



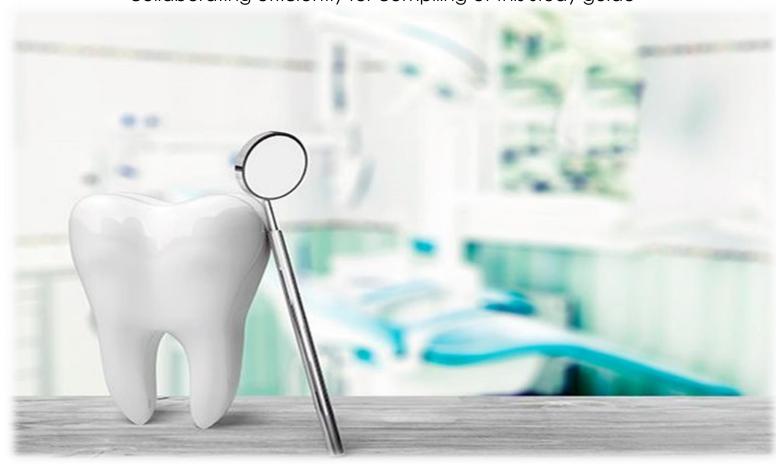
STUDY GUIDE – 2025 Third Year BDS Batch- XXIV (24)

Compiled by:

Department of Health Professions Education College of Dentistry

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"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

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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





	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.
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





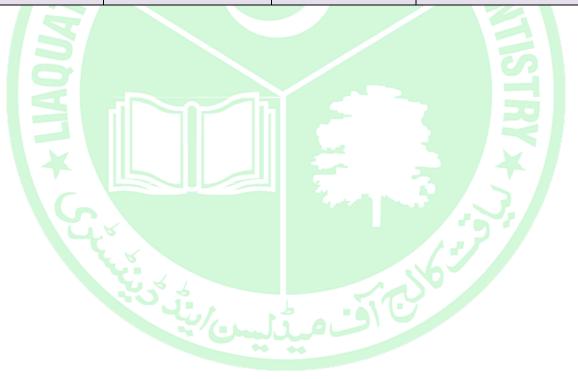


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Secretary Curriculum Committee Clinical Sciences

Dr. Amna Afridi

Coordinator Curriculum Committee Clinical Sciences

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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
Prof. Dr. Irum Munir Raja	Professor – Prosthodontics
Dr. Muhammad Abid	Assistant Professor – Periodontology
Dr. Aisha Faisal	Assistant Professor – Pediatric Dentistry
Dr. Umair Bukhari	Senior Registrar – General Medicine & 3 rd Year Coordinator
Dr. Ismail Latif	Lecturer - Pediatric Dentistry & Final Year Coordinator
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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

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ACADEMIC CALENDAR – THIRD YEAR BDS

MONTH		AI	'RIL			MAY	Y			д	UNE				Jι	JLY			AUGUST
WEEK	1	2	3	4	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2
CUMULATIVE WEEK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
DATES	7-Apr	14-Apr	21-Apr	28-Apr	5-May	12-May	19-May	26-May	2-Jun	9-Jun	16-Jun	23-Jun	30-Jun	7-Jul	14-Jul	21-Jul	28-Jul	4-Aug	11-Aug
GENERAL MEDICINE		Infortio	CNS is Disease			Rheum Rheumatology							C\	VS espiratory syste	om.		Nephrology Neph	rolomi	-
GENERAL SURGERY		illection		nciples of Surg		Kiledillatology	'					Pe	eri operative ca		eiii	Tra		ology	
	De	evelopmental	disorders of tee	th	Ba	acterial infection	on					Cysts of jaw				Soft tissue cyst			
ORAL PATHOLOGY		Dental caries	ic disorders	Odontogen	ic infection	Disorder Cysts of jaw	s of pulp					Viral in	fections of oral Kera			Oral ulo	eration ungal infection	ıs	
	Principlkes of and dia	f Investigation	clinical ex	amination	medical en		bacterial infections					bacterial info	ection of oral	viral infec	tion of oral	fungal infec	tions of oral	oral ulceration	
ORAL MEDICINE	Principlkes of	f Investigation	clinical ex	amination	medical en	nergencies	bacterial					bacterial infe	ection of oral	viral infec	tion of oral	fungal infec	tions of oral	oral	
	prinicipal of		clinical ex	amination	medical en	nergencies	infections bacterial	-				viral infec	tion of oral	fungal infe	ction of oral	oral uld		ulcerations oral	-
		agnosis ENTALS of					infections					mu	cosa	mu	icosa			ulcerations	-
	Anatomy,	Classification of Diseases																	
PERIODONTOLOGY	Structure,	and Conditions	Ftiology	of Periodontal	Disease	Gingiyal	Pathology					Gingival		Periodont	al Pathology		Conditions /		
TEMODON TOLOGI	and Function of the	Affecting	Ltiology	oi renouontai	Disease	Giligivai	ratilology					Pathology		remodona	ai Fathology		Periodon	al Patient	
	Periodontiu m	the Periodontiu																	
		m														occlusally	occlussaly	gingivally	
	intro to prosthodonti	classification of RPD	classification of RPD	biomechanics	Biomechanics	maxillary major	mandibular major					mandibular major	minor connectors	rest and rest seats	indirect retainers	approaching direct	approaching direct	approaching direct	
JUNIOR PROSTHODONTICS	cs					connector	connector					connector				retainer	retainer gingivally	retainer	
	terminologie				maxillary maor							7/	REAT AND				approaching		
	s of RPD				connector								REST SEATS				direct retainer		
			PATIENT			STERILIZATIO N,								DENTAL			INSTRUMENT		
			EVALUATION AND HISTORY			DISINFECTIO N AND CROSS								CARIES			S AND THEIR		
			TAKING			INFECTION CONTROL								DIAGNOSIS			USES		
JUNIOR						CONTINUE													
OPERATIVE DENTISTRY																			
	INTRODUCTI ON TO			PATIENT	PATIENT EXAMINATIO	PAIN AND ANXIETY						DENTAL RADIOGRAPH	DENTAL	DIAGNOSIS AND				PULP THERAPY FOR	
	OPERATIVE	BASICS OF	ISOLATION IN RESTORATIVE	EXAMINATIO	N, DIAGNOSIS	MANAGEMEN	PATIENT AND OPERATOR					S, ITS PROCESSING	CARIES	PREVENTION OF DENTAL	DENTAL CARIES	DENTAL CARIES	TOOTH SURFACE	PRIMARY	
	AND PEDIATRIC	OCCLUSION	DENTISTRY	N, AND DIAGNOSIS	AND TREATMENT	T OF PEDIATRIC	POSITIONING					AND ITS INTERPRETAT	CLASSIFICATI ON	CARIES IN PEDIATRIC	DIAGNOSIS	PREVENTION	LOSS	AND YOUNG PERMANENT	
	DENTISTRY				PLANNING	PATIENTS						IONS		PATIENTS				DENTITION	
								TERM 1	ELECTIVES BREAK	EID UL ADHA & SUMMER VACATIONS	ELECTIVES BREAK								TERM II
	Preoperative	Prevention and	Prevention and			Infection				SUMMER VACATIONS		Instrumentati		Principles of	Post	Principles of management	Complex		
	heath status	management	management	Basic principl	es of surgery	control in surgical	Wound Repair					on for basic	Principles Of exodontia	more complex	extraction patient	and prevention of	odontogenic	Medicolegal consideration	
	evaluation	of medical emergencies	of medical emergencies			practice						oral surgery		exodontia	management	odontogenic infections	infections		
JUNIOR ORAL SURGERY								-								principles of			
	Preopeartive	Prevention and	Basic	Infaction cont	rol in surgical	Wound	Instrumentati					Deleviales of	Principles of more	Principles of more	Post extraction	management and	Complex	Odontogenic disease of	
	health status evaluation	management of medical	principles of surgery	prac		Repair	on for basic oral surgery					Principles of exodontia	complex	complex	patient	prevention of	odontogenic infections	the maxillary	
		emergencies	\ -									1	exodontia	exodontia	management	odontogenic infections		sinus	
		X		Models of								Effective		7	Patient-			Providing	
COMMUNICATION SKILLS				clinical								Communicati			Centered Care:			information	
			_ \	communicati on								on during history taking	/		Principles and Practice			for patient care	
			-			- Inches						-			und i ruccicc	Misuse of			
PATIENT SAFETY &	Infection				Body Fluid								Aseptic			antibiotics and other			
INFECTION CONTROL	Prevention & Control	1			Exposures:								Techniques			medications (move to			
			1 7													second)			
		1				Building and						. /		Professional			Identifying		
LeaPE					, 1	maintaining professional								disagreemen			professionali		
					4	relationships						11		t			sm		
					3	0						U							
						- 1						7	Hypothesis	Hypothesis		Hypothesis		Non	
	Hypothesis,	_		Hypothesis	Non Parametric	U/	Hypothesis Testing for					Non Parametric	Testing for Proportions	Testing for Means of > 2	Non Parametric	Testing for Proportions	Hypothesis Testing for	Parametric Alternative	
RESEARCH	errors, objective,	Synopsis writing,	Introduction of Hypothesis	Testing for	Alternative for One	Hypothesis Testing for	Means of 2					Alternative for Paired T	of 2 observations	observations Paired	Alternative for Repeated	of > 2	Means of 2	for Means 2 Independent	
RESEARCH	inclusion exclusion	filling IRB form	of Hypothesis Testing	One Sample Mean,	Sample Mean (Wilcoxon	One Sample Proportion	observations Paired					Test (Wilcoxon	Paired Samples:	Samples:	Measures ANOVA	Paired	Independent Samples:	Samples:	
	criteria			Workshop	Sign Rank Test)		Samples: Paired T Test					Sign Rank Test)	Mcnemar Test.	Repeated Measures	(Friedman Test)	Samples: Cochrane Q	Independent T Test	Mann Whitney U	
					restj							1621)	Workshop	ANOVA	iestj	Test		Test	
PDC SKILLS							Basic life support (BLS)											Biopsy Taking	
	I	<u> </u>	<u> </u>	<u> </u>	l	l							<u> </u>	<u> </u>	1	<u> </u>			





ACADEMIC CALENDAR – THIRD YEAR BDS

MONTH		AUGUST				SEPTEMBE	R			осто	BER			NOVI	MBER			DEC	CEMBER				JANI	JARY			FEBRUAR	Y	
WEEK	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3 4	
CUMULATIVE WEEK	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46 47	
DATES	11-Aug	18-Aug	25-Aug	1-Sep	8-Sep	15-Sep	22-Sep	29-Sep	6-Oct	13-Oct	20-Oct	27-Oct	3-Nov	10-Nov	17-Nov	24-Nov	1-Dec	8-Dec	15-Dec	22-Dec	29-Dec	5-Jan	12-Jan	19-Jan	26-Jan	2-Feb	9-Feb 16	-Feb 23-Feb	
GENERAL MEDICINE			STROENTEROL	DGY				NDOCRINOLOG						NDOCRINOLO			DISCL	JSSION											
GENERAL SURGERY		Skin and Sul Tis:	sue	Head & Neck		Head & Neck		Endocrine		Vascular		Vascular	Abdo	ominal		Rev	ision												
ORAL PATHOLOGY		Premaligna	ontogenic tum ant lesions and	conditions		Premaligna	ontogenic tum nt lesions and	conditions	Oral epith			Anomalies		nd disorders		ral malignanci		Miscellaneou s disorders											
		Vesiculobullo	ulobullous dis	red lesions		Vesiculobulli		orofaci	Bone disorder	facial palsy		Bone di salivary glar		oral manif	ivary gland tum estation of	ors TMJ di	TMJ di sorders	sorders miscellaneou											
ORAL MEDICINE		vesiculobulic		benign white		PM		orofaci		swelling of		salivary glai		systemi oral manif	estation of	TMJ di		s miscellaneou											
		vesiculobullo		lesions benign white lesions		PM		facial		head &neck swelling of		,	nd disorders	oral manif	estation of		sorders	s revision dass											
PERIODONTOLOGY		Conditions Affecting the Periodontal Patient	OCCLUSION	Clinical Evaluation and Nonsurgical Management Of Periodontal Conditions		Clinical Eval	luation and No Periodonta	nsurgical Mana Conditions	agement Of	Surgical Management of Periodontal Conditions			anagement of E Conditions			entals of Impli	antology	Revision											
JUNIOR PROSTHODONTICS		surveying	surveying	mouth preperation for RPD		impression techniques	lab procedure (casting)	lab prosedure (casting)	faults of casting	types of RPD		occluson in RPD	occlusion in RPD	uses of implant with RPD	denture repair	maxillo mandibular relationship	designing of RPD	designing of RPD											
				abutment preperation for RPD BASIC				77	types od RPD					relining and rebasing		U		designing of RPD											
IUNIOR				PRINCIPLES OF CAVITY DESIGN AND PREPARATIO N OF CLASS 2 IN AMALGAM RESTORATIO N				PULP AND PERIRADICUL AR PATHOSIS				NO LECTURE	NO LECTURE	ENDODONTIC TREATMENT PLANNING	NO LECTURE	NO LECTURE	INJURY TO PERMANENT DENTITION	NO LECTURE											
JONION OPERATIVE DENTISTRY		BASIC PRINCIPLES OF CAVITY DESIGN AND PREPARATIO N OF CLASS 1 IN AMALGAM RESTORATIO N	BASIC PRINCIPLES OF CAVITY DESIGN AND PREPARATIO N OF CLASS 1 IN COMPOSITE RESTORATIO N	BASIC PRINCIPLES OF CAVITY DESIGN AND PREPARATIO N OF CLASS 2 IN COMPOSITE RESTORATIO N	SPORTS	BASIC PRINCIPLES OF CAVITY DESIGN AND PREPARATIO N OF CLASS III AND IV RESTORATIO N		PULP AND PERIRADICUL AR PATHOSIS		LOCAL ANESTHESIA FOR CHILDREN		ANOMALIES OF TOOTH FORMATION AND ERUPTION	ENDODONTIC DIAGNOSIS	PULP ANATOMY	INSTRUMENT S IN ENDODONTIC S	INJURY TO PRIMARY DENTITION	INJURY TO PERMANENT DENTITION	REVISION / CLASS TEST	PREPI			PRE-PROF				EAVE PROF. EXAMINATION			
JUNIOR ORAL SURGERY	TERMI	Odontogenic disease of maxillary sinus	Diagnosis and management of salivary gland disorders	Principles of differential diagnosis and biopsy	WEEK	Surgical management of oral pathological lesions	Surgical management of oral pathological lesions	Soft tissue and dento- alveolar injuries	Soft tissue and dento- alveolar injuries	Management of facial fracture	TERMIII	Management of facial fracture	Correction of dentofacial deformities	Management of patients with orofacial clefts	Surgical reconstructio n of defects of jaws	Facial neuropathy	Management of temporoman dibular disorders	Management of temporoman dibular disorders	PREPAR/ LEA	VE VE	EXAMI	INATION	PROF. PR	EPARATO	Y LEAVE	PK	OF. EXAMIN.	ATION	
		Diagnosis and management of salivary gland disorders	Diagnosis and management of salivary gland disorders	Principles of differential diagnosis and biopsy		Surgical management of oral pathological lesions	Surgical management of oral pathological lesions	Soft tissue and dento- alveolar injuries	Soft tissue and dento- alveolar injuries	Management of facial fracture		Management of facial fracture	Correction of dentofacial deformities	Management of patients with orofacial clefts	Surgical reconstructio n of defects of jaws	Facial neuropathy	Management of temporoman dibular disorders	Management of temporoman dibular disorders											
COMMUNICATION SKILLS				Written communicati on				Interviewing skills	$\mathbf{\hat{\Pi}}$	Case presentation s		ħ		Communicati ng Effectively with Healthcare teams			Communicati ng clinical information to seniors	Violence at workplace											
PATIENT SAFETY & INFECTION CONTROL		Documentati on		7		Safety in the Emergency Room						Safety in Outpatient Clinics or Ambulatory Care			Safety in Operation Theatres			4											
LeaPE			Ethical principles related to Abortion	Ģ			Ethical principles related to Assisted Reproduction (including Surrogacy)						Ethical principles related to dealing with Pharmaceutic al Companies			Ethical principles related to Organ donations & Organ Transplantati on (to consult CBEC)		3											
RESEARCH		Hypothesis Testing for Proportions of Independent Samples: Chi- Square Test, workshop	Research Day	Hypothesis Testing for Means of >2 Independent Samples: One Way ANOVA		Parametric Alternative for Means of >2 Independent Samples: Kruskal Wallis Test	Linear Regression	Logistic Regression	Developing Tables, Workshop	Writing Results. Limitations & Discussion sections		Threats to validity	Ethical Consideratio ns in Research	Critical analysis of a Research paper: Checklist	Clinical Trials And Good Clinical Practices Guidelines	Systematic Review	Meta- Analysis	Introduction to Qualitative Studies, Workshop											
PDC SKILLS									0	Primary Airway Management					Orofacial Radiology														



