## COMBINED RESOLUTIONS IMPLEMENTATION OF REVISED B.D.S REGULATIONS for 4yr B.D.S COURSE, 2011

DCI Letter No.DE-130-2011, dated 26/08/2011

Dr.D.Y.Patil Vidyapeeth, Board of Management, vide notification No- BM-39-11, dated 05/12/2011.

DCI Notification in Gazette of India extraordinary No. DE-130-2011, dated 25/08/2011.

The Hon'ble Vice Chancellor is pleased to order the implementation of the "Revised DCI Regulations for the BDS course, 3<sup>rd</sup> amendment, 2011."This notification is valid for all students admitted from 2008-2009. The students appearing for final BDS exam shall be required to appear for the following subjects:

1-Oral Medicine & Radiology
 2-Oral Surgery
 3-Periodontics
 4-Prosthodontics
 5-Conservative Dentistry
 6-Community Dentistry
 7-Orthodontics
 8-Pedodontics.

SYLLABUS SPLIT INTO MUST KNOW (80%) AND DESIRABLE TO KNOW (20%) Passed by the Dr.D.Y.Patil Vidyapeeth, Board of Management, vide notification No- BM-21(i)-13, dated 17/08/2013.

**REVISED INTERNSHIP PROGRAMME 2011** 

DCI Letter No.DE-130-2011, dated 26/08/2011. Dr. D.Y.Patil Vidyapeeth, Board of Management, vide notification No- BM-15 (I) -12, dated 23/10/2012.

DCI Notification in Gazette of India extraordinary No. DE-130-2011, dated 25/08/2011. Annexure-A

- BM-08(iv)-14 dt 28/01/2014 Regarding changes in Prosthetic Dentistry MDS Exam Pattern

- BM-08(v)-14 dt 28/01/2014 Regarding changes in Internship Quota in Prosthetic Dentistry.

- BM-32-14(i) dt 18/07/2014 Regarding changes in syllabus.

# **Student Attributes**

#### Aims:

To create a graduate in Dental Science who has adequate knowledge, necessary skills and such attitudes which are required for carrying out all the activities appropriate to general dental practice involving the prevention, diagnosis and treatment of anomalies and diseases of the teeth, mouth, jaws and associated tissues. The graduate should also understand the concept of community oral health education and be able to participate in the rural health care delivery programmes existing in the country.

## **Objectives**

The objectives are dealt under three headings namely (a) knowledge and understanding (b) skills and (c) attitudes.

#### (a) Knowledge and Understanding

The student should acquire the following during the period of training.

- 1. Adequate knowledge of the scientific foundations on which dentistry is based and good understanding of various relevant scientific methods, principles of biological functions and should be able to evaluate and analyse scientifically various established facts and data.
- 2. Adequate knowledge of the development, structure and function of the teeth, mouth and jaws and associated tissues both in health and disease and their relationship and effect on general-state of health and also the bearing on physical and social well-being of the patient.
- 3. Adequate knowledge of clinical disciplines and methods, which provide a coherent picture of anomalies, lesions and diseases of the teeth, mouth and jaws and preventive, diagnostic and therapeutic aspects of dentistry.
- 4. Adequate clinical experience required for general dental practice.
- 5. Adequate knowledge of biological function and behavior of persons in health and sickness as well as the influence of the natural and social environment on the state of health so far as it affects dentistry.

## (b) Skills

A graduate should be able to demonstrate the following skills necessary for practice of dentistry:

- 1. Able to diagnose and manage various common dental problems encountered in general dental practice, keeping in mind the expectations and the right of the society to receive the best possible treatment available wherever possible.
- 2. Acquire skill to prevent and manage complications if encountered while carrying out various dental surgical and other procedures.
- 3. Possess skill to carry out required investigative procedures and ability to interpret laboratory findings.
- 4. Promote oral health and help to prevent oral diseases wherever possible.
- 5. Competent in control of pain and anxiety during dental treatment.

## (c) Attitudes

A graduate should develop during the training period the following attitudes.

- 1. Willing to apply current knowledge of dentistry in the best interest of the patients and the community.
- 2. Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.
- 3. Seek to improve awareness and provide possible solutions for oral health problems and needs throughout the community.
- 4. Willingness to participate in the continuing education programmes to update knowledge and professional skills from time to time.
- 5. To help and to participate in the implementation of national health programmes.

# **TEACHING HOURS**

Teaching hours for each subject from first to final year – Theory and Practical are shown in the following Table.

TABLE - I Subjects and Hours of Instruction (B.D.S Course)

Sr. No	Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
1	General Human Anatomy including Embryology, Osteology and Histology	100	175		275
2	General Human Physiology, Biochemistry, Nutrition and Dietetics	120 70	60 60		180 130
3	Dental Materials	80	240		320
4	Dental Anatomy, Embryology, and Oral Histology	105	250		355
5	Dental Pharmacology and Therapeutics	70	20		90
6	General Pathology & Microbiology	55 65	55 50		110 115
7	General Medicine	60		90	150
8	General Surgery	60		90	150
9	Oral Pathology and Microbiology	145	130		275

Sr. No	Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
10	Oral Medicine and Radiology	65		200	265
11	Paediatric & Preventive Dentistry	65		200	265
12	Orthodontics & Dental Orthopaedics	50		200	250
13	Periodontology	80		200	280
14	Oral & Maxillofacial Surgery	70		360	430
15	Conservative Dentistry and Endodontics	135	200	460	795
16	Prosthodontics & Crown & Bridge	135	300	460	895
17	Public Health Dentistry	60		290	350
Tota		1590	1540	2550	5680

Note: There should be a minimum of 240 teaching days every academic year consisting of 8 working hours including one hour of lunch break.

# **SECTION 1**

## SECTION-1 CHAPTER-1

## 1.1. GENERAL HUMAN ANATOMY INCLUDING EMBRYOLOGY, HISTOLOGY AND OSTEOLOGY

**1.1.1a AIM**: To know the structure and organization of tissues, organs and apparata in the human body.

#### **1.1.1b OBJECTIVES:**

Knowledge and understanding: To understand the relationships between structure and function in the tissues and most organs in the human body.

#### Skills

The student shall gain perspective into the dissection processes of the human body.

#### Attitudes

The student shall learn to co-relate the anatomical structures with the body processes and pathologies.

#### 1.1.1c OUTCOMES:

On successful completion of the program students will be able to:

Describe in detail the structure and function of musculoskeletal, cardiorespiratory, nervous and other associated systems.

Demonstrate advanced experiential knowledge and handling skills, in clinical examination of the musculoskeletal and nervous system.

Demonstrate advanced experiential knowledge in laboratory and field based exercise testing in athletic and non-athletic populations.

Demonstrate an advanced knowledge of the diagnosis, biological basis, treatment and rehabilitation of exercise and sports related injuries, and common illnesses impacting on sports and exercise performance.

Demonstrate a detailed knowledge and critical understanding of selected areas of sports and exercise medicine gained through independent research.

Apply an empirical approach to problem solving.

#### 1.1.2 SYLLABUS (Including Teaching Hours)

- 1. General Anatomy: Anatomical terms, planes, brief outline of different systems of body.
- 2. Regional anatomy of head and neck with osteology of bones of head and neck with emphasis on topics of dental and maxillofacial importance
- 3. General disposition of thoracic ,abdominal and pelvic organs
- 4. Clinical anatomy : sites of intramuscular injections, intravascular injections, lumbar puncture
- 5. General Embryology and systemic embryology with reference to development of head and neck
- 6. Histology of basic tissues, head and neck structures and alimentary, respiratory, excretory systems, endocrine glands and gonads.
- 7. Medical genetics

## I) MUST KNOW 80HRS

#### 1) General Anatomy:

- A. Anatomical terms
- B. Skin, superficial fascia and deep fascia
- C. Cardiovascular system, portal system, collateral circulation, arteries
- D. Lymphatic system including lymphatic organs, and regional drainage
- E. Skletal system: classification of bones, ossification and growth of bones.
- F. Muscular system: classification of muscles.
- G. Arthrology : classification of joints
- H. Nervous system: Central, peripheral and autonomic nervous system.

#### 2) Head and Neck :

- A. Scalp, face, temple, lacrimal apparatus
- B. Neck : Deep facia of neck , facial neck spaces , triangles of neck, deep structures in the neck
- C. Cranial cavity : meninges, dural folds, dural venous sinuses, parts of brain, ventricles, cranial nerves attached to brain, pituitary gland
- D. Cranial nerves III, IV, V, VI, VII, IX, XII in detail.
- E. Orbital cavity- bony orbit, ocular muscles, supports of eye ball, nerves and vessels of Orbit

- F. Parotid gland
- G. Infratemporal fossa, pterygo palatine fossa, muscles of mastication, temporomandibular joint
- H. Nasal cavity
- I. Paranasal sinuses
- J. Oral cavity- tongue, soft and hard palate
- K. Pharynx, palatine tonsil, auditory tube, Larynx
- L. Osteology: adult skull, external features and interior of skull, individual skull bones, hyoid bones and cervical vertebrae.

## 3) Thorax:

- A. Thoracic wall
- B. Pleural cavity and pleura
- C. Mediastinum
- D. Lungs : surfaces, relations, blood supply and bronchopulmonary segments
- E. Heart : pericardium, external features, chambers, and blood supply
- F. Diaphragm

## 4) Clinical Procedures with anatomical background:

- A. Intra muscular injections : Demonstrations on dissected person Deltoid- relation to axillary nerve Gluteus maximus- relation to sciatic nerve
- B. Intravenous injections and Venesection: Demonstration of veins in dissected specimen and on a living person:
  - 1. Median cubital vein
  - 2. Cephalic vein
  - 3. Basilic vein
  - 4. Long sephanous vein
- C. Arterial Pulsations in dissected bodies and on a living person:
  - 1. Superficial temporal
  - 2. Facial
  - 3. Carotid
  - 4. Axillary
  - 5. Brachial
  - 6. Radial
  - 7. Ulnar
  - 8. Femoral
  - 9. Polpiteal
  - 10. Dorsalis pedis
- D. Lumbar Puncture : demonstration on a dissected specimen of spinal cord , cauda equina and at intervertebral space between L4 and L5.

## 5) Embryology:

- A. Gametogenesis- male and female
- B. Fertilization
- C. Placenta
- D. Primitive streak
- E. Nurulation and neural crest
- F. Bilaminar and triloaminar embryo
- G. Formation and fate of intraembryonic mesoderm
- H. Formation and fate of notchord
- I. Pharyngeal arches clefts and pouches derivatives
- J. Development of face, palate, tongue.
- K. Development of thyroid, pituitary, salivary glands
- L. Relevant developmental anomalies
- M. Development of tooth

## 6) Histology:

- A. Cell
- B. Basic tissues: Epithelium, Muscle, Connective tissue and nervous tissue
- C. Nervous tissue: peripheral nerve, optic neve, sensory ganglion, autonomic ganglion,
- D. Skin
- E. Lymphatic tissue,
- F. Glands: Classification, salivary glands
- G. Blood vessels, tongue, lip, tooth, soft palate, epiglottis, thyroid gland, parathyroid gland, pituitary gland

## 7) Medical genetics:

- A. Mitosis and Meiosis
- B. Chromosome structure and classification
- C. Gene structure
- D. Numerical and structural abnormalities
- E. Pattern of inheritance

## II) DESIRABLE TO KNOW:

## 20 HRS

Internal capsule, blood supply of brain, circle of Willis, Ventricles, corpus callosum

Imaging modalities, X ray skull, Paranasal sinuses, CT scan and MRI of skull, orthophantamograph of mandible

Mechanism of thorax Abdominal organs and pelvic organs Peritoneal cavity Angiography and imaging of coronary vessels. Brief osteology of femur, muscles of arm. Brief ostrology of bones of gluteal region, gluteal muscles and structures under cover of gluteus maximus. Brief study of anatomical landmarks with reference to peripheral pulsations. Brief study of anatomical landmarks of back. GIT Kidney, ureter, urinary bladder, ovary and testes. Mendelian laws. Gene mapping, Microdeletions and dental anomalies.

## **1.1.3 EXAMINATION PATTERN**

Name of the exercise	Time Allotted	Marks Allotted
Identification of organs & slides	1.15 minutes	80
Journal	N.A	10

## SECTION-1 CHAPTER-2

## 1.2.GENERAL PHYSIOLOGY AND BIOCHEMISTRY, NUTRITION AND DIETETICS

**1.2.1.a AIM**: In this course, students learn to recognize and to apply the basic concepts that govern integrated body function (as an intact organism) in the body's nine organ systems.

#### **1.2.1.b OBJECTIVES:**

#### a) Knowledge and Understanding:

It is expected that the student understand the unique role of each organ and organ system in maintaining health.

Students should be able to describe the functions of the distinctive cells that comprise each major organ and when appropriate define the role of physiological functional units.

#### b) Skills:

The students learn to recognize and explain the basic concepts that govern each organ and organ system and their integration to maintain homeostasis, as well as some clinical aspects of failure of these systems.

#### c) Attitude:

The students learn to identify bodily processes, which enables them to recognize impairments Thereof.

## **1.2.1.c GOALS:**

Upon completion of this course the student should be knowledgeable in the following areas of bodily

function:

Integration of the organ systems to maintain constancy of the internal environment

Regulation of homeostasis by neuronal, endocrine, and local chemical messengers

Role of the Autonomic Nervous System in regulating organ function

Adaptive responses to exercise and the role of exercise in maintaining health Adaptive physiological responses to stress, infectious organisms, and toxins Changes in bodily function through the life span.

Demonstrate knowledge of the molecular structures of fundamental biological building blocks.

## 1.2.2 SYLLABUS (Including Teaching Hours)

## A. GENERAL PHYSIOLOGY

#### MUST KNOW- 100HRS

## 1. HOMEOSTASIS:

Basic concept, Feedback mechanisms Structure of cell membrane, transport across cell membrane Membrane potentials

#### 2. BLOOD:

Composition & functions of blood. Specific gravity, Packed cell volume, factors affecting & methods of determination.

Plasma proteins - Types, concentration, functions & variations.

Erythrocyte - Morphology, functions & variations. Erythropoiesis & factors affecting erythropoiesis.

ESR- Methods of estimation, factors affecting, variations & significance.

Haemoglobin - Normal concentration, method of determination & variation in concentration.

Anaemia - Definition, classification, life span of RBC's destruction of RBCs , formation & fate of bile pigments, Jaundice - types.

Leucocytes : Classification, number, percentage, distribution morphology, properties, functions & variation. Role of lymphocytes in immunity, leucopoiesis life span & fate of leucocytes.

Thromobocytes - Morphology, number, variations, function & thrombopoiesis.

Haemostatsis - Role of vasoconstriction, platelet plug formation in haemostasis, coagulation factors, intrinsic & extrinsic pathways of coagulation, clot retraction.

Tests of haemostatic function, platelet count, clotting time, bleeding time, prothrombin time – normal values, method & variations. Anticoagulants - mechanism of action. Bleeding disorders.

Blood groups: ABO & Rh system, method of determination, importance, indications & dangers of blood transfusion, blood substitutes.

Blood volume: Normal values, variations.

#### 3. MUSCLE AND NERVE:

Classification of nerves, structure of skeletal muscle – Molecular mechanism of muscle contraction, neuromuscular transmission. Properties of skeletal muscle.

Structure and properties of cardiac muscle & smooth muscle.

#### 4. DIGESTIVE SYSTEM:

Introduction to digestion: General structure of G.I. tract, Innervation. Salivary glands: Structure of salivary glands, composition, regulation of secretion & functions of saliva.

Stomach: Composition and functions of gastric juice, mechanism and regulation of gastric secretion.

Exocrine Pancreas - Structure, composition of pancreatic juice, functions of each component, regulation of pancreatic secretion.

Liver : structure , composition of bile, functions of bile, regulation of secretion

Gall bladder : structure, functions. Small intestine - Composition, functions & regulation of secretion of intestinal juice.

Large intestine - Functions.

Motor functions of GIT: Mastication, deglutition, gastric filling & emptying, movements of small and large intestine, defecation.

## 5. EXCRETORY SYSTEM :

Structure & functions of kidney, functional unit of kidney & functions of different parts.

Juxta glomerular apparatus, renal blood flow.

Formation of Urine : Glomerular filtration rate - definition, determination , normal values, factors influencing G.F.R. Tubular reabsorption - Reabsorption of sodium, glucose, water & other substances.

Tubular secretion - secretion of urea, hydrogen and other substances. Mechanism of concentration & dilution of urine.

Role of kidney in the regulation of pH of the blood.

Micturition, anatomy & innervation of Urinary bladder mechanism of micturition & abnormalities.

## 6. BODY TEMPERATURE

#### 7. ENDOCRINOLOGY

General endocrinology - Enumeration of endocrine glands & hormones - General functions of endocrine system, chemistry, mechanism of secretion, transport, metabolism, regulation of secretion of hormones.

Hormones of anterior pituitary & their actions, hypothalamic regulation of anterior pituitary function.

Disorders of secretion of anterior pituitary hormones.

Posterior pituitary : Functions, regulation & disorders of secretion.

Thyroid: Histology, synthesis, secretion & transport of hormones, actions of hormones, regulation of secretion & disorders, Thyroid function tests.

Adrenal cortex & Medulla -synthesis, secretion, action, metabolism, regulation of secretion of hormones & disorders.

#### 8. **REPRODUCTION**

Sex differentiation, Physiological anatomy of male and female sex organs,

Female reproductive system : Menstrual cycle, functions of ovary, actions of oestrogen & Progesterone, control of secretion of ovarian hormones, tests for ovulation, fertilisation, implantation, maternal changes during pregnancy, pregnancy tests & parturition.

Lactation, composition of milk, factors controlling lactation, milk ejection, reflex, Male reproductive system :spermatogenesis, semen and contraception.

#### 9. CARDIO VASCULAR SYSTEM

Functional anatomy and innervation of heart Properties of cardiac Muscle Origin & propagation of cardiac impulse and heart block.

Electrocardiogram - Normal electrocardiogram. Two changes in ECG in myocardial infarction.

Cardiac cycle - Phases, Pressure changes in atria, ventricles & aorta. Volume changes in ventricles. arterial pulse.

Heart sounds: Mention of murmurs.

Heart rate: Normal value, variation & regulation.

Cardiac output: Definition, normal values, one method of determination, variation, factors affecting heart rate and stroke volume.

Arterial blood pressure: Definition, normal values & variations, determinants, regulation & measurement of blood pressure.

#### **10. RESPIRATORY SYSTEM**

Physiology of Respiration : External & internal respiration.

Functional anatomy of respiratory passage & lungs.

Respiratory movements: Muscles of respiration, Mechanism of inflation & deflation of lungs.

Intra pleural & intra pulmonary pressures & their changes during the phases of respiration.

Mechanics of breathing - surfactant, compliance & work of breathing.

Spirometry: Lung volumes & capacities definition, normal values, significance, factors affecting vital

capacity, variations in vital capacity, FEV & its variations.

Pulmonary ventilation - alveolar ventilation & dead space ventilation.

Exchange of gases: Diffusing capacity, factors affecting it.

Transport of Oxygen & carbon dioxide in the blood.

Regulation of respiration – neural & chemical.

Hypoxia, cyanosis, dyspnoea, periodic breathing.

## **11. CENTRAL NERVOUS SYSTEM**

Organisation of central nervous system Neuronal organisation at spinal cord level Synapse receptors, reflexes, sensations and tracts Physiology of pain Functions of cerebellum, thalamus, hypothalamus and cerebral cortex. Formation and functions of CSF Autonomic nervous system

## **12. SPECIAL SENSES**

Fundamental knowledge of vision, hearing, taste and smell.

#### **EXPECTED TO KNOW-20 HRS**

Blood Indices - MCV, MCH, MCHC - definition, normal values, variation.

Body fluids : distribution of total body water, intracellular & extracellular compartments, major

anions & cations in intra and extra cellular fluid.

Tissue fluids & lymph : Formation of tissue fluid, composition, circulation & functions of lymph.

Oedema - causes.

Functions of reticulo endotrelial system.

Functions Of Skin.

Other hormones - Angiotensin, A.N.F. Coronary circulation.

Cardio vascular homeostasis - Exercise & posture Jugular venous pulse Artificial respiration, pulmonary function tests. Composition of inspired air, alveolar air and expired air.

## HUMAN BIOCHEMISTRY, NUTRITION & DIETETICS

#### MUST KNOW 50HRS

#### A) Chemistry of Carbohydrates:

Definition, Classification &Functions of Carbohydrates Biological importance of Monosaccharides Chemical properties of Monosaccharides Osazone Formation of Monosaccharides Derivatives of Monosaccharides Structure of maltose, sucrose & Lactose, Structure of starch &Glycogen & their functions. Structure and functions of glycose aminoglycons.

#### **B)** Chemistry of Lipids

Definition, Classification & Functions of Lipids Fatty acids and their classification & functions. Essential fatty acids and its functions. Phospholipids and their Functions. Glycolipids and its functions Prostaglandins and its functions Steroids, Bile salts, micelle Cholesterol and its functions Lipoproteins and its classification. Lipoproteins and their site of synthesis and functions.

#### **C)** Chemistry of Proteins

Structure of Aminoacids found in protein, classification, Nutritional classification of amino acids. Importance of Amino Acids Biologically important compounds formed by amino acids. Properties of amino acids Biologically important Peptides Structure of proteins Primary, secondary, tertiary And quaternary Zwitter ion, isoelectric PH Definition, classification (functional) of proteins Classification based on physical & chemical properties. Functions of Albumin

#### D) Enzymes

Definition, zymogen or Proenzyme Co-factors, Mechanism of enzyme action Classification of enzymes Specificity factors affecting enzymes activity. Enzyme inhibition, types of Inhibitors. Types,composition, location and diagnostic importance of lactate dehydrogenase, creatine kinase. Isoenzymes. Diagnostic importance of different enzymes

#### E) Vitamins (Micronutrients):

Definition, Classification, Sources, Daily Requirement, Functions & deficiencies of Vit. B1 & B2 Vit B3 & B5 Vit B6 & B7 Folic acid (Vit B9) Cynocobalmin (Vit B12) Ascorbic acid with functions, sources, daily requirement Functions, sources, daily requirement of Vit.A with its deficiencies including visual process. Vit D & its role in calcium Metabolism Vit. E & Vit K.

#### F) Hemoglobins (Haemoglobin):

Bilirubin. Chemistry & Functions of Haemoglobin. Introduction to hemesynthesis Heme degradation and types of normal and abnormal haemoglobin. Types of Jaundice

#### G) Nucleic Acids

Introduction of nucleic acids Building units Nucleotides Types of RNA Outline structure & functions of DNA & RNA

## H) Biological Oxidations

Introduction, Enzymes & Coenzymes of BiologicalOxidation. ETC(Electron Transport Chain) Or Respiratory Chain Reactions of electron transport chain. Oxidative Phosphorylation, Inhibitors & uncouplers of oxidative phosphorylation

## I) Nutrition:

Energy needs: Basal metabolic rate, dietary carbohydrates Fibres, dietary lipids, essential fatty acids. Nitrogen Balance, essential amino acids, protein quality and requirement. Protein Calorie Malnutrition Kwashiorkar's disease Marasmus Balance Diet

#### J) Energy Metabolism:

Enzymaic hydrolysis of dietary carbohydrates, mechanism of uptake of monosacchorides Synthesis and breakdown of Glycogen (glycogenesis & Glycogenolysis) Outline of glycolysis, Rapaport Luebering cycle, lactate metabolism. Glucogenic & Ketogenic amino Acids. Pyruvate oxidation & citric acid cycle. Oral GTT & glycosuria, diabetes mellitus and related disorder. Blood glucose level & its regulation. Gluconeogenesis Digestion and Absorption of Triglycerols. Metabolism of Ketone bodies: Ketogenesis a) Ketolysis b) c) Ketosis Functions of Cholesterol Adipose tissue metabolism Lipolysis, Lipogenesis Digestion and Absorption of Proteins Amino acid pool Nitrogen Balance Transamination a) b) Deamination

c) Transmethylation

Fate & Formation of ammonia Urea cycle

#### K) Mineral Metabolism:

Definition, Classification and Daily Requirement of Calcium, Phosphorus sources, uptake, excretion and function. Trace Elements Def. eg. Copper, zinc, magnesium, Chromium, Cobalt, Manganese, Molybolenum, Selenium Serum Calcium regulation, iron sources, uptake, transport. Iodine: Brief introduction to Thyroxine synthesis, general functions of thyroxine . Fluoride:- Functions, deficiency & excess. Role of other minerals Sodium, Potassium, Chloride.

