



LIAQUAT COLLEGE OF MEDICINE AND DENTISTRY
DEPARTMENT OF HEALTH PROFESSIONS EDUCATION
COLLEGE OF DENTISTRY



STUDY GUIDE – 2026

Third Year BDS

Batch- XXV (25)

Compiled by:

**Department of Health Professions Education
College of Dentistry**

Dr. Sabaa Shahid
Dr. Ayesha Khurram
Mr. Moiz Majid

Incharge DHPE
Lecturer DHPE
Administrative Officer DHPE

“Heartfelt gratitude to all departments for supporting and collaborating efficiently for compiling of this study guide“





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How is Study guide going to help you?

- ❖ A study guide serves as a comprehensive tool for both learners and facilitators to enhance learning experience by offering direction, organizing academic information, and identifying essential resources. Its primary goal is to optimize individual academic outcomes by providing:
 - Clear details on the academic calendar and administrative procedures for effective communication and support.
 - Defined learning objectives aligned with teaching methodologies, and assessment strategies for each subject to guide students towards their educational targets.
 - Accessible learning resources such as textbooks, and supplementary materials.
 - Guidance on continuous evaluation (internal evaluation) and important instructions.

Vision:

The vision of LCMD is to be an outstanding institution that produces health care providers that are exemplary. Community based, and in alignment with the National Health Policy of Pakistan.

Mission Statement (COD):

To produce outstanding, compassionate, and skillful graduates in the field of dentistry, who practice evidence-based dentistry, professionalism, leadership, advocacy, social responsiveness and are life-long learners.



Program Competencies:

The LCMD BDS program competencies are aligned with those of PMDC's competencies for dental graduates.





Program Learning Objectives

Demonstrate a high level of clinical proficiency in performing a wide range of dental procedures including diagnosis, treatment planning and execution of dental treatments

Provide patient-centered care, showing empathy, compassion and respect for patients' needs and concerns, and effectively communicate treatment options and plans

Adhere to the highest ethical standards in dental practice, maintaining integrity, honesty and confidentiality while fostering trust and professionalism in their interactions with patients and

Actively engage in their local communities to promote oral health awareness, provide dental care to underserved populations, and contribute to the betterment of oral healthcare on a broader scale

Exhibit a commitment to lifelong learning by actively engaging in continuing education, staying current with advancements in dental science and technology, and seeking opportunities to enhance their skills

Assume leadership roles with in their dental practices or in dental organizations, as well as collaborate effectively with other healthcare professionals to ensure comprehensive patient care

Critically evaluate and apply scientific research to their clinical practice ensuring evidence-based decision making and continuous improvement in patient care

Possess basic knowledge and skills in practice management, including financial management, regulatory compliance, and ethical billing practices

Demonstrate strong communication skills, both with patients and within the dental team, fostering effective teamwork and patient education

Strive to achieve positive patient outcomes, including improved oral health, patient satisfaction, and the prevention or early detection of dental diseases



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Program Outcomes	
1.	Demonstrate proficiency in the use of dental instruments and equipment, required for dental procedures.
2.	Identify common dental conditions and diseases.
3.	Formulate comprehensive treatment plans for patients, considering their oral health status and individual needs.
4.	Develop the ability to prioritize and sequence dental treatments effectively, considering both immediate and long-term oral health goals.
5.	Provide compassionate and empathetic care, acknowledging the physical and emotional needs of patients.
6.	Implement the concept of informed consent, ensuring that patients are well-informed about their treatment options and have the opportunity to provide their consent or refusal.
7.	Engage in self-reflection and continuous improvement of their patient-centered care and communication skills
8.	Consistently make ethical decisions in their interactions with patients, colleagues, and the broader dental community.
9.	Maintain strict patient confidentiality, respecting the privacy and security of patient information and medical records.
10.	Demonstrate appropriate professional boundaries in their relationships with patients and colleagues.
11.	Demonstrate the ability to assume leadership roles within dental practices or dental organizations.
12.	Provide ethical and moral leadership, upholding the highest standards of integrity and professionalism in their roles.
13.	Commit to ongoing professional development and leadership training to refine their leadership and collaboration skills over time.
14.	Develop a strong commitment to lifelong learning, recognizing that dentistry is a dynamic field that requires ongoing education.
15.	Stay informed about the latest advancements in dental science, technology, and treatment options.
16.	Actively participate in continuing education programs, workshops, and seminars to stay current with best practices and evolving standards in dentistry.
17.	Keep up-to-date with advances in dental technology, and effectively and safely integrate these tools into their practice.
18.	Actively participate in and lead community outreach programs and events aimed at promoting oral health awareness, preventive care, and healthy oral hygiene practices.
19.	Proficient in delivering effective oral health education to community members of all ages, focusing on prevention and maintaining good oral hygiene practices.
20.	Aim for long-term community impact by establishing sustainable programs, initiatives, or partnerships that continue to promote oral health awareness and access to care.
21.	Engage in self-reflection and evaluation of their community engagement efforts, seeking continuous improvement and increased effectiveness.
22.	Develop strong research literacy, which includes the ability to locate, critically evaluate, and understand scientific literature relevant to dentistry.
23.	Consistently make clinical decisions based on the best available scientific evidence, using research findings to guide patient care.
24.	Integrate evidence-based findings into their clinical practice, adapting treatment plans and approaches as new research emerges.
25.	Practice research ethics, including the responsible conduct of research, informed consent, and the protection of human subjects in dental research.
26.	Engage in lifelong learning by continuously updating their knowledge of research methodologies and staying informed about the latest research trends in dentistry.



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27.	Demonstrate proficiency in managing the financial aspects of a dental practice, including budgeting, financial planning, and expense control.
28.	Practice intricacies of billing and coding for dental services, ensuring accuracy and compliance with insurance and regulatory requirements.
29.	Well-versed in dental practice regulations, including those related to licensure, accreditation, and quality assurance.
30.	Commit to ethical billing practices, avoiding overbilling or unnecessary procedures and ensuring transparency in financial transactions with patients.
31.	Proficient in communicating effectively with patients, using clear and empathetic language to explain diagnoses, treatment options, and post-treatment care instructions.
32.	Excel in communicating and collaborating with other members of the dental team, including dental assistants, hygienists, and administrative staff, to ensure seamless patient care.
33.	Educate patients about oral health, prevention, and treatment options in a clear and understandable manner, using various educational materials and tools.
34.	Prioritize and demonstrate their commitment to improving the oral health of their patients by providing evidence-based and effective dental care.
35.	Excel in the prevention and early detection of dental diseases, promoting regular check-ups, screenings, and preventive measures to minimize the impact of oral health issues.
36.	Prioritize patient comfort and satisfaction, ensuring a positive and comfortable experience during dental procedures.
37.	Actively promote preventive education and awareness to help patients understand the importance of maintaining good oral hygiene and the prevention of dental diseases





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THIRD YEAR BDS FACULTY & ADMINISTRATION

Department	Faculty Name	Designation	Email Address
General Medicine	Dr. Syeda Hisala Rehman	Senior Registrar	drhisala@gmail.com
General Surgery	Dr. Muhammad Khurram Zia	Associate Professor	drkhurramzia@yahoo.com
Oral Pathology	Prof. Dr. Uzma Zareef	Head of Department	uzmaz_3@hotmail.com
	Dr. Tauseef Ahmed	Associate Professor	tousifsaqib@gmail.com
	Dr. Afshan Faizan	Assistant Professor	omesek_7@hotmail.com
	Dr. Arifa Haque	Assistant Professor	arifahaque06@gmail.com
	Dr. Iqra Ali	Demonstrator	dr.iqraly29@gmail.com
	Dr. Maryam Abid	Demonstrator	Maryam.abid63@yahoo.com
	Dr. Rabail Khero	Demonstrator	kherorabail@gmail.com
Oral Medicine	Dr. Samreen Malik	Head of Department	dr.samreen90@gmail.com
	Dr. Samir Azeem Qadri	Assistant Professor	dr.samir09@gmail.com
	Dr. Hijab Farid Khan	Assistant Professor	drhijabkhan@gmail.com
	Dr. Ahmer Javaid Khan	Registrar	Ahmer_javaid@hotmail.com
	Dr. Tooba Ahmed	Registrar	toobahassan76@gmail.com
	Dr. Yamna Kaleem	Registrar	Yamnakaleem@hotmail.com
	Dr. Ammatuz Zehra	Demonstrator	Syedaammaztuz@gmail.com
Periodontology	Dr. Muhmmad Abid	Head of Department	khursheedabid8@gmail.com
	Dr. Saman Waqar	Senior Registrar	drwaaarsaman@gmail.com
	Dr. Ishma Binte Saeed	Registrar	ib.saeed@hotmail.com
	Dr. Nida Tariq	Registrar	nidatariqshaheer@gmail.com
	Dr. Danial Najeeb	Demonstrator	dnajeeb92@gmail.com
Junior Prosthodontics	Dr. Usman Bashir Shaikh	Head Of Department	osmanbashir1990@gmail.com
	Dr. Kamran Parvez	Assistant Professor	dr.kamranpervez@gmail.com
	Dr Amina Tabassum Kayani	Senior Registrar	amna-kayani@hotmail.com
	Dr Tooba Hameed	Demonstrator	toobahameed15@gmail.com
	Dr. M. Anas Kamran	Demonstrator	dranaskamran@gmail.com
	Dr. Tooba Aziz	Demonstrator	toobaaziz36@gmail.com