LIAQUAT COLLEGE OF MEDICINE AND DENTISTRY DEPARTMENT OF HEALTH PROFESSIONS EDUCATION



COLLEGE OF DENTISTRY

TIME TABLE



LIAQUAT COLLEGE OF MEDICINE & DENTISTRY TIME TABLE FOR THIRD PROFESSIONAL BDS 2025 (BATCH-24) $$_{\rm WEEK\,-01}$$



DAY	08:30-09:20	09:2	0 - 10:10	10:10 -11:00		11:15 -1:0	15		01:55 - 0	1:45	02:45 - 03:30	
Monday	Lecture	Lec	cture	Lecture	Break	CLINICAL PO (OPD/ WARD/ IC EMERGENCY/ SEMINA	W/	a k	Oral Patholog		Lecture	
07-04-25 LCMD	General Surgery	General Medicine		Alternative Lecture 1. JUNIOR PROSISTIO 2. JUNIOR OPERATIVE 3. JUNIOR OSAL SUBSIETY 4. PAITENT SAFETY & INFECTION CONTROL 5. COMMENICATION SKILLS	5 Tea	GENERAL SUR WARD ORIENTAT DR. KHURRAM Z DR. BASALAT HU	TON IA &	h and Prayer Bre 01:05-1:55	Practical		Oral Surgery	
	INTRODUCTION TO SURGERY, WOUND & TISSUE REPAIR	ST	TROKE	JUNIOR PROSTHO Terminologies of RPD	11:00-11:1	GENERAL MED HISTORY TAKING	GENERAL MEDICINE HISTORY TAKING & GPE DR. SAMINA SHAMIM &		Practical Oral epithelium Dr. Iqra Ali & Dr. F	abail	Pre-Operative Health Status Evaluation Dr. Amna	
	DR. KHURRAM ZIA	DR. BUSH	IRA AMMAD	Dr. Kamran Pervaiz		DK. IBKAHIM ALI	KHAN	┸			Afridi	
	9:00-9:45	9:45-	-10:30	10:30-10:45		10:45-1:00		١.	1:40-2:30		2:30-3:30	
Tuesday	Periodontology	Oral l	Medicine			OPD		Break	Lecture		Lecture	
08-04-25 KKF	Introduction to	Testera di sa	ction to Oral	TEA	Dep	partment Orientation (Dr. Ishm	ıa)	1340 1340	Periodontology	0	ral Medicine	
	Periodontology Dr. Muhammad Abid	Me	edicine mir Azeem	BREAK	BREAK History Taking (Dr. Danial) Intraoral and Extraoral Examination (Dr. Nida) Logbook Discussion (Dr. Ishma)		Lanch and Prayer	Anatomy of Periodontium Dr. Ishma Binte Saeed	1 .	Principles of Investigation & Diagnosis Dr. Samir Azeem		
	LECTURE	LEC	TURE	Lecture			7	Lecture		Lecture		
	8:30 -09:20	09:2	20 – 10:10	10:10 -11:00	Break	CLINICAL POSTING (OPD/ WARD/ ICU/ EMERGENCY/ SEMINAR ROOM)			01:55 - 02:30		02:30 - 03:30	
Wednesday 09-04-25	General		General Oral Pathology		Теа	GENERAL SURG		1	Prosthodonti	s	Oral Pathology	
LCMD	Surgery METABOLIC RESPONSE TO SURGERY & TRAUMA DR. ALI HAIDER	MA	LAIRIA ESH KUMAR	Introduction to Pathology Dr. Uzma	11:00-11:15	DR. BASALAT HUS GENERAL MEDI HISTORY TAKIN ABDOMINAL EXAMI	DR. KHURRAM ZIA & DR. BASALAH HUSSAIN GENERAL MEDICINE HISTORY TAKING & ABDONIPAL EXAMINATION DR. SHIRJEEL HUSSAIN & DR. RISHBA PAMALAD		Introduction to RI Prof. Dr. Irun Muni		Hyperplastic Disorder Dr. Tauseef Ahmed	
	8:3	0-9:20		9:20-10:00		10:25 - 1:	05] =		1:55 - 3:30		
Thursday 10-04-25 LCMD/QDH/KKF	Operative Introduction to Op Den Dr. Aisha / I	erative & Þ tistry	ediatric	Oral Pathology Presentation Dr. Afshan / Dr. Uzz	ma	Respective Dep	artment		Respective Depa	rtment in LC	MD / QDH/ KKF	
	09:00 - 09:45			09:45 - 10:30		10:30 - 11:15	11:15 - 12	00	12:00 - 01:00		GLE ASSIGNMENT	
Friday	LECTURE			LECTURE		LECTURE	LECTURE		LECTURE	Week - 01 Periodonto	Oral pathology & logy	
11-04-	Oral Medicine Peri		riodontology		Oral Medicine	Periodonto		Research	Week – 02 Medicine	Oral Medicine & General		
25 KKF	Principles of Investigation Anat			my of Periodontium nma Binte Saeed	Pr	inciples of Investigation & Diagnosis Dr. Samir Azeem	Classification of I Disease Dr. Muhamm	8	Revision of Researc	Week - 03 Prosthodon	General Surgery & tics Oral Surgery & Operative	
Saturday 12-04-25						DENTALO						
KKF/QD H/ LCMD					,-	8:30-3			I		0	
n/ LCMD	Group A- Oral Surgery			Group B- Prosthodor	ntics	Group C- Peri	odontology		Group D- Oral Medicine	Group E-	Operative Dentistry	



LIAQUAT COLLEGE OF MEDICINE & DENTISTRY TIMETABLE FOR THIRD PROFESSIONAL BDS 2025 (BATCH-24)



Days	Prosthodontics	Oral Surgery	Oral Medicine	Periodontology	Operative Dentistry
Thursday 10-04-25	OPD Tour & Orientation Logbook Overview Dr. Tooba Aziz History & Examination Dr. Kamran Pervaiz	OPD tour & Orientation Logbook Orientation Cross-Infection Protocol Working Protocols History Taking & Examination Dr. Fizza / Dr. Shabana	OPD Tour & Orientation Dr Ammatuz Zehra	Instrument Identification & Uses (Dr. Danial) Periodontal Indices (Dr. Nida) Probing Technique on Typodont / Stimulated Patient (Dr. Ishma) Manual Scaling Demonstration (Dr. Abid)	Introduction to Operative Dentistry Dr. Sareema
Saturday 12-04-25	Model Pouring & Clasp formation Dr. Tooba Aziz	History Interviewing Skills (Formative Assesment) Dr. Fizza / Dr. Shabana	History & Examination Dr. Yamna Kaleem	Mini Cex (Dr. Nida) Instrument Sharpening (Dr. Ishma) Demonstration on Radiograph Interpretation (Dr. Abid) Practice Session for Pocket Depth of Simulated Patient (Dr.	Discussion & Demonstration of Sterilization & Disinfection Dr. Sareema





DENTAL OPD ROTATIONS

	Third Year BDS Batch (24) Dental OPD Rotation Schedule								
Rotation Month	Operative Dentistry	Oral Surgery	Prosthodontics	Periodontology	Oral Medicine	Date Of Assessment			
10 th April – 15 th May, 2025	A	В	C	D	E	10 th May, 2025			
17 th May – 10 th July, 2025	В	С	D	E	A	5 th July, 2025			
12 th July – 7 th August, 2025	С	D	E I	A	NSTR.	2th August. 2025			
9 th August – 9 th October, 2025	D	E	A 5	В	C	4 th October, 2025			
11 th October – 6 th December, 2025	E	A	В	С	D	29 th November, 2025			

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WARD ROTATIONS

Third Year BDS Batch (24) Ward Rotation Schedule								
Rotation Month	General Medicine	General Surgery	Date Of Assessment					
7 th April – 24 th May, 2025	A, B & C1	C2, D & E	21 st May, 2025					
23 rd June – 4 th August, 2025	C2, D & E	A, B & C1	30 th July, 2025					
18 th August – 15 th October, 2025	A, B & C1	C2, D & E	13 th October, 2025					
27 th October - 8 th December, 2025	C2, D & E	A, B & C1	3 rd December, 2025					
	يُرانِي الرَّبِي الْمُرَانِي الْمُرَانِي الْمُرَانِي الْمُرَانِي الْمُرَانِي الْمُرَانِي الْمُرَانِي	و المال المال						





	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





HOLIDAY CALENDAR					
Labour Day	1 st May, 2025				
*Eid-ul-Azha	07, 08 & 09 June 2025				
*Ashura	05 & 06 July, 2025				
*Chehlum	15 th August, 2025				
Independence Day	14 th August, 2025				
*Eid Milad un Nabi	5 th September, 2025				
Allama Iqbal Day	9 th November, 2025				
Quaid-e-Azam Day	25 th December, 2025				

*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.