#### L) Metabolic Regulation:

Hormones: Definition, General characteristics, Classification. Mechanism action of steroid Hormones. Epinephrine, glucagone & insulin in brief. Acid base regulation. Water and electrolyte balance Detoxification Mechanism.

#### M) Structural components & blood proteins:

Connective tissue, collogen & Elastin, Structure of bone and membranes. Myofibrils & Muscle Contraction.

#### N) Medical Biochemistry:

Blood sugar level and its regulation. Oral GTT & glycosuria Diabetes mellitus & related disorders. Jaundice: Classification & evaluation. Liver Function tests:-Kidney Function tests Gastric Function tests Gout; Lesch Nyhanes Syndrome,

## **O)** Genetics:

DNA as genetic material Replication & Transcription Gebetuc cide & mutations Translation process Introduction to cancer, viruses Oncogenes. PCR Recombinant DNA Technology Applications.

#### DESIRED TO KNOW 20HRS

Structure of glucose, Isomerism, Epimerism, Anomerism, Mutarotation

Prostaglandins and its functions Steroids, Bile salts, micelle Properties of proteins Denaturation, denaturing agents Significance of denaturation. Coagulation of proteins. Plasma proteins, Seperation of plasma proteins. Immunoglobulins: Structure Types and their functions. Michaelis – Menton Equation and its significance.

Allosteric Enzymes

Active forms of all water soluble vitamins and Vit A & Vit D. To know the absorption, transportation and storage of Vit A,D, E & K

Direct bilirubin & indirect

Haemoglobin derivatives. Difference between DNA & RNA Nucleotides, Biologically important free nucleotides

Substrate level phosphorylation S.D.A (Specific dynamic action)

HMP shunt pathway and its significance. Glucuronic acid formation. Hyperglycemia & Hypoglycemia -Outline of Cholesterol biosynthesis & breakdown -Fatty acid synthesis Fatty liver, Lipotropic factor Atheroselerosis

Metabolism of glycine a) Synthesis b) degradation. Metabolism of sulphur containing aminoacids Eg. Methionine, cystein, Cystine one carbon metabolism Heme & non-heme iron & its functions, deficiency. Second messenger CAmp, Calcium ion Inositol triphosphate

Hyperglycemia Hypoglycemia Hyperlipoprotenemia

Name of the exercise	Time Allotted	Marks Allotted
Haematology	1Hr 20Min	25
Clinical Physiology	40 Min.	15
Biochemistry Experiment-A	60 Mins.	20
Biochemistry Experiment -B	55 Mins.	15
Spot-C	05 Mins.	05
Journal Record-	N.A	
(a)Physiology		5
(b)Biochemistry		5

## **1.2.3 EXAMINATION PATTERN**

## SECTION-1 CHAPTER-3

## 1.3 DENTAL ANATOMY, EMBRYOLOGY AND ORAL HISTOLOGY

**1.3.1a: AIM**: The dental students should acquire complete knowledge of embryology, anatomy and physiology of hard and soft tissues of oral and paraoral region and to train dental graduates so as to ensure competence and necessary skills in the diagnosis and prevention of dental and oral diseases.

## **1.3.1b: OBJECTIVES:**

#### i-KNOWLEDGE AND UNDERSTANDING:

Adequate knowledge about the morphology of the teeth.

Adequate knowledge about histology of teeth and other oral structures.

Adequate knowledge of the embryology, development of face, tooth and salivary glands.

## ii-SKILL:

Able to carve teeth of permanent dentition

Able to differentiate the normal from abnormal tissues based on macro and microscopic features.

## iii-ATTITUDES:

1. Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.

2. To apply the knowledge of morphology of the teeth in the clinical practice of restorative dentistry.

**1.3.1c: OUTCOME:** Student is able to complete clinical practises optimally.

## **1.3.2:** SYLLABUS (Including Teaching Hours.)

## DENTAL ANATOMY

I) Must Know 95 HRS 1) Introduction 04 HRS Definitions and Nomenclature in Dental Anatomy Tooth numbering systems Differences between permanent and deciduous dentition Definition of elevations and depressions on the tooth Different Traits

2) Maxillary Incisor Introduction Chronology Crown morphology Root morphology Pulp morphology	03 HRS
3) Mandibular Incisor Introduction Chronology Crown morphology Root morphology Pulp morphology	03 HRS
<ul> <li>4) Maxillary / Mandibular Canine</li> <li>Introduction</li> <li>Chronology</li> <li>Crown morphology</li> <li>Root morphology</li> <li>Pulp morphology</li> </ul>	03 HRS
5) Maxillary Premolar Introduction Chronology Crown morphology Root morphology Pulp morphology	03 HRS
<ul> <li>6) Mandibular Premolar</li> <li>Introduction</li> <li>Chronology</li> <li>Crown morphology</li> <li>Root morphology</li> <li>Pulp morphology</li> </ul>	03 HRS
7) Maxillary molar Introduction Chronology Crown morphology Root morphology Pulp morphology	03 HRS

## 03 HRS

8) Mandibular molar Introduction Chronology Crown morphology Root morphology Pulp morphology

9) Occlusion Development of occlusion Concepts Theories Keys to occlusion Teeth & jaw associated factors Occlusion in dentures 05 HRS

**02 HRS** 

10) Morphology of individual deciduous tooth 02 HRS

#### **DENTAL HISTOLOGY**

1) Histotechniques Introduction Fixation Tissue processing Staining Ground section Special stains Clinical implications

2) Development of face and oral cavity(Embryology) 06 HRS
Origin, development and differentiation of facial tissues
Branchial arches
Development of face, Tongue and palate
Development of Mandible ,Maxilla

3) Development of teeth
 03 HRS
 Dental lamina
 Developmental and histophysiological stages of teeth
 Development of root

4) Enamel 04 HRS Introduction Physical and chemical properties Structures (Enamel rods, lamellae ,tufts, spindles, Hunter Schreger bands, dentinoenamel junction) Amelogenesis: Life cycle of ameloblast

5) Dentin Introduction Physical and chemical properties	06 HRS
Structures Dentinogenesis Types of dentin Theories of Hypersensitivity Functions	
6) Maxilla and Mandible (alveolar process) Definition and development Anatomy Classification Types of Ossification Alveolar bone Histology of bone Bone morphogenic protein Bone Remodeling & factors affecting	05 HRS
<ul> <li>7) Eruption and shedding</li> <li>Theories of eruption</li> <li>Pre-eruptive, Eruptive and Post-eruptive tooth movemen</li> <li>Definition and Shedding pattern</li> <li>Histology of shedding</li> <li>Mechanism of resorption and shedding</li> <li>Clinical considerations</li> </ul>	03 HRS t
<ul><li>8) Pulp</li><li>Development, Anatomy and Structure</li><li>Histology of pulp</li><li>Functions</li></ul>	04 HRS
9) Cementum Introduction Physical and chemical properties Structures	06 HRS

Histology & cementogenesis Types of cementum, cemento-enamel junctions Functions		
10) Maxillary sinus Definition and development Anatomy Functions Histology	01 HRS	
<ul> <li>11) Salivary glands</li> <li>Embryogenesis</li> <li>Classification</li> <li>Anatomy of major and minor salivary glands</li> <li>Histology of major and minor salivary glands</li> <li>Saliva: Composition, formation and functions of saliva</li> </ul>	06 HRS	
12) Periodontal ligament Development & Classification Histology: cells and fibres Functions	04 HRS	
<ul> <li>13) Oral Mucous Membrane(OMM)</li> <li>Definition and classification of OMM</li> <li>Types of epithelium</li> <li>Histology of keratinized and non keratinized epithelium</li> <li>Non-Keratinocytes</li> <li>Clinical and histological aspects of buccal mucosa,gingithe mouth,vermilion border.</li> <li>Tongue-clinical and histological aspects of papillae and Junctional epithelium</li> </ul>	classification of OMM lium ratinized and non keratinized epithelium /tes tological aspects of buccal mucosa,gingiva, palate, floor of ilion border. and histological aspects of papillae and taste buds	
14) Temporomandibular Joint Anatomy Development Histology Clinical considerations	02 HRS	
15) Muscles of Mastication and Deglutition	02 HRS	
Desirable to know 1- Special stains	12HRS 03 HRS	

-Immuno histochemistry & enzyme histochemistry (suggested) - Applied aspects of Development of face and oral cavity (Embryology) 01 HRS

3-Molecular aspects of tooth genesis Applied aspects of Development of teeth 02 HRS

3- Applied aspects of enamel, dentin, pulp cementum, maxillary sinus, salivary glands, periodontal ligament, oral mucous membrane, temporomandibular joint, muscles of mastication, deglutition. Bone morphogenic protein, Bone Remodelling & factor affecting it, Bone Grafts

08 HRS 01HR

4- Applied aspects of eruption and shedding

# **1.3.3 EXAMINATION PATTERN**

Name of the exercise	Time allotted	Marks
Tooth carving	45 minutes	20
<ul> <li>1- Identification of slides (8):</li> <li>5 marks each</li> <li>2- Identification of specimens(4):</li> <li>5 marks each</li> </ul>	40 minutes	60
3. Journal	-	10

# **SECTION 2**

# SECTION-2 CHAPTER-1 2.1. GENERAL PATHOLOGY & MICROBIOLOGY

**2.1.1.a Aim:** The aim of this course is to provide graduate-level instruction in Pathobiology and microbiology. The study of biochemical, structural and functional changes in cells, tissues and organs, which cause or are caused by diseases and the micro-organisms that cause infections.

#### 2.1.1. b Objectives:

#### i-Knowledge and understanding:

To become familiar with pathology nomenclature. By the end of the course, the students are expected to be able to communicate an understanding of tissue injury and diseases processes, using appropriate vocabulary.

To recognize morphological and functional differences between normal and injured or diseased tissue.

To acquire a working knowledge of basic bacterial laboratory techniques, as well as to the foundations of Microbiology – the concepts of classification, evolution and growth of microorganisms, as well as a factual and laboratory knowledge of specific microorganism types.

**ii-Skills:**To learn to distinguish pathological lesions from normal tissue. The second goal is to understand, from a structural, functional and biochemical perspective, the different types of pathological lesions, and provide scenarios for how they each arise.

To develop an understanding of microbial ecology and of medical and practical uses for microorganisms, and how they relate to basic biological concepts.

#### iii-Attitudes:

To integrate pathological findings with clinical manifestations of disease

To integrate the principles and information presented in this course with that from related disciplines

#### 2.1.1.c Outcomes:

Students are expected to work towards meeting the following objectives:

To become familiar with pathology nomenclature. By the end of the course, the students are expected to be able to communicate an understanding of tissue injury and diseases processes, using appropriate vocabulary.

To recognize morphological and functional differences between normal and injured or diseased tissue. The first goal of the course is to learn to distinguish pathological lesions from normal tissue. The second goal is to understand, from a structural, functional and biochemical perspective, the different types of pathological lesions, and provide scenarios for how they each arise.

To integrate pathological findings with clinical manifestations of disease.

In working towards a current understanding of the pathologic basis of disease, the student should develop a sense of which questions in pathology remain to be resolved.

Students should acquire a good understanding of the concepts above. They should be able to show their mastery of them in oral and written form, in lecture, in the laboratory and in exams.

They should be able to design experiments to identify microorganisms, interpret the data and communicate it.

## 2.1.1.d: SYLLABUS (Including Teaching Hours.)

## MUST KNOW 50 HRS

- 1. Introduction to Pathology
  - Different sections in pathology
  - The Cell in health
  - Normal cell structure
  - The Cellular functions
- 2. Definitions & causes of diseases
  - Aetiology & Pathogenesis of diseases.
  - Congenital /Acquired diseases
  - -Morphological changes
  - Functional derangements & clinical manifestation.
  - Cellular response to stress & noxious stimuli

#### 3. Mode of cell Injury

-Different agents causing cell injury

-Hypoxic /Chemical /physical injury.

- -Mechanism of reversible injury.
- -Mechanism of irreversible injury.
- 4 Cellular adaptations & intracellular accumulations -Reversible cell injury (Degeneration) -Fatty Change

-Cloudy change -Hyaline change

- 5. Disturbances of pigment & mineral metabolism
  - Exogenous /Endogenous pigments
  - Dystrophic /metastatic calcification mecha., Causes etc.
- 6. Acute inflammation I
  - Definition
  - Types
  - Causes, Historical aspects
  - Cellular events
  - Vascular events.
- 7. Acute inflammation II
  - Chemical mediators
  - Fate of inflammation
- 8. Chronic inflammation
  - Defnition
  - Causes
  - Granulomatous inflammation .
- 9. Repair I
  - Repair
  - Regeneration
  - Healing by primary intension
  - Healing by secondary intension
- 10. Repair II
  - -Types of fracture -Healing of a fracture
  - -factors affecting wound healing. -complications of healing.
- 11. Necrosis / Gangrene
  -Def., Causes
  -Types of necrosis
  -Features of necrosis
  -Gangrene Definition Dry/wet/gas

12. Thrombosis

-Normal homeostasis - Definition of thrombus

-Path physiology, Complications

-Fate

13. Embolism.DefinitionTypesEffects

14. Infarction-Definition-Aetiology, Types-Changes in different organs.

- 15. Derangements of body fluids.
  - Oedema Pathogenesis.
  - Different Types
  - Clinical manifestations.

## 16. Disorders of circulation.

- Hyperemia Definition, Types, Causes.
- Chronic Passive Venous Congestion of different Organs
- Shock Different type , Pathogenesis

## 17. Amyloidosis.

- Chemical nature
- Physical nature
- Diagnosis
- Special stains.

## 18. Hypersensitivity reaction /Transplant Rejection

- Humoral & cellular immunity
- Mechanism of hypersensitivity reactions Type I-IV
- 19. Leprosy
  - -Epidemiology
  - -Pathology
  - -Types
  - -Diagnosis

- 20. Syphilis.
  -Epidemiology
  -Types /Stages
  -Pathological features
  -Diagnosis
- 21. Tuberculosis I
  -Epidemiology, Pathogenesis.
  -BCG vaccine /Tuberculin Test
  -Lesions of primary TB .
- 22. Tuberculosis II

  -Secondary TB Lesions
   Complications
  -Diagnosis
  -Extra pulmonary TB
- 23. Fungal Diseases -Etiological agents -Types of lesions -Morphology -Diagnosis
- 24. Adaptive Disorders

  Atrophy
  Hypertrophy / Hyperplasia
  Metaplasia / Dysplasia.
- 25. Neoplasia Nomenclature
   Definition
   Terminology
   Classification
   Difference between benign & malignant tumors
- 26. Neoplasia Carcinogenesis-Epidemiology-incidence-Geographic & environmental factors
- 27. Neoplasia -Carcinogenesis
  -Different Carcinogenic agents
  -Chemical Carcinogenesis
  -Radiation Carcinogenesis
  -Microbial Carcinogenesis

- 28. Neoplasia Staging & Spread .
  -Mechanism of invasion & metastasis.
  -Grading & staging of tumors
- 29. Lab diagnosis of cancer
  -Histologic & Cytologic methods
  -IHC
  -Molecular diagnosis
  -Tumors markers
- 30. Tumors of oral cavity & skin
  - Pigmented & non pigmented tumors of skin
  - -Precancerous lesions of oral cavity
  - -Squamous cell carcinoma
  - -Basal Cell carcinoma
  - -Malignant melanoma .
- 31. Diseases of salivary glands
  -Normal structure
  -Sialadenitis
  -Mikulicz disease
  -Tumors of salivary gland
- 32. Diabetes Mellitus
  - Definition
  - Classification
  - Pathogenesis
  - Clinical features
  - Diagnosis
  - GTT
- 33. Atherosclerosis
  - -Definition
  - -Pathogenesis
  - -Complications
- 34. Other Diseases of oral carity
  -Lichen Planus
  -Leukoplakia
  -Dental caries
  -Dentigerous Cyst
- 35. Common Diseases of bone -Osteomyelitis-Metabolic bone diseases-Tumors of jaw
- 36. Diseases of CVS -Cardiac Failure -IHD -Endocarditis etc.
- 37. HypertensionDefinition, classification

38. AIDS

## **DESIRABLE TO KNOW**

Genetic basis of diseases Patterns of inflammation Cell cycle Chemical Mediators Responsible for repair Apoptosis Morphologic changes in disorders of circulation Morphology of Organs in amyloidosis Mechanism of transplant rejection Molecular basis of cancer Paraneoplastic syndromes Recent Advances In Diagnosis Pathology of different organs in diabetes mellitus Congenital Heart Diseases Effects on various organs in hypertension

Hematology

#### MUST KNOW 15HRS

- Introduction to hematology & haemopoiesis .

   Normal development of blood cells.
   Origin & differentiation of haemopoietic cells
   General aspects of bld. Disorders
   Blood Indices .
- 2. Classification & general features of anaemia -Etiological /Pathophysiological Classification -Morphological classification

-General features of anemia

- Microcytic anaemias

   Iron deficiency anemia
   Iron metabolism
   Morphology
   Lab. Diagnosis
   Differential diagnosis.
- 4. Macrocytic Anaemias

  Causes of Macrocytosis
  Megaloblastic anemia
  B12 deficiency
  folate deficiency
  Morphology PBS, B.M.
  Lab. Diagnosis.
- 5. Hemolytic anemia

  Features .classification
  Intravascular & extra vascular haemolysis
  signs of haemolysis .
  Acute Leukemia I
  Definition
  Aetiopathogenesis.
  Classification
  Acute Myeloid Leukemia
- AC. Leukemia II Acute Lymphocytic Leukemia Clinical Features & Lab diagnosis of Ac. Leukemia
- 7. Chronic Leukemia.
  -Classification
  -Aetiopathogenesis
  -Morphology, Chronic Myeloid & Lymphoid Leukaemias
  -Lab. Diagnosis.
- 8. Other WBC & RBC disorders
  -Leukocytosis
  -Leukaemoid reaction
  -Leucopenia
   Polycythemia

- 9. Hemorrhagic Disorder I
  -Coagulation cascade
  -Classification of bleeding disorders.
  -Disorder related to thrombocytopenia, defective platelet function.
- 10. Hemorrhagic Disorder II
  -Related to clotting factor abnormality.
  -Hemophilia A,B .
  -vW Disease.
  -DIC
  -Lab diagnosis
- 11. Blood groups -Historical aspects -Classification -Importance
- 12. Blood transfusion
  - -Selection of donor
  - Different blood group system
  - -Blood components
  - -Cross matching
  - -Transfusion reactions

## II) DESIRABLE TO KNOW 05 HRS

- -Sickle cell anemia
- -Thalassemia
- Diagnosis
- -Diseases Transmitted during blood transfusion

## GENERAL MICROBIOLOGY

#### MUST KNOW 55 HRS

General Microbiology

- 1. Introduction, History, Scope, Aim & objective
- 2. Morphology and Physiology of Bacteria
- 3. Sterilization and Disinfection
- 4. Culture media and culture techniques
- 5. Normal microbial flora of oral cavity
- 6. Oral microbiology and dental plaque and dental Caries

**08 HRS** 

Immunology	11 HRS
1. Infection	
2. Immunity	
<ul><li>3. Antigen</li><li>4. Antibodies</li></ul>	
<ul><li>5. Antigen – Antibody reactions &amp; Immunodeficiency disorder</li></ul>	
6. Hypersensitivity reactions + autoimmune disorders	
o. Hypersensitivity reactions + autominiane disorders	
Systematic Bacteriology	19 HRS
1. Staphylococcus	
2. Streptococcus, Cariogenic Streptococci	
3. Pneumococcus	
4. Neisseria : Meningococcus ( mainly )	
5. Corynbacterium diptheriae	
6.Mycobacterium Tuberculosis	
7. M. Leprae & Atypical mycobacteria	
8. Clostridium perfringeus	
9-Clostridium tetani	
10. Non – sporing anaerobes	
11. Spirochaetes 12. Noscomial infection	
12. Nosconnai infection	
Virology	10HRS
1. Introduction & General Properties of viruses	1011105
2. A few viruses of relevance to dentistry	
•Herpes virus	
•Hepatitis B viruses including HCV, HDV	
•Human Immunodeficiency Virus (HIV)	
•Mumps Virus, Measles & Rubella Virus	
Mycology	04 HRS
1. Introduction	
2. Candidiasis 2. Driefly on and logicate of Statemic Manager	
3. Briefly on oral lesions of Systemic Mycoses	
4. Cryptococcus & Histoplasma Parasitology	03 HRS
1. Introduction	05 1185
2. Mode of transmission and prevention of commonly seen paras	sitic
infection:	
•Amoebae, leishmania	
•Protozoa	
E. histolytica, Malaria, Helminths	
Round worm , Hook Worm , Tape worm	
40	

## DESIRABLE TO KNOW

**10 HRS** 

Bacterial genetics and drug resistance in bacteria Structure and functions of Immune system Complement system Immune response Enterobacteriaceae- 1, 2 & 3 Vibrio cholera Actinomycetes Biosafety & Biomedical waste management Cultivation Host -virus interaction Brief account of laboratory diagnosis & immune prophylaxis in general populations. Protozoa, Giardia, Trichomonas, Helminths, W. bancrofti

## 2.1.4 EXAMINATION PATTERN

## **General Pathology**

Name of the exercise	Time Allotted	Marks Allotted
Spot Identification.	10 Mins.	10
Table Work- Clinical Pathology/ Haematology	1 hour	20
Histopathology Slides.	30 Mins.	10
Journal	N.A	10

## **General Microbiology**

Name of the exercise	Time Allotted	Marks Allotted
Spot Identification	10 Mins.	10
Staining	1 hour	20
Journal	N.A	10

## SECTION-2 CHAPTER-2 GENERAL & DENTAL PHARMACOLOGY & THERAPEUTICS

#### 2.2.1.a: AIM:

The central aim of Pharmacology as the course is two-fold. First, to provide the students with a solid grounding in the basic concepts and scientific underpinnings of Pharmacology. Second, to provide the students with a comprehensive introduction to the fundamental Pharmacology and uses of the major classes of clinically important drugs currently used in medical practice.

#### 2.2.1.b: OBJECTIVES:

#### i-KNOWLEDGE AND UNDERSTANDING:

To understand the fundamental scientific principles of drug action and the various mechanisms by which drugs can mediate their pharmacological effects.

To understand the fundamental principles of pharmacokinetics that underly the absorption, distribution, metabolism and elimination of drugs in the body and thereby affect drug effectiveness.

To understand the biochemical reactions that result in the metabolism of drugs within the body.

#### ii-SKILLS:

To understand the rationale behind designing different dosing regimens of particular drugs in specific patient populations. To understand how specific patient characteristics and genetics can

affect the response to a particular class of drugs.

## iii-ATTITUDES:

To understand the implications of drug prescriptions and prescribing the best possible drug regime.