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Junior Oral Surgery	Prof. Dr. Tahera Ayub	Head of Department	tahera_ayub@yahoo.com
	Prof. Dr. Navid Rashid Qureshi	Professor	nrmaxfac@yahoo.com
	Dr. Amna Rehman	Associate Professor	ramna8382@gmail.com
	Dr. Dania Hamid	Senior Registrar	summera.kanwal@yahoo.com
	Dr. Amna Afridi	Registrar	afridi.amna9571@gmail.com
	Dr. Mohsin Khan	Registrar	mohsinkhan1103039@gmail.com
Junior Operative Dentistry	Prof. Dr Naheed Najmi	Head Of Department	naheednajmi16@gmail.com
	Dr. Tazeen Zehra	Associate Professor	tazeenzehra@gmail.com
	Dr. Samra Hussain	Senior Registrar	samra_hussain_sid@hotmail.com
	Dr. Uzma Yasmeen	Registrar	dr.uzma8691@gmail.com
	Dr. Sareema Ahmed	Registrar	Sareema.ahmadd@gmail.com
Student Affairs	Prof. Dr. Irfan Ashraf	Head Of Department	Irfan.ashraf@lcmd.edu.pk student.affairs@lcmd.edu.pk
	Dr. Arifa Haque	Coordinator	arifahaque06@gmail.com
Administration	Mr. M. Shahbaz Khan	Assistant Manager	admin@lcmd.edu.pk shahbaz.khan@lcmd.edu.pk
Examination	Prof. Dr. Irfan Ashraf	Controller Examination - COD	examinationlcmd@gmail.com
	Dr. Fauzia Perveen	Deputy Controller - COD	
	Dr. Laraib Hameed	Coordinator - COD	
DHPE	Dr. Sabaa Shahid	Incharge	dhpelcmd@gmail.com
	Dr. Ayesha Khurram	Lecturer	ayesha.khurram14@gmail.com





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CURRICULUM COMMITTEE CLINICAL SCIENCES

Prof. Dr. Tahera Ayub
Chairperson Curriculum Committee Clinical Sciences

Prof. Dr. Naheed Najmi
Advisor Curriculum Committee Clinical Sciences

Dr. Sabaa Shahid
Secretary Curriculum Committee Clinical Sciences

Dr. Amna Afridi
Coordinator Curriculum Committee Clinical Sciences

Members:

Prof. Dr. Uzma Zareef	Professor – Oral Pathology
Dr. Sadaf Talha	Assistant Professor – Orthodontics
Dr. Samreen Wahab	Assistant Professor – Oral Medicine
Dr. Tazeen Zehra	Assistant Professor – Operative Dentistry
Dr. Khurram Zia	Associate Professor – General Surgery
Dr. Amna Rehman	Assistant Professor – Oral Surgery
Dr. Usman Bashir Shaikh	Professor – Prosthodontics
Dr. Muhammad Abid	Assistant Professor – Periodontology
Dr. Aisha Faisal	Assistant Professor – Pediatric Dentistry
Dr. Syeda Hisala Rehman	Senior Registrar – General Medicine
Dr. Ismail Latif	Lecturer - Pediatric Dentistry & Final Year Coordinator

CO-OPT Members:

Prof. Dr. Irfan Ashraf	Head Of Department Student Affairs & Examination
Prof. Dr. Attiya Shaikh	Head Of Department Orthodontics
Dr. Asma Shahid	Incharge QEC – COD

Class Representatives From Third & Final Year BDS

Email Address: ccc.cod@lcmd.edu.pk



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TIME TABLE



LIAQUAT COLLEGE OF MEDICINE & DENTISTRY
TIME TABLE FOR THIRD PROFESSIONAL BDS (BATCH - 25)
30th March 2026 TO 04th April 2026 (WEEK-1)



DAY	TIME	08:30 - 09:20	09:20 - 10:10	10:10 - 11:00	11:15 - 01:05	01:55 - 02:45	02:45 - 03:30
Monday 30-03-26 LCMD		General Surgery	Alternative Lecture	General Medicine	Tea Break 11:00 AM - 11:15 AM	CLINICAL POSTING (OPD/ WARD/ ICU/ EMERGENCY/ SEMINAR ROOM)	Oral Pathology
						GENERAL SURGERY	Tissue Preparation Dr Rabail And Dr Iqra
Tuesday 31-03-26 KKF	9:00 - 9:45	Periodontology	Oral Medicine	Tea Break 10:30 AM - 10:45 AM	10:45 - 01:00 OPD	Lunch & Prayer Break 12:45 PM - 1:30 PM	01:30 - 02:15
		•Dr. Muhammad Abid Introduction to periodontology	Introduction to oral medicine Dr. Samreen Malik				Respective Department in KKF Group B - Operative Group C - Oral Surgery Group D - Prosthodontics Group A - Periodontology Group E- Oral Medicine
Wednesday 01-04-26 LCMD	8:30 - 09:20	General Surgery	General Medicine	Tea Break 11:00 AM - 11:15 AM	11:15 - 1:05	Lunch & Prayer Break 1:05 PM - 1:55 PM	01:55 - 02:30
							Oral Pathology
Thursday 02-04-26 LCMD/QDH/KKF	8:30-9:20	Operative Dentistry - Introduction to operative dentistry and Pediatric dentistry (Dr Aisha Faisal/ Dr Sareema)	Oral Pathology	10:25 - 1:05	Respective Department in KKF Group B - Operative Group C - Oral Surgery Group D - Prosthodontics Group A - Periodontology Group E- Oral Medicine	Lunch & Prayer Break 1:05 PM - 1:55 PM	1:55 - 3:30
			Hyperplastic disorders Dr Touseef				Introduction to oral pathology Dr uzma
Friday 03-04-26 KKF	09:00 - 09:45	Periodontology	Oral Medicine	10:45 - 11:20	11:20 - 12:05	12:05 - 1:00	GOOGLE ASSIGNMENT Week - 01 Oral Pathology & Periodontology Week - 02 Oral Medicine & Gen. Medicine Week - 03 Gen. Surgery & Jr. Prosthodontics Week - 04 Jr. Oral Surgery & Jr. Operative Dentistry
		•Dr. Ishma Anatomy of periodontium	Dr. Samir Azeem Principles of investigation and diagnosis	Dr. Samir Azeem Principles of investigation and diagnosis	Periodontology	Research	
Saturday		8:30 Am Onwards					

04-04-26 LCMD/QDH/KKF	Respective Department in KKF Group B - Operative Group C - Oral Surgery Group D - Prosthodontics Group A - Periodontology Group E- Oral Medicine
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DAY	TIME	Prosthodontics	Oral Surgery	Oral Medicine	Periodontology	Operative Dentistry
Tuesday 31-03-26		History and examination By: Dr Anna kayani	Dr. Mohsin Medical emergencies (kkf)	Dr. Ammatuz Zehra OPD Tour and Orientation	<ul style="list-style-type: none"> Departmental Orientation and Opd Tour(Dr ishma) .History taking (Dr. Saman) . Extra and intra oral examination (Dr Nida) 	- Orientation (Dr Araib Zia)
Thursday 02-04-26		Opd tour Demo: model pouring of kennedy's class 3 By: Dr Rida Sabir	<ul style="list-style-type: none"> •Dr fizza 1. OPD tour and orientation 2. Logbook orientation 3. Cross-infection protocol 4.Working protocols of OPD 5.History taking and examination 	Dr. Ammatuz Zehra History Taking	<ul style="list-style-type: none"> . Logbook discussion (Dr Ishma) . Instrument identification and uses (Dr Danial) .demonstration of manual scaling (Dr.Abid) 	- Tutorial on History taking, examination, & Parts of dental unit. (Dr Sareema Ahmad)
Saturday 04-04-26		Clasp making of kennedys class 3 By: Dr Tooba Aziz Tuto: steps of rpd by Dr Tooba Aziz	<ul style="list-style-type: none"> •Dr Rafia 1. History interviewing skills (formative assesment) 	Dr. Yamna Kaleem Extraoral and Intraoral examination	<ul style="list-style-type: none"> .probing techniques on typodont/stimulated patients(Dr ishma) .periodontal indices (Dr Nida) 	- Instruments identification, discussion and uses (Dr Sareema ahmad)

Dr. Afshan Faizan
Coordinator Third Year BDS

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ACADEMIC CALENDAR – THIRD YEAR BDS



AUG		SEPT				OCT				NOV					DEC				JAN				FEB																														
4	5	1	2	3	4	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2																													
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48																													
24-Aug	31-Aug	7-Sep	14-Sep	21-Sep	28-Sep	5-Oct	12-Oct	19-Oct	26-Oct	2-Nov	9-Nov	16-Nov	23-Nov	30-Nov	7-Dec	14-Dec	21-Dec	28-Dec	4-Jan	11-Jan	18-Jan	25-Jan	1-Feb	8-Feb																													
RHEUMATOLOGY						CARDIOVASCULAR SYSTEM																																															
ENDOCRINOLOGY						RESPIRATORY SYSTEM																																															
NEPHROLOGY						NEPHROLOGY (Remaining topics)																																															
Trauma		BURNS		Skin and Subcutaneous Tissue		Head & Neck		Endocrine Disorder		Vascular					Abdominal					Revision																																	
Oral epithelial tumors						MISCELLANEOUS DISORDERS																																															
HIV INFECTION AND AIDS						Premalignant lesions and conditions																																															
TMJ disorders						VESICULOBULLOUS LESIONS																																															
Bone disorders						facial palsy																																															
vesiculobullous disorders		red lesions benign white lesions		pigmented lesions		PMDS		orofacial pain		facial palsy					salivary gland disorders					oral manifestation of systemic disease					TMJ disorders					miscellaneous																							
Clinical evaluation and non surgical management						Surgical management of Periodontal conditions																																															
occlusally approaching direct retainer						gingivally approaching direct retainers		surveying		mouth preparation for RPD		abutment preparation for RPD		impression technique		Regenerative and plastic surgery					Fundamental of dental implants					revision class																											
gingivally approaching direct retainers						lab procedure (casting)																																															
NO LECTURE						NO LECTURE		NO LECTURE		NO LECTURE		NO LECTURE		NO LECTURE		NO LECTURE		NO LECTURE		NO LECTURE		NO LECTURE		NO LECTURE		NO LECTURE																											
Basic Principles Of Cavity Design And Preparation Of Class I In Amalgam Restoration		Basic Principles Of Cavity Design And Preparation Of Class I In Composite Restoration		Basic Principles Of Cavity Design And Preparation Of Class 2 In Composite Restoration		Basic Principles Of Cavity Design And Preparation Of Class II And Iv Restoration		Basic Principles Of Cavity Design And Preparation Of Class V And Vi Restoration		Pulp And Periapical Pathosis		Pulp And Periapical Pathosis		Local Anesthesia For Children					Review Of Restorative Materials					Endodontic Diagnosis					Anomalies Of Tooth Formation And Eruption Pulp Anatomy					Pulp Anatomy					Instruments In Endodontics					Injury To Primary Dentition					Injury To Permanent Dentition				
Diagnosis and management of salivary gland disorders						Management of facial fracture																																															
Principles of differential diagnosis and biopsy						Correction of dental facial deformities																																															
Surgical management of oral pathological lesions						Management of patients with orofacial clefts																																															
Soft tissue and dental/vascular injuries						Facial neuropath																																															
Soft tissue and dental/vascular injuries						Management of temporomandibular disorders																																															
Facial neuropath						Facial neuropath																																															
Written communication						Communicating effectively with healthcare teams																																															
Interviewing skills						Communicating clinical information to seniors																																															
Case presentations						Violence at workplace																																															
Documentation						Safety in Outpatient Clinics or Ambulatory																																															
Safety in the Emergency Room						Safety in Operation Theatres																																															
Ethical principles related to Abortion						Ethical principles related to dealing with Pharmaceutical Companies																																															
Ethical principles related to Assisted Reproduction (including Linear Regression						Ethical principles related to Organ donations & Organ																																															
Logistic Regression						Meta-Analysis																																															
Developing Tables, Workshop						Introduction to Qualitative Studies, Workshop																																															
Primary Airway Management						Writing Results, Limitations & Discussion sections																																															
Threats to validity						Critical analysis of a Research paper: Checklist																																															
Ethical Considerations in Research						Clinical Trials And Good Clinical Practices Guidelines																																															
Orofacial Radiology						Systematic Review																																															
KIBAL DAY 1 NOV						KIBAL DAY 25 DEC																																															