	EVENT CALENDAR							
S. No	EVENTS							
1.	Dental Digital Photography & Art / Literature Fest							
2.	Annual Student Week (Sports, English/Urdu Debate, Qirat & Naat)							
3.	14 th August Celebration							
4.	Defence Day Celebration							
5.	Annual Picnic & Gala							

NOTE - THE CALENDAR IS TENTATIVE AND IS SUBJECT TO CHANGE AS PER THE INSTRUCTIONS OF COMPETENT AUTHORITIES











LEARNING OUTCOMES

G	SENERAL MEDICINE
At the end of Medicin to:	e course, the students of 3rd year BDS will be able
Knowledge:	 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.
TAOU	 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 Demonstrate professional behavior towards students, faculty and other members of the medical education team including punctuality, reliability, preparation and
Attitude:	participation in all required learning. Demonstrate honesty and integrity in all interactions with patients, families, colleagues and others
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COURSE TITLE - GASTROINTESTINAL TRACT Training and Learning Experiences Expected **Contents Learning Objectives Assessment** Class-Room Practical/Visits Aids Hours/Day GASTROINTESTI Multimedia, Students of 3rd year bds Lecture Hall & History taking, Lecture 01 Written, OSPE, **NAL TRACT** After completion of git General examination & white board, hour & ward Viva & Clinical Module will be able to: Wards measuring 02 hours examination case (GIT): GERD/DYS I. Define the GERD, presentation. tape and PEPSIA/PEP Dyspepsia and Peptic stethoscope TIC ULCER ulcer disease Describe their common DISEASE EDIC/NE symptoms and signs Recognize their alarming features List their common causes Perform general physical and relevant systemic examination of patient VI. Develop the differential diagnosis VII. Outline the list of investigations VIII. Determine a provisional diagnosis IX. Plan the general and specific management Explain the role of life style modification XI. Explain their complications GASTROINTESTI STUDENTS OF 3rd YEAR BDS Lecture Hall & History taking, Multimedia, Written, OSPE, Lecture 01 **NAL TRACT** AFTER COMPLETION OF GIT General examination & white board, hour & ward Viva & Clinical MODULE WILL BE ABLE TO: Wards 02 hours examination (GIT): case measuring MALABSO I. Define the tape and presentation. **RPTION** malabsorption stethoscope syndrome List the types and classification Describe the common symptoms and signs Recognize the alarming features V. Perform the general physical and systemic examination of patient Develop the differential diagnosis Outline the list of investigations VIII. Interpret the given investigations Determine a provisional diaanosis Plan the general and specific management Explain the role of life style modification Explain their

complications





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		Training	and Learning Expe	eriences		
Contents	Learning Objectives	Class-Room	Practical/Visits	Aids	Expected Hours/Day	Assessment
GASTROINTESTI NAL TRACT (GIT): 3. INFLAMAT ORY BOWEL DISEASE (IBD) AND	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF GIT MODULE WILL BE ABLE TO: I. Define IBD and IBS II. List the types of IBD and IBS III. Describe the common symptoms and signs	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, measuring tape, gel, gloves and stethoscope	Lecture 01 hour & ward 02hours	Written, OSPE, Viva & Clinical examination
irritable bowel syndrom e (ibs)	IV. Recognize the alarming features V. Perform the general physical and systemic examination of patient VI. Develop the differential diagnosis VII. Outline the list of	OF M	EDIC/			
	investigations VIII. Interpret the given investigations IX. Determine a provisional diagnosis X. Plan the general and specific management			(i.e.		
GASTROINTESTI	XI. Explain the role of life style modification XII. Explain the complications of IBD STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 01	Written, OSPE,
NAL TRACT (GIT): 4. ACUTE HEPATITIS	AFTER COMPLETION OF GIT MODULE WILL BE ABLE TO: 1. Define Acute Hepatitis II. List the causes of Acute Hepatitis III. Describe the common symptoms and signs IV. Recognize the features of complications V. Perform the general physical and systemic examination of patient VI. Develop the differential diagnosis VII. Outline the list of investigations VIII. Interpret the given investigations IX. Determine a provisional diagnosis X. Plan the general and specific management XI. Explain the role of life style modification XII. Explain the	General Wards	examination & case presentation.	white board, measuring tape and stethoscope	hour & ward 02 hours	Viva & Clinical examination
GASTROINTESTI NAL TRACT (GIT): 5. CHRONIC HEPATITIS AND CIRRHOSIS OF LIVER	complications of Acute Hepatitis STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF GIT MODULE WILL BE ABLE TO: I. Define chronic hepatitis and cirrhosis of liver II. List the causes of chronic hepatitis III. Describe the common symptoms and signs IV. Recognize the features of complications	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, measuring tape and stethoscope	Lecture 01 hour & ward 02 hours	Written, OSPE, Viva & Clinical examination





Perform the general physical and systemic examination of patient VI. Develop the differential diagnosis Outline the list of investigations VIII. Interpret the given investigations Differentiate the patient IX. of chronic hepatitis from cirrhosis of liver Determine a provisional diagnosis Plan the general and specific management Explain the role of life style modification XIII. Explain the complications of chronic hepatitis GASTROINTESTI Written, OSPE, STUDENTS OF 3rd YEAR BDS Lecture Hall & History taking, Multimedia, Lecture 01 **NAL TRACT** AFTER COMPLETION OF GIT General examination & white board, hour & ward Viva & Clinical MODULE WILL BE ABLE TO: (GIT): Wards measuring 02 hours examination case METABOLI Define metabolic liver presentation. tape, gel, C LIVER disease gloves and DISEASE List the causes of stethoscope metabolic liver disease Describe the common symptoms and signs Recognize the features of complications Perform the general physical and systemic examination of patient Develop the differential VI. diagnosis VII. Outline the list of investigations VIII. Interpret the given investigations Differentiate the patient of chronic hepatitis from cirrhosis of liver Determine a provisional diagnosis Plan the general and specific management Explain the role of life style modification Explain the complications of metabolic liver disease GASTROINTESTI Written, OSPE, STUDENTS OF 3rd YEAR BDS Lecture Hall & Multimedia, Lecture 01 History taking, **NAL TRACT** AFTER COMPLETION OF GIT General white board, hour & ward Viva & Clinical examination & (GIT): MODULE WILL BE ABLE TO: Wards measuring 02 hours examination case HEPATOCE I. List the causes of HCC presentation. tape and LLULAR II. Describe the common stethoscope **CARCINO** symptoms and signs MA (HCC) III. Recognize the features of complications IV. Perform the general physical and systemic examination of patient V. Develop the differential diagnosis VI. Outline the list of investigations VII. Interpret the given investigations





VIII. Differentiate HCC from			
other mass lesions of liver			
IX. Determine the diagnosis			
X. Plan the general and			
specific management			
XI. Explain the role of life style			
modification			
XII. Explain the complications			
HCC			

			RAL NERVO		 	
Contents	Learning Objectives	Class-Room	Practical/Visits	Aids	Expected Hours/Day	Assessment
CENTRAL NERVOUS SYSTEM (CNS): 1. FACIAL PALSY	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF CNS MODULE WILL BE ABLE TO: I. List the causes of facial palsy II. Describe the common symptoms and signs III. Perform the sensory and motor examination of CNS IV. Distinguish the Bell's palsy from Cortical facial palsy V. Recognize the need of investigations VI. Interpret the given investigations VII. Determine the diagnosis VIII. Plan the general and specific management IX. Explain the role of life physiotherapy X. Explain the prognosis of facial palsy	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, torch, tongue depressor, cotton buds, pins, hammer and tuning fork.	Lecture 01 hour & ward 02 hours	Written, OSPE, Viva & Clinical examination
CENTRAL NERVOUS SYSTEM (CNS): 2. FACIAL PAIN	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF CNS MODULE WILL BE ABLE TO: I. List the causes of facial pain II. Describe the common symptoms and signs III. Perform the sensory and motor examination of CNS IV. Recognize the need of investigations V. Interpret the given investigations VI. Determine the diagnosis VII. Plan the general and specific management VIII. Explain the role of life physiotherapy IX. Explain the prognosis of facial pain	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, torch, tongue depressor, cotton buds, pins, hammer and tuning fork.	Lecture 01 hour & ward 02 hours	Written, OSPE, Viva & Clinical examination



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			DLIMITATION	ı		ı
CENTRAL	STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 1	Written, OSPE,
NERVOUS	AFTER COMPLETION OF CNS	General	examination &	white board,	hours & ward	Viva & Clinical
SYSTEM (CNS):	MODULE WILL BE ABLE TO:	Wards	case	torch, tongue	02hours	examination
		vvalus			02110013	CAGITIIIIGIIOIT
	I. List the causes of		presentation.	depressor,		
E	headache			cotton buds,		
	II. Describe associated			pins, hammer		
	symptoms and signs			and tuning		
	III. Perform the sensory and			fork.		
	motor examination of			TOTK.		
	CNS					
	IV. Recognize the need of					
	investigations					
	V. Interpret the given					
	investigations					
	VI. Determine the					
	diagnosis					
	VII. Plan the general and					
	specific management					
	VIII. Explain the role life style					
	modification					
	IX. Explain the prognosis of					
	headache					
CENTRAL	STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 1	Written, OSPE,
NERVOUS	AFTER COMPLETION OF CNS	General	examination &	white board,	hours & ward	Viva & Clinical
SYSTEM (CNS):	MODULE WILL BE ABLE TO:	Wards	case	torch, tongue	02hours	examination
4. STROKE	List the risk factors of		presentation.	depressor,		
	stroke			cotton buds,		
	II. Describe the symptoms			pins, hammer		
	and signs of stroke			and tuning		
	III. Perform the sensory and			fork.		
	motor examination of					
	CNS					
	IV. Differentiate the					
	infarction and					
	hemorrhagic stroke					
	V. Outline the					
	investigations					
	VI. Interpret the given					
	investigations					
	VII. Determine the		and the second			
	diagnosis					
	VIII. Plan the general and					
	specific management		E Company			
	IX. Explain the role of life					
	style modification					
	X. Explain the role of				- //	
	physiotherapy			1		
	XI. Explain the prognosis of					
	stroke					
CENTRAL	STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 1	Written, OSPE,
		General				
NERVOUS	AFTER COMPLETION OF CNS		examination &	white board,	hours & ward	Viva & Clinical
SYSTEM (CNS):	MODULE WILL BE ABLE TO:	Wards	case	torch, tongue	02hours	examination
EPILEPSY	 List the types of epilepsy 	/ P	presentation.	depressor,		
	II. Describe the	(= June 1, 1		cotton buds,		
	associated symptoms			pins, hammer		
		** *		•		
	and signs of epilepsy			and tuning		
	III. State the trigger factors			fork.		
	of epilepsy					
	IV. Perform the sensory and					
	motor examination of					
	CNS					
	V. Outline the					
	investigations					
	VI. Interpret the given					
	investigations					
	VII. Determine the					
	diagnosis					
	VIII. Plan the general and					
	specific management					
	, speeme management			I	i	i



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	IX. Explain the role of life					
	style modification					
	X. Explain the compliance					
	to the medications					
CENTRAL	STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 1	Written, OSPE,
NERVOUS	AFTER COMPLETION OF CNS	General	examination &	white board,	hours & ward	Viva & Clinical
SYSTEM (CNS):	MODULE WILL BE ABLE TO:	Wards	case	torch, tongue	02hours	examination
6. PARKINSO N'S	I. List the causes of parkinson's disease		presentation.	depressor, cotton buds,		
DISEASE	II. Describe the symptoms			pins, hammer		
DISLASL	and signs			and tuning		
	III. Perform the sensory and			fork.		
	motor examination of			Tonk		
	CNS					
	IV. Outline the					
	investigations					
	V. Interpret the given					
	investigations	OE M				
	VI. Determine the	A A L. IA				
	diagnosis					
	VII. Plan the general and					
	specific management VIII. Explain the role of life					
	style modification			7 40		
	IX. Explain the role of					
	physiotherapy					
	X. Explain the prognosis of					
	parkinson's disease	\ \				
CENTRAL	STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 1	Written, OSPE,
<u>NERVOUS</u>	AFTER COMPLETION OF CNS	General	examination &	white board,	hours & ward	Viva & Clinical
SYSTEM (CNS):	MODULE WILL BE ABLE TO:	Wards	case	torch, tongue	02hours	examination
7. MENINGITI	I. List the causes of		presentation.	depressor,		
S	meningitis			cotton buds,		
	II. Describe symptoms and signs of meningitis			pins, hammer, tuning fork		
	III. Perform the sensory and			and spinal		
	motor examination of			needle.		
1	CNS			11000.01		
	IV. Outline the					
	investigations		and and			
	V. Interpret the given				X I	
	investigations					
	VI. Determine the					
	diagnosis VII. Plan the general and					
1	specific management				72 //	
	VIII. Explain the prognosis of					
	meningitis					
				160		•





COURSE TITLE: RHEUMATOLOGY							
		Training	and Learning Expe	eriences			
Contents	Learning Objectives	Class-Room	Practical/Visits	Aids	Expected Hours/Day	Assessment	
RHEUMATOLOG Y: 1. SYSTEMIC LUPUS ERYTHEMA TOUS (SLE)	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE WILL BE ABLE TO: I. Describe their common symptoms and signs II. Recognize the features of complications III. Perform general physical and relevant systemic examination of patient IV. Acquire criteria for the diagnosis of SLE V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain their complications	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, torch, tongue depressor, cotton buds, pins, hammer and tuning fork.	Lecture 1 hours & ward 02hours	Written, OSPE, Viva & Clinical examination	
RHEUMATOLOG Y: 2. RHEUMAT OID ARTHRITIS (RA)	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE WILL BE ABLE TO: I. Describe their common symptoms and signs II. Recognize the features of complications III. Perform general physical and relevant systemic examination of patient IV. Acquire criteria for the diagnosis of RA V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain the complications of RA	Lecture Hall & General Wards	History taking, examination & case presentation	Multimedia, white board, torch, tongue depressor, cotton buds, pins, hammer and tuning fork.	Lecture 1 hours & ward 02hours	Written, OSPE, Viva & Clinical examination	
RHEUMATOLOG Y: 3. SERONEGA TIVE	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE WILL BE ABLE TO:	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, torch, tongue depressor,	Lecture 1 hours & ward 02hours	Written, OSPE, Viva & Clinical examination	