#### 2.2.1.c: OUTCOMES:

The student at the end of this program should be able to rationally treat a patient with no adverse outcomes.

## 2.2.2 SYLLABUS (Including Teaching Hours.)

#### MUST KNOW-

**60HRS** 

General Pharmacology Drugs acting on the Autonomic Nervous System Drugs acting on the Central Nervous System Drugs acting on the Cardiovascular and Renal System Antimicrobial drugs Antihistaminics Antidiabetic Drugs Corticosteroids Pharmacotherapy of emergencies in dental practice

## **DESIRABLE TO KNOW**

**15HRS** 

Drugs acting on blood Drugs acting on the Gastrointestinal System Drugs acting on the Respiratory System Vitamins Chelating Agents Antithyroid Drugs Skeletal Muscle Relaxants Drugs affecting calcium balance

## 2.2.3 EXAMINATION PATTERN

Name of the exercise	Time Allotted	Marks Allotted
Drug of choice (Single drug preparation)	15 Mins.	20
(4 drugs)		
Pharmacy Written	15 mins.	30
(1 preparation)		
Rewrite the wrong prescription	15 Mins.	15
Fixed drug combination	15 Mins.	15
Journal	N.A	10

## SECTION-2 CHAPTER-3

## **2.3 DENTAL MATERIALS**

## 2.3.1.a: Aim:

To understand the evolution and development of science of dental material.

- Emphasis the purpose of course in dental materials to students of faculty of dentistry.
- To impart knowledge of biological, physical and chemical properties of dental materials along with biomechanical requirement of particular restorative procedure.
- To know the standards or specifications of various materials to guide the manufacturers as well as help professionals.
- Search of newer and better materials for research orientation.
- To understand and evaluate the claims made by manufactures of dental materials

## 2.3.1.b: Objectives:

#### i) Knowledge:

The graduate should acquire the adequate knowledge of science on which Dental materials are based and good understanding of various properties, composition, uses, advantages & disadvantages of these materials

Adequate knowledge of physical, biological & biomechanical properties of Dental materials.

#### ii)Skills:

A graduate should able to demonstrate the following skill necessary for the practice of dentistry.

- Able to select the best materials for each dental restorative procedure.

- Able to manipulate each dental material.

- Able to use these materials for various dental procedures in best possible way.

## iii) Attitude:

- A graduate should develop following attitudes during the training period:
- Selection of better and appropriate materials using acquired knowledge of dental materials & restorative dentistry.
- To follow professional ethics and conduct its application in all aspect of professional life.
- Participate in CDE programme to updates the knowledge and professional skill.

## 2.3.1. c Outcomes:

To be able to use the dental materials in clinical dentistry to the best of their potential.

## 2.2 SYLLABUS (Including Teaching Hours.)

## MUST KNOW: PROSTHETIC SYLLABUS:

1.	Int	roduction to Dental Materials	01 HR
	a)	History of Dental Materials	
	b)	Scope	
	c)	Standardization of Materials	
2.	Bio	o-compatibility of Materials	02 HRS
	a)	Tests for evaluation of Biocompatibility	
	b)	Allergic responses to Dental Materials	
	d)	Pulp responses to Experimental & clinical procedures	
3.	Ph	vsical Properties	03 HRS
	a)	Abrasion & Abrasion Resistance	
	b)	Viscosity	
	d)	Creep & flow	
	e)	Color & color perception	
	f)	Thermo physical properties	
4.	Me	chanical Properties	03 HRS
	a)	Stress & Strain	
	b)	Mechanical properties (Elastic deformation, elastic mod flexibility, resilience, poisson'sratio)	ulus,

	c) Strength Properties (Proportional limit, elasticlimit, yield streng tensile strength, flexure strength, fatigue strength, impact strength		
	d)	Ductility & malleability	U /
	e)	Hardness, Toughness, Brittleness	
5.	-	drocolloid impression materials	04 HRS
	a)		
	b)		
	c)		
	d)		
	e)	Manipulation of Alginate imp. Material	
	f)	Care & properties of Hydrocolloid impression	
6.	Rig	gid impression materials	03 HRS
	a)	Impression plaster	
	b)		operties
	b)		
	c)	Physical and Mechanical Properties of Zinc	
		Oxide-Eugenol impression paste	
	d)	Noneugenol paste	
7.	Ela	stomeric Impression Materials	03 HRS
	a)	Overview of Elastomeric Impression Materials	
	b)	Polysulfide Impression Material	
	c)	Condensation Silicone Impression Material	
	d)	Addition Silicone Impression Material	
	e)	5 1	
	g)		
	h)	Infection Control Concerns	
8.	Gy	psum Products	04 HRS
	a)	Types of Gypsum Products	
	b)		
	c)		
	d)	Tests for working, Initial Setting, and Final Setting Time	es
	d)		
	e)	Setting Expansion	
	f)	Accelerators and Retarders; Practice and Theory	
	i)	•	
	j)	Infection Control Concerns	

9.	Dei	ntal Resins	04 HRS
	a)	Classification of Resins	
	c)	Requisites for Dental Resin	
	d)	Cold cure denture base resins	
	d)	Heat-activated denture base resins	
		Compression- molding Technique	
	f)	Injection molding technique	
	-/		
10.	De	ntal casting alloys	03 HRS
		Historical Perspective on Dental Casting Alloys	
		Desirable Properties of Casting Alloys	
		Classification of Dental Casting Alloys	
		Alloys for All-metal Restorations	
		High Noble Alloys for Metal –ceramic Restorations	
		Base Metal Alloys for Cast Metal and Metal ceramic Re	estorations
	11)	base wetar Anoys for Cast wetar and wetar ceranic Re	storations
11.	Die	& Die materials	02 HRS
		Definition, Classification, Ideal requirements	
		Types of die material, Advantages & Disadvantages	
	0)	Types of the internal, The failinges of 2 load failinges	
12.	Der	ntal Waxes	02 HRS
	a)	Types of waxes	
	b)	Composition	
	c)	Desirable Properties	
		Flow	
		Thermal Properties	
		Wax Distortion	
		Manipulation of Inlay Wax	
		Other Dental Waxes	
13.	Inv	estment materials	03 HRS
	a)	Gypsum –bonded Investments	
	b)	Phosphate-bonded Investments	
	c)	Ethyl Silicate- bonded Investment & their properties	
14.		sting procedures	04 HRS
		Introduction	
		Preparation of the master die	
	c)	The sprue former	
	d)	Casting ring liners	
	e)	Investment procedure	
	f)	Casting procedure	
	g)	Compensation for solidification shrinkage	
		47	

## h) Causes of Defective castings

15. Tarnish & Corrosion Introduction	01 HRS
Causes of Tarnish and Corrosion	
Classification of Corrosion	
Electrochemical Corrosion	
Corrosion of Dental Restorations	
Clinical Significance of Galvanic Currents	
16. Dental ceramics	05 HRS
a) Historical perspective on ceramic	
b) Classification of dental ceramics	
c) Methods of strengthening ceramic	
d) Metal ceramic restoration	
e) All-ceramic restoration	
EXPECTED TO KNOW	04HRS
Bio-compatibility of Materials & Minimizing Dental Iatrogeness	is 01 HR
Physical Properties	01 HR
Stress relaxation	
Dental casting alloys	02 HRS
Alternatives to Cast Metal Technology	
Noble Alloys for metal ceramic Restorations	
-	

## **CONSERVATIVE DENTISTRY SYLLABUS:**

## **MUST KNOW:**

## **30HRS**

Introduction to Material Science Dental Amalgam Definition, History, Classification Manufacturing, Composition, Roll of each ingredients Low Copper & High Copper – Setting Reaction Properties Manipulation Mercury toxicity and hygiene Dental Cements Introduction and Classification Cavity Liners, bases and Varnishes Calcium Hydroxide Zinc Phosphate Zinc Polycarboxylate Zinc Oxide Eugenol and its modifications Glass Ionomer cements and its modifications Resin Cements Application, Classification, types, setting reaction, mode of supply, properties, factors affecting setting, manipulation, biocompatibility, advantages, Disadvantages, uses and all other relevant information about above individual cements

Restorative Resins – Composite Resins History, Classification, Composition Polymerization, Filled and unfilled, Other types Properties, Biocompatibility Acid Etching in detail Dentin Bonding Agents-Generations, Concepts Sandwich technique Pit & Fissure Sealants Clinical Implications

Root Filling materials Gutta Percha Sealers

Direct Filling Gold Types Degassing Properties Compaction Clinical Considerations

## **DESIRABLE TO KNOW:**

#### 05HRS

Newer modified amalgams Bonded amalgams

Dental Cements Silicate cements Zinc silico Phosphates Restorative Resins – Composite Resins Recent Advances Indirect Composite materials Root Filling materials Mineral Trioxide Aggregate (MTA) Advances in Obturating materials

Miscellaneous Materials Smart Materials

NAME OF EXERCISE	TIME ALLOTTED	MARKS ALLOTTED
Spotters	40 Mins	40
Manipulation	40 Mins	40
Journal	NA	10

# **2.3.3 EXAMINATION PATTERN**

# **SECTION 3**

# SECTION-3 CHAPTER-1

## **GENERAL MEDICINE**

**3.1.1.a: AIMS:** To be able to examine, diagnose and treat a patient medically in a dental practise.

#### **3.1.1.b OBJECTIVES**:

**Knowledge & Understanding**: The Curriculum is structured to occur in the patient care context through the recognition and application of the principles of verbal and written communication with patients, families, colleagues, and other healthcare professionals, and in discussions and presentations with healthcare professionals.

**Skills:** Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

Attitudes: Students are expected to demonstrate behaviours that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.

#### **3.1.1.c OUTCOMES:**

Students shall demonstrate the ability to apply this knowledge to improve and optimize health care.

## **3.1.2: SYLLABUS (Including Teaching Hours.)**

#### MUST KNOW

#### 45HRS

- 1. Aims of medicine, Definitions of signs, symptoms, diagnosis, differential diagnosis, treatment & prognosis
- 2. Infections. Enteric fever, AIDS, Herpes Simplex, Herpes Zoster, Syphills Diphtheria
- 3. G.I.T Stomatitis, gingival hyperplasia, dysphagia, acid septic disease, jaundice, acute and chronic hepatitis, cirrhosis of liver, ascites.
- 4. CVS

Acute rheumatic fever, rheumatic valvular heart disease, hypertension, ischemic heart disease, infective endocarditis, common arrthythmias, congenital heart disease, congestive cardiac failure.

5. RS

Pneumonia, COPD,Bronchiectasis, Pulmonary TB, Bronchial asthma, Lung Abcess.

6. Hematology

Anaemias, bleeding & clotting disorders, leukemias, lymphomas, agranulocytosis, splenomegaly, oral manifestations, hematologic disorders, generalized Lymphadenopathy.

- 7. Renal System Acute nephritis Nephrotic syndrome
- 8. Nutrition Avitaminosis, PEM
- CNS Facial palsy, facial pain including trigeminal neuralgia, Epilepsy, Meningitis and headaches including migraine.
- 10. Endocrines

Diabetes Mellitus Acromegaly, Hypothyroidism, Thyrotoxicosis, Calcium metabolism and parathyroids.

11. Critical care Syncope, cardiac arrest, CPR, shock

#### **DESIRABLE TO KNOW**

#### **20HRS**

Infectious mononucleosis mumps Measles, rubella Malaria Diarrhoea Dysentery including Amoebiasis Malabsorption Pleural effusion, Pneumothorax Lung cancers. Renal failure. Balanced diet Examination of comatose patient Examination of cranial nerves. Addison's disease, Cushing's syndrome. Acute LVF ARDS

## **CLINICAL TRAINING:**

The students must be able to:

- Take History
- Do general physical examination including build, nourishment, pulse, BP, respiration, clubbing, cyanosis, jaundice, oedema, nails, lymph nodes & Oral Cavity.
- Examination of CVS, RS, abdomen and facial nerve.

# **3.1.3: EXAMINATION PATTERN**

Name of Exercise	Time Allotted	Marks Allotted
Long case	45 Mins.	35
Short Case	25 Mins.	25
Radiographs & Drugs	25 Mins.	25
Journal	NA	05

# SECTION-3 CHAPTER-2 3.2. GENERAL SURGERY

**3.2.1.a AIM**: By taking on the clinical care of the patients with graduated responsibilities the residents develop their communication and surgical skills and apply their medical knowledge to the surgical diseases of their patients.

#### **3.2.1.b OBJECTIVES:**

- i) Knowledge and understanding: Students shall learn to communicate effectively, caringly and professionally with patients, families and colleagues
- ii) Skills: Students will be able to make evidence based decisions about diagnostic and therapeutic interventions, utilizing up-todate scientific evidence and clinical judgment.
- iii) Attitudes: Students shall be given an understanding of the basic science that is the foundation for surgical practice and have a clinical knowledge necessary to treat the broad range of surgical diseases.

#### **3.2.1.c: OUTCOMES:**

Student must develop the manual dexterity appropriate at each level to deal with all surgical eventualities.

## **3.2.2 : SYLLABUS (Including Teaching Hours.)**

## MUST KNOW 50 HRS

- 1 Introduction to Surgery (History & Principles)
- 2 Wounds
- 3 Inflammation, Aetiology, Pathology & Management
- 4 Carbuncle, Cellulitis, Abscess, Ludwig's angina, Erysepelas
- 5 Tetanus
- 6 Gas Gangrene
- 7 Chronic Infection Tuberculosis, Syphilis, Leprosy, Actinomycosis
- 8 Viral Infections, HIV & Hepatitis B
- 9 Shock-Definition, Classification, Pathophysiology & Management
- 10 Haemorrhage Types, Aetiology, Clinical features & Management & Syncope

- 11 Blood groups & Blood transfusion
- 12 Tumours classification, Aetiology, Methods of spread, Investigations & modalities of treatment
- 13 Ulcer, Cyst, Sinuses & fistulae Definition, Classification, Aetiology and treatment
- 14 Lymphoma
- 15 Resuscitation
- 16 Tracheostomy Indication, Procedure & management
- 17 Facial Nerve affections and Trigeminal Neuralgia
- 18 Salivary gland Tumours, Classification, Pathology, Investigation and treatment
- 19 Fractures Principles, Classification, Healing & management
- 20 Sterilization
- 21 Dressings Types & uses
- 22 Sutures Types of uses
- 23 Diathermy & other methods of Haemostasis
- 24 Swellings of Jaw Dentigerous cyst, Admantinoma
- 25 Cleft Lip & Cleft Palate Principles of management
- 26 Neck Anatomy, Triangles, midline & lateral Swellings
- 27 Thyroid Anatomy Physiology Benign & management diseases, clinical features and management
- 28 Biopsy Types, Indication & Procedure
- 29 Benign diseases of mouth, Lip, Tongue & Palate
- 30 Oral Carcinoma Aetiology, Pathology, investigation and management

#### DESIRABLE TO KNOW

#### 10HRS

- 1 Burns Aetiology, Classification Pathophysiology and management
- 2 Principles of Radiotherapy
- 3 Principles of Chemotherapy
- 4 Lymphoedema
- 5 Laryngocele, Tumours of Nasopharynx
- 6 Peripheral nerve Injuries
- 7 Parathyroid Anatomy, Physiology Benign & Malignant diseases, Clinical features & Management
- 8 Operation Theatre techniques
- 9 Disease of Tonsils
- 10 Head Injury
- 11 Blood Coagulation Factors, mechanism Intrinsic and Extrinsic pathways.
- 12 Deep Vein Thrombosis.
- 13 Local Anaesthesia Indications, Nature of Drugs used, Dosage, Toxicity

- 14 Principles of General Anaesthesia Preoperative evaluation, stages of Anaesthesia, Nature of Drugs used & their toxicity
- 15 Peripheral Nerve Injuries16 Varicose Veins

# **3.3.3 EXAMINATION PATTERN**

Name of Exercise	Time Allotted	Marks Allotted
Long case	45 Mins.	35
Short Case	25 Mins.	25
Radiographs	25 Mins.	25
Instruments & CathetersDrugs		
Journal		05

# SECTION-3 CHAPTER-3 3.3 ORAL PATHOLOGY AND MICROBIOLOGY

#### 3.3.1.a AIM:

The dental students should acquire complete knowledge of embryology, anatomy and physiology of hard and soft tissues of oral and paraoral region and to train dental graduates so as to ensure competence and necessary skills in the diagnosis and prevention of dental and oral diseases.

#### **3.3.1.b OBJECTIVES:**

#### i) Knowledge And Understanding:

Adequate knowledge about the morphology of the teeth. Adequate knowledge about histology of teeth and other oral

structures.

Adequate knowledge of the embryology, development of face, tooth and salivary glands.

Understanding the etiopathogenesis of oral potential malignant disorders and oral cancer.

Understanding the etiopathogenesis of various oral lesions and developmental anomalies.

Understanding the basics of the histopathologic techniques.

#### ii) Skill:

Able to carve teeth of permanent dentition

Able to diagnose oral lesions based on histopatholoical features.

Able to differentiate the normal from abnormal tissues based on macro and microscopic features

Develop the skill of preparing and interpretation of ground section of teeth

#### iii)Attitudes:

1. Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life

- 2. Apply the current knowledge of etiopathogenesis of the oral lesions for their diagnosis in general clinical practice
- 3. To apply the knowledge of morphology of the teeth in the clinical practice of restorative dentistry
- 4. To help and to participate in the implementation of oral potential malignant disorders and oral cancer screening surveys and camps.

## 3.3.1.c OUTCOMES:

At the end of the course the student should be able to do definite diagnosis and treatment competently.

The student should be able to make decision about higher education related to research pertaining to oral pathology.

The student should be able to refer the cases properly to the concern discipline.

## **3.3.2 SYLLABUS (Including Teaching Hours.)**

## MUST KNOW 109 HRS

1110		
1	Developmental Disturbances of oral and paraoral structures	03 HRS
	Developmental disturbances of hard tissues:	
	-dental arch relations,	
	-disturbances related to -	
	-size,shape,number and structure of teeth,	
	-disturbances related to eruption and shedding.	
	Developmental disturbances of soft	
	tissues: Lip,palate,oral mucosa,gingival,tongue and salivary	/ glands
	Craniofacial anomalies	-
2	Benign and Malignant tumors of oral cavity	25 HRS
	Potentially Malignant Disorders of epithelial tissue origin.	
	-Definitions and nomenclature	
	-Epithelial dysplasia	
	-Lesions and conditions:leukoplakia, erythroplakia, oral lich	en planus
	and oral submucous fibrosis.	
	Benign tumors of epithelial tissue origin.	
	- Squamous papilloma, Oral nevi.	
	Malignant tumors of epithelial tissue origin.	
	-Oral squamous cell carcinoma: Definition and	
	nomenclature, etiopathogenesis, TNM staging	
	,Broder's and Bryne's grading systems.	
	-Verrucous carcinoma	
	-Basal cell carcinoma: Definition etiopathogenesis and histo	opathology
	-Malignant melanoma: Definition etiopathogenesis and hist	opathology

Benign and malignant tumors of connective tissue

-Fibroblast origin:oral fibromas and fibromatosis,peripheral ossifying fibroma peripheral giant cell granuloma, pyogenic granuloma and Fibrosarcoma

-Adipose tissue origin:Lipoma

-Endothelial origin(blood and lymphatics: Hemangiomas and lymphangiomas, Hereditary hemorrhagic telangiactasia, Kaposi's sarcoma

Bone and cartilage: Chondroma,osteoma,osteoid osteoma, benign osteoblastoma, osteosarcoma, torus palatinus and mandibularis

-Muscle tissue origin:

Leiomyoma. Rhabdomyoma, rhabdomyos arcoma.

-Nerve tissue origin:Traumatic neuroma, neurilemmoma, neurofibroma -Lymphomas: Definition, classification, differences between Hodgkins and Non-Hodgkins lymphoma and Burkitts lymphoma

3 Tumors of salivary glands

**05 HRS** 

**09 HRS** 

-Histogenesis

-Classification.

-Benign tumors: pleomophic adenoma,Warthin tumor,myoepithelioma -Malignant tumors: mucoepidermoid carcinoma,adenoid cystic carcinoma,polymorphous low grade adenocarcinoma

- 4 Non-neoplastic diseases of salivary glands 04 HRS -Xerostomia, Sjogren syndrome, Mickuliz syndrome, Sialadenosis, necrotizing sialometaplasia, mucocele and sialolithiasis
- 5 Odontogenic and Non-Odontogenic cysts 08 HRS -Definition -Classification

-Lesions: Keraocystic odontogenic tumor, dentigerous cyst, calcifying odontogenic cyst, radicular cyst and dental lamina cyst of new born and eruption cysts.

Non-Odontogenic cysts: Solitary bone cyst and aneurismal bone cyst

6 Odontogenic tumors -Definition

-Classification

-Lesions: Ameloblastoma, Squamous odontogenic tumour, Calcifying epithelial odontogenic tumour, - Ameloblastic fibroma, fibrodentinoma, Ameloblastic fibrodentinoma, Ameloblastic fibro-odontoma, Complex odontoma,Compound odontoma, Ameloblastic carcinoma and malignant ameloblastoma.

	-Odontogenic fibroma (simple and WHOtype), Odontogenic myxoma or myxofibroma, Benign cementoblastoma	
7 -Tu	Bacterial infections of oral cavity 02 HRS berculosis, Syphilis, Diptheria, Noma, Leprosy, Actinomycosis, Tetanus.	
8	Viral infections of oral cavity 04 HRS -Herpes simplex, Herpes zoster, Measles, Rubella, Herpangina, Mumps, Chicken pox, Molluscum contagiosum and Oral manifestations of HIV infection.	
9	Mycotic infections of oral cavity 02 HRS -Candidiasis, South American Blastomycosis, North American Blastomycosis, Mucormycosis	
10	Diseases of the periodontium 04 HRS -Classification -Etiopathogenesis -Lesions: Gingivitis, ANUG, Gingival enlargement, desquamative gingivitis, Chronic and aggressive periodontitis.	
11	- Trauma from occlusion Dental caries 05 HRS	
	-Definition -Classification -Etiopathogenesis,Theories, microbiology of dental caries, histopathology of enamel, dentinal and cemental caries.	
12	Diseases of pulp and periapical tissue 04 HRS -Definition -Classification -Lesions: acute pulpitis,chronic pulpitis,chronic hyperplastic pulpitis, pulp abscess,pulp necrosis,pulp fibrosis,periapical granuloma, periapical abscess, periapical cyst -Sequale of pulpitis. - Osteomyelitis: Definition, classification, etiopathogenesis, -Types: Acute and chronic suppurative Osteomyelitis, Garre's Osteomyelitis	
13	Spread of oral infection 02 HRS - Focus of infection -Focal infection Routes of spread of infection	

-Space infections: cellulitis, space infections, ludwing's angina, Maxillary sinusitis,

Physical and chemical injuries to the oral tissues 02 HRS
 -Traumatic cyst,bruxism,tooth ankylosis,linea alba,traumatic ulcerations of oral mucosa(eosinophilic granuloma),denture sore mouth, epulis fissuratum,mucocele, ranula, sialolithiasis,radiation effects of oral and paraoral tissues-osteoradionecrosis

-Plumbism, mercury poisoning, argyria, effects of tetracycline

Regressive alterations of the teeth 02 HRS
-Attrition, abrasion and erosion
- sclerotic dentin, dead tracts, secondary dentin, pulp calcification,

resorption of teeth,hypercementosis,cementicles

#### 16 Healing of oral wounds 03 HRS -Factors affecting wound healing

-Complications

-Healing of wounds: gingivectomy, biopsy,extraction and fracture), -Biopsy techniques, exfoliative cytology

17 Oral aspects of metabolic diseases 03 HRS -Classification -Disturbances of mineral metabolism: calcium and phosphor

-Disturbances of mineral metabolism: calcium and phosphorusosteoporosis, rickets. Fluoride and fluorosis.