HOLIDAY CALENDAR

Pakistan Day	23 rd March, 2026
*Eid-ul-Fitr	19 th , 20 th & 21 st March, 2026
Labour Day	1 st May, 2026
*Eid-ul-Azha	26 th , 27 th & 28 th May, 2026
*Ashura	25 th & 26 th June, 2026
*Chehlum	4 th August, 2026
Independence Day	14 th August, 2026
*Eid Milad un Nabi	29 th or 30 th August, 2026
Allama Iqbal Day	9 th November, 2026
Quaid-e-Azam Day	25 th December, 2026
<p>*Holidays subject to sighting of Moon Note 1: All gazette holidays will be observed Note 2: Principal can make amendments in the Academic Calendar if the need arises.</p>	



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EVENT CALENDAR	
S. No	EVENTS
1.	Welcome Breakfast
2.	14 th August Celebration
3.	Dental Digital Photography & Art / Literature Fest
4.	Annual Student Week (Sports, English/Urdu Debate, Qirat & Naat)
5.	Defence Day Celebration
6.	Annual Picnic & Gala
NOTE - THE CALENDAR IS TENTATIVE AND IS SUBJECT TO CHANGE AS PER THE INSTRUCTIONS OF COMPETENT AUTHORITIES	



DENTAL OPD ROTATIONS

Third Year BDS Batch (25) Dental OPD Rotation Schedule						
Rotation Month	Operative Dentistry	Oral Surgery	Prosthodontics	Periodontology	Oral Medicine	Date Of Assessment
2 nd April – 7 th May	A	B	C	D	E	9 th May
14 th May – 4 th July	E	A	B	C	D	11 th July
16 th July – 27 th August	D	E	A	B	C	29 th August
3 rd September- 8 th October	C	D	E	A	B	10 th October
15 th October – 26 th November	B	C	D	E	A	28 th November



WARD ROTATIONS

Third Year BDS Batch (25) Ward Rotation Schedule			
Rotation Month	General Medicine	General Surgery	Date Of Assessment
30 th March – 11 th May	A,B,C	C2,D&E	13 th May
15 th June – 10 th August	C2,D&E	A,B&C1	12 th August
17 th August – 28 th September	A,B&C1	C2,D&E	30 th September
5 th October – 30 th November	C2,D&E	A,B&C1	2 nd December



Adult Learning Principles

1.	The learner should be an active contributor to the educational process
2.	Learning should closely relate to understanding and solving real life problems
3.	Learners' current knowledge and experience are critical in new learning situations and need to be taken into account
4.	Learners should be given the opportunity and support to use self-direction in their learning
5.	Learners should be given opportunities and support for practice, accompanied by self-assessment and constructive feedback from teachers and peers
6.	Learners should be given opportunities to reflect on their practice; this involves analyzing and assessing their own performance and developing new perspectives and options
7.	Use of role models by medical educators has a major impact on learners. As people often teach the way they were taught, medical educators should model these educational principles with their students and junior doctors. This will help the next generation of teachers and learners to become more effective and should lead to better care for patients



**LEARNING
OUTCOMES**



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GENERAL MEDICINE	
At the end of Medicine course, the students of 3rd year BDS will be able to:	
Knowledge:	<ul style="list-style-type: none">• Explain various common medical diseases, their etiological factors, disease process and its management.• Demonstrate knowledge of clinical manifestations in the history, physical examination and diagnostic findings of a patient.
Skills:	<ul style="list-style-type: none">• To conduct a general appropriate targeted medical examination• Apply information essential to the process of evidence based practice of medicine.• Recognize sign of symptoms of various diseases• Able to obtain an accurate and comprehensive medical history systematically
Attitude:	<ul style="list-style-type: none">• Demonstrate professional behavior towards students, faculty and other members of the medical education team including punctuality, reliability, preparation and participation in all required learning.• Demonstrate honesty and integrity in all interactions with patients, families, colleagues and others



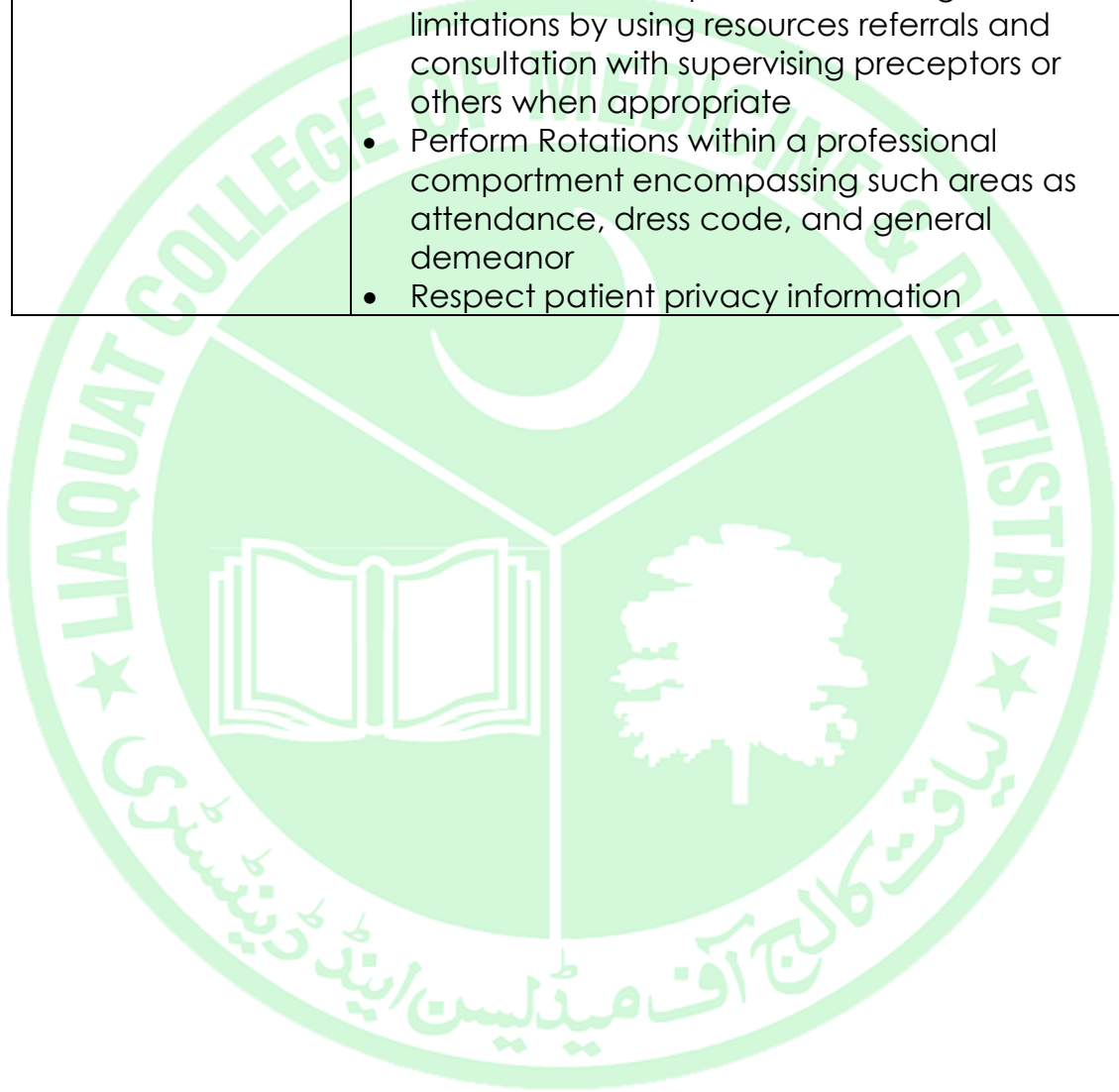
GENERAL SURGERY	
At the end of Surgery course, the students of 3rd year BDS will be able to:	
Knowledge:	<ul style="list-style-type: none">• Demonstrate knowledge and understanding of common surgical problems• Understand the indications for, and the limitations of, essential diagnostic studies used to evaluate patients with surgical problems• Demonstrate an understanding of surgical treatments, and alternatives to surgical treatment• To become familiar with various surgical procedures and know their expected outcomes and complications• Develop cost/risk/benefit appreciation as it applies to patient care• Be familiar with action, dosage and use of common pharmacologic agents used in surgery (analgesics, antibiotics, anticoagulants, sedatives)
Skills:	<ul style="list-style-type: none">• Demonstrate knowledge and understanding of common surgical problems• Evaluate and assess patients with surgical diseases• Understand and possibly perform various basic procedures, such as:<ul style="list-style-type: none">○ venipuncture○ placement of intravenous catheter○ insertion of urethral (Foley) catheter○ insertion of nasogastric tube○ removal of surgical drains○ closure of surgical incisions○ removal of suture/staples○ dressing changes• Apply specific protocol in the operating room (scrubbing, gowning, gloving, prepping and draping)• Develop specific motor skills utilized in surgery• Interpret common laboratory tests (CBC, electrolytes, blood gases, urinalysis, coags)• Interpret common radiologic tests (CXR, KUB, UGI, BE, bone, nuclear tests, US, CT)• Break bad news to patients and/or their attendees, according to the ethical guidelines



