
12. Dental Abstracts
13. Dental Clinics of North America
14. Dental Materials
15. Dental Traumatology
16. Dental Update
17. Endodontics & Dental Traumatology
18. European Journal Of Orthodontics
19. Fluorides
20. International Dental Journal
21. International Journal Of Computerized Dentistry

22. International Journal Of Endodontics
23. Journal of American College of Dentists
24. Journal of Clinical Orthodontics
25. Journal of Dental Education
26. Journal of Dental Materials
27. Journal of Dental Research
28. Journal of Dentistry
29. Journal of Endodontics
30. Journal of Indian Dental Association
31. Journal of Oral Pathology & Medicine
32. Journal of Public Health Dentistry
33. Journal of The American Dental Association
34. Operative Dentistry
35. Oral Surgery, Oral Medicine & Oral Pathology
36. Quintessence International
37. The Journal Of Adhesive Dentistry

Free on line Journals

1. Australian Dental Journal
2. Angle Orthodontist
3. Brazilian Dental Journal
4. Brazilian Journal of Oral Sciences
5. Journal of Applied Oral Sciences
6. Journal of Californian Dental Association
7. Journal of Canadian Dental Association
8. Journal of Contemporary Dental Practice
9. New York State Dental Journal

The Journals pertaining to other specialties related to pediatric dentistry should be referred and noted.

Annexure-6

**Department Of Prosthodontics Crown
& Bridge And Oral Implantology**

FACULTYPROFILE

0	HOD & PROFESSOR:	DR. G. AJAY KUMAR, MDS
0	READER 1:	DR. G. VENU MADHAV, MDS
0	READER 2:	DR. S. LOKESH, MDS
0	READER 3:	DR. BHANU CHANDER, MDS
0	SENIOR LECTURER 1:	DR. GATTU ANUSHA, MDS
0	SENIOR LECTURER 2:	DR. KVG. CH KARTHIKDR.
0	SENIOR LECTURER 3:	DR PRIYANKA RAI, MDS
0	SENIOR LECTURER 4:	DR. KIRAN RATHORE, MDS

FIRST YEAR - INTRODUCTION

OBJECTIVES:

This year long program for first year postgraduates in MDS will prepare the students for their clinical and research intensive second and final year program. With the exponential growth in the field of education, research and technology, it has become imperative for students to face the real life scenario with confidence in these subjects. Thus, tailor-made curriculum, with no set boundaries will expose the students to very best that is available, within their reach.

TOPICS:

- PG Study skills
- Education and postgraduation
- Teaching and Learning: Principles and practice
- Computer Applications in Dentistry (Ms Office/Powerpoint/ Photoshop/ Publisher /Video editing)
- How to Select Your Thesis topic
- Mind mapping
- Evidence Based dentistry
- How to organize, Draft and cite your academic research paper
- How to do seminar and journal club presentation
- How to Do Scientific poster
- Dental photography
- Research Methodology and biostatistics
- Scientific writing

PRE-CLINICAL WORK:

- 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
 - 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
- (Survey, block out and design) 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
 - 3/4th (canine, premolar and central)
 - 7/8th posterior
 - Proximal half crown
 - Inlay – Class I, II, V
 - Onlay – Pin ledged, pinhole
 - Laminates

2. Preparation of different diesystems
3. Fabrication of wax patterns by drop wax buildup technique
 - Wax- in increment stop reduce 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 (3units)
 - Coping for anterior (3unit)
 - 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 defect Cranial
 - Maxillectomy
 - Hemi mandibulectomy
 - Finger prosthesis
 - Guiding flange
 - Obturator

1. Step by step procedures –Surgical and laboratory phase

V. Implant supported prosthesis

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 indentures
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

FIRST YEAR - APPLIED BASIC SCIENCES

OBJECTIVES:

Applied basic sciences are a very important stepping stone for clinical post graduate students to handle their clinical cases successfully

First year post graduate program is fully packed with integrated basic sciences discussions, seminars and classes thus bridging the gap between basic sciences and clinical treatment protocols. This applied aspect is done with problem-based learning.