- Disturbances of protein metabolism: marasmus and Kwashiorkor - Amyloidosis

-Avitaminosis: vitamin A,D,K.C and B-complex

- Disturbances of hormonal metabolism: Hypo and hyper pituitarism, Addison's disease, hypo and hyper parathyroidism, diabetes mellitus

- Allergic and immunologic diseases of the oral cavity 03 HRS
   -Definition and nomenclature
   -Lesions: recurrent aphthous stomatitis, reiter's syndrome, behcet's syndrome, contact dermatitis and stomatitis, sarcoidosis
- Diseases of bone and joints 05 HRS
   Osteogenesis imperfecta, fibrous dysplasia, cherubism, cleidicranial dysplasia, Down's syndrome, Pagets disease, Cementoblastoma
   Hyper and hypo parathyroidism, rickets
   Developmental disturbances of TMJ,: ankylosis, rheumatoid arthritis, osteoarthritis

20 Diseases of blood and blood forming organs 04 HRS -RBC diseases: 04 HRS

-Anemias: iron deficiency anemia and plummervinson syndrome, pernicious anemia and megaloblastic anemia, thalassemia, sickle cell anemia, aplastic anemia,erythroblastosis foetalis and polycythemia vera. -WBC diseases: agranulocytosis,cyclic neutropenia, leukocytosis and leucopenia, infectious mononucleosis,leukemias

-Platelet and coagulation diseases: Purpura, thrombocytopenia, hemophilia, von Willebrand's disease

- 21 Diseases of the skin 06 HRS -Ectodermal dysplasia, oral lichen planus, psoriasis, erhthema multiformae, pemphigus pemphigoid (bullous, cicatricial), epidermolysis bullosa, Lupus erythematosis, systemic sclerosis, Dyskeratosis congenita,
- 22 Diseases of nerves and muscles 02 HRS -Trigeminal neuralgia, auriculotemporal syndrome, Bell's palsy, burning mouth syndrome, glossodynia and glossopyrosis, migraine -Classification of diseases of muscles, myasthenia gravis, myositis ossificans

## 23 Forensic odontology

- -Definitions and nomenclature
- -Personal identification
- -Dental identification
- -Palatal rugae patterns
- -Age estimation,

-Bite marks: classification, appearance, investigations, analysis, comparison and conclusion -Lip prints.

## **DESIRABLE TO KNOW:**

#### 40HRS

**02 HRS** 

 Developmental disturbances of oral lymphoid tissue & Fissural(inclusion)cysts of oral region- lateral periodontal cyst, residual cyst, glandular odontogenic cyst, cysts of maxillary antrum and cysts of soft tissues. 03 HRS

2	<ul> <li>Benign And Malignant Tumors Of Oral Cavity</li> <li>Squamous acanthoma, Keratoacanthoma,</li> <li>Angiomyoma, leiomyosarcoma</li> <li>MEN syndrome, malignant nerve tumors, granular cell tur</li> <li>Different histological grading systems,</li> <li>Histological variants and molecular biology of squamous of carcinoma</li> <li>Histological variants</li> <li>Clarks and Breslow system</li> <li>Giant cell fibroma, myofibroma,fibromatosis,benign and malignant fibrous histiocytoma.</li> <li>Lipoblastoma</li> <li>Liposarcoma-Vascular malformations,sturge weber syndrangiofibroma. hemangioendothelioma,hemangiopericytom</li> <li>Chondroblastoma and Ewing's sarcoma and other varient lymphomas</li> </ul>	cell rome, a.
3	Oncocytoma, Ductal Papillomas, Cyst Adenomas, Other Malignant Tumors Oncocytosis.	04 HRS
4	Odontoameloblastoma, odontogenic carcinomas, odontogenic sarcomas	04 HRS.
5	Infections Of Oral Cavity Botromycosis, Tularemia, Melioidisis, Gonorrhea, Rhinoscleroma, Cat-Scratch disease -Rhinosporidiasis, Cryptococcosis, Coccidioidomycosis, Sporotrichosis	06 HRS
4	Deposits On Teeth(Stains,Plaque And Calculus), Periodontal Abscess, Pericoronitis	01 HRS
5	Caries Activity Tests, Immunology Of Dental Caries, Caries Vaccine, Methods Of Caries Control	02 HRS
6	Aerodontolgia,Condensing Osteitis,Chronic Diffuse Sclerosing Osteomyelitis, Florid Osseous Dysplasia, Sclerotic Cemental Masses	01 HR
7	Cavernous Sinus Thrombosis, Mechanism And Significance of oral Foci of Infection	01 HRS

8	Reactions To Preparation Of Teeth For Restorative Proceed Speed Instrumentation For Cavity And Crown Preparation, Materials, Direct Adhesive And Non-Adhesive Restoration Restorations, Bacteria At Tooth Restoration Interface And Microleakage. -Effects of orthodontic tooth movement and burns. -Non-allergic local reactions to drugs and chemicals -Effects of cancer chemotherapeutic agents.	Restorative	
9	Abfraction, Reticular Atrophy Of The Pulp - Replantation and transplantation of teeth - Implants and osseointegrated implants	01 HRS	
10	Disturbances Of Mineral Metabolism(Trace Elements) -Porphyria -Lysosomal storage diseases - Disturbances of carbohydrate metabolism:mucopolysaccharidosis -Vitamin E -Progeria	01 HRS	
11	Chronic Granulomatius Disease. Midline Lethal Granuloma, Uveoparotid Fever, Wegeners Granulomatosis,Angioedema	01 HRS	
12	Craniofacial Dysostosis, Mandibulofacial Dysostosis, Pierre-Robin's Syndrome, Apert Syndrome -Luxation and subluxation,TMJ syndrome, Langerhans cell histiocytosis, eosinophilic granuloma and Hand-Schuller-Christian disease	02 HRS	
13	Chediak –Higasi Syndrome, Thrombasthenia, Parahemoph	philia 01 HRS	
14	Keratosis Follicularis, White Sponge Nevus, Acanthosis Nig Paraneoplastic Pemphigus, Hailey- Hailey Disease, Ehlers – Syndrome, Goltz's Syndrome 02HRS		
15	Spenopalatine Neuralgia, Miscellaneous Disturbances of Nerves And Muscles	01HRS	
16	Identification In Disasters, Identification From Dental		

DNA, Dental Profiling, Sex Identification From Craniofacial Morphology And Dimensions And By DNA Analysis 02HRS

# **3.3.3 EXAMINATION PATTERN**

Name of the exercise	Time allotted	Marks
<ul> <li>i) Identification of slides (10):</li> <li>5 marks each</li> <li>ii) Identification of specimens(6):</li> <li>5 marks each</li> </ul>	50 minutes	80
2. Journal	-	10
Total		90

# **SECTION-4A**

# SECTION-4A CHAPTER-1 4A.1. PUBLIC HEALTH DENTISTRY

**4A.1.1.a: AIM:** The dental graduates during training in the institutions should acquire adequate knowledge, necessary skills and such attitudes which are required for carrying out all the activities appropriate to general dental practice involving the prevention, diagnosis and treatment of anomalies and diseases of the teeth, mouth, jaws and associated tissues. The graduate should also understand the concept of community oral health education and be able to participate in the rural health care delivery programs existing in the country.

#### **4B.1.1.b OBJECTIVES**:

## i Knowledge and understanding:

-The graduate should acquire the following during the period of training.

-Adequate knowledge of the scientific foundations on which dentistry is based and good understanding of various relevant scientific methods, principles of biological functions and should be able to evaluate and analyse scientifically various established facts and data.

-Adequate knowledge of the development, structure and function of the teeth, mouth and jaws and associated tissues both in health and disease and their relationship and effect on general-state of health and also the bearing on physical and social well-being of the patient.

-Adequate knowledge of clinical disciplines and methods, which provide a coherent picture of anomalies, lesions and diseases of the teeth, mouth and jaws and preventive, diagnostic and -therapeutic aspects of dentistry.

-Adequate clinical experience required for general dental practice.

-Adequate knowledge of biological function and behaviour of persons in health and sickness as well as the influence of the natural

and social environment on the state of health so far as it affects dentistry.

## ii Skills:

-A graduate should be able to demonstrate the following skills necessary for practice of dentistry.

-Able to diagnose and manage various common dental problems encountered in general dental practice, keeping in mind the expectations and the right of the society to receive the best possible treatment available wherever possible.

-Acquire skill to prevent and manage complications if encountered while carrying out various dental surgical and other procedures.

-Possess skill to carry out required investigative procedures and ability to interpret laboratory findings.

-Promote oral health and help to prevent oral diseases wherever possible.

- Competent in control of pain and anxiety during dental treatment.

**Iii Attitudes:** A graduate should develop during the training period the following attitudes:

-Willing to apply current knowledge of dentistry in the best interest of the patients and the community.

-Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.

-Seek to improve awareness and provide possible solutions for oral health problems and needs throughout the community.

-Willingness to participate in the continuing education programmes to update knowledge and professional skills from time to time.

-To help and to participate in the implementation of national health programmes.

#### 4A.1.1.c OUTCOMES:

-The student should be able to function independently as a dental clinician.

-At the end of the 4+1 year program the student should be able to handle clinical situations competently.

-The student should be able to make an informed decision about further education.

-The student should be able to make a judicious choice to refer cases beyond her/his competency.

# 4A.1.2 SYLLABUS (Including Teaching Hours.)

## MUST KNOW 46 HRS

1	Introduction: - History of Dentistry (India and abroad), - Definitions - Public Health - Introduction, Definition, History, Changing concepts, History Health In India Characteristic method and Technique	01 HR ory of Public
2	Dental Public Health - Aims, and Objectives, Tools, Procedural Steps in Dental Public Health, Similarities and dissimilarities between Clinical Dentistry and Public Health Dentistry, Functions of the public health dentist	01 HR
3	Survey - Need, Aims of a Survey, types of survey ,Oral health Surve - Basic Methods (WHO-1997)	02 HR eys
4	Program Planning and Evaluation. Planning cycle, types of evaluation	01 HR
5	<ul> <li>Biostatistics</li> <li>Introduction, Application in Dentistry ,data collection, Sampling techniques -Measures of Central Tendency,</li> <li>Measures of Dispersion, Normal Curve, Presentation of data- Tables, charts and Diagram.</li> <li>Tests of Significance, Confidence limits.</li> </ul>	03 HRS
6	General Epidemiology - Introduction, Definition, Aims and Objectives, Principles, Difference between clinical medicine and Epidemiology, Basic measurement in Epidemiology, Incidence and Prevalence. Descriptive Epidemiology,	03 HRS

7	<ul> <li>Analytical Epidemiology (Case control and Cohort study),</li> <li>Experimental Epidemiology. Uses of Epidemiology.</li> <li>Health</li> <li>Definition, Changing concepts, Dimension, Determinants,</li> <li>Ecology, and Spectrum of health.</li> </ul>	01	HR
8	Disease - Concepts, Natural history, Epidemiological Triad, Iceberg Phenomenon, Spectrum of disease and Dynamics of disease transmission. Concepts of prevention (Levels and modes of intervention)	01	HR
9	Environment and Health - Water: Norms of Potability, uses of water and sources, purification of water (Large and small scale), hardness of wa -Air: Composition, air pollution, effects, prevention and control of air pollution.		HRS
10	Social Environment Definitions, Types of Family Influence of culture on oral health, Influence of social class on oral health Types of social classes. Utilization of dental care according to social class	01	HR
11	Waste Disposal - Sources of refuse, health hazard and methods of Disposal	01	HR
12	Communication for Health Education. - Definition, communication process, types, barriers, approaches in health education, health education and Propaganda, Contents of Health Education, Principles, methods, and aids	02	HRS
13	School health programmes Aims, elements, advantages, disadvantages School Health programs in developing and developed countr		HR
14	Epidemiology of Dental caries Host, agent and Environmental factors. Levels of prevention for dental caries	02	HRS

15	<ul> <li>Prevention and control of Dental caries. Fluorides</li> <li>Introduction, History, Physiology of Fluoride, sources,</li> <li>Systemic fluoridation, topical fluoride</li> <li>Defluoridation, toxicity, safety dose, Caries vaccine.</li> </ul>	02 HRS
16	Caries Activity tests - Pit and fissure sealant.	01 HR
17	Epidemiology of Periodontal disease. - Host, agent and Environmental factors. - Prevalence of periodontal disease.	01 HR
18	Prevention and control of Periodontal Disease. - Levels of prevention for periodontal disease. - Plaque control	01HR
19	Epidemiology and Prevention and control of malocclusion.	01 HR
20	Epidemiology Prevention and control of oral cancer. Host, agent and Environmental factors. Prevalence Levels of prevention for oral cancer.	02 HRS
21	<ul> <li>Indices.</li> <li>Introduction, classification, ideal requisites, uses.</li> <li>Dental caries indices – DMFT, DMFS, dmft, deft, dft, dfs, Gingival Indices - Loe and Sillness index</li> <li>Plaque Indices- Sillness and Loe index.</li> <li>Oral hygiene indices- OHI and OHI-S</li> <li>Periodontal Indices- Russell's periodontal index, CPITN, CP</li> <li>Dental fluorosis Index- Dean's fluorosis index</li> <li>WHO proforma 1997</li> </ul>	
22	Provision of dental care Private and group practice, Part time practice, HMO, PPO, Neighborhood health clinic, Portable equipments.	01 HR
23	Dental Payments. Types of dental payments in detail Dental insurance	01 HR
24	Dental Auxiliaries. Definition, classification, description of each in Detail, New type of dental auxiliaries, Degree of supervision of aux	01 HR
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25	Health care of the community - PHC, Elements of primary health care, Principles of primary health care. Health care system in India Public sector, private sector, indigenous systems voluntary health agency, National health program and National oral health care program	01 HR
26	Health agencies around the world.	01 HR
27	WHO	01 HR
28	Dental council of India Dentist's Act 1948	01 HR
29	Indian Dental Association. Structure, functions.	01 HR
30	Ethics, Ethical Principles, Ethical rules for Dentists	01 HR
31	Dental Jurisprudence and Consumer Protection Act	01 HR
32	Dental Practice Management - Areas for consideration - planning, finance, setting up of fees, quality care, records, Legal implications, Consumer related aspects.	01 HR
33	Child psychology Classification and behavior management.	01 HR
34	Computers in dentistry	01 HR
35	Atraumatic restorative treatment	01 HR
DESIRABLE TO KNOW		

The UN Millennium developmental goals. National oral health Policy Indian Association of Public Health Dentistry. Training and calibration of examiners. Evaluating a public health problem (Problem Based learning) **Regression techniques** Association and Causation Investigation of an epidemic Recent advances in epidemiology Epidemic, endemic and pandemic diseases across the world. Light, Requirement of good lighting, Natural and artificial light, methods of artificial lighting. Noise: Sources, properties, effects, control. Radiation: Sources, Types, Biological Effects, Radiation protection. Social and Cultural Anthropology. Dental waste disposal. Health promotion, Approaches to Health Promotion. WHO contribution, Implementation of school health program. Trends in dental caries in developed and developing countries Caries risk assessment i.e. Cariogram Chairside caries activity test newer advances in pit and fissure sealants Periodontal risk assessment Tobacco control and Habit cessation. New modalities in diagnosis of oral cancer Genetics and oral cancer Malocclusion indices-. Recent dental caries index i.e. ICDAS Indices for incipient caries Community fluorosis index. Provision of dental care in India National Rural Health Mission Contribution of centre and state in oral health in India, oral health care for special groups Indian Association of Public Health Dentistry, International Labor organization. International food Organization. WHO goals for oral health. Organisation of IDA in India Nuremberg code,

Declaration of Geneva,

World medical association International code of Medical ethics.

Declaration of Helsinki Ethics in Dental Research

Classification of malpractice

New materials for ART

NAME OF EXERCISE	TIME ALLOTTED	MARKS ALLOTTED
Case History including	01 Hr	50
Indices.		
Project Work	NA	15
Journal	NA	05
Preventive Procedure	20 mins	20
Viva	10 mins	20

## **4A.1.3 EXAMINATION PATTERN**

## SECTION-4A CHAPTER-2 4A.2. PERIODONTOLOGY

## 4A.2.1.a AIMS:

The dental graduate during training in the institution should acquire adequate knowledge, necessary skills and attitude which are required to perform diagnosis of periodontal diseases and render periodontal therapy and maintenance of the same.

The graduate should also understand the concept of preventive periodontics and should be able to participate in health care delivery programs.

## 4A.2.1.b OBJECTIVES:

The Students shall acquire the necessary knowledge and skills to perform Dental scaling diagnostic tests and use various instruments for periodontal therapy and its maintenance

## I Knowledge & understanding:

Student should have knowledge regarding etiology pathogenesis, diagnosis and management of common periodontal diseases with emphasis on Indian population.

Basic knowledge regarding biochemical, microbiology, immunologic and genetic aspects of periodontal pathology.

Knowledge regarding various treatment modalities of periodontal diseases from historical aspect to present with emphasis on newer advances like LASERS, Microsurgery and Piezosurgery.

Knowledge regarding various preventive periodontal procedures.

Basic Knowledge regarding interrelationship of periodontal diseases and systemic conditions and its effect on pathogenesis and treatment planning.

Knowledge regarding periodontal hazards of deleterious habits and its prevention.

Knowledge of decision making regarding surgical and non surgical periodontal therapy.

Brief knowledge, understanding and skills regarding art and science of oral Implantology.

## II Skills:

Take a proper clinical history and thorough examination of extra oral and intra oral structures with special emphasis on gingiva and periodontal tissues.

Medical history evaluation and advising essential diagnostics test and its interpretation.

Skills regarding basic life support and management of medical emergencies in dental practice.

Following appropriate infection control protocol and asepsis.

Skills regarding use of various surgical and non surgical periodontal instruments.

Application of knowledge regarding chair position and principles of instrumentation.

Skills of sharpening blunt periodontal instruments.

Skills in use of ultrasonic scalers.

Skills to use R.V.G. and its interpretation.

## **III Attitudes:**

The students should develop attitude to impart periodontal preventive measures for causation and progression of periodontal diseases.

Students should develop and attitude to perform the treatment with full aseptic precautions.

Develop and an attitude to prevent iatrogenic diseases.

Attitude to conserve the tooth to maximum possible time by maintaining periodontal health.

Attitude to understand ones limitation and timely referral to a specialist.

## 4A.2.1.c OUTCOMES:

-Students should be able to independently record case history of a periodontal patient.

-Student should be able to determine diagnosis, prognosis and make a treatment plan.

-Student should able to perform scaling and root planning and local drug delivery.

-Student should be able to render supportive periodontal care after active periodontal treatment is completed and motivate the patient to this effect.

Student should be able to make a judicious choice regarding referral about cases beyond his/ her competency.

**73HRS** 

## 4A.2.2 SYLLABUS (Including Teaching Hours.)

## MUST KNOW

#### 1. Introduction: 01 HRS Definition of Periodontology, Periodontics, Periodontia 2. Development of periodontal tissues: 02 HRS Micro-structural Anatomy & biology of periodontal tissues in detail, gingiva, junctional epithelium in detail, epithelial - mesenchymal interaction, periodontal ligament cementum alveolar bone. 3. Defensive mechanisms in the oral cavity: **02 HRS** Role of epithelium, gingival fluid, saliva and other defensive mechanisms in the oral environment. 4. Age change in periodontal structures 01 HR Classification of periodontal diseases: 02 HR 5. need for classification, classification of gingival and periodontal diseases as described in world workshop 1989, AAP 1999.

Gingivitis:-

Plaque associated, ANUG, steroid hormone influenced, medication influenced, desquamative gingivitis, other forms of gingivitis as in nutritional deficiency, bacterial and viral infections etc.

Periodontitis :-

Chronic periodontitis, aggressive periodontitis, and refractory periodontitis.

6. Gingival Diseases:

## **03 HRS**

- Localized and generalized gingivitis.
- Papillary, marginal and diffuse gingivitis.
- Etiology, pathogenesis, clinical signs,
- Symptoms and management of Plaque associated gingivitis.
- Systemically aggravated gingivitis, hormones, drugs and systemic diseases
- ANUG
- Periocoronitis
- Gingival enlargement (Classification & differential diagnosis)
- Extension of Inflammation from Gingiva:- 01 HR Mechanism of spread of inflammation from gingival area to deeper periodontal structures. Factors that modify the spread
- 8. Pocket

## 03 HRS

Definition, signs and symptoms, classification, pathogenesis, histopathology, root surface changes and contents of the pocket

## 9. Etiology

#### **05 HRS**

Dental Plaque (Bio film)- Definition, new concept of bio film - Types composition, bacterial colonization, growth, maturation and disclosing agents.

- Role of dental plaque in periodontal diseases.

Plaque microorganisms in details and bacteria associated with periodontal diseases.

- Plaque retentive factors
- Material alba:-
- Food debris
- Calculus
- Definition
- Types, composition, attachment, theories of formation
- Role of calculus in disease

Food impaction:-

- Definition
- Types, etiology
- Hirschfeld's classification
- Signs, symptoms & sequelae of treatment

Trauma From Occlusion

- Definition, types
- Histopathological changes
- Role in periodontal disease
- Measures of management in brief

## Systemic Disease

02 HRS

- Diabetes, sex hormones, nutrition (vit. C.& proteins)
- Aids & periodontium

- Hemorrhagic diseases, Leukemia, clotting factor disorders, PMN disorders

#### 10. Risk factors

- Definition, risk factors for periodontal diseases.

## 11. Host Response

## 03 HRS

01 HR

- Mechanism of initiation and progression of periodontal diseases - Basic concepts about cells, mast cells neutrophils, macrophages, lymphocytes, immunoglobulins, complement system, immune mechanisms and cytokines in brief.

- Stages in gingivitis -initial, early, established and advanced

## 12. Periodontitits

#### 07 HRS

- etiology, histopathology, clinical signs and symptoms, diagnosis and treatment of chronic periodontitis

- periodontal abscess, definition, classification, pathogenesis, differential diagnosis and treatment.

- Furcation involvement Glickman's, classification, prognosis and management.

- Aggressive periodontitis.
- Periodontitis associated with systemic diseases
- Refractory periodontitis
- 13. Diagnosis

## 03 HRS

- Routine procedures, method of probing, type of probes (according to case history)

- Halitosis etiology and treatment, mention advanced diagnostic aids and theirs role in brief.

14.	Prognosis	01 HR
	- Definition, types, purpose and factors to be taken	into consideration

A. General principles of periodontal therapy. Phase I,II,II, IV therapy - Definition of periodontal regeneration, repair, new attachment.

Mechanical tooth brushes, interdental cleaning aids, dentifrices.Chemical: Classification and mechanism of action of each & pocket

## 17. Pocket eradication procedures

Factors to be considered Periodontal therapy

- Scaling and root planning
- Indication

irrigation.

Treatment Plan

B. Plaque control

15.