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<p>Attitude:</p>	<ul style="list-style-type: none">• Acquire a caring and sympathetic attitude appropriate for dealing with patients with surgical illnesses• Acquire an appreciation for the collegial interaction necessary to work on the surgical service, in the OR, etc.• Realize the scope of responsibility you assume as the surgeon and to that of the family and referring physicians• Demonstrate an openness to recognize limitations by using resources referrals and consultation with supervising preceptors or others when appropriate• Perform Rotations within a professional comportment encompassing such areas as attendance, dress code, and general demeanor• Respect patient privacy information
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ORAL MEDICINE	
By the end of the year students of 3rd year BDS should be able to:	
Knowledge	<ul style="list-style-type: none">• Identify and record risk factors for oral conditions relevant to mode of presentation• Explain the different investigations used within the scope of Oral Medicine• Describe the pathophysiology and management related to medical emergencies• Recognize the abnormal changes in the oral tissue including potentially malignant white, red and pigmented lesions• Discuss the clinical features (with reference to epidemiology) etiology, investigations and management of oral mucosa infection• Discuss the clinical features, etiology, investigations and therapeutic option of salivary glands disorders• Discuss the clinical features, etiology, investigations and treatment modalities of oro-facial pain.• Discuss systemic diseases and its oral presentations along with its management.
Skills	<ul style="list-style-type: none">• Elicit record and interpret an accurate history from patients of any age within the scope of Oral Medicine practice.• Perform an appropriate clinical examination on patients of any age within the scope of Oral Medicine practice.• Select and request appropriate and relevant investigations within the scope of Oral Medicine practice.• Formulate differential, provisional and definitive diagnosis by interpreting and correlating findings from the history, clinical & radiographic examination together with other diagnostic tests.• Devise treatment plans specific to the needs and expectations of individual patients.• Elicit safe and effective prescription of drugs.• Provide accurate evaluation of operative interventions options for different oral soft tissue lesions.• Demonstrate competency in the use of information technology and appropriate



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	<p>learning methods for lifelong learning.</p> <ul style="list-style-type: none"> • Show evidence of ability to undertake research
Attitude	<ul style="list-style-type: none"> • Demonstrate a professional and ethical approach to patient care. • Demonstrate a professional attitude to all the members of the team. • Demonstrate a full and clear understanding of equality and diverse legislation as it applies to the workplace and to professional practice. • Demonstrate leadership skills and cooperation with fellow colleagues in group tasks and assignments

ORAL PATHOLOGY	
By the end of the year students of 3rd year BDS should be able to:	
Knowledge:	<ul style="list-style-type: none"> • Familiarize the students with the foundational knowledge necessary for critical thinking, problem solving and diagnosis of oral diseases. • Make students able to identify oral and maxillofacial diseases on the basis of clinical, radiographic and histopathological characteristics.
Skills:	<ul style="list-style-type: none"> • Recognize the limitations of routine light microscopy and recognize the indications for additional studies, such as biopsy and special stains. • Assess histopathological features oral and mucosal diseases in the microscopic slides. • Understand the working and parts of microscope.
Attitude:	<ul style="list-style-type: none"> • Maintain healthy environment in the classroom as well as in the practical classes with colleagues, seniors, and department faculty. • Avoid baseless arguments and harsh comments during lectures and group discussions. • Cooperate with fellow colleagues during handling of microscope and slides.



PERIODONTOLOGY	
By the end of the year students of 3rd year BDS should be able to:	
Rationale:	<p>In order to prepare our students for the challenges they will face during their practice as dentists, it is of utmost importance to give them an all-round and comprehensive knowledge of periodontology so that they can perform their professional duties to a high standard, as the subject is intended to provide a sound and intensive knowledge about the basic principles of the etiology, progression and pathology of periodontal tissue as well as the diagnosis and management of periodontal disease.</p> <p>Learning Periodontology provides dental students the opportunity to help patients and, potentially, positively impact wider health status of our society, since emerging evidence links periodontitis to other chronic health conditions.</p>
By the end of the year students of 3rd year BDS should be able to:	
Knowledge:	<ul style="list-style-type: none"> • Explain basic concepts of Periodontology • Demonstrate the knowledge of different component of periodontium and their significance • Elaborate different periodontal pathologies, their etiology, diagnosis and non-surgical and surgical management. • Comprehend the implication of proper oral hygiene and how to provide professional care to the patient. • Elaborate the formation of treatment plan and rationale for periodontal treatments
Skills:	<ul style="list-style-type: none"> • Practice proper protocols while performing procedure. • Observe hygienic dental practice. • Demonstrate proper use and handling of instruments and various techniques including scaling and root planning. • Explain how to communicate with patient and motivate them to improve oral hygiene measures. • Demonstrate how to diagnose different patients with different periodontal conditions.



Attitude:	<ul style="list-style-type: none">• Show respect to mentors in class rooms and with patients in OPD.• Communicate and help colleagues in class rooms and in OPD.• Co-operate with seniors and class mates in different academic activities.• Show ethical and professional behavior towards patients.
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JUNIOR OPERATIVE DENTISTRY

By the end of this course, students will be able to perform basic procedures pertinent to operative dentistry in a simulated environment and OPD.

JUNIOR PROSTHODONTICS

By the end of the Prosthodontics course, BDS graduates will be able to demonstrate skills in rehabilitating the oral function of the patients by restoring chewing, esthetics and phonetics through the use of veneers, crowns and/or dental prostheses.



GUIDE TO CLINICAL SKILL LAB (COD)

Introduction	<p>Clinicians are defined by their skill sets. From listening to procedures the continuum of skills that are garnered by learners and dental students are myriad. We believe learning is a life-long process. The emphasis on skill acquisition is one of the key features of the competency based curriculum and in many ways is its soul. The competency based undergraduate curriculum provides a framework for learning and assessing skills. The Clinical skill laboratory provides a supportive environment in which learners can acquire and practice skills and be observed and assessed.</p> <p>As well as promoting personal professional development, PDC aims to maintain and develop competencies (knowledge, skills and attitudes) of the individual student and health care worker, essential for meeting the changing needs of patients and the health care delivery system, responding to the new challenges from the scientific development in medicine and dentistry, and meeting the evolving requirements of society.</p>
Vision	The Clinical Skill Laboratory will be a local center of excellence and innovation for health care simulation, education, acquisition of skills, research, and health system integration to ensure patient safety
Mission	The Clinical Skill laboratory mission is in accord with the mission of College of dentistry (LCMD). The Clinical Skill laboratory will provide a replica of the patient care environment where students can apply cognitive, psychomotor, and affective skills and instructors can facilitate learning and objectively measure student performance and competency
Goals	<ul style="list-style-type: none"> • The goal of skill lab is to create an artificial replication of the real world situation in which students can gain knowledge and psychomotor skills and be able to critically think through complex scenarios in a safe and non-threatening environment. • Develop new technical skills and refresh current competencies • Playing a critical role in shaping patient safety initiatives by national and institutional assessment of needs for simulation-based education • Keep up-to-date on best practices • Learn how to incorporate the latest technologies, new learning methods and educational strategies into teaching. • Explore inter-professional education • Establishing local, regional and national partnerships • Advancing the field of health care simulation through research and dissemination of our work in relevant local, regional and national forums • Targeting multi-disciplinary health care teams, helping all members understand their roles and communicate effectively
Skills Lab Protocols For Students	<ul style="list-style-type: none"> • Information shall be forwarded to all students regarding respective skill session a week prior through timetable. • Punctuality and regularity is mandatory for all the students. • Students are bound to follow safety guidelines of skill lab • Student should follow the infection control protocols. All students should



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	<p>wear face masks in Skill lab premises and maintain social distancing.</p> <ul style="list-style-type: none"> • Logbook should be filled by students at the end of each session and should be signed by their respective supervisor/instructor • At the end of session final assessment of the student should be done through questionnaire/test and attendance will be marked after clearing it. • The attendance of the sessions will be counted in internal evaluations • At the end of the session, students should be provided with the feedback forms in which they give feedback 	
<p>Skills Lab Safety Guidelines</p>	<ul style="list-style-type: none"> • The following guidelines for the smooth running of Skills and Simulation lab are presented and the students are expected to follow these. • • All students are encouraged to follow infection control protocols • All students are directed to keep all their belongings in a separate area dedicated for this purpose. • No student is allowed to use mobile phones into the learning area of skills lab. • They are strictly prohibited to write anything on the manikins, tables, walls and blends etc. • Needles and blades used in skills lab should not be reused and should be disposed of in the nearest sharps container. • Soiled linen should be immediately sent to laundry. • All tubes, catheters, dressings, tape, etc. must be removed and the area cleaned appropriately upon completion of simulated exercises. • Manikins are to be left on the tables and not moved unless directed by the instructor. • All drainage bags must be emptied, disposed of or cleaned appropriately for later use. • Students who use the skills lab will keep the confidentiality and privacy of manikins. This rule will apply to all students who want to enter and use the skill lab manikins and any violation will result in disciplinary action against that student. • Students are not to be left unattended by faculty or staff at any time. • The doors to skills lab should be locked at all times when not in use. • A first aid kit will be available all the time in the skill lab to be used in case of any injury to the student or faculty. • No food and drinks will be allowed in skills lab. • Students, staff and faculty must be aware that some of the equipment and supplies in the skill lab contains latex. Those with a known sensitivity / allergy to latex should contact the Director or coordinator. All users who suffer from a latex sensitivity / allergy should familiarize themselves with the policy and take precautions while using or handling latex parts by wearing non-latex gloves. • Unauthorized persons are not allowed in the labs at any time. • In case of any needle stick injury, they will report immediately to instructor/coordinator/staff and follow the guide lines 	
<p>Nominated Faculty</p>	<p>Coordinator PDC (Skill Lab) COD</p>	<p>Dr. Amna Rehman (Assistant Professor Oral and Maxillofacial Surgery)</p>
	<p>Members</p>	<p>Dr. Samer (Instructor skill lab)</p>