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ARTHROPA				1		
	 Define the types of 			cotton buds,		
THIES						
IHIES	seronegativearthropat			pins, hammer		
	hies			and tuning		
	II. Describe their			fork.		
				TOTAL		
	common symptoms					
	and signs					
	III. Recognize the					
	features of					
	complications					
	IV. Perform general					
	physical and relevant					
	systemic examination					
	of patient					
	V. Acquire criteria for the					
	diagnosis					
	VI. Develop the					
	differential diagnosis					
	VII. Outline the list of					
	investigations					
	VIII. Determine a		EDIC//			
	provisional diagnosis		- 4//			
			4//			
	IX. Plan the general and					
	specific management					
	X. Explain the role of life			V 60		
	style modification					
	XI. Explain the role of			1		
	physiotherapy					
	XII. Explain their					
	complications					
RHEUMATOLOG	STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 1	Written, OSPE,
<u>Y:</u>	AFTER COMPLETION OF	General	examination &	white board,	hours & ward	Viva & Clinical
4. OSTEOMAL	RHEUMATOLOGY MODULE	Wards	case	torch, tongue	02hours	examination
ACIA/	WILL BE ABLE TO:		presentation.	depressor,	10	
OSTEOPOROSIS	I. Describe their			cotton buds,		
031201 010313				· ·		
	common symptoms			pins, hammer		
	and signs			and tuning		
				fork.		
	II. Recognize the			IOIK.		
	features of					
	complications					
	III. Perform general					
	physical and relevant				*	
	physical and relevant systemic examination				* /	
	physical and relevant systemic examination of patient				*	
1	physical and relevant systemic examination of patient				*	
	physical and relevant systemic examination of patient IV. Distinguish the				*	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and				*	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis				* P.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis				¥ 3.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the				¥ ?;	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis				7.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of				* 3:	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of				* 3:	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations				¥ 7.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a				* 7.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations				* 3.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis				¥ 3.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and				* D.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management	أراس الم	المناه		¥ 3.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and	يُرليدن الم	المناح		* 3.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life	بدليس	العداد		* Di	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification	بْدلىسىن	المناه		* Com	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of	بدليس	المناه		* 3.	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of	باليان	العنام		* Pr	
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	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain their	بدليس	المناه		* Committee of the comm	
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain their complications	بالبيات			* 0.50	
RHEUMATOLOG	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain their complications	Lecture Hall &	History taking	Multimedia	Lecture 1	Written, OSPF
RHEUMATOLOG	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain their complications STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 1	Written, OSPE,
<u>Y:</u>	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain their complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF	General	examination &	white board,	hours & ward	Viva & Clinical
	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain their complications STUDENTS OF 3rd YEAR BDS			white board,		
<u>Y:</u> 5. SEPTIC	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain their complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE	General	examination & case	white board, torch, tongue	hours & ward	Viva & Clinical
<u>Y:</u>	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain their complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE WILL BE ABLE TO:	General	examination &	white board, torch, tongue depressor,	hours & ward	Viva & Clinical
<u>Y:</u> 5. SEPTIC	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain their complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE WILL BE ABLE TO: I. Define the septic	General	examination & case	white board, torch, tongue depressor, cotton buds,	hours & ward	Viva & Clinical
<u>Y:</u> 5. SEPTIC	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the role of physiotherapy XI. Explain their complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE WILL BE ABLE TO:	General	examination & case	white board, torch, tongue depressor, cotton buds,	hours & ward	Viva & Clinical
<u>Y:</u> 5. SEPTIC	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain their complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE WILL BE ABLE TO: I. Define the septic arthritis	General	examination & case	white board, torch, tongue depressor, cotton buds, pins, hammer	hours & ward	Viva & Clinical
<u>Y:</u> 5. SEPTIC	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain their complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE WILL BE ABLE TO: I. Define the septic arthritis II. Describe their	General	examination & case	white board, torch, tongue depressor, cotton buds, pins, hammer and tuning	hours & ward	Viva & Clinical
<u>Y:</u> 5. SEPTIC	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain their complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE WILL BE ABLE TO: I. Define the septic arthritis	General	examination & case	white board, torch, tongue depressor, cotton buds, pins, hammer	hours & ward	Viva & Clinical
<u>Y:</u> 5. SEPTIC	physical and relevant systemic examination of patient IV. Distinguish the osteomalacia and osteoporosis V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain their complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF RHEUMATOLOGY MODULE WILL BE ABLE TO: I. Define the septic arthritis II. Describe their	General	examination & case	white board, torch, tongue depressor, cotton buds, pins, hammer and tuning	hours & ward	Viva & Clinical





III. Recognize the features of complications IV. Perform general physical and relevant systemic examination of patient ٧. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of physiotherapy Explain their complications **RHEUMATOLOG** STUDENTS OF 3rd YEAR BDS Lecture Hall & History taking, Written, OSPE, Multimedia, Lecture 1 AFTER COMPLETION OF General examination & white board, hours & ward Viva & Clinical GOUT RHEUMATOLOGY MODULE Wards case torch, tongue 02hours examination WILL BE ABLE TO: presentation. depressor, Define the gout cotton buds, Describe their pins, hammer and tuning common symptoms and signs fork. Recognize the features of complications Perform general physical and relevant systemic examination of patient ٧. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management Explain the role of life style modification Explain the role of physiotherapy Explain the

COURSE TITLE: ENDOCRINOLOGY								
		Training	and Learning Exp	eriences				
Contents	Learning Objectives	Class-Room	Practical/Visits	Aids	Expected Hours/Day	Assessment		
ENDOCRINOLO GY: 1. PITUITARY DISEASES 2. THYROID DISORDERS 3. PARATHYRO ID DISORDERS 4. ADRENAL DISEASES	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF ENDOCRINOLOGY MODULE WILL BE ABLE TO: I. Define types of pituitory diseases, thyroid disorders, parathyroid disorders and adrenal diseases II. Describe their common symptoms and signs	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, stethoscope, torch, tongue depressor, cotton buds, pins, hammer, tuning fork and ophthalomosc ope.	Lecture 4 hours & ward 08hours	Written, OSPE, Viva & Clinical examination		

complications of gout





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	III. Recognize the					
	features of					
	complications					
	IV. Perform general					
	physical and relevant					
	systemic examination					
	of patient					
	differential diagnosis					
	VI. Outline the list of					
	investigations					
	VII. Determine a					
	provisional diagnosis					
	VIII. Plan the general and					
	specific management					
	IX. Explain the role of life					
	style modification					
	X. Explain the	OE M				
	complications of					
	pituitary diseases,	O1				
	thyroid disorders,					
	parathyroid disorders					
	and adrenal diseases					
ENDOCRINOLO	STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 1	Written, OSPE,
GY:	AFTER COMPLETION OF	General	examination &	white board,	hours & ward	Viva & Clinical
5. DIABETES	ENDOCRINOLOGY MODULE	Wards	case	stethoscope,	02hours	examination
MELLITUS	WILL BE ABLE TO:	774143	presentation.	torch, tongue	02/100/3	oxariiranori
TVILLETTOS	I. Define the diabetes		prosornanon.	depressor,		
	mellitus			cotton buds,		
	II. Describe their			pins, hammer,		
	common symptoms			tuning fork		
	and signs			and		
	III. Recognize the			ophthalomosc		
	features of			ope.		
· ·	complications					
	IV. Perform general					
	physical and relevant					
	systemic examination					
	of patient					
	V. Develop the					
	differential diagnosis				X	
	VI. Outline the list of					
	investigations					
	VII. Determine a				3	
	provisional diagnosis				J. #	
	VIII. Plan the general and					
	specific management					
	IX. Explain the role of life					
	style modification					
	X. Explain the					
	complications of					
	DIABETES MELLITUS	1				
	XI. Explain the monitoring	7. 5				
	of alveonic central	7-4 [4]				





COURSE TITLE: BLOOD DISORDERS							
		Training and Learning Experiences					
Contents	Learning Objectives	Class-Room	Practical/Visits	Aids	Expected Hours/Day	Assessment	
BLOOD DISORDERS: 1. ANEMIA IRON DEFICIENC Y ANAEMIA ANAEMIA ANAEMIA CHRONIC DISEASE MEGALOBL ASTIC ANAEMIA HAEMOLYTI C ANAEMIA HAEMOGL OBINO- PATHIES 2. LEUKEMIA 3. LYMPHOMA. 4. THROMBOC YTOPENIA	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF HEMETOLOGY MODULE WILL BE ABLE TO: I. Define types of anemia, leukemia, lymphoma and thrombocytopenia II. Describe their common symptoms and signs III. Recognize the features of complications IV. Perform general physical and relevant systemic examination of patient V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification X. Explain the complications of anemia, leukemia, lymphoma and thrombocytopenia	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, stethoscope, torch, tongue depressor, cotton buds, pins, hammer and tuning fork.	Lecture 04hours & ward 08hours	Written, OSPE, Viva & Clinical examination	
BLOOD DISORDERS: 5. BLEEDING DISORDERS HEMOPHILI A A and B WON WILLEBRAN D DISEASE	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF HEMETOLOGY MODULE WILL BE ABLE TO: I. Define types of bleeding disorders II. Describe their common symptoms and signs III. Recognize the features of complications IV. Perform general physical and relevant systemic examination of patient V. Develop the differential diagnosis VI. Outline the list of investigations VII. Determine a provisional diagnosis VIII. Plan the general and specific management IX. Explain the role of life style modification	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, stethoscope, torch, tongue depressor, cotton buds, pins, hammer and tuning fork.	Lecture 1 hours & ward 02hours	Written, OSPE, Viva & Clinical examination	





	X. Explain the					
	complications of					
	bleeding disorders					
BLOOD	STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 1	Written, OSPE,
DISORDERS:	AFTER COMPLETION OF	General	examination &	white board,	hours & ward	Viva & Clinical
6. ANTIOCOA	HEMETOLOGY MODULE WILL	Wards	case	stethoscope,	02hours	examination
GULANTS	BE ABLE TO:		presentation.	torch, tongue		
 HEPARINS 	 Define types of 			depressor,		
 COUMARI 	anticoagulants			cotton buds,		
NS	II. Describe the			pins, hammer		
 PROPHYLA 	indications of their use			and tuning		
XIS OF	III. Recognize the			fork.		
VENOUS	contraindications of					
 THROMBOS 	their use					
IS	IV. Perform general					
	physical and relevant					
	systemic examination					
	of patient	AE M				
	V. Outline the list of	A A PER LIVE	ICIIIA.			
	investigations for	01				
	monitoring					
	VI. Outline the drugs					
	those have interaction					
	VII. Explain the role of life					
	style modification					
	VIII. Explain the					
	complications of					
	anticoagulants use					







COURSE TITLE: RESPIRATORY SYSTEM						
		Training	and Learning Exp	eriences		
Contents	Learning Objectives	Class-Room	Practical/Visits	Aids	Expected Hours/Day	Assessment
RESPIRATORY SYSTEM: 1. PNEUMONI A	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF PULMONOLOGY MODULE WILL BE ABLE TO: I. Define the pneumonia II. List the types and classification III. Describe the common symptoms and signs IV. Recognize the markers of severity V. Perform the general physical and systemic examination of patient VI. Develop the differential diagnosis VII. Outline the list of investigations VIII. Interpret the given investigations IX. Determine a provisional diagnosis	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, thermometer, BP apparatus and stethoscope	Lecture 1 hours & ward 02hours	Written, OSPE, Viva & Clinical examination
RESPIRATORY SYSTEM: 2. PULMONA RY TUBERCUL OSIS (T.B)	X. Determine the CURB65 score XI. Plan the general and specific management XII. Explain their complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF PULMONOLOGY MODULE WILL BE ABLE TO: I. Define mode of transmission of TB II. List the different modes of presentation o TB III. Describe the common symptoms and signs of pulmonary TB IV. Recognize the features of complications of TB V. Perform the general	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, thermometer, BP apparatus and stethoscope	Lecture 1 hours & ward 02hours	Written, OSPE, Viva & Clinical examination
	physical and systemic examination of patient VI. Develop the differential diagnosis VII. Outline the list of investigations VIII. Interpret the given investigations IX. Determine a provisional diagnosis X. Plan the general and specific management XI. Explain the role of family screening and prevention					



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COLLEGE OF DENTISTRY XII. Explain the complications of TB **RESPIRATORY** STUDENTS OF 3rd YEAR BDS Lecture Hall & History taking, Multimedia, Lecture Written, OSPE, AFTER COMPLETION OF white board, Viva & Clinical SYSTEM: General examination & 02hours & 3. BRONCHIA PULMONOLOGY MODULE Wards ward 04hours examination case thermometer, L ASTHMA WILL BE ABLE TO: presentation. BP apparatus CHRONIC Define COPD ١. and **OBSTRUCTI** List the types of stethoscope 11. asthma and COPD VΕ PULMONA III. Describe the common RY DISEASE symptoms and signs of (COPD) pulmonary TB Recognize the features of severe asthma and COPD EDICAVE ٧. Perform the general physical and systemic examination of patient VI. Develop the differential diagnosis VII. Outline the list of investigations VIII. Interpret the given investigations Determine a provisional diagnosis Plan the general and specific management Explain the role of life style modifications Explain the complications of asthma and COPD STUDENTS OF 3rd YEAR BDS Lecture Hall & Written, OSPE, **RESPIRATORY** History taking, Multimedia, Lecture 3 SYSTEM: AFTER COMPLETION OF General examination & white board, hours & ward Viva & Clinical 5. BRONCHIE **PULMONOLOGY MODULE** Wards case thermometer, 06hours examination **CTASIS** WILL BE ABLE TO: presentation. BP apparatus PLEURAL Define the and **EFFUSION** bronchiectasis, pleural stethoscope 7. PNEUMOTH effusion and **ORAX** pneumothorax 11. List their types Describe the common symptoms and signs of pulmonary TB Recognize their features for emergency intervention Perform the general physical and systemic examination of patient VI. Develop the differential diagnosis VII. Outline the list of investigations VIII. Interpret the given investigations IX. Determine a provisional diagnosis Χ. Plan the general and specific management Explain the role of physiotherapy Explain the complications of bronchiectasis, pleural

effusion and pneumothorax

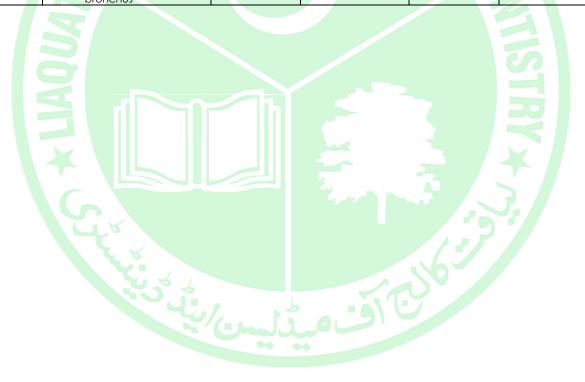


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COLLEGE OF DENTISTRY

RESPIRATORY	STUDENTS OF 3rd YEAR BDS	Lecture Hall &	History taking,	Multimedia,	Lecture 1	Written, OSPE,
SYSTEM:	AFTER COMPLETION OF	General	examination &	white board,	hours & ward	Viva & Clinical
8. CARCINO	PULMONOLOGY MODULE	Wards	case	thermometer,	02hours	examination
MA	WILL BE ABLE TO:		presentation.	BP apparatus		
BRONCHUS	 Define risk factors for 			and		
	CA bronchus			stethoscope		
	II. List the different modes					
	of presentation					
	III. Describe the common					
	symptoms and signs					
	IV. Perform the general					
	physical and systemic					
	examination of patient					
	V. Develop the					
	differential diagnosis					
	VI. Outline the list of					
	investigations					
	VII. Interpret the given	OE M				
	investigations	11L IA	ICIIIA.			
	VIII. Determine a	01				
	provisional diagnosis					
	IX. Plan the general and					
	specific management					
	X. Explain the prognosis					
	according to stage of					
	CA bronchus					
	XI. Explain the					
	complications CA					
	bronchus					