- Aims and objectives

- Healing following root planning

- Hand instruments, sonic, ultrasonic & piezo electric scalers.
- Curettage and present concepts
- Definition
- Indications
- Aims and objectives
- Procedures and healing response
- Flap surgery
- Definition
- Types of flaps designs of flap papilla preservation
- Indication and contraindications
- Armamentarium

Surgical procedure and healing response

## 18. Osseous surgery

- Osseous defects in periodontal diseases
- Definition
- Classification

Surgery :

- Resective, additive osseous surgery (osseous grafts with classification of grafts)
- Healing responses
- Other regenerative procedures : root conditioning
- Guided tissue regeneration

## 04 HRS

10HRS

**04 HRS** 

19.	<ul> <li>Mucogingival surgery &amp; periodontal plastic surgeries</li> <li>Definition</li> <li>Mucogingival problem : etiology, classification of gingi (P.D. Miller Jr. &amp; Sullivan and Atkins)</li> <li>Indication and objectives</li> <li>Gingival extension procedures : lateral pedicle graft frem frenotomy, frenoplasty</li> <li>Crown lengthening procedures</li> <li>Periodontal microsurgery in brief</li> </ul>	
20.	Splints - Periodontal splints - Purpose and classification principles of splinting	01 HR
21.	Hypersensitivity - Causes, theories & management	01 HR
22.	Implants - Definition, types scope and biomaterials uses.	02 HRS
23.	Maintenance phase - Aims, objective, & principles - Importance	01 HR
24.	Pharmaco – Therapy - periodontal dressings - Antibiotics and anti inflammatory drugs local drugs deli	01 HR very system.
25.	Periodontal management of medically compromised patients 02 HRS - Topics concerning periodontal management of medically compromised patients	
26.	Inter - disciplinary care - Pulpo- periodontal involvement - Perio ortho	03 HRS
27.	Systemic Effects of periodontal diseases in brief - Cardiovascular diseases, low birth weight babies diabete	02 HRS es etc.
28.	Infection control protocol - Sterilization and various aseptic procedures.	02 HRS

DESIRABLE TO KNOW	09HRS
<ul> <li>Desquamative Gingivitis:-</li> <li>Gingivitis associated with lichen planus, pemphigoid, pemphigus, and other vesiculobullous lesions,</li> <li>Allergic gingivitis</li> <li>Infective gingivitis – herpetic, bacterial and candidial.</li> </ul>	02 HRS
<ul> <li>Epidemiology of Periodontology Disease:</li> <li>Definition of index, incidence, prevalence, epidemiology endemic epidemic and pandemic</li> <li>Classification of indices (Irreversible and reversible)</li> <li>Deficiencies of earlier indices used in Periodontics</li> <li>Detailed understanding of silness &amp; Loe Plaque index, lo Gingival index, CPITN &amp; CPI</li> <li>Prevalence of periodontal disease in India and other coundition</li> </ul>	
<ul> <li>Public health significance (All these topics )</li> <li>Habits</li> <li>Their periodontal significance</li> <li>Bruxism and parafunctional habits, tongue thrusting, lip b occupational habits.</li> </ul>	01 HRS biting,
Prosthodontics - Interrelationship,Bridges and other prosthesis, pontics (ty surface contour, relationships of margins to the periodontiu protection theory, muscle action theory and theory of access hygiene.	ım, gingival
Orthodontics - Interrelationship, removable appliances and fixed applian Retention of plaque, bacterial changes - Periodontal disease activity, continuous paradigm, randon asynchronous multiple burst hypothesis. Periodontal considerations ; such as implant bone interface gingival interface, implant failure, peri- implantitis and management.	n burst and
Procedures	01 HR
Maintenance of implants	01 HR

## **4A.2.3 EXAMINATION PATTERN**

Name Of Exercise	Time Allotted	Marks Allotted
Scaling & Polishing	45 Mins	40
Clinical Case examination, History Taking and Treatment Planning.	45 Mins	25
Post-Operative Instructions, Chairside Viva.	30 Mins	20
Journal	NA	05

## SECTION-4A CHAPTER-3 ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

## 4A.3.1a Aim:

The subject of Orthodontics and Dentofacial Orthopaedics is directed toward providing the dental student with the knowledge and skills necessary to recognize a developing or established malocclusion, provide preventive and therapeutic treatment within the scope of the general dental practice, consult as a team member with the specialist, refer cases requiring specialist care as appropriate, and coordinate comprehensive care of the patient. Didactic and laboratory exercises provide a strong foundation for delivery of limited orthodontic treatment as part of an adult and child patient's comprehensive dental care.

#### 4A.3.1.b. Objectives:

The training programme in this subject is to structure and achieve the following objectives.

### Knowledge and Understanding:

- 1. The dynamic interaction of biologic processes and mechanical forces acting on they stomatognathic system during orthodontic treatment
- 2. The etiology, pathophysiology, diagnosis and treatment planning of various common Orthodontic problems
- 3. Various treatment modalities in Orthodontics: preventive,

interceptive and corrective

- 4. Basic sciences relevant to the practice of Orthodontics
- 5. Interaction of social, cultural, economic, genetic and environmental factors and their relevance to management of oro facial deformities.
- 6. Factors affecting the long-range stability of orthodontic correction and their management
- 7. Personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waste, keeping in view the high prevalence of Hepatitis and HIV and other highly contagious diseases.

## Skills:

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

## Attitudes:

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

## 4A.3.1.c. OUTCOMES

1. Develop adequate communication skills particularly with the patients giving them the various options available to manage a particular Dentofacial problem and to obtain a true informed consent from them for the most appropriate treatment available at that point of time.

2. Develop the ability to communicate with professional colleagues, in Orthodontics or other specialities through various media like correspondence, Internet, e-video, conference, etc. To render the best possible treatment.

## 4A.3.2 SYLLABUS (Including Teaching Hours.)

## MUST KNOW 50 HRS

1. Introduction 01HR

Definition, Historical Background, aims and Objectives of Orthodontics and Need for Orthodontics care

2. Growth and Development 02HR

In General a. Definition

b. Growth spurts and Differential growth

c. Factors influencing growth and Development

d. Methods of measuring growth

e. Growth theories (Genetic, Sicher's, Scott's, Moss's, Petrovic's,

Multifactorial)

f. Genetic and epigenetic factors in growth

g. Cephalocaudal gradient in growth

3. Morphologic Development of Craniofacial structures 02 HR

a. Methods of bone growth

b. Prenatal growth of craniofacial structures

c. Postnatal growth and development of cranial base, maxilla, mandible, dental arches and occlusion.

4. Functional Development of Dental Arches and Occlusion 02 HR a. Factors influencing functional development of dental arches and occlusion

b. Forces of Occlusion

c. Wolff's law of transformation of bone

d. Trajectories of forces

5. Clinical Application of Growth and development. 02HRS

6. Malocclusion - In General 02 HRS

a. Concept of normal occlusion

b. Definition of malocclusion

c. Description of different types of dental, skeletal and functional malocclusion.

7. Classification of Malocclusion 02 HRS Principle, description, advantages and disadvantages of classification of malocclusion by Angle's, Simon's, Lischer's and Ackerman and Proffitt's

8. Normal and Abnormal Function of Stomatognathic system 01 HR

#### 02HRS

a. Definition, importance, classification, local and general etiological factors.

b. Etiology of following different types of malocclusion:

1) Midline diastema

9. Etiology of Malocclusion

- 2) Spacing
- 3) Crowding
- 4) Cross Bite: Anterior / Posterior
- 5) Class III Malocclusion
- 6) Class II Malocclusion
- 7)Deep Bite
- 8) Open Bite
- 9) Habits

10. Diagnosis And Diagnostic Aids 03 HRS

- a. Definition, Importance and classification of diagnostic aids
- b. Importance of case history and clinical examination in orthodontics
- c. Study Models: Importance and uses -
- Preparation and preservation of study models
- d. Importance of intraoral X-rays in orthodontics
- e. Panoramic radiographs:- Principles, Advantages, disadvantages and uses
- f. Cephalometrics: Its advantages, disadvantages

1. Definition

- 2. Description and use of cephalostat
- 3. Description and uses of anatomical landmarks

lines and angels used in cephalometric analysis

4. Analysis - Steiner's, Down's, Tweed's, Rickett's- E- line

g. Electromyography and its uses in orthodontics

h. Hand and Wrist X-rays and its importance in orthodontics

11. General Principles in Orthodontic Treatment Planning Of Dental AndSkeletal Malocclusions02 HRS

12. Anchorage In Orthodontics – 02HRS Definition, Classification, Types and Stability Of Anchorage

13. Biomechanical Principles In Orthodontics Tooth movement02HRS

a. Different types of tooth movements

b. Tissue response to orthodontic force application

c. Age factor in orthodontic tooth movement

d. Theories of Tooth Movement

14. Preventive Orthodontics

a. Definition

b. Different procedures undertaken in preventive orthodontics and their limitations.

03HRS

15. Interceptive Orthodontics 03HRS

a. Definition

b. Different procedures undertaken in interceptive orthodontics

c. Serial extractions: Definition, indications, contraindication, technique, advantages and disadvantages.

d. Role of muscle exercises as an interceptive procedure

16. Corrective Orthodontics 02HRS
a. Definition, factors to be considered during treatment planning.
b. Model analysis: Pont's, Ashley Howe's, Bolton's, Carey's, Moyer's Mixed Dentition Analysis
c. Methods of gaining space in the arch:Indications, relative merits and demerits of proximal stripping, arch expansion and extractions
d. Extractions in Orthodontics - indications and selection of teeth for extraction
17. Orthodontic Appliances: 01 HRS General

a. Requisites for orthodontics appliances

b. Classification, indications of Removable and

**Functional Appliances** 

c. Methods of force application

d. Materials used in construction of various orthodontic appliances - uses of stainless steel,

technical considerations in curing of acrylic,

Principles of welding and soldering, fluxes and antifluxes.

e. Preliminary knowledge of acid etching and direct bonding

18. Ethics 01HR

## 19.ORTHODONTIC APPLIANCES 08HRS

## REMOVABLE ORTHODONTIC APPLIANCES

1) Components of removable appliances

2) Different types of clasps and their uses

3) Different types of labial bows and their uses

4) Different types of springs and their uses

5) Expansion appliances in orthodontics:

i) Principles

ii) Indications for arch expansion

iii) Description of expansion appliances and different types

of expansion devices and their uses.

iv)Myofunctional Appliances

v) Rapid maxillary expansion

## FIXED ORTHODONTIC APPLIANCES

1. Definition, Indications &

Contraindications

2. Component parts and their uses

3. Basic principles of different techniques: Edgewise,

Begg's, straight wire.

## EXTRAORAL APPLIANCES

- 1. Headgears
- 2. Chincup
- 3. Reverse pull headgears

## MYOFUNCTIONAL APPLIANCES

1. Definition and principles

- 2. Muscle exercise and their uses in orthodontics
- 3. Functional appliances:

i) Activator, Oral screens, Frankel's functional regulator,

Bionatar, Twin Block, lip bumper

ii) Inclined planes - upper and lower

## Orthodontic Management of Cleft Lip And Palate

20. Principles of Surgical orthodontics 03HRS

Brief Knowledge of correction of :

a. Mandibular Prognathism and Retrognathism

b. Maxillary Prognathism and Retrognathism

c. Anterior open bite and deep bite

d. Cross bite

21. Principle, Differential diagnosis and methods of Treatment of : 03HRS

1. Midline diastema

2. Cross bite

3. Open bite

4. Deep bite

5. Spacing

6. Crowding

7. Class II -Division 1, Division 2

8. Class III Malocclusion - True and Psuedo Class III

22. Retention And Relapse

04 HRS

Definition, Need for retention Causes of relapse Methods of retention, Different types of retention devices, Duration of retention, Theorems of retention

#### DESIRED TO KNOW 10HRS

Role of Genetic Control In Growth And Development Late Adult Growth Mandibular Rotation Electromyography Hand Wrist X-Rays Anchorage Preparation and in Various Treatment Modality Age Factors In Tooth Movement Detailed Biomechanics of the moment to force ratio for various tooth movements Distalisation of molars Distal Driving of Entire Arches Elastomeric Impression Ethics Types and Principles Of Pre Adjusted Edgewise Appliance. Fixed Functional Appliances Surgical Management Of Cleft Lip and Palate Surgical Procedure for Orthognathic Surgery True Class III Fabrication of Retainers Repair of Lingual Bonded Retainer

Name of Exercise	Time allotted	Marks Allotted (90)
Wire Bending	45 Mins.	50 Marks
Model Analysis	30 Mins.	15 Marks
Identification of Appliances,	45 Mins.	20 Marks
Cephalometric Landmarks &		
Spotters		
Journals	NA	05 Marks

## **4A.3.3 EXAMINATION PATTERN**

## SECTION-4A CHAPTER-4 ORAL MEDICINE, DIAGNOSIS & RADIOLOGY

**4A.4.1.a AIM**: The subject of Oral Medicine and Radiology aims to train the students ardently to use basic diagnostic procedures and techniques useful in recognizing the disease of the oral and paraoral tissues of local and constitutional origin and their medical management. The subject also includes formulation of the diagnois and medical management of diseases specific to the orofacial tissues and of oral manifestations of systemic diseases. It also aims towards management of behavioral disorders and oral and dental treatment of medically compromised patients.

## 4A.4.1.b: OBJECTIVES:

#### i-Knowledge and understanding:

The graduate should acquire the following during the period of training.

- The students should be able to record a detailed case history and clinical examination of the patient to arrive at a provisional diagnosis.

-They should have knowledge regarding the chair side and advanced diagnostic methods including radiographic techniques to formulate final and differential diagnosis.

- Students should be aware of medical complications that can arise while treating patients and management for the same. They should be able to manage medically compromised patients and modifications in the dental treatment for such patients.

- Students should have the knowledge of various intraoral and extraoral radiographic techniques, radiation safety and radiation hazards.

## ii-Skills:

-A graduate should be able to demonstrate the following skills necessary for practice of dentistry.

-To diagnose various premalignant and malignant lesions and

conditions, other mucosal disorders and undertaking their medical management.

-To carry out intraoral radiographic techniques like periapical, bitewing and occlusal radiographs.

-To carry out the required investigative procedures like tooth vitality testing, vital staining.

-To prescribe medicines for the common oral and dental pathologies.

## **b** – Attitudes:

-A graduate should develop during the training period the following attitudes.

-Willing to apply current knowledge of Oral Medicine and Radiology in the best interest of the patients and the community.

-Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.

-To handle the patients with great compassion, explain them the required treatment options and also educate about the preventive aspects of oral diseases.

-To counsel and educate the population regarding ill effects of habits like betel nut, tobacco, alcohol etc.

## 4A.4.1.c: OUTCOMES:

- 1. The student should be able to function independently as a dental clinician.
- 2. At the end of the 4+1 year program the student should be able to handle clinical situations competently.
- 3. The student should be able to make an informed decision about further education.
- 4. The student should be able to make a judicious choice to refer cases beyond her/his competency.

## 4A.4.2 SYLLABUS (Including Teaching Hours.)

## **MUST KNOW**

1.Oral medicine and diagnostic AIDS:

## Section A-Diagnostic Methods 06 HRS

(1) Definition and importance of Diagnosis and various types of diagnosis

(2) Method of clinical examinations.

(a) General Physical examination by inspection.

(b) Oro-facial region by inspection, palpation and other means

(c) To train the students about the importance, role, use of saliva and

techniques of diagnosis of saliva as part of oral disease

(d) Examination of lesions like swellings, ulcers, erosions, sinus, fistula,

growths, pigmented lesions, white and red patches

(e) Examination of lymph nodes

(3) Investigations

(a) Biopsy and exfoliative cytology

(b) Hematological, Microbiological and other tests and investigations necessary for diagnosis and prognosis

## Section B- Diagnosis, Differential Diagnosis 04 HRS

(1) Teeth: Developmental abnormalities, causes of destruction of teeth and their sequelae and discoloration of teeth

(2) Inflamation – Injury, infection and sperad of infection, fascial space infections, osteoradionecrosis.

(3) Temparomandibular joint: Developmental abnormalities of the condyle. Rheumatoid arthritis, Osteoarthritis, Subluxation and luxation.

(4) Periodontal diseases: Gingival hyperplasia, gingivitis, periodontitis, pyogenic granuloma

(5) Common cysts and Tumors:

CYSTS: Cysts of soft tissue: Mucocele and Ranula 07 HRS Cysts of bone: Odontogenic and nonodontogenic. TUMORS: Soft Tissue: Epithelial: Papilloma, Carcinoma, Melanoma Connective tissue: Fibroma, Lipoma, Fibrosarcoma Vascular: Haemangioma, Lymphangioma Nerve Tissue: Neurofibroma, Traumatic Neuroma, Neurofibromatosis Salivary Glands: Pleomorphic adenoma, Adenocarcinoma, Warthin's Tumor, Adenoid cystic carcinoma. (6) Teeth: Developmental abnormalities, causes of destruction of teeth and their sequelae and discoloration of teeth (7) Inflamation – Injury, infection and sperad of infection, fascial space infections, osteoradionecrosis. (8) Temparomandibular joint: Developmental abnormalities of the condyle. Rheumatoid arthritis, Osteoarthritis, Subluxation and luxation. (9) Periodontal diseases: Gingival hyperplasia, gingivitis, periodontitis,

pyogenic granuloma (10) Common cysts and Tumors: CYSTS: Cysts of soft tissue: Mucocele and Ranula Cysts of bone: Odontogenic and nonodontogenic. TUMORS: Soft Tissue: Epithelial: Papilloma, Carcinoma, Melanoma Connective tissue: Fibroma, Lipoma, Fibrosarcoma Vascular: Haemangioma, Lymphangioma Nerve Tissue: Neurofibroma, Traumatic Neuroma, Neurofibromatosis Salivary Glands: Pleomorphic adenoma, Adenocarcinoma, Warthin's Tumor, Adenoid cystic carcinoma. Hard Tissue: Non Odontogenic: Osteoma, Osteosarcoma, Osteoclastoma, Chondroma, Chandrosarcoma, Central giant cell rumor, and Central haemangioma Odontogenic: Enameloma, Ameloblastoma, Calcifying Epithelial Odontogenic tumor, Adenomatoid Odontogenic tumor, Periapical cemental dysphasia and **O**dontomas

## Section C-Oral medicines and therapeutics 18 HRS

(1) Infections of oral and paraoral structures: Bacterial: Streptococcal, tuberculosis, syphillis, vincents, leprosy, actinomycosis, diphtheria and tetanus Fungal: Candida albicans Virus: Herpes simplex, herpes zoster, ramsay hunt syndrome, measles, herpangina, mumps, infectious mononucleosis, AIDS and hepatitis-B (2) Important common mucosal lesions: White lesions: Chemical burns, leukodema, leukoplakia, fordyce spots, stomatitis nicotina palatinus, white sponge nevus, candidiasis, lichen planus, discoid lupus erythematosis Veiculo-bullous lesions: Herpes simplex, herpes zoster, herpangina, bullous lichen planus, pemphigus, cicatricial pemphigoid erythema multiforme. Ulcers: Acute and chronic ulcers Pigmented lesions: Exogenous and endogenous Red lesions: Erythroplakia, stomatitis venenata and medicamentosa, erosive lesions and denture sore mouth. (3) Cervico-facial lymphadenopathy (4) Facial pain:

(i) Organic pain: Pain arising from the diseases of orofacial tissues like teeth, pulp, gingival,

periodontal tissue, mucosa, tongue, muscles, blood vessels, lymph tissue, bone,

paranasal sinus, salivary glands etc.,

(5) Tongue in local and systemic disorders: (Aglossia, ankyloglossia, bifid tongue, fissured tongue, scrotal tongue, macroglossia, microglossia,

geographic tongue, median

rhomboid glossitis, depapillation of tongue, hairy tongue, atrophic tongue, reactive lymphoid hyperplasia, glossodynia, glossopyrosis, ulcers, white and red patches etc.)

(6) Oral manifestations of:

(i) Metabolic disordeers:

(a) Porphyria

(b) Haemochromatosis

(c) Histocytosis X diseases

(ii) Endocrine disorders:

(a) Pituitary: Gigantism, acromegaly, hypopitutarism

(b) Adrenal cortex: Addison's disease (Hypofuntion) Cushing's syndrome (Hyperfunction)

(c) Parathyroid glands: Hyperparathyroidism.

(d) Thyroid gland: (Hypothyroidism) Cretinism, myxedema

(e) Pancreas: Diabetes

(iii) Nutritional deficiency: Vitamins: riboflavin, nicotinic acid, folic acid Vitamin B12, Vitamin C (Scurvy

(iv) Blood disorders:

(a) Red blood cell diseases

Deficiency anemias: (Iron deficiency, plummer - vinson syndrome,

pernicious anemia)

Haemolytic anemias: (Thalassemia, sickle cell anemia, erythroblastosis fetalis) Aplastic anemia, Polycythemia

(b) White Blood cell diseases

Neutropenia, cyclic neutropenia, agranulocytosis, infectious mononeucleosis and leukemias

(c) Haemorrhagic disorders:

Thrombocytopenia, purpura, hemophillia, chrismas disease and von willebrand's disease

(8) Disease of salivary glands:

(i) Development distrubances: Aplasia, atresia and aberration

(ii) Functional disturbances: Xerostomia, ptyalism

(iii) Inflammatory conditions: Nonspecific sialadenitis, mumps, sarcoidosis, heerdfort's syndrome (Uveoparotid fever), Necrotising sialometaplasia

(iv) Cysts and tumors: Mucocele, ranula, pleomorphic adenoma,

mucoepidermoid carcinoma

(v) Miscellaneous: Sialolithiasis, Sjogren's syndrome, mikuliez's disease and sialosis

(7) Dermatological diseases with oral manifestations:

(a) Ectodermal dysplasia (b) Hyperkerotosis palmarplantaris with periodontopathy (c)Scleroderma (d) Lichen planus

including ginspan's syndrome (e) Lupus erythematosus (f) Pemphigus (g) Erythema multiforme (h) Psoriasis

(8) Immunological diseases with oral manifestations

(a) Leukemia (b) Lymphomas (c) Multiple mycloma (d) AIDS clinical manifestations, opportunistic infections, neoplasms (e) Thrombcytopenia (f) Lupus erythematosus (g)

Scleroderma (h) dermatomyositis (I) Submucous fibrosis (j) Rhemtoid arthritis (k) Recurrent oral ulcerations including behcet's syndrome and reiter's syndrome

(9) Allergy: Local allergic reactions, anaphylaxis, serum sickness (local and systemic allergic manifestations to food drugs and chemicals)(10) Foci of oral infection and their ill effects on general health

(11) Management of dental problems in medically compomised persons:

(i) Physiological changes: Puberty, pregnancy and menopause

(ii) The patients suffering with cardiac, respiratory, liver, kidney and bleeding disorders, hypertension, diabetes and AIDS. Post-irradiated patients.

(11) Precancerous lesions and conditions

(12) Neuralgic pain due to unknown causes: Trigeminal neuralgia

(13) MPDS, Bell's palsy

## **DESIRABLE TO KNOW**

## **10HRS**

Forensic examination – Procedures for post-mortem dental examination; maintaining dental records and their use in dental practice and post-mortem identification; jurisprudence and ethics

 (1) Diseases of bone and Osteodystrophies: Development disorders: Anomalies, Exostosis and tori, infantile cortical hyperostosis, osteogenisis imperfecta, Marfans syndrome, osteopetrosis.
 (2)Metabolic disorders – Histiocytosis
 (3)Endocrine – Acro-megaly and hyperparathyroidism

Miscellaneous – Paget's disease, Mono and polyostotic fibrous dysplasia, Cherubism.

(4) Granulomatous diseases: Tuberculosis, Sarcoidosis, Midline lethal granuloma, Crohn's Disease and Histiocytosis X

(5) Miscellaneous Disorders: Burkitt lymphoma, sturge – Weber syndrome, CREST syndrome, rendu-osler-weber disease

1) Pain arising due to C.N.S. diseases: (a) Pain due to intracranial and extracranial involvement of cranial nerves. (Multiple sclerosis, cerebrovascular diseases, trotter's syndrome etc.)