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PROFESSIONAL DEVELOPMENT CELL (SKILL LAB)

Competencies	Learning Objectives	Teaching & learning Activities	Assessment tools	Outcomes
Basic life support (BLS)	<p>At the end of the session student of Final year BDS, should be able to:</p> <ul style="list-style-type: none"> Analyze the conditions which needs BLS provision. Describe the method of Cardiopulmonary resuscitation in sequence. Describe the management of choking in infants and adults Translate the steps of BLS provision. Perform the BLS following AHA guidelines. 	Video, Practical demonstration followed by self on practice on manikin	Mini CEX, OSATS DOPS OSCE	<p>By the end of the training program, students of Final year BDS should be able to :</p> <p>Practice basic life support following the American heart association manual guidelines.</p>
Biopsy Taking	<p>At the end of the session student of Final year BDS, should be able to:</p> <ul style="list-style-type: none"> Identify patient selection and preparation for biopsy Describe optimal biopsy techniques List potential complications Describe all steps of the procedure correlating the antiseptis rules. Recognize the advantages and disadvantages of choosing specific type of biopsy Practice the Incisional, excisional, aspiration biopsies on models 	Video, Practical demonstration on models followed by self practice		Perform Incisional, excisional and aspiration biopsies
Primary Airway Management	<p>At the end of the session student of Final year BDS, should be able to:</p> <ul style="list-style-type: none"> Name and label the major structures of the respiratory system on a diagram List the signs of adequate breathing List the signs of inadequate breathing. Describe the steps in performing the head tilt–chin lift and jaw thrust Relate mechanism of injury to opening the airway Execute how to ventilate a patient artificially with a 	Video, Role-play on manikin followed by self practice		Apply the primary airway management



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	<p>pocket mask</p> <ul style="list-style-type: none">• Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask• Role-play how to measure and insert an oropharyngeal (oral) airway• Role-play how to measure and insert a nasopharyngeal (nasal) airway.			
Orofacial Radiology	<p>At the end of the session student of Final year BDS, should be able to:</p> <ul style="list-style-type: none">• Translate relevant anatomy, pathophysiology, technology and performance of examinations as it relates to the daily practice of orofacial radiology.• Interpret the basic plain film orofacial Radiograph• Differentiate between normal and abnormal findings on these radiographs.• Identify the needs of advising these Radiography• Analyze the harmful radiation doses and their effects	Presentation, CBL, small group discussion		Categorize the different orofacial plain radiographs



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CODE OF CONDUCT



STUDENT'S CODE OF CONDUCT

PURPOSE:

The purpose is to determine and set out general standards of conduct expected of student, provide examples of conduct that may be subject to disciplinary action by the institute and set out the process and procedures that it will follow when an allegation of non-academic misconduct is made. Students are expected to be aware of, and to conduct themselves in accordance with this Code.

Failure to fulfill these responsibilities may result in the withdrawal of privileges or the imposition of sanctions.

APPLICATION:

This Code applies to conduct that:

- a) Occurs on or near the premises of the Institute and Hostel.
- b) Occurs elsewhere in the course of activities sponsored by the institute, or where the conduct is alleged to adversely affect, disrupt, or interfere with another person's reasonable participation in Institute's programs or activities; or
- c) Occurs in the context of a relationship between the student and a third party that involves the student's standing, status, or academic record at the Institute

STUDENTS' GENERAL CONDUCT AND BEHAVIOUR:

GENERAL CONDUCT:

1. Identity Card:

Students shall always carry the identity card issued by LCMD and must be displayed within college premises. Students without ID card may not be allowed to enter the college premises.

Faculty members, student affair, administration staff and security staff are authorized to check ID cards at any time.

2. Respect and Discipline:

- a) Students shall abide by rules and regulations of LCMD
- b) Students shall behave in a civilized manner during their stay in college. They must be co-operative with fellow students, faculty and staff and must not indulge in any action that is humiliating for others.
- c) Students shall avoid sitting on stairs, floors, and hallways.
- d) Students shall avoid gathering and shouting near the lecture halls, labs, office areas etc.
- e) Students shall avoid using mobile phones during lectures/practicals/tutorials/clinicals/ and in library



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- f) Students shall present themselves with dignity befitting their status as mature, law abiding and responsible person and show tolerance toward religious, ethical, social and other differences.
- g) Students must not enter into any kind of monetary dealings with the teaching and non-teaching staff of the college, nor offer any gifts or gratifications in any form to them with a view to ease or resolve their academic related matters
- h) Refrain from any activity which is subversive of discipline and will bring the institute into disrepute

3. Inappropriate use of language:

Students shall not use any such language or words that disturbs the other person emotionally or psychologically and/or is insulting.

4. Outing during classes:

Students are to stay within the campus during the schedule of their classes/practicals/tutorials/ clinicals/exams. Should going out of the campus during these timings, should seek permission in writing from HoDs/ Principal/Registrar/Incharge Student Affairs.

5. Usage of college premises:

Students must leave the college building after their classes are over unless they have specific assigned tasks or want to avail the library facilities. They are not expected to loiter in the college before or after their college timings.

6. Substance abuse and addictions:

Students at no cost are expected to get into substance abuse as use of drugs and alcohol. If found involved in these will lead to strict disciplinary action. Intoxicants as smoking, sheesha, tobacco, pan, chalia gutka chewing are strictly prohibited in college.

7. Possession of items:

Students shall have in their possession only those items allowed by law and rules and/or college policies and rules



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DRESS CODE:

1. Principles:

Dress code is based on following principles:

- Safety and respect
- Self-worth and self discipline
- Cleanliness and hygiene
- Appropriateness to the learning environment
- Accordance to the social and cultural values

2. General Attire

- Wearing and displaying of student ID cards
- Wearing of Doctor's white coat (for students of clinical years, surgical scrubs may be worn instead according to policy of the department of rotation)
- Wearing of proper attire

Proper attire for Males:

- Formal shirt/dress pants (Shalwar Kameez allowed on Fridays only) that are clean and ironed
- Formal shoes along with socks
- T-shirts, jeans, bermudas, shorts, sandals, knocking heels not allowed
- Short hair (no longer than nape of neck)
- Punk /spiked hairstyle not allowed
- Trimmed or shaved beard
- Neatly cut nails
- Visible tattoos not allowed

Proper attire for Females:

- Presentable, decent concealing dress that is clean and ironed.
- T-shirts, jeans. knocking heels not allowed
- Neatly tied hair
- Rattling jewelry not allowed
- Dupattas / chadders to be tucked inside doctor's white coat
- Doctor's white coat to be donned over the abayas (if worn by someone)
- Neatly cut nails
- Visible tattoos not allowed

3. Library Rules:

a. Decorum:

- Students shall maintain silence in the library and shall not disturb others
- Smoking eating drinking talking chewing laughing is strictly prohibited in library
- Use of mobile phones is strictly prohibited in library
- While entering the library the students shall leave their personal belonging like bags, personal books, helmets etc at the counter outside library

b. Damage to library property

Student shall not deface, mark, cut, mutilate or damage the reading material of the library in any way. Those found doing so may be fined apart from being asked to pay the cost of the damage.