COURSE TITLE: CARDIOVASCULAR SYSTEM						
		Training and Learning Experiences				
Contents	Learning Objectives	Class-Room	Practical/Visits	Aids	Expected Hours/Day	Assessment
CARDIOVASCU LAR SYSTEM: 1. HYPERTENSI ON (HTN) 2. ISCHEMIC HEART DISEASE (IHD) 3. HEART FAILURE (HF)	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF CARDIOLOGY MODULE WILL BE ABLE TO: I. Define the HTN, IHD AND HF II. Describe their common symptoms and signs III. Recognize the features of their complications IV. List their common causes V. Perform general physical and relevant systemic examination of patient VI. Develop the differential diagnosis VII. Outline the list of investigations VIII. Determine a provisional diagnosis IX. Plan the general and specific management X. Explain the role of life style modification XI. Explain their	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, thermometer, BP apparatus, scale and stethoscope	Lecture 03 hours & ward 06hours	Written, OSPE, Viva & Clinical examination
CARDIOVASCU LAR SYSTEM: 4. RHEUMATI C FEVER 5. INFECTIVE ENDOCAR DITIS	complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF CARDIOLOGY MODULE WILL BE ABLE TO: 1. Define the rheumatic fever and infective endocarditis II. Describe their common symptoms and signs III. Recognize the features of their complications IV. List their common causes V. Perform general physical and relevant systemic examination of patient VI. Develop the differential diagnosis VII. Outline the list of investigations VIII. Determine the criteria of diagnosis IX. Plan the general and specific management X. Explain the role of secondary prevention	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, thermometer, BP apparatus, scale and stethoscope	Lecture 02 hours & ward 04hours	Written, OSPE, Viva & Clinical examination





	XI. Explain their					
	complications					
CARDIOVASCU LAR SYSTEM:	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF	Lecture Hall & General	History taking, examination &	Multimedia, white board.	Lecture 02 hours & ward	Written, OSPE, Viva & Clinical
6. VALVULAR	CARDIOLOGY MODULE WILL	Wards	case	thermometer,	04hours	examination
HEART	BE ABLE TO:	Walas	presentation.	BP apparatus,	04110013	GAGITIIITGIIOTT
DISEASES	I. List the various valvular		presentation.	scale and		
7. CONGENIT	heart disease and			stethoscope		
AL HEART	congenital heart			31611103COPE		
DISEASES	diseases					
DIOL/ 023	II. Describe their					
	common symptoms					
	and signs					
	III. Recognize the					
	features of their					
	complications					
	IV. Perform general					
	physical and relevant	AE M				
	systemic examination	AAT IV	ICIIIA.			
	of patient	01				
	V. Develop the					
	differential diagnosis					
	VI. Outline the list of			-0		
	investigations					
	VII. Plan the general and					
	specific management					
	VIII. Determine the criteria					
	of surgery	\ \				
	IX. Explain the role					
	surveillance follow up					
	X. Explain their					
	complications					1







	COURSE TITLE: NEPHROLOGY								
		Training	and Learning Expe	eriences	_				
Contents	Learning Objectives	Class-Room	Practical/Visits	Aids	Expected Hours/Day	Assessment			
NEPHROLOGY: 1. ACUTE RENAL FAILURE (ARF) 2. CHRONIC RENAL FAILURE (CRF) 3. ACID BASE DISORDERS	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF NEPHROLOGY MODULE WILL BE ABLE TO: 1. Define ARF, CRF and acid base disorders II. List the various types of ARF, CRF and acid base disorders III. Describe their common symptoms and signs IV. Recognize the features of their complications V. Perform general physical and relevant systemic examination of patient VI. Develop the differential diagnosis VIII. Outline the list of investigations VIII. Interpret the given investigations IX. Plan the general and specific management X. Determine the criteria of hemodialysis and mechanical ventilator XI. Explain the role life style modification XII. Explain their complications	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, thermometer, BP apparatus, scale and stethoscope	Lecture 03 hours & ward 06hours	Written, OSPE, Viva & Clinical examination			
NEPHROLOGY: 4. NEPHROTIC SYNDROME 5. NEPHRITIC SYNDROME	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF NEPHROLOGY MODULE WILL BE ABLE TO: I. Define nephrotic and nephritic syndromes III. List the various types of nephrotic and nephritic syndromes III. Describe their common symptoms and signs IV. Recognize the features of their complications V. Perform general physical and relevant systemic examination of patient VI. Develop the differential diagnosis VIII. Outline the list of investigations VIII. Interpret the given investigations	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, thermometer, BP apparatus, scale and stethoscope	Lecture 02 hours & ward 04hours	Written, OSPE, Viva & Clinical examination			





	IX. Plan the general and specific management X. Explain the role life style modification XI. Explain their complications					
NEPHROLOGY: 6. URINARY TRACT INFECTION (UTI)	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF NEPHROLOGY MODULE WILL BE ABLE TO: I. Define UTI II. List the various types of UTI III. List the various common and uncommon organisms causing UTI IV. Describe their common symptoms and signs V. Recognize the features of their complications VI. Perform general physical and relevant systemic examination of patient VII. Develop the differential diagnosis VIII. Outline the list of investigations IX. Interpret the given investigations X. Plan the general and specific management XI. Explain their complications XII. Explain their complications	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, thermometer, BP apparatus, scale and stethoscope	Lecture 01 hours & ward 02hours	Written, OSPE, Viva & Clinical examination





	COURSE TITLE: INFECTIOUS DISEASES							
		Training	and Learning Expe	eriences				
Contents	Learning Objectives	Class-Room	Practical/Visits	Aids	Expected Hours/Day	Assessment		
INFECTIOUS DISEASES: 1. FEVER 2. MALARIA 3. TYPHOID 4. ACUTE GASTROEN TRITIS (AGE)	STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF INFECTIOUS DISEASES MODULE WILL BE ABLE TO: 1. Define fever 11. List the various causes of fever 111. List the various types organisms causing malaria, typhoid and AGE 117. Describe their common symptoms and signs 118. V. Recognize the features of their complications 119. Perform general physical and relevant systemic examination of patient 120. VIII. Develop the differential diagnosis 131. Unterpret the given investigations 132. Interpret the given investigations 133. Interpret the given investigations 144. Explain the role life style modification 155. Explain their	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, thermometer, BP apparatus, scale and stethoscope	Lecture 04 hours & ward 08hours	Written, OSPE, Viva & Clinical examination		
INFECTIOUS DISEASES: 5. HOSPITAL ACQUIRED INFECTION S 6. SEPSIS	complications STUDENTS OF 3rd YEAR BDS AFTER COMPLETION OF INFECTIOUS DISEASES MODULE WILL BE ABLE TO: I. Define sepsis II. List the various causes of hospital acquired infections and sepsis III. Describe their common symptoms and signs IV. Recognize the features of their complications V. Perform general physical and relevant systemic examination of patient VI. Develop the differential diagnosis VIII. Outline the list of investigations VIII. Interpret the given investigations IX. Plan the general and specific management	Lecture Hall & General Wards	History taking, examination & case presentation.	Multimedia, white board, thermometer, BP apparatus, scale and stethoscope	Lecture 02 hours & ward 04hours	Written, OSPE, Viva & Clinical examination		





MINECTIOUS INFECTIOUS INFECTIOUS STUDENTS OF 3rd YEAR BDS OSTIODENTS OF 3rd YEAR BDS AFTER COMPLETION OF INFECTIOUS DISEASES AFTER COMPLETION OF INFECTIOUS DISEASES MODULE WILL BE ABLE TO: 1. Define mumps, diphtheria, tetanus and AIDS III. Describe their common symptoms and signs IV. Recognize the features of their complications V. Perform general physical and relevant systemic examination of patient VI. Develop the differential diagnosis VIII. Interpret the given investigations IX. Determine criteria of diagnosis X. Plan the general and specific management XI. Explain their complications XII. Explain their complications XII. Explain their complications XII. Explain their complications XIII. Explain the principles of prevention		X. Explain the preventive					
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LEARNING OUTCOMES

	GENERAL SURGERY
At the end of Surge	
to:	·
	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) Demonstrate knowledge and understanding of common surgical problems Evaluate and assess patients with surgical diseases Understand and possibly perform various basic procedures, such as: 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,
	Break bad news to patients and/or their attendees, according to the ethical guidelines





Attitude:	 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







	COURSE TITLE: PRINCIPLES OF SURGERY							
		Training	and Learning Expe	eriences				
Contents	Learning Objectives	Class-Room	Practical/Visits	Aids	Expected Hours/Day	Assessment		
PRINCIPLES OF SURGERY 1. METABOLICR ESPONSE TO INJURY	BY THE END OF MODULE 1 STUDENTS OF 3 rd YEAR BDS SHOULD BE ABLE TO: 1. Understand basic concepts of homeostasis 2. Describe mediators of the metabolic response to injury 3. Describe physiochemical and biochemical changes that occur during injury and recovery 4. Define the changes in body composition that accompany surgical injury 5. Learn to avoid factors	Lecture Hall, Tutorial Rooms & General Wards	History taking, examination & case presentation	Multimedia, white board, measuring tape and stethoscope	Lecture 2 hours & ward 02hours	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities/ presentations of delivered lectures by students		
Introduction and types of WOUNDS	that compound the metabolic response to injury BY THE END OF MODULE 1, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1. Define wounds and its different types 2. Understand normal wound healing and how it can be adversely affected 3. Manage wounds of different types, of different structures and at different sites	Lecture Hall , Skills Lab &GeneralWar ds	Observe and assist in Wound dressings of ward patients History taking and examination of patients with different type of wounds	Multimedia, white board Dressing sets Equipment used for wound dressings	Lecture 1 hours & ward 02hours	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities/ student presentations delivered lectures in tutorials.		
3. Wound Healing and complication s	AT THE END OF MODULE 1, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO Describe different aspects of disordered healing which lead to chronic wounds Differentiate between different variety of scars and their treatment	Lecture Hall , Tutorial Roomsand wards	Observe and assist in Wound dressings of ward patients History taking and examination of patients with different type of wounds	Multimedia, white board Dressing sets Equipment used for wound dressings	Lecture 2 hours & ward 02hours	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities.		
4. SHOCK	BY THE END OF MODULE 1, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1. Define shock and classifydifferent types of shock 2. Describe the pathophysiology of shock and ischaemia— reperfusion injury 3. Identify different patterns of shock and apply the principles and priorities of resuscitation	Lecture Hall Tutorial Rooms	General Ward and Emergency room to observe and assist in the management of patients with shock Make history notes with proper examination Case presentations in TutorialRoom	Multimedia, White board, video clips,	Lecture 1 hour, Wards 2 hours	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities. presentations of delivered lectures by students		





	Conduct appropriate monitoring and appraise endpoints of resuscitation					
5.HAEMORRHA GE AND HEMOSTASIS	BY THE END OF MODULE 1, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1. Describe the different types of haemorrhage with management plan 2. Understand concepts of hemostasis and factors contributing its maintenance.	Lecture Hall Tutorial Rooms,	General and Emergency Ward rounds, Manage patients with haemorrhage	Multimedia, White board, Pictures, Video clips	Lecture 1 hour, Ward visits 2 hours	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities. presentations of delivered lectures by students
6.TRANSFUSION OF BLOOD AND BLOOD PRODUCTS	BY THE END OF MODULE 1, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1. Describe the use of blood and blood products. 2. Explain the benefits and risks of blood transfusion	Lecture Hall Tutorial Rooms	Ward visits and visit to Blood Bank	Multimedia, White board, Pictures, Video clips	Lecture 1 hour, Ward visits 1 hours, Visit to blood bank 1 hour	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities.
7.BLEEDING DISORDERS	BY THE END OF MODULE 1, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1. Understand the pathophysiology of bleeding problems 2. Plan investigations to make differential diagnosis. 3. Formulate the treatment plan	Lecture Hall Tutorial Rooms	Ward visits and visit to Hematology lab	Multimedia, White board, Pictures, Video clips	Lecture 1 hour, Ward visits 1 hours, Visit to hematology Lab 1 hour	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities. presentations of delivered lectures by students
8. SURGICAL INFECTIONS	BY THE END OF MODULE 1, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1.Identify The factors that determine whether a wound willbecome infected 2.The classify sources of infection and their severity 3.The clinical presentation of surgical infections 4.The indications for and choice of prophylacticantibiotics 3. The spectrum of commonly used antibiotics in surgeryand the principles of therapy 4. The management of abscesses To appreciate: 5. The importance of aseptic and antiseptic techniquesand delayed primary or secondary closure incontaminated wounds To be aware of: 6. The causes of reduced resistance to infection (hostresponse) To know: 7. The definitions of infection, particularly at surgical sites	Lecture Hall Tutorial Rooms	Ward visits and visit to pharmacy	Multimedia, White board,Pictures ,Videoclips	Lecture 2 hour,ward visits 1 hour Visit to pharmacy 1 hour	Written OSPE,VIVA & Clinical examination Class Quizzes Group Activities Presentations of delivered lectures by students