(b) Neuralgic pain due to unknown causes:, glossopharyngeal neuralgia, sphenopalatine ganglion neuralgia, periodic migrainous neuralgia and atypical facial pain

(iii) Referred pain: Pain arising from distant tissues like heart, spine etc.,

(2) Altered sensations: paresthesia, halitosis

(3) Nerve and muscle diseases:

(i) Nerves: (a) Neuropraxia (b) Neurotemesis (c) Neuritis (d) Facial nerve paralysis including Heerfordt's syndrome, Melkerson Rosenthel syndrome and ramsay hunt syndrome (e) Neuroma (f) Neurofibromatosis (g) Frey'syndrome

(ii) Muscles: (a) Myositis ossificans (b) Myofascial pain dysfunction syndrome

(c) Trismus

(4) Forensic odontology:

(a) Medicolegal aspects of orofacial injuries

(b) Identification of bite marks

(c) Determination of age and sex

(d) Identification of cadavers by dental appliances, Restorations and tissue remanants

(5) Therapeutics: General therapeutic measures – drugs commonly used in oral

medicine viz., antibiotics, chemotherapeutic agents, anti-inflammatory and analgesic drugs, astringents, mouth washes, styptics, demelucents, local surface anaesthetic, sialogogues, antisialogogues and drugs used in the treatment of malignancy

## **ORAL RADIOLOGY**

## MUST KNOW

20 HRS

(1) Scope of the subject and history of origin(2) Physics of radiation: (a) Nature and types of radiations (b) Source of radiations (c) Production of X-rays (d) Properties of X-rays

(e) Compton effect (f) Photoelectric effect (g) Radiation measuring units

(3) Biological effects of radiation

(4) Radiation safety and protection measures

(5) Principles of image production

(6) Radiographic techniques:

(i) Intra-Oral: (a) Periapical radiographs (Bisecting and parallel technics)

(b) Bite wing radiographs (c) Occlusal radiographs

(ii) Extra-oral: (a) Lateral projections of skull and jaw bones and paranasal sinuses (c) Cephalograms (d) Orthopantomograph (e) Projections of temperomandibular

joint and condyle of mandible (f) Projections for Zygomatic arches (iii) Specialised techniques: (a) Sialography (b) Xeroradiography (c) Tomography

(7) Factors in production of good radiographs:

(a) K.V.P. and mAs of X-ray machine (b) Filters (c) Collimations (d) Intensifying screens (e) Grids (f) X-ray films (g) Exposure time (h) Techniques (i) Dark room (j) Developer and fixer solutions (k) Film processing

(8) Radiographic normal anatomical landmarks

(9) Faculty radiographs and artefacts in radiographs

(10) Interpretation of radiographs in various abnormalities of teeth, bones and other orofacial tissue.

## DESIRABLE TO KNOW 10 HRS

Principles of radiotherapy of orofacial malignancies and complications of radiotherapy

Contrast radiography and basic knowledge of radio-active isotopes Radiography in Forensic Odontology - Radiographic age estimation and post-mortem radiographic methods

SR.	NAME OF THE	TIME	MARKS
NO	EXERCISE	ALLOTED	ALLOTED
1.	Spotters	18 mins	25 marks
2	Case History Taking	30 mins	25 marks
3	IOPA Taking And	30 mins	25 marks
	Interpretation		
4	Journal		5 marks
5	Internal Assessment And		20 marks
	Attendance		
	TOTAL	1 Hour & 18mins	100 marks

<b>4A.4.3 EXAMINATION PA</b>	TTERN
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# **SECTION-4B**

## SECTION-4B 4B.1 ORAL & MAXILLOFACIAL SURGERY

## **4B.1.1.a AIMS**:

The dental graduates should acquire adequate knowledge, necessary skills and reasonable attitudes which are required for carrying out diagnosis, prevention, surgical and adjunctive treatment of anomalies and diseases of the teeth, mouth, jaws and associated tissues.

#### **4B.1.1.b OBJECTIVES :**

#### i) Knowledge and understanding:

-The graduate should acquire the following during the period of training.

-Adequate knowledge of the scientific foundations on which oral and maxillofacial surgery is based and good understanding of various relevant scientific methods, principles of biological functions and should be able to evaluate and analyse scientifically various established facts and data.

-Adequate knowledge of the development, structure and function of the teeth, mouth and jaws and associated tissues both in health and disease and their relationship and effect on general-state of health and also the bearing on physical and social well-being of the patient.

-Adequate knowledge of clinical disciplines and methods, which provide a coherent picture of anomalies, lesions and diseases of the teeth, mouth and jaws and preventive, diagnostic and therapeutic aspects of oral and maxillofacial surgery.

-Adequate clinical experience required for general dental practice.

-Adequate knowledge of biological function and behaviour of persons in health and sickness as well as the influence of the natural and social environment on the state of health so far as it affects dentistry.

#### ii) Skills:

-A graduate should be able to demonstrate the following skills necessary for practice of dentistry.

-Able to diagnose and manage various common dental problems encountered in general dental practice, keeping in mind the expectations and the right of the society to receive the best possible treatment available wherever possible. -Acquire skill to prevent and manage complications if encountered while carrying out various dental surgical procedures.

-Possess skill to carry out required investigative procedures and ability to interpret laboratory findings.

-Promote oral health and help to prevent oral diseases wherever possible.

-Competent in control of pain and anxiety during dental treatment.

-Possess skill to administer local anesthesia properly

-Possess skill to perform extractions and simple minor surgical procedures

-Possess skill to manage complications in the dental clinic

#### iii) Attitudes:

-A graduate should develop during the training period the following attitudes.

-Willing to apply current knowledge of oral surgery in the best interest of the patients and the community.

-Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.

-Seek to improve awareness and provide possible solutions for oral health problems and needs throughout the community.

-Willingness to participate in the continuing education programmes to update knowledge and professional skills from time to time.

-To help and to participate in the implementation of national health programmes.

-To assume legal, ethical and moral responsibilities of the patients for oral surgical procedures.

# **4B.1.2: SYLLABUS** (Including Teaching Hours.)

MUST KNOW	<b>59 HRS</b>
INTRODUCTION TO ORAL SURGERY	01 HR
• Introduction.	
• Definition.	
• Scope.	
• Aims and objectives.	
DIAGNOSIS IN ORAL SURGERY	03 HRS
• History taking.	
Clinical examination.	
• Investigations.	
PRINCIPLES OF INFECTION CONTROL	01 HR
GENERAL PRINCIPLES OF ORAL SURGERY	02 HRS
• Asepsis and sterilization.	
• Access:	
1. Intra-oral:	
<ul> <li>Mucoperiosteal flaps -principles.</li> </ul>	
<ul> <li>Commonly used intra oral incisions.</li> </ul>	
• Bone Removal: Methods of bone removal.	
2. Extra-oral-	
- Skin incisions – principles.	
2) Control of haemorrhage during surgery:	
- Normal Haemostasis	
- Local measures available to control bleeding	
<ul><li>3) Drainage &amp; Debridement:</li><li>- Purpose of drainage in surgical wounds.</li></ul>	
- Debridement: Purpose	
4) Closure of wounds:	
Suturing: Principles.	
• Suture material.	
Classification.	
5) Post-operative care:	
• Post-operative instructions.	
• Physiology of cold and heat.	
• Control of pain –analgesics.	
• Control of infection –antibiotics.	
• Control of infection –antibiotics.	

• Control of swelling – anti-inflammatory drugs.

## **EXODONTIA**

1) General considerations.

2) Ideal Extraction.

3) Indications and contraindications for extraction of teeth

4) Extractions in medically compromised patients.

5) Methods of extraction -

(a) Forceps or intra-alveolar or closed method. Principles, types of movement, force etc.

(b) Trans-alveolar / surgical method. Indications, surgical procedure.6) Dental elevators: uses, classification, principles in the use of elevators, Commonly Used elevators

## IMPACTED TEETH:

-Incidence definition, aetiology.

(a) Impacted mandibular third molar.

-Classification, reasons for removal.

-Assessment - both clinical & radiological

-Surgical procedures for removal.

-Maxillary third molar- Indications for removal, classification, Surgical procedure for removal.

-Impacted maxillary canine- Reasons for canine impaction, Localization, indications for removal,

-Methods of management, labial and Palatal approach, Surgical exposure, transplantation, Removal

## PRE-PROSTHETIC SURGERY:

1. Definition, classification of procedures.

- 2. Corrective procedures:
  - a. Alveoloplasty,
  - b. Frenoctemies.
- 3. Ridge extension or Sulcus extension procedures a. Indications
- 4. Ridge augmentation and reconstruction.
  - a. Indications
- 5. Implants
  - a. Concept of osseointegration
  - b. Knowledge of various types of implants

## **03 HRS**

#### **02 HRS**

## 04 HRS

## DISEASES OF THE MAXILLARY SINUS

## **02 HRS**

**04 HRS** 

**05 HRS** 

- 1. Surgical anatomy of the sinus.
- 2. Sinusitis:
- a. Etiology.
- b. Clinical features.
- c. Non-surgical management.
- d. Names of surgical procedures and its principles.
- 3. Removal of root from the sinus.
- 4. Oro-antral fistula:
- a. Etiology.
- b. Clinical features.
- c. Names of surgical procedures and its principles

## DISORDERS OF T.M. JOINT

- 1. Applied surgical anatomy of the joint.
- 2. Dislocation:
  - a. Definition of related terminologies.
  - b. Types.
  - c. Aetiology.
  - d. Clinical features.
  - e. Management Non surgical.
  - f. Comparison of dislocation and subluxation.
- 3. Ankylosis:
  - a. Definition and classification.
  - b. Aetiology
  - c. Clinical features
  - d. Management- Non surgical

## INFECTIONS OF THE ORAL CAVITY

## 1. Introduction

- 2. Factors responsible for infection
- 3. Course of Infections.
- 4. Spread of odontogenic infections through various fascial spaces.
- 5. Dento-alveolar abscess aetiology, clinical features and management.
- 6. Osteomyelitis of the jaws
  - a. definition,
  - b. aetiology, pre-disposing factors.
  - c. Classification
  - d. Clinical features
  - e. Management- Non surgical.

7. Ludwig's angina -

- a. Definition
- b. Aetiology
- c. Clinical features
- d. Management- Non surgical.

## BENIGN CYSTIC LESIONS OF THE JAWS -**03 HRS** 1. Definition 2. Classification 3. Pathogenesis. 4. Diagnosis a. Clinical features b. Radiological c. Aspiration biopsy d. Use of contrast media e. Histopathology. 5. Management a. Types of surgical procedures b. Rationale of the techniques, c. Indication TUMOURS OF THE ORAL CAVITY -**03 HRS** 1. General considerations 2. Non odontogenetic benign tumours a. Fibroma, b. Papilloma, c. Lipoma, d. Ossifying fibroma, e. Myxoma f. Ameloblastoma i. Clinical features, ii. Radiological appearance. 3. Carcinoma of the oral cavity a. Biopsy b. TNM classification. c. Outline of management of squamous cell carcinoma 4. Role of dental surgeons in the prevention and early detection of oral cancer

FRACTURES OF THE JAWS General considerations, Types of fractures, Aetiology Clinical features 06 HRS

General principles of management. Mandibular fractures -Applied anatomy Classification. **Diagnosis - Clinical** Radiological Fractures of the condyle Aetiology Classification Clinical features Fractures of the middle third of the face. Definition of the mid face Applied surgical anatomy Classification **Clinical features** Alveolar fractures - methods of management Fractures of the Zygomatic complex Classification Clinical features Indications for treatment. **03 HRS** Salivary gland diseases Diagnosis of salivary gland disease Sialography, contrast media, procedure. Infections of the salivary glands Sialolithiasis - Sub mandibular duct and gland and parotid duct. Clinical features, management Jaw deformities **02 HRS** Basic forms - Prognathism Retrognathism Open bite Reasons for correction. **03 HRS** Neurological disorders Trigeminal neuralgia -Definition, etiology, clinical features and medical management. Facial paralysis -Definition, etiology and clinical features. Nerve injuries - Classification
Cleft Lip and Palate	01 HR
Aetiology of the clefts.	
Incidence of the clefts.	
Classification of the clefts.	
Medical Emergencies in dental practice	03 HRS
Primary care of medical emergencies in dental practice	
particularly –	
a. Cardio vascular	
b. Respiratory	
c. Endocrine	
d. Anaphylactic reaction	
e. Epilepsy	
Furness and many during	01 JID
Emergency drugs and procedures	01 HR
Emergency drugs	
Oral Implantology	02 HRS
a. Concept of osseo integration	
b. Knowledge of various types of implants	
ANAESTHESIA	05 HRS
	05 HRS
LOCAL ANAESTHESIA:	05 HRS
LOCAL ANAESTHESIA: 1. Introduction	05 HRS
LOCAL ANAESTHESIA: 1. Introduction 2. Concept of L.A	05 HRS
LOCAL ANAESTHESIA: 1. Introduction 2. Concept of L.A 3. Classification of local anaesthetic agents	05 HRS
LOCAL ANAESTHESIA: 1. Introduction 2. Concept of L.A 3. Classification of local anaesthetic agents 4. Ideal requirements	05 HRS
LOCAL ANAESTHESIA: 1. Introduction 2. Concept of L.A 3. Classification of local anaesthetic agents 4. Ideal requirements 5. Mode of action	05 HRS
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<ul> <li>LOCAL ANAESTHESIA:</li> <li>1. Introduction</li> <li>2. Concept of L.A</li> <li>3. Classification of local anaesthetic agents</li> <li>4. Ideal requirements</li> <li>5. Mode of action</li> <li>6. Types of local anaesthesia</li> <li>7. Use of Vasoconstrictors in local anaesthetic solution -</li> </ul>	
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LOCAL ANAESTHESIA: 1. Introduction 2. Concept of L.A 3. Classification of local anaesthetic agents 4. Ideal requirements 5. Mode of action 6. Types of local anaesthesia 7. Use of Vasoconstrictors in local anaesthetic solution - 8. Advantages, contra-indications, various vaso constrictors use 9. Anaesthesia of the mandible a. Pterygomandibular space - boundaries, contents etc. i. Inferior Dental Nerve Block – various techni ii. Complications	ed.
LOCAL ANAESTHESIA: 1. Introduction 2. Concept of L.A 3. Classification of local anaesthetic agents 4. Ideal requirements 5. Mode of action 6. Types of local anaesthesia 7. Use of Vasoconstrictors in local anaesthetic solution - 8. Advantages, contra-indications, various vaso constrictors us 9. Anaesthesia of the mandible a. Pterygomandibular space - boundaries, contents etc. i. Inferior Dental Nerve Block – various techni ii. Complications b. Mental foramen nerve block	ed.
LOCAL ANAESTHESIA: 1. Introduction 2. Concept of L.A 3. Classification of local anaesthetic agents 4. Ideal requirements 5. Mode of action 6. Types of local anaesthesia 7. Use of Vasoconstrictors in local anaesthetic solution - 8. Advantages, contra-indications, various vaso constrictors use 9. Anaesthesia of the mandible a. Pterygomandibular space - boundaries, contents etc. i. Inferior Dental Nerve Block – various techni ii. Complications	ed.
LOCAL ANAESTHESIA: 1. Introduction 2. Concept of L.A 3. Classification of local anaesthetic agents 4. Ideal requirements 5. Mode of action 6. Types of local anaesthesia 7. Use of Vasoconstrictors in local anaesthetic solution - 8. Advantages, contra-indications, various vaso constrictors use 9. Anaesthesia of the mandible a. Pterygomandibular space - boundaries, contents etc. i. Inferior Dental Nerve Block – various techni ii. Complications b. Mental foramen nerve block 10. Anaesthesia of Maxilla - a. Intra - orbital nerve block.	ed.
LOCAL ANAESTHESIA: 1. Introduction 2. Concept of L.A 3. Classification of local anaesthetic agents 4. Ideal requirements 5. Mode of action 6. Types of local anaesthesia 7. Use of Vasoconstrictors in local anaesthetic solution - 8. Advantages, contra-indications, various vaso constrictors use 9. Anaesthesia of the mandible a. Pterygomandibular space - boundaries, contents etc. i. Inferior Dental Nerve Block – various techni ii. Complications b. Mental foramen nerve block 10. Anaesthesia of Maxilla -	ed.

#### **DESIRABLE TO KNOW**

Infection control Cross-infection control with particular reference to HIV/AID	01 HR S and Hepatitis
<ul> <li>General principles of Oral Surgery</li> <li>a) Surgery set up.</li> <li>b) Access: <ol> <li>Intra-oral-</li> <li>Use of Burs:</li> <li>Advantages,</li> <li>Precautions.</li> </ol> </li> <li>2) Bone cutting instruments: Principles of using chisel &amp; oster</li> <li>2. Extra-oral-</li> </ul>	01 HR
<ul> <li>Various extra-oral incisions to expose facial skeleton.</li> <li>1) Submandibular.</li> <li>2) Pre auricular.</li> <li>3) Incisions to expose maxilla &amp; orbit.</li> <li>4) Bicoronal incision.</li> <li>c) Control of haemorrhage during surgery:</li> <li>1) Hypotensive anaesthesia.</li> <li>d) Drainage &amp; Debridement:</li> <li>1) Types of drains used.</li> <li>2) Debridement:</li> <li>Soft tissue &amp; Bone debridement.</li> <li>e) Closure of wounds:</li> <li>1) Body response to various materials.</li> <li>f) Long term post operative follow up – significance</li> </ul>	
<ul> <li>Exodontia</li> <li>1) Complications of Exodontia:</li> <li>(a) Operative complications common to both maxilla and max</li> <li>(b) Post-operative complications.</li> <li>(c) Prevention and management of complications</li> </ul>	01 HR ndible.
Impacted teeth: Complications during and after removal, Prevention and management	02 HRS
Pre-prosthetic Surgery 1. Corrective procedures: a. Reduction of maxillary tuberosities, b. Removal of tori.	01 HR
110	

<ol> <li>Ridge extension or Sulcus extension procedures</li> <li>a. Surgical procedures</li> <li>Ridge augmentation and reconstruction.</li> <li>a. Use of bone grafts, Hydroxyapatite</li> <li>Implants -</li> <li>a. Surgical procedure to place implants.</li> </ol>	
<ul> <li>Diseases of the maxillary Sinus</li> <li>1. Sinusitis <ul> <li>a. Surgical approach of sinus – description of various surgic complications.</li> </ul> </li> <li>2. Oro-antral fistula: <ul> <li>a. Various surgical methods for closure.</li> <li>b. Complications</li> </ul> </li> </ul>	01 HR
Disorders of T.M. Joint 1. Dislocation – a. Management – surgical. 2. Ankylosis – a. Management- surgical. 3. Internal derangement 4. Arthritis of T.M. Joint.	01 HR
<ul> <li>Infections of the Oral cavity</li> <li>1. Osteomyelitis of the jaws –</li> <li>a. Management.</li> <li>2. Ludwigs angina –</li> <li>a. Management</li> <li>3. Complications</li> </ul>	01 HR
Benign cystic lesions of the jaws 1. Management - a. Procedures 2. Complications	01 HR
<ul> <li>Tumours of the Oral cavity</li> <li>1. Ameloblastomaa. methods of management.</li> <li>2. Carcinoma of the oral cavity</li> <li>a. management of squamous Cell carcinoma:</li> <li>i. Surgery</li> <li>ii. Radiation</li> <li>iii. Chemotherapy</li> </ul>	01 HR

iii. Chemotherapy

Fractures of the jaws **02 HRS** Mandibular fractures Management - Reduction Closed/Open Fixation and immobilization methods Outline of rigid and semi-rigid internal fixation. Fractures of the condyle Principles of management. Fractures of the middle third of the face. Outline of management. Fractures of the Zygomatic complex Various methods of reduction and fixation. Complications of fractures -Delayed union Non-union Malunion 01 HR Salivary gland diseases Salivary fistulae Common tumours of salivary glands like Pleomorphic adenoma including minor salivary glands **02 HRS** Jaw deformities Outline of surgical methods Carried out on mandible and maxilla **02 HRS** Neurological disorders Trigeminal neuralgia -Surgical management. Facial paralysis - Management. Nerve injuries -Neurorhaphy 01 HR Cleft Lip and Palate Role of dental surgeon in the management of cleft patients. Outline of the closure procedures Emergency drugs and procedures. 01 HR Intra muscular I.V. Injections - Applied anatomy, Ideal location for giving these injections, techniques etc **Oral Implantology** 01 HR Surgical procedure to place implants

01 HR

Patient- doctor relationship. Doctor – doctor relationship. Informed consent. Medicolegal considerations

#### ANAESTHESIA

Ethics

LOCAL ANAESTHESIA:

a. Complications of local anesthesia.

#### GENERAL ANAESTHESIA

- 1. Concept of general anaesthesia.
- 2. Indications of general anaesthesia in dentistry.
- 3. Pre-anaesthetic evaluation of the patient.
- 4. Pre-anaesthetic medication advantages, drugs used.
- 5. Commonly used anaesthetic agents.
- 6. Complication during and after G.A.
- 7. I.V. sedation with Diazepam and Medozolam.
- 8. Indications, mode of action, technique etc.
- 9. Cardiopulmonary resuscitation
- 10. Use of oxygen and emergency drugs
- 11. Tracheostomy

#### Recent advances

- 1.Peizosurgery
- 2.Nanosurgery
- 3.Navigation surgery
- 4.Endoscopic surgery
- 5.Computer assisted local anaesthesia delivery system.

## **4B.1.3EXAMINATION PATTERN:**

Sr.	Exercises	Marks	Duration
No.			
1.	Case history and clinical examination	10	15 min
2.	Local anesthesia technique	10	40 min
3.	Exodontia technique	25	
4.	Spots	30	25 min
5.	Postoperative instructions, management	10	10 min
	and chair side orals		
6.	Journal	05	NA

**03 HRS** 

## SECTION-4B CHAPTER-2 PROSTHODONTICS AND CROWN & BRIDGE

#### 4B.2.1.a AIM:

-To impart knowledge and provide training in the field of Prosthodontic treatment modalities to undergraduates, to examine, diagnose and formulate a treatment plan to deal with edentulous conditions by way of providing suitable prosthesis for e.g. Complete denture, Removable and Fixed partial dentures, Crowns, Special prostheses, Dental Implants and Maxillofacial Prosthesis.

-To inculcate communication skill in order to practice ethical Prosthodontic treatments and to generate judgment skill in making appropriate decision regarding prevention, treatment aftercare and referral to deliver comprehensive dental care to patient.

-To generate manpower and technical expertise for outreach and extension activities in rural and tribal areas.

#### **4B.2.1.b OBJECTIVES:**

#### a. Knowledge:

-The dental graduate should acquire basic knowledge related to dental science in the field of Prosthodontics and should have proper understanding of various steps involved/techniques and materials to be used for fabrication of various prosthesis.

-The information related to the stomatognathic system and its applied Prosthodontic considerations.

-Adequate knowledge to treat the patients having partial or total edentulism, to restore the functions affected due to loss of teeth.

-The learner should be able to detect anomalies or abnormalities of oral hard and soft tissues including jaw bones and to treat the problem / disease.

#### b. Skill:

-A dental graduate should be able to demonstrate the following skill necessary in the field of prosthodontics:

-To record relevant history, to perform details examination and to diagnose the condition and decide treatment modalities required for that case.

-To interpret radiographs & should be in position to refer complicated cases to concerned specialist.

-To inculcate the sense of discipline, conversation skill and to develop rapport with patient and community.

-Adequate technical skill to perform various steps in clinic and laboratory while fabrication of required prosthesis.

#### c. Attitude:

-A dental graduate should develop during the following attitude required for successful practice

-To treat all patients with equity and respect.