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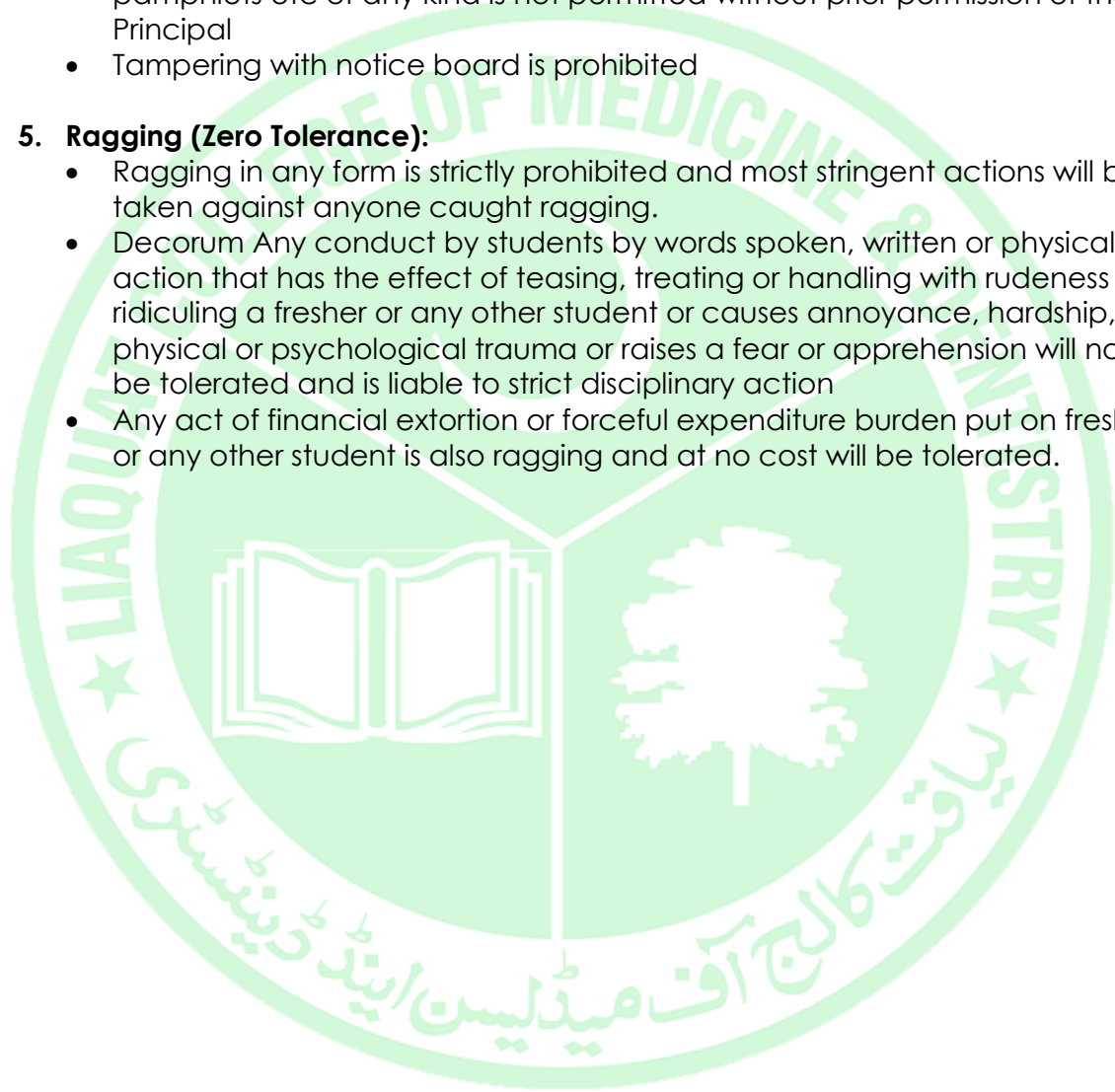


4. Handling Of College Property:

- College's property is an asset for the students. It is the responsibility of the students not only to keep the property intact but to protect it as well
- Any item; book, journal, models, mannequins, bones, instruments, devices etc issued to the students to complete the assigned task must be returned in due time and in original condition. In case of any mishandling or damage, student would be asked to pay the cost of the damage
- Students must take care not to deface any part of the college premises. Writing on the walls is not allowed, pasting of any kind of posters , charts pamphlets etc of any kind is not permitted without prior permission of the Principal
- Tampering with notice board is prohibited

5. Ragging (Zero Tolerance):

- Ragging in any form is strictly prohibited and most stringent actions will be taken against anyone caught ragging.
- Decorum Any conduct by students by words spoken, written or physical action that has the effect of teasing, treating or handling with rudeness or ridiculing a fresher or any other student or causes annoyance, hardship, physical or psychological trauma or raises a fear or apprehension will not be tolerated and is liable to strict disciplinary action
- Any act of financial extortion or forceful expenditure burden put on fresher or any other student is also ragging and at no cost will be tolerated.





DISCIPLINARY ACTION AGAINST STUDENT

The disciplinary action taken when the facts of the case warrant it will be determined by the severity of the offence. Persistent breaches of the same or similar rules will lead to progressively more severe action occurring.

A. INFORMAL ACTION

Where an allegation of misconduct is made, it does not necessarily follow that disciplinary procedures have to be invoked. Where the decision maker (HOD/ supervisor/ incharge) judges it appropriate, the allegation may be resolved informally by the provision of advice for future behavior. If the misconduct is Minor in nature and the concerned student accepts responsibility of the act, the concerned authority as the head of department, immediate supervisor, or incharge would counsel the student alongwith constructive feedback.

B. FORMAL ACTION:

1. MINOR OR INTRMEDIATE MISCONDUCT

1. STAGE 1- VERBAL WARNING

If the conduct does not meet acceptable standards, and where previous such minor misconducts have been committed and past counseling/s have not improved the conduct, a formal VERBAL WARNING would be given. The student will be informed of the reason of the warning. A brief note of verbal warning will be kept in student's record file in the concerned department. The HOD/ supervisor/incharge of concerned department will also send this note to the student affairs department for record keeping. However, it will be disregarded for disciplinary action after 2 months, subject to satisfactory conduct and performance.

Upto 2 VERBAL WARNINGS may be given

Only HOD/supervisors/incharges are authorized to give verbal warnings.

2. STAGE 2- FIRST WRITTEN WARNING

If the misconduct is more serious/ moderate in nature, or if it is repeated within 6 months of the previous verbal warnings or even if another nature of minor misconduct is committed by the same student, a FIRST WRITTEN WARNING will be handed over to him/her. This will be inclusive of the details of the complaint and inappropriate circumstances, the improvement required and time scale within which to achieve that improvement. It will also warn the student that action



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under STAGE- 3 will be considered if there is no satisfactory improvement or any repetition of misconduct.

The student shall be asked to submit a written apology admitting the misconduct and agreeing not to redo the same in other case will be responsible for the consequences.

A copy of the written warning alongwith the apology letter will be kept in the student's record file in the concerned department. One copy will be sent to the student affairs department which will keep it in the student's record file. However, it will be disregarded for disciplinary action after 6 months, subject to satisfactory conduct and performance.

Only HOD/supervisors/incharges will be authorized to give first written warnings.

3. STAGE 3- FINAL WRITTEN WARNING

If there is still failure to improve and/or conduct or performance is still unsatisfactory, a FINAL WRITTEN WARNING will be handed over to the student. This will give details of the complaints, the improvement required and time scale within which to achieve that improvement.

It will also warn the student that case will be forwarded to the Student affairs department and strict disciplinary action under STAGE- 4 will be considered if there is no satisfactory improvement or any repetition of misconduct.

The student shall be asked to submit a written apology admitting the repetition of misconduct and agreeing not to redo the same in other case will be responsible for the consequences.

A copy of the written warning alongwith the apology letter will be kept in the student's record file in the concerned department. One copy will be sent to the student affairs department which will keep it in the student's record file. However, it will be disregarded for disciplinary action after 3 months, subject to satisfactory conduct and performance

Only the highest designation of the concerned department as HOD/incharge will be authorized to give final written warnings.

Depending upon the policy of the individual department, or as per discretion of the HOD/incharge of the concerned department, the HOD/ incharge in addition to giving the final written warning may impose penalties as:

- Suspension from academic activities; lectures/ tutorials, practicals/OPDs for upto 3 days to 7 days
- Allowed to attend academic activities but being marked as absent
- Suspension to avail library facilities or no permission to participate in cultural or sports events.
- Assignments/tasks
- Sent for community service
- Restitution for damage of property
- Monetary or any other fine



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4. STAGE 4- REFERRAL TO STUDENT AFFAIRS

If the conduct or performance is still unsatisfactory and the student fails to reach the prescribed standards within 3 months of the final written warning or if another misconduct of serious nature is committed by the same student then a written complaint in the incident form duly signed by the HOD and mentioning the details along with the copies of previous notes of verbal and written warnings (if any) shall be forwarded to the department of Student Affairs to deal with the case. Till the time the Student Affairs decides the action to be taken, the student may be suspended from all sorts of academic activities or even visiting the institute. Only highest designation in the dept; HOD / incharge is authorized to file this complaint.

After receiving the complaint, the Student Affairs Incharge will consider the allegations and may do any of the following:

- Meet with the student suspected of the misconduct;
- investigate further by any means deemed necessary and appropriate; or
- refer the matter to the Chairperson Disciplinary Committee

If the Student Affairs Incharge believes that the suspected misconduct does not require corrective action or that the Committee is not likely to find facts that would result in disciplinary action, the Student Affairs Incharge may discontinue further action. Upon discontinuing further action, the Student Affairs Incharge will notify the Committee and the student named in the allegations in writing of their decision.

If the Student Affairs Incharge believes that non-academic misconduct has occurred, he may determine what, if any, steps the student could take to correct or resolve the matter. If the student agrees to the resolution proposed by the Student Affairs Incharge, an agreement outlining the steps to be taken by the student will be drawn up and signed by the student. If the student does not agree, the student affairs will refer the matter to the Disciplinary Committee.

2. GROSS MISCONDUCT

If the incharge student affairs finds the misconduct committed by the student to be of Gross nature then the student affairs will directly forward the case to disciplinary committee or a written complaint in the incident form duly signed by the HOD and mentioning the details may be directly forwarded to the Disciplinary Committee to deal with the case, by the concerned HOD. A copy of the complaint/incident form would be sent to the department of student affairs to be kept into the student's record file.

The student shall be informed of all the proceedings.

Till the time the disciplinary committee decides the action to be taken, the student shall be suspended from all sorts of academic activities or even visiting the institute.

Only highest designation in the dept; HOD / incharge is authorized to file this complaint



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C. THE PROCEDURE AND THE DISCIPLINARY HEARING:

- Where necessary, prior to any disciplinary hearing by the committee, an investigation will be conducted into the circumstances of the alleged offence. The purpose of this investigation will be to establish a fair and balanced view of the facts relating to any disciplinary allegations.
- The investigation may involve interviewing and taking statements from the alleged student and any witnesses and/or reviewing relevant documents. Investigative interviews are solely for the purpose of fact finding and no disciplinary action would be taken until the hearing has been held.
- The investigator/s would be one or more of the members of the disciplinary committee in addition to the incharge student affairs
- Proceedings will be treated in confidence and records kept as confidential as practically possible.
- If decided by the committee the student may be suspended from all academic activities during the investigation. However, this suspension is not a disciplinary action and does not imply that the decision has already been made.
- At the conclusion of the investigation, the investigator/s will write the findings and present it to the chair disciplinary committee together with copies of statements, interview notes and any other evidence that has been collected within 3 working days.
- Based upon the investigation, the chair disciplinary committee will decide, whether the matter can be resolved informally without recourse to the formal hearing or if a disciplinary hearing needs to be arranged.
- In case a disciplinary hearing needs to be arranged, the student will be informed about the date, time and place, either verbally or in written.
- Failure to attend the hearing without any valid reason, by the student, will be treated as misconduct in itself.
- The purpose of the disciplinary hearing is to review the evidence and the enable the student to respond to any allegations that have been made against him.
- The hearing will be inclusive of all members of the Disciplinary Committee and presence of the investigator would be must.(if any member, secretary or chair of the committee is a part of the incidence or involved in any way, will not be included in the entire process)
- The student will NOT have a right to call for a witness or an advocate.
- The chair may recall any of the witnesses or interviewees if required.
- The chair may call for a meeting with parents of the student
- The hearing may have additional sittings if further investigations are required.
- Within 5 working days of the hearing, the committee shall present the report alongwith its conclusive decision to the Principals, College of Dentistry, and/or College of Medicine.
- The Principal/s shall make the final decision.
- The student shall be informed once final decision has been made by the Principal/s.