COLLEGE OF DENTISTRY 8. What basic precautions to take to avoid surgicallyrelevant hospital acquired infections 09.Tropical BY THE END OF Lecture Hall Ward visits Multimedia, Written Lecture 2 Infections and MODULE, STUDENTS SHOULD Tutorial OSPE, VIVA & White hour,ward Infestations board,Pictures Clinical BE ABLE TO: Rooms visits 1 hour 1. List common surgical ,Videoclips examination Class Quizzes infections and infestations that occur in Group the tropics **Activities** To appreciate: That Presentations many patients do not of delivered seek medical help until lectures by late in the course of the students EDICINE disease because of socioeconomic reasons To be able to describe The emergency presentations of the various conditions, as patients may not seek treatment until they are To be able to: Diagnose and treat these conditions, particularly emergencies. 10.BASIC BY THE END OF Lecture Hall Ward And ot visits Multimedia, Written, OSPE, Lecture 1 SURGICAL MODULE, STUDENTS SHOULD Tutorial rooms White board, hour, Ward Viva & Clinical **SKILLS** Pictures, BE ABLE TO: visits 2 hours, examination 1. Understand The principles Video clips Class Quizzes of skin and abdominal Group incisions Activities. 2. Describe principles of wound closure 3.Recognise different suture materials with their indications of use. **MODULE 2:** BY THE END OF Lecture Hall Ward visits Multimedia, Lecture 1 Written, OSPE, INVESTIGATION MODULE, STUDENTS SHOULD Tutorial rooms White board, hour, Ward Viva & Clinical AND BE ABLE TO: Pictures, visits 2 hours, examination **DIAGNOSIS** 1. Understand The principles Video clips of different imaging techniques and their advantages and disadvantages in different clinical scenarios • 2.Understand The role of imaging in directing treatment in various surgical scenarios 3. Understand The value and limitations of tissue diagnosis 4. Understand principles of microscopic diagnosis, including the features of neoplasia And The importance of clinicopathological correlation MODULE 3: BY THE END OF MODULE 2. Multimedia, Written, OSPE, Lecture Hall Ward visits Lecture 1 **PERI-OPERATIVE** THE STUDENTS OF 3rd YEAR Tutorial rooms White board, hour, Ward Viva & Clinical CARE BDS SHOULD BE ABLE TO: Pictures, examination visits 2 hours, **PREOPERATIV** 1. Perform the tasks Video clips Class Quizzes involved in preparing a **E CARE** Group patient for theatre Activities. 2. Identify the common

problems affecting a





COLLEGE OF DENTISTRY patient's fitness for operation Optimize a patient's medical state prior to anaesthesia/surgery Take informed consent 5. Enlist the factors that put a patient at high risk from surgery and anaesthesia 6. Identify the problems of patients being treated as an emergency. BY THE END OF MODULE 2, POST-Written, OSPE, Lecture Hall Ward visits Multimedia, Lecture 1 **OPERATIVE** THE STUDENTS OF 3rd YEAR **Tutorial Rooms** White board, hour, Ward Viva & Clinical CARE BDS SHOULD BE ABLE TO: Pictures. visits 2 hours. examination 1. Understand the system of Video clips Class Quizzes postoperative care Group Enlist the common and Activities. presentations serious postoperative complications, their of delivered recognition, avoidance lectures by and treatment students BY THE END OF MODULE 2, Lecture Hall Ward visits/ Visit Multimedia, Lecture 1hour, Written, OSPE, 3. General THE STUDENTS OF 3rd YEAR Viva & Clinical **ANESTHESIA** Tutorial rooms to operation White board, Ward visits 1 theaters to be BDS SHOULD BE ABLE TO: hour, Visit to Pictures, examination 1. Understand anaesthetic familiar with Video clips operation Class Quizzes duties preoperatively, Instruments for theater 1 hour Group peroperatively and G/A and Activities. postoperatively. Anaesthesia presentations 2. Describe the Principles of Machine of delivered anesthesia and General lectures by anaesthesia triad students 3. Learn the techniques for maintaining an airway and mechanical ventilation 4. Deal with the special problems of day care surgery 5. Enlist the drugs used for G/Anaesthesia 4. Local/ BY THE END OF MODULE 2, Lecture Hall Ward visits Multimedia, Lecture 1 Written, OSPE, THE STUDENTS OF 3rd YEAR regional Tutorial rooms White board, hour, Ward Viva & Clinical anesthesia BDS SHOULD BE ABLE TO: visits 2 hours. examination Pictures. and Pain Understand and learn Video clips Class Quizzes Relief common local Group anaesthesia techniques Activities. presentations Recall common local anesthetic drugs with of delivered doses lectures by Describe the methods of students providing pain relief advantages and dangers 4. Understand principles underlying the provision of postoperative analgesia 5. Play the role in the management of chronic pain and pain arising from malignant disease 5. FLUID AND Written, OSPE, BY THE END OF MODULE 2, Lecture Hall Ward visits Multimedia, Lecture 1 White board, THE STUDENTS OF 3rd YEAR Viva & Clinical **ELECTROLYTE Tutorial Rooms** hour, Ward BDS SHOULD BE ABLE TO: Pictures, visits 2 hours, examination 1. Describe different types Video clips Class Quizzes of fluid and electrolytes Group Activities. which ae important for

normal daily activities





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	Calculate fluid and electrolyte requirements in the pre and postoperative patients					presentations of delivered lectures by students
6. NUTRITION	BY THE END OF MODULE 2, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1. Understand the nutritional requirements of surgical patients and the nutritional consequences of intestinal resection 2. Describe the different methods of providing nutritional support and their complications	Lecture Hall Tutorial Rooms	Ward visits	Multimedia, White board, Pictures, Video clips	Lecture 1 hour, Ward visits 2 hours,	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities. presentations of delivered lectures by students
7. STERILIZATION AND DISINFECTION	BY THE END OF MODULE 2, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1. Understand different methods of sterilization for different surgical equipments. 2. Describe different disinfectants use in surgical practice. 3. List the steps of scrubbing, gowning and gloving correctly	Lecture Hall	Ward visits/OT Visit to CSSD	Multimedia, White board, Pictures, Video clips	Lecture 1 hour, Ward visits 2 hours,	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities.
MODULE 4: TRAUMA 1. TRAUMA-ATLS PROTOCOL	BY THE END OF MODULE 3, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1.Identify the sequence of priorities in the early assessment of the injured patient 2.Learn the principle of triage in immediate management of the injured patient 3.Understand the concepts of injury recognition prediction based on the mechanism and energy of injury 4.Apply the principles of primary and secondary surveys in the assessment and management of trauma 5.Learn techniques for the initial resuscitative and definitive care aspects of trauma 6.Perform the necessary protocols to allow early stabilisation of the patient leading on to definitive care 7.Recognise Certain important groups of patients and their differing management	Lecture Hall Tutorial Rooms	Ward visits/ Primary trauma care workshop in Skills Lab	Multimedia, White board, Pictures, Video clips	Lecture 1 hour, Ward visits 2 hours,	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities. presentations of delivered lectures by students
2. TORSO TRAUMA	BY THE END OF MODULE,STUDENTS SHOULDE BE ABLE TO UNDERSTAND 1. That the management of trauma is based on physiology as well as anatomy (as in general surgery)	Lecture Hall and skills lab	Ward visits and Visit to Emergency department and operation theatre	Multimedia, White board, Pictures, Video clips	Lecture 3hour and ward visit 2 hour	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities. presentatio ns of delivered





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3. MAXILLOFAS CIAL TRAUMA	 The gross and surgical anatomy of the chest andabdomen The pathophysiology of torso injury The strength and weaknesses of clinical assessment inthe injured patient The operative approaches to the thoracic cavity The special features of an emergency room thoracotomyfor haemorrhage control BY THE END OF MODULE 3, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 	Lecture Hall Tutorial Rooms	Ward visits	Multimedia, White board, Pictures,	Lecture 1 hour, Ward visits 2 hours,	lectures by students Written, OSPE, Viva & Clinical examination
	1. Able to recognize the life-threatening nature of facial injuries through compromise of the airway andassociated head and spinal injuries 2. Follow correct methodology for examining facial injuries 3. Classify of facial fractures 4. Understand the diagnosis and management of fractures of the middle third of the facial skeleton and the mandible 5. Understand the importance of early and accurate reimplantation of avulsed permanent teeth 6. Appreciate importance of careful cleaning and accurate suturing of facial lacerations			Video clips	ENTISTRY *	Class Quizzes Group Activities. presentations of delivered lectures by students
4. SPINAL TRAUMA	BY THE END OF MODULE 3, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1.Undestand The accurate assessment of spinal trauma • 2.Familiar with basic management of spinal trauma and the major pitfalls	Lecture Hall Tutorial Rooms	Ward visits	Multimedia, White board, Pictures, Video clips	Lecture 1 hour, Ward visits 2 hours,	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities.
5. HEAD INJURIES (TRAUMATIC BRAIN INJURIES)	BY THE END OF MODULE 3, THE STUDENTS OF 3rd YEAR BDS SHOULD BE ABLE TO: 1. Understand the anatomy and physiology of the skull and brain 2. Classify of head injuries and identify patients with brain trauma 3. Assess Glassgow Coma Scale of patients with head injury 4. Recognize secondary brain injury and take	Lecture Hall Tutorial Rooms	Ward visits	Multimedia, White board, Pictures, Video clips	Lecture 1 hour, Ward visits 2 hours,	Written, OSPE, Viva & Clinical examination Class Quizzes Group Activities. presentations of delivered lectures by students





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	necessary actions for its					
	avoidance					
	Plan the safe treatment					
	of head injuries					
6. BURNS	BY THE END OF MODULE 3,	Lecture Hall	Ward visits	Multimedia,	Lecture 1	Written, OSPE,
	THE STUDENTS OF 3rd YEAR			White board,	hour, Ward	Viva & Clinical
	BDS SHOULD BE ABLE TO:			Pictures,	visits 2 hours,	examination
	1. Assess the area and			Video clips	VISITS 2 110013,	Class Quizzes
	depth of burns			Video clips		Group
	2. Calculate the rate and					Activities.
	quantity of fluids for					
	resuscitation					
	3. Describe the					
	pathophysiology of					
	electrical and chemical					
	burns					
MODULE 5:	BY THE END OF MODULE 4,	Lecture Hall	Ward visits	Multimedia,	Lecture 1	Written, OSPE,
1)SKIN AND	THE STUDENTS OF 3rd YEAR			White board,	hour, Ward	Viva & Clinical
SUBCUTANEOU	BDS SHOULD BE ABLE TO:	CAP IV		Pictures,	visits 2 hours,	examination
S TISSUE	Understand the structure			Video clips	VI3II3 Z 110013,	Class Quizzes
3 11330L				Video Clips		
	and functional properties					Group
	of skin					Activities
	2. Classify and manage					
	benign and malignant					
	skin tumors and vascular					
	skin lesions					
4	3. Identify common					
	cutaneous manifestations	A				
	of generalized disease					
	that are seen in surgical					
	practice					
2) Principles in	BY THE END OF MODULE 4,	Lecture Hall	Ward visits	Multimedia,	Lecture 1	Written, OSPE,
the	THE STUDENTS OF 3rd YEAR	Lectore Hall	VVOIG VISITS	White board,	hour, Ward	Viva & Clinical
Management	BDS SHOULD BE ABLE TO:			Pictures,	visits 2 hours,	examination
of common				Video clips		Class Quizzes
Skin and Soft	1.Understand Ulcers,					
Tissue	abcesses, sinus, fistula and					
problems:	swelling definitions.					
Ulcers,	2.Types, Sign and symptoms					
Abscesses,	of ulcer sinus fistulas abscess		The said			
Sinus & Fistulae,	3.Investigate these					
Swellings,	conditions keeping in mind					
Embedded	about pathophysiology.		E C			
foreign bodies	4. Understand Treatment by		The state of the s			
and Minor	antibiotics or Treatment by				<i>T. I</i>	
injuries						
MODULE 6	BY THE END OF MODULE 5,	Lecture Hall	Ward visits	Multimedia,	Lecture 1	Written, OSPE,
	THE STUDENTS OF 3rd YEAR	recipie Hall	VVOIG VISIIS	- A ' ' I ' ' A		
HEAD AND				White board,	hour, Ward	Viva & Clinical
NECK	BDS SHOULD BE ABLE TO:			Pictures,	visits 2 hours,	examination
1. CLEFT LIP	Understand The aetiology		1	Video clips		Class Quizzes
AND PALATE	and classification of cleft		7.1			Group
	lip and palate	p				Activities.
	2. Know the principles of		0 31			
	reconstruction of cleft lip					
	and palate					
	3. Outline the key features of					
	the perioperative care of					
	the child with cleft lip and					
	palateand associated					
	complications of cleft lip					
	and palate and their					
	management					
2. SALIVARY		Lecture Hall	Ward visits	Multimedia,	Lecture 1	Writton OSDE
	BY THE END OF MODULE 5,	reciole uali	VVOIG VISITS			Written, OSPE,
GLAND	THE STUDENTS OF 3rd YEAR			White board,	hour, Ward	Viva & Clinical
DISORDERS	BDS SHOULD BE ABLE TO:			Pictures,	visits 2 hours,	examination
	Understand the surgical			Video clips		Class Quizzes
	anatomy of the salivary					Group
	glands					Activities
	2. Describe the presentation,					
	pathology and					
					•	