-To develop attitude for ethical practice & perfect patient care and management.

-To develop interest for research and participation in research activities and importance of research publications and opportunities in global perspectives.

-Should participate in CDE programme to update the knowledge and professional skill from time to time.

#### **4B.2.1c: OUTCOMES :**

- 1) To provide training in the subject to Undergraduate.
- 2) To inculcate technical and communicative skill to practice Prosthodontic.
- 3) To render quality treatment to patients for complete denture, removable partial denture and fixed partial denture
- 4) To provide manpower and technical expertise for outreach and extension activities related to Community oral health care
- 5) To achieve excellence in academics and providing the State-of-Art services to the community including selection and manipulation of various dental materials.
- 6) To inculcate communication skill and advice related to ethical practices

### 4B.2.2 SYLLABUS (Including Teaching Hours.)

#### MUST KNOW

- 1. Introduction to Complete Dentures: Components / Parts of a Complete Dentures Steps in fabrication of Complete Dentures
- 2. Diagnosis & Treatment Planning Clinical History taking
- 3. Mouth Preparation in Complete Dentures Pre-prosthetic surgery
- Impression Making Objectives of impression making Theories of impression making Anatomical landmarks Recording PI& FI Beading & Boxing
- Maxillo & mandibular Relation Mandibular Movements Orientation JR Vertical JR Centric JR Anatomy of TMJ Facebow Parts
- Articulators & Articulation Articulators Selection & Arrangement of teeth Balanced occlusion
- 7. Lab Steps in CD
- 8. Complete Denture Insertion Denture Insertion Post insertion instructions Post insertion problems

- 9. Relining & Rebasing Relining Rebasing
- 10 Special Complete Denture Over denture Basic aspect Immediate Denture Basic Concept Single CD Basic Aspect

#### EXPECTED TO KNOW

#### **10 HRS**

Introduction to CD **Definition Of Prosthodontics** Definition of CD Diagnosis & Treatment Planning Patient evaluation Radiographic Examination Mouth Preparation in CD Mouth preparation in CD Impression Making Impression Techniques in Special Cases Reading of Impression Indexing Master cast Articulators & Articulation Remounting Lab Steps in CD Lab Steps in CD Special Complete Denture Basic aspect of implant dentures

#### MUST KNOW

 Relining & Rebasing: Definition Indications Contra-indications Advantages Disadvantages Relining procedures Rebasing procedure

2.	Single complete denture Definition Indications	02 HRS
	Contra-indications	
	Advantages	
	Disadvantages	
	Occlusal modification techniques	
3.	Dentogenic concept and characterization:	02 HRS
	Introduction	
	Definition	
	Dentogenic concept	
	SPA factors	
4.	Overdentures:	03 HRS
	Definition	
	Indications	
	Contra-indications	
	Advantages	
	Disadvantages	
	Types of over denture	
	Over denture attachment	
5.	Immediate Denture:	01 HR
	Definition	
	Types of immediate Denture	
	Indications	
	Contra-indications	
	Advantages	
	Disadvantages	
	Treatment procedure	
6.	Implants in CD:	03 HRS
	Definition	
	Indications	
	Contra-indications	
	Advantages	
	Disadvantages	
	Types of Implant	

7.	Introduction classification term and terminology in RPD: Terminology Indications Contra-indications of FPD Rationale of RPD Treatment Kennedys Classification System Apple gate rules for Classification	01 HR
8.	Diagnosis & treatment planning in RPD: Introduction Diagnostics Examination Patient interview Effect of physical problems on dental treatment Effects of drug Patients expectation Dental history Infection control & disinfection Evaluation of oral hygiene Radio Graph	03 HRS
	Diagnostic impression	
9.	Evaluation of diagnostic cast Treatment plan	
10	Major connectors: Definition Structural Requirements Types maxillary major connectors Indication of maxillary major connectors Types mandibular major connectors Indication of mandibular major Connectors	01 HR
11	Minor connectors: Definition Structural Requirements Types minor connectors	01 HR
12	Direct retainers: Definition Classification Parts of the clasp Requirements of clasp design	03 HRS

	Types of supra bulge clasps Types of infra bulge clasps	
13	Indirect Retainers: Definitions Principles of indirect retention Factors determining the effectiveness Forms of indirect retention	01 HR
14	Rest & Rest Seats: Definition Structural Requirements of rest seats Types of rest seats	01 HR
15	I- Bar Removable Partial Dentures: How does differ from conventional barclasp Components of I bar Design concepts RPI system	03 HRS
16	Stress breakers: Definition Principles of stress breakers Types of stress breakers	01 HR
17	Principles of RPD design: Mechanics of movement Support vs force Type of lever force & inclined plane Types of fulcrum Forces acting on partial denture Factors influencing the magnitude of stresses Controlling stress by design considerations	01 HR
18	Surveying & Designing: Definition Parts of surveyor Surveying the diagnostic cast Tripoding of cast Importance consideration in use of dental surveyor Path of insertion Factors influencing path of insertion Principles & Philosophy of design 120	03 HRS

19	Functional impression in RPD: Influencing support of distal extension base Indications Impression methods	01 HR
21	Diagnosis & Treatment Planning in FPD: Abutment definition Ante's Law Criteria for selection of the abutment	03 HRS
22	Principal of Occlusion: Ideal Occlusion Balanced occlusion Group function occlusion Mutually protected occlusion	02 HRS
25	Principles of Tooth Preparation: Ideal requirements Biological considerations Mechanical considerations Esthetic considerations	01 HR
26	Restoration of endodontically treated teeth: Treatment planning Consideration for anterior teeth Principles of tooth preparation	01 HR
27	Complete Cast crown preparation: Advantages Disadvantages Indications Contraindications Recommended armamentarium Preparation steps Criteria for preparation	03 HRS
28	Metal ceramic crown preparation: Advantages Disadvantages Indications Contraindications	03 HRS

	Recommended armamentarium Preparation steps Criteria for preparation	
29	All ceramic crown preparation: Advantages Disadvantages Indications Contraindications Recommended armamentarium Preparation steps Criteria for preparation	03 HRS
30	Metal ceramic Restoration: Indications Contra-indications Advantages Disadvantages Trouble shooting	03 HRS
31	All ceramic restoration Ideal requirements Indications Contra-indications Advantages Disadvantages Methods to strengthen ceramics Trouble shooting	03 HRS
32	Impression materials & techniques in FPD Fluid control Retraction of the gingival Elastic impression materials Impression trays Impression making methods	01 HR
33	Provisional restoration Ideal requirements Biological consideration Mechanical consideration Esthetic consideration Techniques of temporization	01 HR

#### **DESIRABLE TO KNOW**

Dentogenic concept and characterization General considerations Classification Technique of characterization	01 HR
Overdentures: General considerations Patient selection Abutment selection Basic principles	03 HRS
Implants in CD Clinical procedure Lab procedure Prosthetic phase	02 HRS
Mouth Preparation in RPD I- Bar Removable Partial Dentures: Design variation Surveying & Designing: Essentials of design Design procedure	03 HRS
Functional impression in RPD: Altered cast techniques Lab Procedure in RPD	
Diagnosis & Treatment Planning in FPD: Introduction Examination Patient interview Effect of physical problems Effects of drug Dental history Infection control & disinfection Evaluation of oral hygiene Radio Graph Diagnostic impression Facebow recording Evaluation of diagnostic cast Centric relation recording	02 HRS

Treatment plan Selection of the abutment	
Principal of Occlusion: Centric relation recording Mandibular movement Pathologic occlusion Occlusal treatment	01 HR
Periodontal Consideration in FPD: Anatomy Examination diagnosis & treatment plan Evaluation of initial therapy Surgical therapy evaluation	01 HR
Mouth Preparation in FPD: Oral Surgery procedure Restorative procedure Endodontic procedure Periodontic procedure Orthodontic procedure	01 HR
Restoration of endodontically treated teeth: Procedures Removal of the Endodontic filling material Enlargement of canal Preparation of the coronal tooth structure Post fabrication procedures Core fabrication procedures	01 HR
Partial Veneer Crown, Inlay, Onlay preparation: Advantages Disadvantages Indications Contraindications Recommended armamentarium Preparation steps Criteria for preparation	01 HR
All ceramic, Inlay, Onlay, Laminates preparation: Advantages Disadvantages Indications	01 HR

Contraindications Recommended armamentarium Preparation steps Criteria for preparation

01 HR Metal ceramic Restoration History Metal Preparation Porcelain preparation Types of porcelain Porcelain metal bonding Procedure All ceramic restoration

History Types of ceramic All ceramic system 01 HR

## **4B.2.3 EXAMINATION PATTERN**

Name of the Exercise	Time	Marks
Case History	20 min	10
Tray Selection	10 min	10
Border moulding and Final impression	1hr and 20 min	35
Tooth preparation and wax pattern	1hr	30
Journal		05

## SECTION-4B CHAPTER-3 CONSERVATIVE DENTISTRY & ENDODONTICS

#### 4B.3.1.a AIM:

To impart adequate knowledge and skill to the undergraduate and post graduate students to treat the patients by preserving the natural tooth with conservative approach and concept of esthetics by having research oriented approach.

#### **4B.3.1.b OBJECTIVES:**

#### **Knowledge and Understanding:**

To learn adequate knowledge and understanding about the normal anatomy and basic guidelines for the treatment by stepwise learning from preclinics to clinics

#### Skills:

To acquire necessary skills required for the diagnosis, treatment plan and treatment for simple to complex cases with the knowledge of preventing complications and management of those if occur. **Attitudes:** 

To have the attitude towards the wellbeing of the society with research oriented approach and participation in the implementation of health education program.

#### **4B.3.1.c: OUTCOME:**

To sculpt the student to become an independent dental clinician with clinical decision making ability and to serve the best to the patient in turn to society.

<b>4B.3.2 SYLLABUS ( Including Teaching Hours.)</b> <b>MUST KNOW</b> Nomenclature Of Dentition: Tooth numbering systems - A.D.A. Zsigmondy Palmer and F.D 01HRS	.I. systems
Principles Of Cavity Preparation : Steps and nomenclature of cavity preparation Classification of cavities Nomenclature of floors & angles of cavities. 07HRS	
Dental Caries : Aetiology Types of direct filling gold Classification and clinical features Morphological features Microscopic features Treatment Plans Diagnosis and sequel of dental caries	03HRS
Treatment Planning For Operative Dentistry: Detailed clinical examination Radiographic examination Tooth vitality tests Diagnosis Treatment planning Preparation of the case sheet	02 HRS
Armamentarium For Cavity Preparation: General classification of operative instruments Hand cutting instruments design formula Rotary cutting instruments and dental bur Mechanism of cutting Evaluation of hand piece and speed Current concepts of rotary cutting procedures Sterilization Maintenance of instruments. Basic instrument tray set up	04 HRS
Control of Operating Field: Light source, Sterilization of field of operation and control of m Rubber dam in detail Cotton rolls and anti sialogogues	02 HRS ioisture

Amalgam Restoration **03 HRS** Indication and contraindication Physical and mechanical properties Clinical features Cavity preparation for Class I, II, V and III. Step wise procedure for cavity preparation and restoration. Failure of amalgam restoration **Pulp Protection : 06 HRS** Liners - Calcium Hydroxide Varnishes and bases Zinc phosphate Zinc polycarboxylate Zinc oxide eugenol Glass ionomer cements Anterior Restoration 06 HRS Selection of cases Selection of material Step wise procedures for using restorations. Glass ionomer, composites including sandwich restorations and bevels of the same with a note on status of the dentine bonding agents. Preventive Measures In Restorative Practice: 06HRS Plaque Control Pit and fissure sealants **Dietary** measures Periodontal health Contact and contour of teeth Tooth separation. Matrices and wedges 1HR Temporization or Interim Restoration Pin retained Amalgam Restoration **3HRS** Indication and Contra Indication Advantages disadvantages Types of pin Methods of placements Use of automatrix Failure of pin amalgam restoration

Management Of Deep Carious Lesions Direct Pulp Capping. Indirect Pulp Capping Restorative measures	02 HRS
Non Carious Destruction's Tooth Structures Diagnosis and Clinical Management Hyper Sensitive Dentine And Its Management	04 HRS
Cast Restorations Indications Contra indications Advantages and disadvantages and materials used for same Cavity preparation	05 HRS
Gingival Tissue Management For Cast Restoration And Impress Procedures	sion 02HRS
Recent Cavity Modification for Amalgam Restoration	01HRS
Differences between Amalgam And Inlay Cavity preparation	01 HRS
Note on all the types of Bevels used for Cast Restoration	01 HRS
Control Of Pain During Operative Procedure	01HRS
Treatment Planning For Operative Dentistry Detailed Clinical Examination Radiographic Examination	02 HRS
Vitality Tests Diagnosis And Treatment Planning. Preparation Of Case Sheet	01 HRS
Applied Dental Materials. Biological Considerations Evaluation clinical application and adverse effects of the follow Dental Cements. Zinc oxide eugenol cements Zinc phosphate cements Polycarboxylates Glass ionomer cements Calcium hydroxides	23HRS ing Materials
-	

Varnishes Dental amalgam Technical considerations mercury toxicity mercury hygiene Composite, Dentine bonding agents, chemical and light curing Rubber base Impression Materials Nobel metal alloys & non noble metal alloys Investment and die materials Inlay casting waxes Dental porcelain	composites
Aesthetic Dentistry Anatomy & physiology of smile Bleaching of teeth	04HRS
Endodontics and introduction Introduction, definition, scope and future of endodontics Clinical diagnostic methods Emergency endodontic procedures	04 HRS
Pulpal diseases Causes Types Treatment.	02 HRS
Periapical diseases Acute periapical abscess Acute periodontal abscess, phoenix abscess Chronic alveolar abscess granuloma cysts condensing osteitis External and internal resorption	02HRS
Vital pulp therapy Indirect and direct pulp capping, pulpotomy Different types of medicaments used	02HRS
Apexogenesis and apexification or problems of open apex.	01HRS
Rationale of endodontic treatment,Objectives,Indication & Con for root canal treatments	ntraindications 01HRS

Anatomy of the pulp cavity Root canals apical foramen	01HRS
Anomalies of pulp cavities access cavity preparation of anterior teeth	and premolar
Principles of root canal treatment Access cavity preparation. Root canal instruments Hand instruments, Power driven instruments Standardization Color coding principle of using endodontic instruments Sterilization of root canal instruments and materials. Rubber dam application	05 HRS
Determination of working length Traditional methods Apex locator	02HRS
Cleaning and shaping of root canals Irrigating solution Chemical aids to instrumentation Chelators	02HRS
Disinfection of root canal space Intracanal medicaments Poly antibiotic paste Grossman's paste.	02HRS
Methods of cleaning and shaping –principle & objectives Methods – step back technique Crown down technique	02HRS
Obturation of the root canal system Requirements of an ideal root canal filling material Obturation methods using gutta percha Obturation material Cold lateral condensation Warm vertical condensation Thermoplasticized obturation technique Failures in endodontics.	03 HRS
131	

Root canal sealers Ideal properties Classification Manipulation of root and canal sealers	02 HRS
Problems during cleaning and shaping of root canal spaces (End mishaps) -02 HRS Perforation and its management. Broken instruments and its management Management of single and double curved root canals.	odontic
Post endodontic restoration Material used Post and core	02 HRS
Smear layer and Its importance in endodontics and conservative dentistry	01 HRS
Discoloured teeth and its management Bleaching agents Vital and non vital bleaching method	02 HRS
Traumatic Injuries Classification Management of fractured tooth and root Luxated teeth and its management	03 HRS
Endodontic surgeries Indication contraindications Pre operative preparation Pre medication Surgical instruments Techniques apicectomy Retrograde filling Post operative sequale Terphination Hemisection Radisectomy techniques of tooth reimplantation (both intentional accidental) Endodontic implant	02HRS al and

Root resorption	01 HRS
Emergency endodontic procedures	01 HRS
Lasers in conservative endodontics (introduction only)	01 HRS
Practice management	01 HRS
GOOD TO KNOW	
Gnathological Concepts Of Restoration:	02 HRS
Physiology of occlusion Normal occlusion Ideal occlusion Mandibular movements and occlusal analysis. Occlusal rehabilitation and restoration	
Direct Filling Gold Restorations : Types of direct filling gold Indications and limitations of cohesive gold. Annealing of gold foil cavity Preparation and condensation of gold foils.	02 HRS
Professional association dentist act 1948 and its amendment 1993. Duties towards the govt. Like payments of professional tax, income tax. Financial management of practice	
Anterior Restorations Silicate (theory only)	
Dental material and basic equipment management.	
Ethics	
Cast Restorations Fabrication of wax pattern Class II and Class I cavity preparation for inlays Investing Spruing Casting procedures Casting defects Biological Considerations	03 HRS

Aesthetic Dentistry 03 HRS Introduction & scope of esthetic dentistry Role of the color in esthetic dentistry Simple procedures (rounding of central incisors to enhance esthetic appearance) Veneers with various materials Preventive and interceptive esthetics Simple gingival contouring to enhance the appearance

Disinfection of root canal space intracanal medicaments 02 HRS Mummifying agents Culture methods.

Cleaning and shaping Newer methods & systems Rotary endodontics

Silicate cement Smart materials

MTA

01 HRS

Exercise	Time allotted	Marks awarded
Journal	NA	05
Class 2 cavity preparation for silver amalgam restoration cavity base and restoration.	85 min	85

## **4B.3.3 EXAMINATION PATTERN**

## SECTION-4B CHAPTER-4 PEDODONTICS

#### 4B.4.1.a AIM:

The broad goal of the teaching of undergraduate students in Pedodontics & Preventive Dentistry, being an age defined specialty, aims at providing the student the knowledge of both the primary & comprehensive, preventive & therapeutic oral health care for infants & children through adolescence, including those with special health care needs who demonstrate mental, physical or emotional problems.

#### **4B.4.1.b OBJECTIVES:**

#### **Knowledge:**

-At the end of the course, the student shall be able to

-Provide a good oral health care in the child

-Instill a positive attitude & behavior in children

-Understand the principles of prevention & Preventive Dentistry right from birth to adolescents

-Guide & counsel the parents in regards to various treatment .

#### Skills:

-At the end of the course, the student shall be able to take case history of the child patient including thorough clinical & radiographicexamination as well as other investigations, diagnosis & treatment planning.

-Manage to repair & restore the lost tooth structure to maintain harmony between both hard & soft tissues of the oral cavity

-Diagnose & treat the child patient appropriately

-Prevent & intercept developing malocclusion

-Manage the disabled children effectively & efficiently to the needs of individual requirement & conditions

#### Attitude:

A graduate should develop during the training period the following attitude,

-Willing to apply the acquired knowledge of Pedodontics in the best interests of the patients and community

-Maintain a high standards of professional ethics and conduct and apply these in all aspect of professional life

-Seek to improve awareness and provide possible solution to the Pedodontics needs throughout the community

-Should participate in CDE programme to update the knowledge and professional skills from time to time

#### 4B.4.1.b OUTCOME:

-Guide & counsel the parents in regards to various treatment modalities including different facets of Preventive Dentistry

-Manage to repair & restore the lost tooth structure to maintain harmony between both hard & soft tissues of the oral cavity

-Prevent & intercept developing malocclusion

-Manage the disabled children effectively & efficiently to the needs of individual requirement & conditions

## 4B.4.2 SYLLABUS (Including Teaching Hours.)

#### MUST KNOW

1	Introduction to Pedodontics	01HR
2.	Growth & Development : Prenatal & Postnatal	02 HRS
	Development arches of Cranium, face, jaws, teeth an structures.	d supporting
	Chronology of dental development and development of occlu	usion.
3.	Child Psychology :	07 HRS
Development & Classification of behavior, personality, intelligence		
	children, theories of child psychology management.	
	Behavior Management : Non- Pharmacological.	
	Child Abuse & Dental Neglect.	
Conscious sedation, Deep Sedation & General anesthesia in p Dentistry(Including Other Drugs, Synergic & Antagonistic Act		
		10110 0

4. Dental Caries Historical background Definition, Aeitology & Pathogenesis. Caries pattern in primary, Young permanent and permanent teeth in children. Rampant caries, early childhood caries and extensive caries. Definition, aeitology, pathogensis, Clinical features Complications Management.

Subjective & Objective methods of caries detections with emphasis on caries

Activity : Tests, Caries Prediction, caries susceptibility & their clinical Applications.

- 5. Case History : Recording, Outline of Principles of examinations, diagnosis & treatment planning. 05 HRS
- Pediatric Oral Medicine & clinical Pathology : 02 HRS Recognition & Management of development dental anomalies, teething disorders, stomatological conditions, mucosal lesions, viral infections etc.
- 7. Preventive Pedodontics : 03 HRS Concept, chair side preventive measures for dental diseases, high-risk caries including rampant & extensive caries- Recognition, Features & preventive Management, Pit Fissures Sealants, Oral Hygiene measures, correlation of brushing with dental caries and periodontal diseases

8.	Microbiology & Immunology as related to oral Diseases in Children : Basic concepts, Immune system in human body, Auto In	02 HRS mmune dieses
9.	Dental Material used in pediatric Dentistry. Pediatric Operative Dentistry.	05 HRS
10.	Gingival & Periodontal diseases in children :	02 HRS
	Gingival & Periodontium in children . Gingival & Periodontal diseases – Etiology. Management In Short	Pathogenesis &
11.	Pediatric Endodontics : Primary Dentition :- Diagnosis of Pulpal dieses and the Pulp capping, pulpotomy, pulpectomy, (Material Controversies & recent concepts. Young Permanent teeth and permanent teeth, pulp capping Pulpetamy Appropria	s & Methods),
	Pulpotomy, Apexogensis, Apexification, concepts, Techniques and materials u	used for different
	procedures. Prosthesis consideration in pediatric Dentistry.	02 HRS

12.	Traumatic Injuries in Children : Classification & Importance Sequalae & raction of teeth to trauma Management of trauma. Management of Traumatized teeth with latest concepts	09 HRS
14.	Space Maintenance Oral Habits in Children : Definition, Etilogy lassification. Factors to be considered before giving a space maintainer. Different space maintainers according to clinical situations. Clinical features of digit sucking, tongue thrusting, mouth various othersecondary habits. Management of oral habits in children.	07 HRS breathing &
15.	Fluorides : Historical background. Systemic & topical fluorides. Mechanism of action. Toxicity & Management. Defluoridation techniques	07 HRS
16.	Management of handicapped child and management of systemic condition. Definition, Etiology & Classification, Behavioral, clinica Management of Physically handicapping Conditions Mentally compromising Conditions	08 HRS
DE	SIRABLE TO KNOW	
His	tory of Pedodontics & Pedodontics treatment triangle	01 HR
	nensional Changes in dental arches & Cepholometric luation of growth.	01 HR
	ge of Psychological child development, fear, anxiety, rehension andPharmacological Methods of management.	01 HR
Die	etary Modifications & Diet Counseling	01 HR
Coi	ngenital Abnormalities in Children	01 HR

Definition, Classification, Clinical Features & management . Dental Emergencies in children and their Management		
Diet & Nutrition as related to dental caries & Diet Counseling.	01 HR	
Histopathology, Pathogenesis, Immunology of dental caries, Periodontal diseases, Tumors, Oral Mucosal Lesions etc. 01HR		
Nanotechnology & Recent advances in dental materials.	01 HR	
Genetics related to gingival & periodontal diseases.	01 HR	
Recent Advances in Paediatric Endodontics	01 HR	
Management of Jaw fracture in children	01 HR	
Space Analysis & Cephalometrics.	01 HR	
Genetic disorders	01 HR	

## **4B.4.3EXAMINATION PATTERN**

Name of Exercise	Time Allotted	Marks
Case history taking and radiograph	1 hour	90 marks

# **SECTION - 5**

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## SECTION -5

## EVALUATION PATTERN OF INTERNAL ASSESSMENT

A total of 3 sessional examinations are conducted during the entire academic year. These three internal assessment exams are conducted on a regular basis according to the university norms. For continuous assessment of students every Monday, exam for one subject is conducted so that each subject is evaluated once a month. The aggregate of the monthly exams is considered as the  $4^{\text{th}}$  exam.