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- The committee reserves the right to omit any of the above mentioned stages or procedure if and when the need is felt and depending upon the gravity of the misconduct and the circumstances.
- An adequate record of the all the proceedings shall be maintained

D. LEVELS OF DISCIPLINARY ACTIONS FOLLOWING HEARING:

In arriving at a decision to what sanctions to impose for violation of code of conduct, depending upon the nature of infraction and the extent and gravity of the conduct, the Committee may decide to impose any of the following sanctions:

- Written apology and undertaking from the student and/or parents
- Withholding/ withdrawing scholarship/ fellowship and other benefits
- Debarring from appearing in test/ examination or other evaluation processes
- Withholding test /exam results
- Debarring from representing the institution in any regional, national or international meet, tournament, festival etc.
- Monetary fine
- Restitution for the damage of property
- Prolonged suspension from academic, Co curricular /extra curricular activities. (in certain circumstances, readmission may be required following completion of suspension period)
- Suspension from hostel
- Cancellation of admission
- Rustication/expulsion from institution for an indefinite period or permanent (in which case student will not be considered to readmission)
- FIR with local police in case of student has alleged to have committed a criminal offence

E. APPEAL:

Any student who believes he/she has been disciplined unjustly may pursue a grievance within 5 working days of the receiving decision from the committee. (this excludes those misconducts that fall under the zero tolerance policy)

F. ZERO TOLERANCE:

Zero tolerance refers to the set of discipline policies and practices that mandate predetermined consequences that are typically severe, punitive and enforced with immediate effect. Circumstances where the accused would be liable to expulsion from institute at first offence include but not limited to:

- A serious threat of violence against another student, faculty or staff
- Actual violence or physical assault
- Supplying illegal drugs to others in the college
- Sexual assault
- Carrying and using banned items as weapons
- Ragging of students within college and/or hostel premises



TYPES OF MISCONDUCT BY STUDENTS

Misconduct means conduct prejudiced to good order or working discipline contrary to LCMD's regulations and /or student's code of conduct

A. MINOR MISCONDUCT

Minor misconduct refers to the behavior which breaches the standards of conduct set out in the STUDENT'S CODE OF CONDUCT (2.1C), but where the extent, seriousness or impact of the breach is not substantial. However, misconducts that are committed repeatedly even when the student has previously been counseled about the standards of conduct required by the LCMD will not be considered as minor. It is not possible to include each and every type of act that is labeled as misconduct. However following is the list that provides examples of Minor Misconduct. In addition is to be highlighted that inclusion of an example in the list does not mean that the misconduct can only be dealt with as minor: judgments will always be needed to be made about the scale of the misconduct and any aggravating circumstances which may justify the misconduct being dealt with as Gross Misconduct

- Verbal abuse or intimidation
- Failure to comply with explicit rules or regulations particularly in non-designated areas: smoking in premises, eating pan chalia gutka, talking loudly in library, causing disturbance in lectures, practical's and examinations, entering into unauthorized area, littering in college
- Failure to accomplish assigned tasks by the superiors
- Uninformed absenteeism and late arrivals and early leaves.
- Refusal to respond to reasonable requests by senior faculty or non-faculty staff, e.g. refusing to confirm identity when asking to do so, refusing to wait for the turn or stand in a queue, refusing to obey when asked to not to sit on floors, stairways etc
- Causing distress to others by excessive or unacceptable levels of noise
- Causing minor damage to property as defacing or tearing of library books
- Anti – social behavior which causes distress to others and/or reputational harm to LCMD's relationship with its stake holders.
- Violation of dress-code of LCMD
- Playing any games at inappropriate places like corridors, lecture halls etc.
- Wastage of water and electricity
- Meaninglessly arguing with the seniors with no justification of view point
- Sleeping during academic sessions
- Misuse of college's property



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B. MODERATE MISCONDUCT

All those minor misconducts committed repeatedly and intentionally, to damage or stop the work process, even after student counseling and advice may be classified as moderate misconduct but may not be limited to these.

C. GROSS MISCONDUCT

A Gross Misconduct is an act or behavior that is harmful or dangerous influence to others at the institute typically involving flagrant or willful violation of law, policy or standards of performance or conduct. Gross Misconduct may result in any level of discipline up to and including immediate dismissal at the Disciplinary Committee's discretion. Examples of acts classified under Gross Misconduct include but may not be limited to these:

- Verbal abuse or intimidation to the level that is highly objectionable,
- Ragging and/or bullying
- Violent behavior or that causing physical harm
- Sexual harassment
- Serious negligence which causes unacceptable loss, damage or injury
- Serious violation of health and safety rules jeopardizing the health and safety of self and/or others
- Possession and/or consumption of alcohol or intention to supply
- Possession and/or consumption of substances of abuse or intention to supply
- Possession of weapons or dangerous instruments or intention to supply
- Taking recourse to unfair means during examination and assessment.
- Damage to or destruction of LCMD's property; equipment devices of the institute rendering it useless.
- Damage to or destruction of private property of fellows, senior and/or junior faculty or non-faculty staff, patients or other visitors.
- Anti-social activities against the Institute and/or State
- Breach of security
- Disrespect to the faculty or non-faculty staff to the point that it is threatening
- Possession / use of pornographic material (books, magazines, CDs, internet)
- Publishing /distributing materials that may be damage /tarnish LCMDs image
- Gambling in any form
- Indulging in any form of criminal activities
- Affiliation active involvement in political activities within campus
- Theft, fraud, corruption and deliberate falsification of records
- Unauthorized possession of institute's items, such as documents, exam papers, keys or ID cards etc. with the intention to misuse them.
- Forgery or furnishing false information regarding of one's identity, marks, qualification etc
- Bribing an employee of college with the intention of inducing the employee to perform unauthorized/illegal job for one's own benefit.

Serious repeated and intentional violations of LCMD's rules and regulations and code of conduct even after giving of written warnings will be considered as Gross



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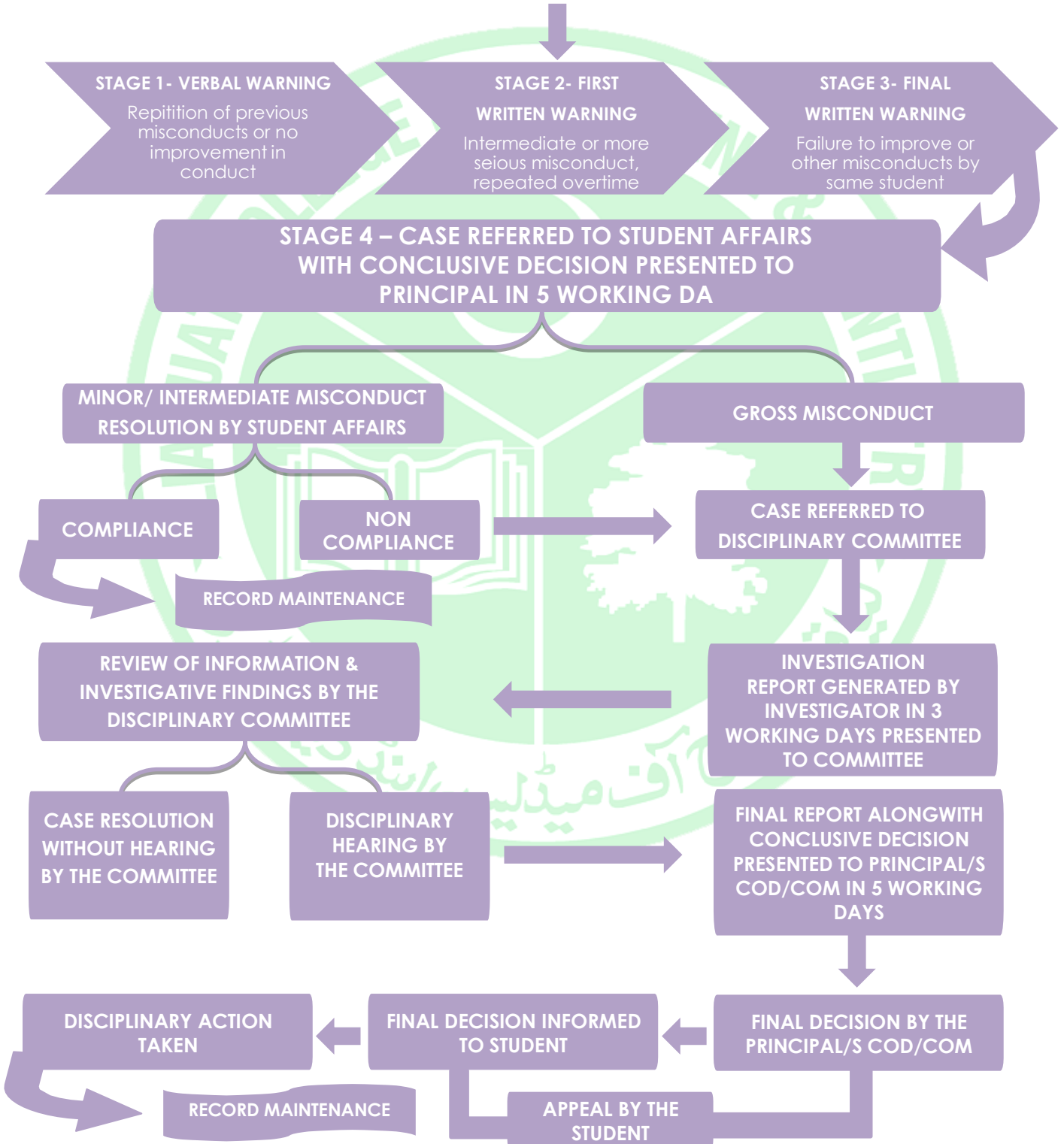
FLOW CHART OF SOPs IN CASE OF BREACH OF CODE OF CONDUCT BY THE STUDENT