TOPICS:

1. General Human Anatomy
2. Embryology
3. Growth & Development
4. Dental Anatomy
5. Histology
6. Cell Biology
7. Endocrines
8. Applied Nutrition
9. Applied Biochemistry
10. Applied Pharmacology and Therapeutics
11. Applied Pathology
12. Applied Microbiology
13. Applied Oral Pathology
14. Biostatistics
15. Research Methodology
16. Applied Radiology
17. Roentgenographic Techniques
18. Applied Medicine
19. Applied Surgery & Anesthesia
20. Applied Plastic Surgery
21. Applied Dental Materials

SECOND YEAR – PROSTHODONTICS, CROWN AND BRIDGE

OBJECTIVES:

This year Post graduates will have more insight into the partially and completely edentulous conditions , crown preparations, esthetic rehabilitations, Basic Implantology.

TOPICS:

1. Prosthodontic treatment for edentulous patients
2. Edentulous Predicament
3. Effects of aging of edentulous patients
4. Sequelae caused by wearing complete denture
5. Temporomandibular disorders in edentulous patients
6. Nutrition Care for the denture wearing patient
7. Preparing patient for complete denture patients
8. Pre prosthetic surgery
9. Surgical methods
10. Immediate Denture
11. Overdentures
12. Single Dentures
13. Articulators
14. Mandibular movements, Maxillo mandibular relations and concepts of occlusion
15. Prosthodontic treatment for partially edentulous patients – Re- movable partial Prosthodontics
16. Cast partial dentures
17. Indirect tooth colored restorations

THIRD YEAR – ADVANCED LEARNING

OBJECTIVES:

Managing patient comprehensively is the goal of a good clinician. Students will be exposed and motivated to learn in heutagogy manner, thus taking them beyond the confines of classroom learning. All the third-year postgraduates and faculties will contribute to the outcome of learning in the interdisciplinary cases and its management.

TOPICS:

1. Multi-disciplinary case presentation and discussion at the treatment- planning, completed cases and follow up level.]
2. Fixed prosthodontics
3. Resins, gold and gold alloys, glass ionomer, restorations.
4. Restoration of endodontically treated teeth, stomatognathic dysfunction and management
5. Management of failed restorations
6. Osseo integrated supported fixed prosthodontics.
7. Cad – cam prosthodontics
8. TMJ – temporomandibular joint dysfunction – scope, definitions, and terminology.
9. Occlusion: evaluation, diagnosis and treatment of occlusal problems

CHECKLIST -1

EVALUATION OF JOURNAL CLUB PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

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

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -2

EVALUATION OF SEMINAR PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

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

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -3

EVALUATION OF CLINICAL PRESENTATION

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative					
6	Accuracy of general physical examination					
7	Diagnosis: whether it follows logically history and findings					
8	Investigation required Complete list Relevant order Interpretation of investigations					
9	Ability to react to questions whether it follows logically from history and findings					
	Total score					

Comment:

Signature of faculty

Signature of HOD

CHECKLIST -4

EVALUATION OF TEACHING SKILLS

Name of PG student:

Date

Name of faculty / observer:

Title:

S.NO	Items for observation during presentation	Poor	Below average	Average	Good	Verygood
		0	1	2	3	4
1	Communication of the purpose of talk					
2	Evokes audience interest in subject					
3	Introduction					
4	The sequence of ideas					
5	Use of practical examples and/or illustrations					
6	Speaking style (enjoyable, monotonous etc. specify)					
7	Attempts audience participation					
8	Summary of the main points at the end					
9	Asks questions					
10	Answer questions asked by audience					
11	Rapport of the speaker with the audience					
12	Effectiveness of the talk					
13	Uses AV aids appropriately					
	Total score					

Comment:

Signature of faculty

Signature of HOD