All exams are considered for final calculation of internal assessment marks. The best score of three exams is taken for calculation.

EXAMS	I BDS	II BDS	III BDS	IV/I	IV/II
				semester	semester
First	October	September	September	III BDS II	IV/I
sessional				Term	semester
				(JAN)	August
Second	December	December	December	July	January
sessional					
Third/prelims	April	March	March	September	March
Monthly	Monday	Monday	Monday	Monday	Monday
exam				-	-

#### **REGULAR BATCH**

Exams	Ι	II BDS	III BDS	IV/I	IV/II
	BDS			Semester	Semester
First	-	March	March	III BDS/II	IV/I
sessional				Term (July)	semester (Feb)
Second sessional	-	June	June	January	July
Third/	-	September	September	March	September

Monday

-

Monday

Monday

### **ODD BATCH/WINTER**

The distribution of marks in each exam [for theory and practical] is given below

Monday

## THEORY

Prelims Monthly

exam

EXAMS	MCQs	SAQs	LAQs	Attendance marks	TOTAL MARKS
First sessional	10 marks	20 marks	10 marks	10 marks	50 marks
Second sessional	10 marks	20 marks	10 marks	10 marks	50 marks
Third sessional	20 marks	40 marks	20 marks	20 marks	100 marks
Fourth /Monthly	-	6 marks	4 marks	-	10 marks

#### PRACTICAL

EXAM	MARKS	ATTENDANCE	TOTAL
			MARKS
FIRST	40	10	50
SECOND	40	10	50
THIRD	80	20	100

- If student remains absent for sessional exam ,marks for monthly exam are considered
- If student remains absent on medical grounds, then, exam will be conducted within 15 days, on departmental level, for the practical examination

The marks for attendance are given in the following manner

- For first and second sessional exam : Total 10marks
- For 75% to 85% attendance 5 marks will be given
- For 86% to 100% 10 marks will be given

For third sessional/ prelims: Total 20 marks

- For 75% to 85% 10 marks will be given
- For 86% to 100% 20 marks will be given

#### Attendance is calculated for each sessional exam as follows

1. First sessional exam : From the beginning of the academic year to first sessional.

2. Second sessional exam : From the beginning to the second sessional.

3. Third sessional/prelims exam : From the beginning to third sessional ( complete year till the prelims).

For IV/I and II semester subjects attendance calculated from III BDS.

Final internal assessment marks will be calculated as follows.

#### **Theory:**

The marks of best of 3 out of 4 exams will be sent to the university as a part of internal assessment for the final university examination.

Sr	Name	First	Second	Third	Fourth	Aggregate	Aggregate	Signature
no	of the	Test	Test	Test	Test	best of 3	Total out	of student
	student	max	max 10	max	mx 10	30 marks	of 10	
		10		10				

The university examinations are conducted at the end of the academic year.

#### EXAMINATION PATTERN FOR THE UNIVERSITY EXAMINATION

**Regular batch** I,II,III BDS examinations are conducted in the month of May /June.

**Regular batch** IV/I Semester examinations are conducted in the month of November

IV/II Semester are conducted in the month of May/June

**Odd batch** I, II, III BDS examinations are conducted in the month of November/December

**Odd batch** IV/I Semester examinations are conducted in the month of May / June.

IV/II Semester are conducted in the month of November/December
#### **Distribution of marks**

### I to IV BDS -

Theory – Total 100 marks

Section A – MCQs- 20 marks (20x1) Section B- SAQs- 30 marks (10x3) Section C – LAQs – 20 marks (2x10) Theory Viva-voce – 20 marks (taken during practical examination) Internal assessment – 10 marks

Practical examination - Total 100 marks

Practical- 90 marks (distribution of marks is done according to individual subjects)

Internal assessment – 10 marks

## II BDS Pre-clinical Prosthodontics & Pre-clinical Conservative Dentistry

**Practical** examination – Total 100 marks

Practical- 80 marks Internal assessment – 20 marks

Outcome of these internal assessment examinations will be displayed and the marks will be informed to both the parents and the students.

Underperforming students will be given extra attention and every effort is made at the departmental level to improve the performance of the student/s in the subsequent examinations.

At the departmental level discussion will be taken regarding the answers for the questions asked in the examinations.

The theory syllabus is divided into "must know" and "desired to know". The question paper consists of 80% questions from the category of "must know" and 20% from "desired to know" category.

The compilation of all the question papers will be done at the departmental level, so that each department will have its own question bank.

This helps the subsequent batches of students for better referencing and preparation for the examinations.

## **List of Books**

# Subject: General Human Anatomy including Embryology and Histology

- Clinical Anatomy for Medical Students, Snell (Richard S.), Little Brown & company, Boston.
- 2) Anatomy, R J Last's McMinn,
- Cunningham Manual of Practical Anatomy: Head & Neck & Brain.Vol.III, Romanes (G.J) Oxford Medical publication.
- 4) Functional Histology, Wheater, Burkitt & Daniels, Churchill Livingstone.
- 5) Medical Embryology, Sadler, Langman's,
- Grant's Atlas of Anatomy, James E Anderson, Williams & Wilkins.
- 7) Gray's Anatomy, Williams, Churchill Livingstone.
- 8) Medical Genetics, Emery.
- 9) Essentials of Anatomy for Dentistry Students, D R Singh, Wolters Kluwer.

## Subject: Physiology

- 1) Text book of Physiology, Guyton
- 2) Review of Medical Physiology, Ganong
- 3) Human physiology, Vander
- 4) Concise Medical Physiology, Choudhari
- 5) Human Physiology, Chaterjee
- 6) Human Physiology for BDS students, A.K. Jain
- Reference books;
- 1) Physiology, Berne & Levey
- Physiological basis of Medical Practice, West-Best & Taylor's

# **Experimental Physiology:**

- 1) Practical Physiology, Rannade
- 2) A text book of practical physiology, Ghai
- 3) Clinical Methods, Hutchison's

#### Subject: Biochemistry

- 1) Textbook of Biochemistry for Dental Students, DM Vasudevan, Sreekumari S
- 2) Text book of Biochemistry-U Satyanarayana
- Reference books;
- 1) Harper's Biochemistry, R.K. Murray et.al.
- 2) Text book of Biochemistry with clinical correlations T.N. Devlin
- Basic and applied Dental Biochemistry, R.A.D. Williams & J.C. Elliot
- 4) Nutritional Biochemistry S. Ramakrishnan and S.V. Rao

# Subject: Dental Anatomy, Embryology and Oral Histology

- 1) Orban's Oral Histology & Embryology S.N. Bhaskar
- 2) Oral Development & Histology James & Avery
- Wheeler's Dental Anatomy, Physiology & Occlusion Major M. Ash
- 4) Dental Anatomy its relevance to dentistry Woelfel & Scheid
- 5) Applied Physiology of the mouth Lavelle
- 6) Physiology & Biochemistry of the mouth Jenkins
- Oral Histology- 'Development, Structure and Function- A. R. Tencate

# Subject: General Pathology

- 1) Robbins Pathologic Basis of Disease Cotran, Kumar, Robbins
- 2) Anderson's Pathology Vol 1 & 2 Editors Ivan Damjanov & James Linder
- 3) Wintrobe's clinical Haematology Lee, Bithell, Foerster, Athens, Lukens

# Subject: Microbiology

- 1) Text book of Microbiology R. Ananthanarayan & C.K. Jayaram Paniker.
- 2) Medical Microbiology David Greenwood et al.
- Reference books;
- 1) Microbiology Prescott, et al.
- 2) Microbiology Bernard D. Davis, et al.

- 3) Clinical & Pathogenic Microbiology Barbara J Howard, et al.
- 4) Mechanisms of Microbial diseases Moselio Schaechter, et al.
- 5) Immunology an Introduction Tizard
- 6) Immunology Evan Roitt, et al.

# Subject: Dental Materials

- 1) Phillips Science of Dental Materials Kenneth J. Anusavice
- 2) Restorative Dental Materials -Robert G. Craig
- 3) Notes on Dental Materials E.C. Combe

Reference books:-

- 1) Introduction to Dental Materials, Van Noort,
- 2) Applied Dental Materials, McCabe,

#### Subject: General and Dental Pharmacology and Therapeutics

- 1) Basic and Clinical pharmacology, Bertam G. Katzung, Appleton & Lange
- 2) Clinical Pharmacology, Lauerence DR, Churchill Livingstone
- Pharmacology and Pharmacotherapeutics Part I & Part II, Satoskar R.S. & Bhandarkar S. D, Popular Prakashan Mumbai.
- 4) Essentials of Medical Pharmacology, Tripathi K.D, Jaypee Brothers
- 5) Medical Pharmacology, Udaykumar, CBS publishing

#### Subject: General Medicine

- 1) Textbook of Medicine Davidson
- 2) Textbook of Medicine Hutchinson

## Subject: General Surgery

1) Short practice of Surgery Baily & Love

# Subject: Oral Pathology & Oral Microbiology

- 1) A Text Book of Oral Pathology Shafer, Hine & Levy
- Oral Pathology Clinical Pathologic correlations Regezi & Sciubba.

- 3) Oral Pathology Soames & Southam.
- 4) Oral Pathology in the Tropics Prabhu, Wilson, Johnson & Daftary
- 5) Synopsis of Oral Pathology, Bhaskar, CBS publishing

# Subject: Public Health Dentistry

- 1) Dentistry Dental Practice and Community by David F. Striffler and Brain A. Burt, W. B. Saunders Company
- 2) Principles of Dental Public Health by James Morse Dunning, Harward University Press.
- 3) Dental Public Health and Community Dentistry Ed by Anthony Jong Publication by The C. V. Mosby Company
- Community Oral Health-A system approach by Patricia P. Cormier and Joyce I. Levy published by Apple ton-Century-Crofts/ New York,
- 5) Community Dentistry-A problem oriented approach by P. C.
- 6) Dental Hand book series Vol.8 by Stephen L. Silverman and Ames F. Tryon, Series editor-Alvin F. Gardner, PSG Publishing company Inc. Littleton Massachusetts,
- Dental Public Health- An Introduction to Community Dentistry. Edition by Geoffrey L. Slack and Brain Burt, Published by John Wright and sons Bristol.
- Oral Health Surveys- Basic Methods, 1997, published by W. H. O Geneva available at the regional office New Delhi.
- 9) Preventive Medicine and Hygiene-By Maxcy and Rosenau, published by Appleton Century Crofts,
- 10) Preventive Dentistry-by J. O. Forrest published by John Wright and sons Bristoli,
- 11) Preventive Dentistry by Murray,.
- 12) Text Book of Preventive and Social Medicine by Park and park,
- 13) Community Dentistry by Dr. Soben Peter.
- 14) Public Health dentistry, Sikri. CBS Publishing

#### Subject: Research methodology and Bio-statistics

- 1) Introduction to Bio-statistics by B. K. Mahajan
- 2) Introduction to Statistical Methods by Grewal

#### Subject: Paediatric and Preventive Dentistry

- 1) Dentistry for the Child and Adolescence Mc. Donald.
- 2) Pediatric Dentistry (Infancy through Adolescence) Pinkham.
- Pediatric Dentistry : Total Patient Care Stephen H.Y. Wei
- 4) Clinical Pedodontics Sidney B. Finn
- 5) Fundamentals of Pediatric Dentistry R.J. Mathewson
- 6) Handbook of Clinical Pedodontics Kenneth. D.
- 7) Text Book of Pedodontics- Shobha Tandon
- 8) Pediatric Dentistry Damle S. G.
- 9) Kennedy's Pediatric Operative Dentistry Kennedy & Curzon.
- 10) Handbook of Pediatric Dentistry Cameron and Widmer
- 11) Pediatric Dentistry Richard R. Welbury
- 12) Pedodontics: A Clinical Approach Goran Koch
- 13) Orthodontics and Pediatric Dentistry (Colour Guide) D Millet & R Welbury
- 14) Color Atlas of Oral Diseases in Children and Adolescents - George Laskaris
- 15) Dental Management of the Medically Compromised Patient –J.W. Little
- 16) Pediatric Dentistry Scientific Foundations and Clinical Practice Stewart and Barber.
- 17) Clinical Use of Fluorides Stephen H. Wei.
- 18) Understanding of Dental Caries Niki Foruk.
- 19) Essentials of Community & Preventive Dentistry Soben Peters.
- 20) Behaviour Management Wright
- 21) Traumatic Injuries Andreason.
- 22) Occlusal Guidance in Pediatric Dentistry Stephen H. Wei / Nakata
- 23) Pediatric Oral & Maxillofacial Surgery Kaban.
- 24) Pediatric Medical Emergencies P. S. Whatt.
- 25) An Atlas of Glass Ionomer Cements G. J. Mount..
- 26) Textbook of Pediatric Dentistry Braham Morris.
- 27) Primary Preventive Dentistry Norman O. Harris.
- 28) Preventive Dentistry Forrester.
- 29) Contemporary Orthodontics Profitt..

- 30) Preventive Dentistry Depaola.
- 31) Endodontics Ingle.
- 32) Pathways of Pulp Cohen.
- 33) Management of Traumatized anterior Teeth Hargreaves.

## Subject: Oral Medicine and Radiology Oral Diagnosis, Oral Medicine & Oral Pathology

- 1) Oral Medicine, Burkit, J.B. Lippincott Company
- 2) Principles of Oral Diagnosis, Coleman, Mosby Year Book
- Oral Manifestations of Systemic Diseases, Jones, W.B. Saunders company
- 4) Oral Diagnosis & Oral Medicine, Mitchell
- 5) Oral Diagnosis, Kerr
- 6) Oral Diagnosis & Treatment, Miller
- 7) Clinical Methods, Hutchinson
- 8) Shafers, Oral Pathology
- 9) Principles and practice of Oral Medicine, Sonis.S.T., Fazio.R.C. and Fang.L

# **Oral Radiology**

- 1) Oral Radiology White & Goaz, Mosby year Book
- 2) Dental Radiology, Weahrman, C.V. Mosby Company
- Oral Roentgenographs Diagnosis, Stafne ,W.B. Saunders Co
- 4) Fundementals of Dental radiology, Sikri, CBS Publishing. **Forensic Odontology**
- 1) Practical Forensic Odontology, Derek H. Clark, Butterworth-Heinemann
- 2) Manual of Forensic Odontology, C Michael Bowers, Gary Bell

## Subject: Orthodontics and Dentofacial Orthopedics

- 1) Contemporary Orthodontics- William R. Proffit
- 2) Orthodontics For Dental Students- White And Gardiner
- 3) Handbook Of Orthodontics- Moyers
- 4) Orthodontics Principles And Practice- Graber
- 5) Design, Construction And Use Of Removable Orthodontic Appliances- C. Philip Adams
- 6) Clinical Orthodontics: Vol 1 & 2- Salzmann

## Subject: Oral and Maxillofacial Surgery

- 1) Impacted teeth, Alling John et al
- 2) Principles of Oral & maxillofacial Surgery vol1,2&3 Peterson LJ et al
- 3) Text book of Oral & maxillofacial Surgery, Srinivasan B
- 4) Hand book of Medical emergencies in the dental office, Melamed SF
- 5) Killey's Fracture of the Mandible, Banks
- 6) Killey's Fractures of the Middle 3 of the Facial Skeleton; Banks P
- The Maxillary Sinus and its Dental Implications; Mc Govanda
- 8) Killey and Kays Outline of Oral Surgery Fart l& 2; Seward GR & et al
- 9) Essentials of Safe Dentistry for the Medically Compromised Patients; Mc Carthy FM
- 10) Oral & Maxillofacial Surgery, Vol 1& 2; Laskin DM
- 11) Extraction of Teeth; Howe GL
- 12) Minor Oral Surgery; Howe GL
- 13) Contemporary Oral & Maxillofacial Surgeiy; Peterson LJ
- 14) Text book of Oral &Maxillofacial Surgery , Neelima Anil Malik
- 15) Text book of Oral & Maxillofacial Surgery, SM Balaji
- 16) Principles of Oral Surgery; Moore J'R
- 17) Handbook of Local Anaesthesia, Malamed
- 18) Sedation; Malamed
- 19) Text book of Oral & Maxillofacial Surgery; Gustav O Kruger
- 20) A Practical guide to Hospital Dentistry, Dr. George Varghese, Jaypee brothers publishing, New Delhi.
- 21) A Practical guide to the Management of Impacted Tooth, Dr. George Varghese, Jaypee brothers publishing, New Delhi.
- 22) Textbook of Local Anaesthesia; Monheim

## Subject: Prosthodontics, and Crown & Bridge

- 1) Syllabus of Complete denture -Charles M. Heartwell Jr. and Arthur O. Rahn
- 2) Prosthodontic treatment for edentulous patients- Carl O. Boucher
- 3) Essentials of complete denture prosthodontics by Sheldon Winkler.
- 4) Maxillofacial prosthetics by Willam R. Laney.
- 5) McCraken's Removable partial Prosthodontics
- 6) Removable partial Prosthodontics by Ernest L. Miller and Joseph E. Grasso.
- 7) Stewart's Clinical Removable Partial Prosthodontics, Quintessence Publishing Co.
- 8) Fundementals of Fixed Prosthodontics, Shillingburg, Quintessence Publishing Co.
- 9) Management of Temporomandibular Disorders and Occlusion, Jeffery P. Okeson, Mosby Year book, Inc.

## Subject: Periodontology

- 1) Glickman's Clinical Periodontology-Carranza Reference books
- 1) Essentials of Periodontology and periodontics- Torquil MacPhee
- 2) Contemporary periodontics- Cohen
- 3) Periodontal therapy- Goldman
- 4) Orbans' periodontics- Orban
- 5) Oral Health Survey- W.H.O.
- 6) Preventive Periodontics- Young and Stiffler
- 7) Advanced Periodontal Disease- John Prichard
- 8) Clinical Periodontology- Jan Lindhe
- 9) Periodontics- Baer & Morris.

# Subject: Conservative Dentistry and Endodontics

- 1) The Art & Science of Operative Dentistry, Sturdivant, Mosby U.S.A
- 2) Principle & Practice of Operative Dentistry, Charbeneu, Varghese Publishing, Mumbai.
- Grossman's Endodontic Practice, B. Suresh Chandra & V. GopiKrishna, Wolters Kluwer

## Subject: Esthetic Dentistry

- 1) Esthetic guidelines for restorative dentistry; Scharer & others
- 2) Esthetics of anterior fixed prosthodontics; Chiche (GJ) & Pinault (Alain)
- 3) Esthetic & the treatment of facial form, Vol 28; Mc Namara (JA)

# Subject: Forensic Odontology

1) Practical Forensic Odontology- Derek Clark

## Subject: Behaviourial Science

- 1) General Psychology- Hans Raj, Bhatia
- 2) Behavioural Sciences in Medical Practice- Manju Mehta
- 3) General psychology Hans Raj, Bhatia
- 4) General psychology Munn
- 5) Sciences basic to psychiatry -- Basanth Puri & Peter J Tyrer

#### Subject: Ethics

1) Medical Ethics, Francis C M, Jaypee Brothers, New Delhi

# Subject: Implantology

- 1) Contemporary Implant Dentistry, Carl. E. Misch, Mosby
- 2) Osseointegration and Occlusal Rehabilitation, Hobo S., Ichida. E. and
- 3) Garcia L.T. Quintessence Publishing Company,
- **Note:** 1. Book titles will keep on adding in view of the latest advances in the Dental Sciences.

2. Standard books from Indian authors are also recommended

## **List of Journals**

- 1) Journal of Dentistry
- 2) British Dental Journal
- 3) International Dental Journal
- 4) Dental Abstracts
- 5) Journal of American Dental Association
- 6) British Journal of Oral and Maxillofacial Surgery
- 7) Oral Surgery, Oral Pathology and Oral Medicine
- 8) Journal of Periodontology
- 9) Journal of Endodontics
- 10) American journal of Orthodontics and Dentofacial Orthopedics
- 11) Journal of Prosthetic Dentistry
- 12) International Journal of Prosthodontics
- 13) Journal of Public Health Dentistry
- 14) Endodontics and Dental Traumatology
- 15) Journal of Dental Education
- 16) Dental Update
- 17) Journal of Dental Material
- 18) International Journal of Pediatric Dentistry
- 19) International Journal of Clinical Pediatric dentistry
- **Note:** This is the minimum requirement. More journals both Indian and Foreign are recommended for imparting research oriented education.

## **INTERNSHIP PROGRAMME**

After passing the Final BDS part II Degree Examination the candidate has to undergo Compulsory Paid Rotating Internship programme for Twelve months (i.e. 365 days) in the same institution. During this period the candidates will be posted in all the clinical departments of the institution. The Degree will be awarded only after successful completion of the Internship programme. During this training period they will have to attend to the routine clinical activities of the department under the supervision of faculty members. The interns will also be posted in the Dental Casualty for attending to the emergency services of the institution and may also include rural postings.

a)	The duration of posting	of	interns	in	various	departments	will
	be as follows:-						

Sl. No.	Department	No. of Days
1.	Prosthodontics	60
2.	Conservative dentistry	60
3.	Oral & maxillofacial Surgery	60
4.	Orthodontics	30
5.	Pedodontics	30
6.	Oral Medicine & Radiology	30
7.	Periodontics	30
8.	Community Dentistry/ Rural services/Palliative care	30
9.	Oral Pathology	15
10.	Elective (any of the subjects listed from 1 to 7)	20

- b) Duties & responsibilities of Intern posted in various departments include:-
- i. Attending to the routine O.P in the Department
- ii. Carrying out the routine clinical procedures in the department
- iii. Carrying out Patient and instrument Preparation for clinical procedures.

- iv. Carrying out all Clinical procedures including impression making, and pouring casts ( i.e. steps including mixing of impression materials & gypsum products, mixing of restorative materials and removal of casts from impressions to be done by the internee without seeking assistance)
- v. Fabrication insertion and follow up of removable orthodontic appliances.
- vi. Attending to the casualty duties of the institution
- vii. Maintenance of log book and records
- viii. Carrying out any other duty as instructed by the Head of the Department.
- ix. Maintenance of proper dress code and attire.

**Note:** The entire clinical work done by intern will be under the supervision of faculty members. In the absence of faculty the intern will be under the supervision of Senior/Junior Resident.

i	At the college :				
	Interns are posted to the department to get training in dent				
	practice management.				
a) Total oral health care approach-in order to prepar new graduates in their approach to diagnosis, trea planning, cost of treatment, prevention of treatment schedule, recall maintenance of records etc. at lea					
	patients ( both children and adults of all types).				
	b) The practice of chair side preventive dentistry including oral health education				
ii	At the community oral health care centre (adopted by the dental college in rural areas)				
	Graduates posted to familiarize in :				
	<ul> <li>a) Survey methods, analysis and presentation of oral health assessment of school children and community independently using WHO basic oral health survey methods.</li> </ul>				
	b) Participation in rural oral health education programmes.				
	c) Stay in the village to understand the problems and life in rural areas.				

# b) Suggested internship programme in Community Dentistry:

iii	In Pain and palliative care centre					
iv	DESIRABLE :					
	Practical knowledge in the use of computers : Operating system,					
	word processor, spread sheet, power point and patient					
	management software etc.					