A. INFORMAL ACTION

Minor misconduct, first time, student accepts responsibility; case resolved by counseling and advice by HOD

B. FORMAL ACTION

Minor misconduct or intermediate misconduct or repetition





RECOMMENDED BOOKS

PERIODONTOLOGY

- Carranza 13th Edition
- Essentials of Periodontics
- Lindhe's clinical Periodontology and implant dentistry 6th edition

ORAL MEDICINE

- Cowson's Essentials Of Oral Pathology & Oral Medicine 10th edition
- Tyldeselys 5th Edition

ORAL PATHOLOGY

- Oral Pathology by J.V Soames & J.C Southam 4th & 5th Edition
- Cowson's Essentials Of Oral Pathology & Oral Medicine 8th Edition

GENERAL MEDICINE

- Principal of Medicine by Davidson

GENERAL SURGERY

- Bailey and Love's short Practice of surgery
- Browse's Introduction to the Symptoms and Signs of Surgical Disease Norman and Brows

JUNIOR OPERATIVE DENTISTRY

- Fundamentals of Operative Dentistry by James B Summit
- Endodontics Principles & Practice by Mahmood Torabi Nejad
- Harty's Endodontics in Clinical Practice
- Paediatric Dentistry by Welbury

JUNIOR PROSTHODONTICS

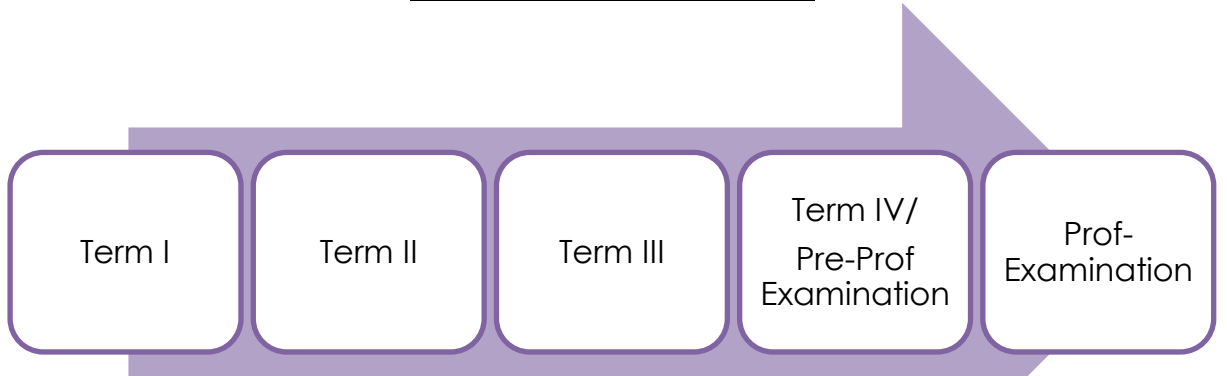
- McCracken's (13th Edition)

JUNIOR ORAL SURGERY

- Contemporary oral & maxillofacial surgery by Mayron R. tucker 5th edition
- Local anesthesia in dentistry by Geoffery L. howe 5th edition
- Medical Emergency in Dentistry by Scully
- Local Anesthesia by Mallamaid
- Killey's Fracture of the mandible by Peter Banks 5th edition
- Killey's Fracture of the middle third of the facial skeleton by Peter Banks 5th edition



EXAMINATION



Continuous Assessment:

This will include:

1. Term I
2. Term II
3. Term III
4. Term IV/ Pre-Prof Examination
5. Prof Examination

Continuous Assessment will have a weightage of 20 % of all Exams. The college will send your continuous assessment marks directly to JSMU.

Prof-Exam conducted by JSMU will include:

1. Theory paper of One Best Answer
2. OSCE Exam
3. Continuous Assessment results



SCHEME OF EXAMINATION

The following scheme of examination has been approved by the competent authority for the year 2026.

TOS				
Exam	MCQs	OSPE		Internal Evaluation
		Observed Station	Unobserved Station	
Term I	25	1	4	-
Term II	50	2	8	-
Term III	75	4	8	-
Pre-Prof.	90	4	10	10 + 10



**MARKS DISTRIBUTION ACCORDING
TO
JINNAH SINDH MEDICAL UNIVERSITY**

SUBJECT	THEORY EXAM (ONE BEST ANSWER)	PRACTICAL EXAM (OSPE)	INTERNAL EVALUATION/ CONTINUOUS ASSESMENT	TOTAL MARKS
GENERAL MEDICINE	90	90	20	200
GENERAL SURGERY	90	90	20	200
ORAL PATHOLOGY	90	90	20	200
ORAL MEDICINE	90	90	20	200
PERIODONTOLOGY	90	90	20	200
			GRAND TOTAL	1000



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INTERNAL EVALUATION CLINICAL THEORY

THEORY (10 Marks)												
Roll No	Name	Attendance (04 Marks)				Term Exam (06 Marks)						Total Marks (10)
		Above 90% (04)	89-80% (03)	79-75% (1.5)	< 75% (0)	Term 1		Term 2		Term 3		
						Present (0.5)	Pass (1.5)	Present (0.5)	Pass (1.5)	Present (0.5)	Pass (1.5)	

INTERNAL EVALUATION CLINICAL PRACTICAL

Practical(10 Marks)									
Roll No	Name	Attendance (2 Marks)				Log Book & Patient Quota (2 Marks)			
		Above 90% (2)	89-80% (1.5)	79-75% (01)	< 75% (0)	excellent & outstanding remarks (2)	Complete & Good remarks (1.5)	Complete & satisfactory remarks(1)	Incomplete & unsatisfactory remarks (0)

Practical(10 Marks)										
OPD Assessment (2 Marks)			(OSCE)Term Exam (3 Marks)						Attitude / Behavior (01)	Total Marks (10)
Present (0.5)	Pass (0.5)	Postion (1)	Term 1		Term 2		Term 3		Professional attitude & attire throughout the year	
			Present (0.5)	Pass (0.5)	Present (0.5)	Pass (0.5)	Present (0.5)	Pass (0.5)		



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INSTRUCTIONS FOR THE STUDENT

Attire:

❖ All Students must wear white lab coat with name tags / ID- Cards and college monogram

Girls:

- ❖ Culturally and socially acceptable dressing
- ❖ No excessive make-up and ornaments
- ❖ Hair properly set and tied up
- ❖ Proper sandals or shoes no stilettos or slippers

Boys:

- ❖ Decent dressing
- ❖ Neatly pressed and clean pant / ShalwarKameez
- ❖ Shirt tucked in pant
- ❖ Only Shoes no chappals or sandals
- ❖ Hair properly cut and set with clean shaved or well-groomed beard

Discipline:

- ❖ Students are not allowed to roam around in the college in their spare time
- ❖ Students are advised not to talk loudly in the corridor/classes/lab/wards/OPD
- ❖ Use of mobile phone during classes/lab/wards/test/examination is strictly prohibited
- ❖ Drinks and eatables are not allowed specifically in class rooms except in cafeteria and common room

Damage/Loss:

- ❖ Students should take care of their belongings, the college will not be responsible for any losses
- ❖ Any damage/loss of college's equipment/asset by student will have to be compensated by students (caution money)

Library Timings:

- ❖ Monday to Friday 8am to 8pm
- ❖ Saturday 9am to 4pm

Attendance:



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- ❖ The eligibility to appear in the university examination is 75% & above.
- ❖ The university examination forms will only be issued on 75% of cumulative attendance.
- ❖ The 75% of each student overall attendance comprises of:
 - ❖ Lectures/ OPD/ Wards/ Tutorials 60%
 - ❖ Assignments & Assessments (module/ term/ Pre-Prof Exam.) 15%
- ❖ It is mandatory for each student to appear at least in any two of the internal college based examinations i.e. (module/ term/ Pre-Prof Exam.)
- ❖ Exam had two components i.e. theory and OSCE; each student shall appear in both and attendance will mark as double (one lecture & one OPD/Practical); in case only appear in either OSPE or Theory will be considered absent for the entire subject.
- ❖ Passing all module/ term/ Pro-Prof examination had additional advantage i.e. each theory exam. (Two lectures) and each OSCE/ OSPE (two OPD/Practical attendance)
- ❖ Students appearing in supplementary exam (one/two papers) should have to attend all lecture/wards/OPDs/Tutorial, whereas students with supplementary exam in three-four subjects will be allowed to resume schedule classes soon after their last subject exam

As per given SOP's by the Examination Department, all students shall follow the rules & regulations strictly

Interdictions:

- ❖ Use of narcotics in any form in LCMD, DSH and LCSSH, will not be tolerated
- ❖ Smoking is strictly prohibited
- ❖ Students should not indulge in any political activities

Students who fail to comply with the LCMD policies, strict action may be taken by the Department of Student Affairs and LCMD Disciplinary Committee.

DEPARTMENT OF STUDENT AFFAIRS

Students should contact Department of Student Affairs for complains/grievances, attendance issues, counseling sessions, mentoring sessions or any student related matters

Addressing any other department is strongly discouraged and will be taken into account by Department of Student Affairs

An Affidavit is required by the obtained by the student to follow the rules policies of the institution; otherwise their examination form may not be issued.