			DEMISIKI			
	investigation of salivary					
	gland disease					
	3. Outline he medical and					
	surgical treatment of					
	stones, infections and					
	tumours that affect					
	salivary glands					
0 1507			14/ 1 11	1 4 11: I	1 1 1)44:II OCDE
3. NECK	BY THE END OF MODULE 5,	Lecture Hall	Ward visits	Multimedia,	Lecture 1	Written, OSPE,
SWELLINGS	THE STUDENTS OF 3rd YEAR			White board,	hour, Ward	Viva & Clinical
OTHER THAN	BDS SHOULD BE ABLE TO:			Pictures,	visits 2 hours,	examination
THYROID	Understand different types			Video clips		Class Quizzes
	of neck swellings with their					Group
	clinical importance					Activities
	2. Outline the treatment					
	plan for each condition.					
MODULE 7	BY THE END OF MODULE 6,	Lecture Hall	Ward visits,	Multimedia,	Lecture 1	Written, OSPE,
ENDOCRINE	THE STUDENTS OF 3rd YEAR		Clinical Neck	White board,	hour, Ward	Viva & Clinical
1. THYROID	BDS SHOULD BE ABLE TO:		Examination on	Pictures,	visits 2 hours,	examination
AND	Understand the		simulated patient	Video clips	VI3II3 Z 110013,	Class Quizzes
PARATHYRO	development and		simolatea patierti	Video Clips		
						Group Activities
ID GLAND	anatomy of the thyroid					ACIIVIII62
	and parathyroid glands					
	2. Describe the patho-			7 _0		
	physiology and clinical					
	menifestations of hypo					
	and hyper thyroidism					
	3. Enlist the investigations of					
	thyroid and parathyroid	\ \				
	function					
	4. Outline the treatment					
	plan for thyroid swellings					
MODULE 8:	BY THE END OF MODULE 7,	Lecture Hall	Ward visits	Multimedia,	Lecture 1	Written, OSPE,
VASCULAR	THE STUDENTS OF 3rd YEAR	Eccioio i ian	77 GTG 715115	White board,	hour, Ward	Viva & Clinical
1. ARTERIAL	BDS SHOULD BE ABLE TO:			Pictures,	visits 2 hours,	examination
DISORDERS	Understand the nature			Video clips	VI3II3 2 110013,	Class Quizzes
DISORDERS	and associated features			Video clips		Group
				_		•
	of occlusive arterial					Activities
	disease					
	2. Enlist the investigations					
	and treatment options for		- A			
	occlusive arterial disease					
	3. Describe the nature and					
	principles of					
	management of the		The second second		3 /	
\ \	severely ischaemic limb				J. III	
	4. Discuss the nature and					
	presentation of					
	aneurysmal disease,					
	particularly of the					
	abdominal aorta					
	5. Present the investigative					
	and treatment options for	1	T. 1.			
	aneurysmal disease	P	- A\ U			
2. VENOUS		Lecture Hall	Ward visits	Multimedia,	Lecture 1	Writton OCDE
	BY THE END OF MODULE 7,		Wala visits			Written, OSPE,
DISORDERS	THE STUDENTS OF 3rd YEAR	** *		White board,	hour, Ward	Viva & Clinical
	BDS SHOULD BE ABLE TO:			Pictures,	visits 2 hours,	examination
	1.Describe the Venous			Video clips		Class Quizzes
	anatomy of lower limbs and					Group
	the physiology of venous			1		Activities
	return					
	2.Understand the					
	pathophysiology of venous			1		
	disease					
	3.Describe the clinical			1		
	significance of varicose veins					
	4.Define Deep venous					
	thrombosis and appreciate					
	its clinical presentation and					
	•					
	complications			1		





5.Enlist the causes and preventive measures and treatment of DVT 3. Peripheral BY THE END OF MODULE 7, Lecture Hall Ward visits Multimedia, Lecture 1 Written, OSPE, THE STUDENTS OF 3rd YEAR Viva & Clinical White board, hour, Ward nerve Injuries BDS SHOULD BE ABLE TO: Pictures, visits 1 hours, examination 1. Understand clinical features Video clips and treatment of different peripheral Nerve injuries **MODULE 9:** BY THE END OF MODULE 8, Lecture Hall Ward visits Multimedia, Lecture 1 Written, OSPE, ABDOMINAL1. THE STUDENTS OF 3rd YEAR Viva & Clinical Abdominal White board, hour, Ward HISTORY & BDS SHOULD BE ABLE TO: Examination Pictures, visits 2 hours, examination **EXAMINATION** 1. Understand the Video Video clips Class Quizzes OF ABDOMEN importance of history-Abdominal Group Examination on taking and abdominal Activities examination in the overall Simulated and assessment of the surgical real patients 2. Make a structured format for history-taking 3. Describe the mechanisms behind both the symptoms produced by abdominal conditions and the signs elicited from abdominal examination, in order to explain the underlying diagnosis 2. HERNIAS,UM BY THE END OF MODULE 8, Ward visits Written, OSPE, Lecture Hall Multimedia, Lecture 1 THE STUDENTS OF 3rd YEAR White board, Viva & Clinical **BILICAL AND** Hernial hour, Ward **ABDOMINAL** BDS SHOULD BE ABLE TO: Examination on Pictures, visits 2 hours, examination Class Quizzes WALL 1. Describe the anatomy of Real patients Video clips the Inguinal and ventral Group Activities hernias. 2. Enlist the causes and types of hernias 3. Understand different methods of Hernia Repair 4. Know that hernias can strangulate and then become surgical emergencies BY THE END OF MODULE 8, 3. CHOLELITHI Lecture Hall Ward visits Multimedia, Lecture 1 Written, OSPE, ASIS AND THE STUDENTS OF 3rd YEAR Visits to ER and White board, Viva & Clinical hour, Ward **CHOLECYSTI** BDS SHOULD BE ABLE TO: Operation Pictures, visits 2 hours, examination 1. Enlist the causes of **Theaters** Video clips Class Quizzes abdominal pain in Group Act different quadrants. ivities 2. Describe types,causes,symptoms and signs of gall stone diseases along with treatment plan 4. OBSTRUCTIV BY THE END OF MODULE 8, Lecture Hall Ward visits Multimedia, Lecture 1 Written, OSPE, E JUNDICDE THE STUDENTS OF 3rd YEAR Viva & Clinical Visits to ER and White board, hour, Ward BDS SHOULD BE ABLE TO: Operation Pictures, visits 2 hours, examination 1.Understand different **Theaters** Video clips causes and clinical features of surgical jaundice. 2.Understand different investigations along with treatment plan of each cause











LEARNING OUTCOMES

	ORAL MEDICINE
By the end of the y	ear students of 3rd year BDS should be able to:
Knowledge	ldentify 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 orofacial pain. Discuss systemic diseases and its oral presentations along with its management. 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 learning methods for lifelong learning. Show evidence of ability to undertake research 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 **Attitude** 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







	COURSE TITLE - PRIN	CIPLES	OFIN	VESTIG	ATION A	AND DIAG	SNOSIS	
Topic	Learning Objectives	Lecture Hours	Tutorial Hours	Clinical Rotation	Total Teaching Hours	Mode of Assessment	Teaching methodology	Activity tool
Principles of Investigation and Diagnosis	Define Oral Medicine. Discuss the steps involved in devising an effective diagnosis and treatment plan. List essential features of history taking. Discuss component of examination (Intra & extra oral examination) Discuss importance of Investigation. List types, indications and contra indications of the following. Histopathological	03 Hours	02 Hours	10 Hours	15 Hours	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative
	(Biopsy) • Molecular (immunohistochemistry, immunofluorescent) • Imaging modalities (Radiographs, CT/CBCT, MRI) • Baselines (Hematology, etc.)							
Clinical Examination	Discuss steps for examination of the following. 1. Ulcer 2. Swelling 3. TMJ and muscles of mastication 4. Cranial nerve examination (V & VII) 5. Lymph nodes	02 Hours	02 Hours	10 Hours	14 Hours	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative
Medical Emergencies In Dental Practice	List medical emergencies occurring during dental procedure. List all the Emergency Drugs and Equipment required in a dental office. Discuss an anxiety reduction protocol. Discuss predisposing factors, sign and symptoms and management protocols of the following. 1. Vasovagal Syncope 2. Acute hypoglycemia 3. Anaphylactic shock 4. Stroke 5. Myocardial Infarction 6. Asthma 7. Hemorrhage 8. Circulatory collapse in patients on corticosteroid treatment	02 Hours	O2 Hours	5 Hours	09 Hours	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative





	COURSE TITLE: I	NFECTI	ONS C	OF GINC	SIVAE A	ND ORAL	MUCOSA	
Topic	Learning Objectives	Lecture Hours	Tutorial Hours	Clinical Rotation	Total Teaching Hours	Mode of Assessment	Teaching methodology	Activity tool
Bacterial Infection	Draft classification of bacterial infections in relation to oral mucosa. List of etiological factors, clinical features, investigation and management options of: 1. Cellulitis & Abscess 2. Actinomycosis 3. ANUG 4. NOMA 5. Tuberculosis	03 Hours	02 hours	ED/(05 hours	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL, PBL	Padlet, Socrative
	 Devise classification of Syphilis on the basis of duration. List Oral manifestations and management protocols of different types of Syphilis. 					8		
Viral Infections	Classify viral infection in relation to oral mucosa. Discuss predisposing factors, Oral Manifestation, clinical features, Investigations, diagnostic criteria and Management of the following: Herpes Simplex virus (Herpetic gingivastomatitis & Herpes Labialis) Herpes zoster (Chicken Pox and shingles) Herpangina Coxsackievirus (Hand, Foot and Mouth disease.) Cytomegaly virus Epstein bar virus (Infectious Mononucleosis 7. Human immune	04 Hours	02 hours		06 hours	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative





					_		ı	1	1
Fungal	•	List fungal infections of Oral	03	02		05 hours	assignment,	Large teaching	Padlet,
Infections		cavity.	Hours	Hours			MCQS, OSCE,	group	Socrative
	•	Classify oral Candidiasis.					QUIZ	Small teaching	
	•	List various predisposing					Mini C-Ex	group	
		factors of oral candidiasis.						Buzz group	
	•	Discuss oral manifestation,						Flip classroom	
		management and differential						CBL	
		diagnosis of the following						PBL	
		fungal condition:							
		1. Acute pseudo-							
		membranous candidiasis.							
		2. Erythematous candidiasis.							
		 Chronic Hyperplastic Candidiasis. 							
		4. Chronic Atrophic							
		Candidiasis.							
		5. Denture Induced	OE						
		Stomatitis.			ED//				
		6. Angular Cheilitis.	. 01						
		7. Median Rhomboid							
		Glossitis.							
		8. Chronic Mucocutaneous							
		Candidiasis.							
		9. Mucormycosis							
Swellings of	•	List Differential diagnosis of	3 hours	2		5 hours	assignment,	Large teaching	Padlet,
head and	1	swelling of tongue, lip, floor of	\	hours			MCQS, OSCE,	group	Socrative
neck region		the mouth and neck.					QUIZ	Small teaching	
J	•	Enlist clinical features,					Mini C-Ex	group	
		diagnostic and primary						Buzz group	
		management protocol of						Flip classroom	
	1.	Fibroma						CBL	
	2.	Lipoma						PBL	
	3.	Lymphoma							
	4.	Hyperplastic/Reactive							
		lymphadenopathy lymph node						9	
	5.	Peripheral giant cell							
		granuloma			The same	4			
	6.	Kaposi sarcoma			E				
	7.	Epidermoid or dermoid cyst					7		
	8.	Cystic hygroma							
	9.	Thyroglossal duct cyst			No. of Control				
	10								
	112	. Wegener granulomatosis . Ranula							
		. Kuriuu					* * * * * * *	-	<u> </u>





	COURSE	TITLE: (ORAL	SOFT TIS	SSUE LES	SIONS		
Topic	Learning Objectives	Lecture Hours	Tutorial Hours	Clinical Rotation	Total Teaching Hours	Mode of Assessment	Teaching methodology	Activity tool
Red Lesions	List changes in normal Oral mucosa in red lesions. Classify red lesions of oral cavity. Enumerate Differentiating points between the red lesions on the basis of etiology, history, clinical features and management options of following: Erythroplakia Pyogenic Granuloma Peripheral Giant Cell	O2 Hours	02 Hours	ED/(ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative
Benign White Lesions	 List changes in normal Oral mucosa during development of white lesion. Classify benign white lesions of oral cavity. Enumerate Differentiating points of white lesions of the oral cavity on the basis of their etiology and clinical features. Discuss Etiology, Clinical Features, and Management Options of following: Oral epithelial naevus. Hereditary benign intraepithelial dyskeratosis Follicular keratosis (Darier's disease) Leukoedema Fordyce's granules Nicotinic stomatitis Frictional keratosis Smokers' keratosis 	03 Hours	02 Hours		5 hours	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative
Potentially Malignant Disorder	Define Potentially malignant disorders. Classify Premalignant lesions and conditions. Discuss Etiology, Clinical Features, and Management Options of following: Leukoplakia. Oral submucous fibrosis. Oral Lichen planus. Discoid Lupus erythematosus	03 Hours	02 hours	ون م		ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative



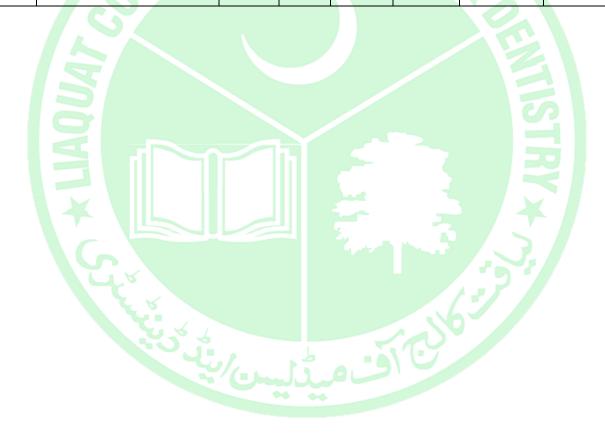


Pigmented	T	Define pigmentation	02	02	1	04 hours	assignment,	Largo togobino	Padlet,
•	•	Define pigmentation.			1	U4 HOUIS		Large teaching	
Lesions	•	List changes in normal oral	Hours	hours	1			group	Socrative
	1	mucosa during	ļ ,		ĺ			Small teaching	ĺ
	1	pigmentation.						group	
	•	Classify pigmented lesion of	1					Buzz group	
	1	oral cavity.	ļ ,					Flip classroom	
	•	List Etiology, Management	1					CBL	
	1	options and Clinical features	1					PBL	
	1	of following:	1						
	1	1. Amalgam tattoo.	ļ ,						
	1	 Malignant Melanoma. 	1						
	1	_	1						
		3. Amelanotic Melanoma.	[.						
		Diagram for substance of	1						
	•	Discuss features to							
	1	discriminate between							
		Ecchymosis, Petechiae, and	1						
	1	Purpura on the basis of their			FR.				
	1	clinical features.			r/11/	D 7			
	•	Describe Hemochromatosis.			- UIA	7/12			
	•	Discuss clinical features and							
	1	etiology of Hemangiomas				7/1/			
		vascular malformations.	1						
	•	Explain causes and							
	1	incidence of Hereditary							
		Hemorrhagic Telangiectasia.	1		/ /		TA 1	N.	1
Oral	•	Define Oral ulcers.	03	01		04 hours	ASSIGNMENT,	Large teaching	Padlet,
Ulceration		Classify oral ulcers				5-110013		group	Socrative
J.COI GIIOI I	174	on the basis of	Hours	hours				Small teaching	Jocialive
		etiology.							
								group Buzz group	
à à	•	List Etiology, Clinical						Buzz group	
<u> </u>	17	features and						Flip classroom	
<u> </u>	v	Management						CBL	
_ A	1	options for:					THE CA	PBL	
_ A	1	1. Traumatic ulcer							
	1 .	2. Recurrent Aphthous							
_	1	Stomatitis							1
1	1	a) Minor Aphthous Ulcer							1
			\[3			1
1		b) Major Aphthous	1] li			4			
\		Ulcers	\[\]			-		1 /	
		c) Herpetiform Ulcers			Barrio Contraction			¥ //	1
	1				4				
	•	Distinguishing features of			F				1
	1	Minor, Major and Herpetiform	\						1
	1	ulcers on the basis of their	\						1
	1	clinical presentation.						V	i
	•	Define Bechet's Disease.					125 4	1	1
	•	Discuss clinical features,	1						
	1	Diagnostic criteria and							1
		management options of				7 7/4			
		Bechet's disease.	Į i						1
		111111111111111111111111111111111111111	L 🔊	ط		(")"			1
	1		44 W					i	





Vesiculo-	•	Define Vesiculo-bullous	03	02		05 hours	assignment,	Large teaching	Padlet,
bullous		Diseases.	Hours	hours			MCQS, OSCE,	group	Socrative
Diseases	•	Classify Vesiculo-bullous					QUIZ	Small teaching	
		Diseases.					Mini C-Ex	group	
	•	Discuss Etiology, types,						Buzz group	
		clinical features, Immune						Flip classroom	
		pathology and						CBL	
		management of.						PBL	
		 Pemphigus Vulgaris 							
		Pemphigoid							
		Dermatitis							
		herpetiformis and							
		linear IgA disease							
		Epidermolysis bullosa							
		5. Erythema multiforme							
	•	Discuss Stevens Johnson							
		Syndrome & Toxic Epidermal		\mathbf{n}					
		Necrolysis		IVI					
			Oi		-0//				
							-0		







COURSE TITLE: MOTOR & SENSORY DISORDERS										
Topic	Learning Objectives	Lecture Hours	Tutorial Hours	Clinical Rotation	Total Teaching Hours	Mode of Assessment	Teaching methodology	Activity tool		
Oro Facial Pain Disorders	Define Oro facial pain & Neuralgia. Classify Oro facial pain on the basis of its etiology and clinical features. List etiological factors, clinical features, investigation and management Options of following: 1. Trigeminal neuralgia. 2. Atypical facial pain. 3. Post herpetic neuralgia. 4. Glossopharyngeal neuralgia 5. Chronic oro-facial pain. 6. Burning mouth syndrome. 7. Giant cell Arteritis. 8. Migraine 9. Cluster headache 10. Tension type headache. Enlist Distinguishing features trigeminal neuralgia and post herpetic neuralgia.	06 Hours	02 hours		08 hours	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative		

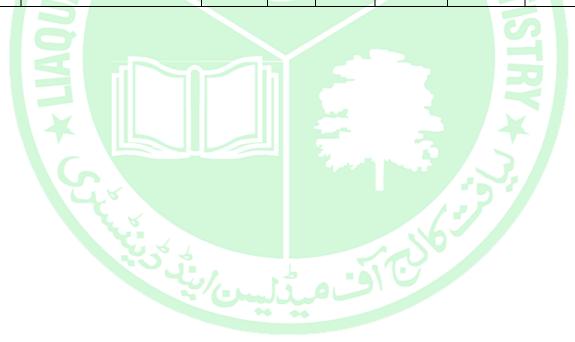
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Facial Palsy Define Facial palsy. Classify Facial palsy O2 hours O2 hours MCQS, OSCE, group	Socrative
according to its QUIZ Small teach	rig
severity (house- Mini C-Ex group	
Brackman's Buzz group	
classification) Flip classroo	m
List clinical features, CBL	
diagnostic and PBL	
management options	
of Bell's palsy.	
Enumerate Distinguishing	
characteristics between	
Bell's Palsy and Ramsay	
hunt syndrome on the	
basis of their features.	
List clinical features of	
Melkersson- Rosenthal	
Syndrome.	
Syndicine.	







Торіс	Learning Objectives	Lecture Hours	Tutorial Hours	Clinical Rotation	Total Teaching Hours	Mode of Assessment	Teaching methodology	Activity tool
TMJ Disorders	Classify TMJ disorders according to Articulation and Etiology. Discuss MPDS with respect to their Clinical Features, Etiology & Management. Define Internal Derangements. Classify Internal Derangements according to reduction pattern. List signs and symptoms of internal derangement on the basis of their classification. List classification of Trismus on the basis of etiology Discuss etiology, clinical features, radiographic features and management of Ankylosis. Discuss Temporomandibular joint Dislocation with respect to their Etiology, Clinical features, investigation and management protocols. List conservative and surgical management options for TMJ disorders. Discuss causes and management options for TMJ disorders. Discuss causes and management of Bruxism. Classify Occlusal splints and its features.	06 Hours	02 hours		08 hours	Assignment MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative





	COURSE T	ITLE: SA	LIVAR	Y GLA	ND DISC	RDERS		
Topic	Learning Objectives	Lecture Hours	Tutorial Hours	Clinical Rotation	Total Teaching Hours	Mode of Assessment	Teaching methodology	Activity tool
Salivary Gland Disorders	 Classify diseases of salivary gland on the basis of: Functional disorders Obstructive disorders Non-neoplastic disorders Neoplastic disorders. Define Ptyalism and Xerostomia. List causes and treatment options of ptyalism and Xerostomia. List features that distinguish Between sub mandibular and parotid gland swellings. Discuss various risk factors of salivary gland infections. Discuss clinical features, etiology, investigation and management options for: Acute Bacterial Sialadenitis Suppurative parotitis Chronic sialadenitis Viral sialadenitis. Salivary calculi. Narcotizing sialometaplasia Sialadenosis Discuss clinical features, etiology, diagnostic criteria and treatment options for types of mucoceles. Define Sjogren's Syndrome. List clinical features, etiology, diagnostic criteria and management protocols of Sjogren' Syndrome 	06 Hours	02 hours		08 hours	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative



Oral

Manifestations

of Endocrine

Disorders

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



COURSE TITLE: ORAL MANIFESTATION OF SYSTEMIC DISEASES Total **Teaching** Clinical Tutorial Lecture Mode of **Learning Objectives** Teaching **Activity tool Topic** methodology Hours **Rotation** Assessment Hours Hours Oral **Discuss** oral manifestation 04 02 06 Hours assignment, .arge teaching Padlet, Socrative Manifestations and management of MCQS, OSCE, group Hours Hours of GIT Disorders Gastro-Esophageal Reflux QUIZ Small teaching group Buzz group Disorder. Mini C-Ex **Describe** oral manifestation, Flip classroom CBL investigation and dental management PBL consideration of. 1. Coeliac Disease. Crohn's disease. Ulcerative colitis. Oro facialgranulomatosis. Peutz-jegher syndrome. 6. Pyostomatitis vegetans.

01 Hour

assignment,

MCQS, OSCE,

QUIZ

Mini C-Ex

Large teaching

Small teaching

group

group

CBL

PBL

Buzz group Flip classroom Padlet, Socrative

02

Hour

عَلَيْنَ الْسِيدِ

Discuss oral manifestation,

considerations of following:

Cushing's disease

Hyperpituitarism

Hyperthyroidism Hyperparathyroidism

Addison's disease

Diabetes Mellitus. Cretinism.

Myxedema.

3. Hypothyroidism

investigation and dental

management

2.

5.

7.

8.





Oral Manifestations of Cardiovascular Disorders	Discuss oral manifestations, protocol for the dental treatment or management consideration of patients with CVS diseases. Coronary Artery disease Valvular heart disease Heart failure Kawasaki disease	02 Hour	01 Hour		02 Hour	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex		Padlet, Socrative
	Describe management of patients on Warfarin therapy and on anti- platelet medications. Describe current guidelines for antibiotic prophylaxis for infective endocarditis. Describe oral manifestations of anti- hypertensive medications	OF	M	ED,				
Oral Manifestations of Renal Disorders	Discuss oral manifestations, protocol for the dental treatment or management consideration of patients with: Chronic renal failure Uremic stomatitis Renal transplant	01 Hour	01 Hour	THE THE	02 Hour	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative
Oral Manifestation of Respiratory Disease	Discuss oral manifestation, investigation and dental management consideration of following: 1. Tuberculosis 2. Asthma 3. COPD 4. Sarcoidosis	01 Hour	01 Hour	نام	02 Hour	ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative





Oral Manifestations of Hematological Disorders	Discuss oral manifestation, investigation and dental management considerations of following: 1. Iron deficiency anemia. 2. Vitamin B-12 deficiency 3. anemia. 4. Folic acid deficiency anemia. 5. Sickle cell anemia. 6. Plummer Vinson syndrome	02 Hour	01 Hour			ASSIGNMENT, MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative
	7. Leukemia • Discuss oral manifestation, investigation and dental management considerations of hemorrhagic disorders: a. Purpura b. Von Willebrand's disease c. Hemophilia	OF /		ED.	GIN		SITIS	
Miscellaneous	Discuss Cross infection control management protocols in dental OPD. Discuss of effects of Radiotherapy and Chemotherapy on Oral mucosa List clinical features of different types of Syndromes associated with head and neck region. Devise differential diagnosis for red and white lesion according to sites	04 Hour	02 Hour		06 Hour	Assignment MCQS, OSCE, QUIZ Mini C-Ex	Large teaching group Small teaching group Buzz group Flip classroom CBL PBL	Padlet, Socrative





CLININCAL ROTATIONS & DEMONSTRATION

At the end of clinical rotation in oral medicine & diagnostics, students should be able to.

LEARNING OBJECTIVES	LEARNING MODALITY	MODE OF ASSESMENT		
Establish patient history taking	Simulation-based- learning	Mini CEX OSCE		
Perform Intra oral & extra oral examination	Simulation-based- learning	Mini CEX OSCE		
Perform Examination of	Simulation-based- learning	Mini CEX OSCE		
Interpret Radiographs:5 Periapical X-rays1 OPG	Tutorial	OSCE		
Manage Medical Emergencies in dental practice	CBL	OSCE		
Draft referral letter	Tutorial	OSCE		
Formulate prescription	Evidence-based- medicine	OSCE		
Write Informed consent	Tutorial	DOPS		
Devise effective Drug considerations for patients with systemic disorder/Pregnancy & lactation	Tutorials	Poster presentation/OSCE		
Demonstrate steps of taking radiograph (periapical)	Hands-on/Simulation based learning	Mini-Cex		











LEARNING OUTCOMES

(ORAL PATHOLOGY
By the end of the y	vear students of 3rd year BDS should be able to:
Knowledge:	 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:	 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.
	 Maintain healthy environment in the classroom as well as in the practical classes with colleagues, seniors, and department faculty. Avoid baseless arguments and harsh
Attitude:	comments during lectures and group discussions.Cooperate with fellow colleagues during handling of microscope and slides.





	COURSE TOPIC: ABNORM	ALITIES O	F TEETH		
Contents	Learning Objectives	Mode of 1	[eaching	Expected hours	Assessment Tools
		Class Room	Practical's		1000
Disturbance in the number and size of teeth	Describe the clinical and radiographic features of disturbances in number of teeth i.e: i) Anodontia, ii) Hyperdontia/ Supernumerary teeth, iii) Hypodontia/ Oligodontia and associated syndromes. iv) Impaction Describe the types of disturbances in size of teeth with their associated disorders i.e i) Macrodontia	Lecture	805	1 hour	Class Test, BCQs Assignment & Final Exam Socrative activity
Disturbance in form of teeth	ii) Microdontia • Discuss the types of alterations in shape of teeth that are: i) Gemination ii) Fusion iii) Concrescence, iv) Dens invaginatus v) Dens evaginatus vi) Enamel pearls vii) Taurodontism viii) Dilaceration ix) Supernumerary roots • Differentiate between the terms on the basis of their etiological factors: i) Attrition ii) Abrasion	Lecture		1 hour	
Disturbance in structure of teeth	iii) Erosion Describe the etiology, types and clinical features of the following: i) Disturbances in structure of enamel a. Environmental defects of enamel b. AmelogenesisImperfecta ii) Disturbances in structure of dentine a. DentinogenesisImperfecta b. Dentine Dysplasia iii) Disturbances in structure of cementum a. Hypercementosis iv) Anomalies of pulp	Lecture		1 hour	





a. Pulp Calcifications b. Internal Resorption c. External Resorption Discoloratio n of teeth Discuss the causes and clinical features

of exogenous and endogenous

discoloration of teeth

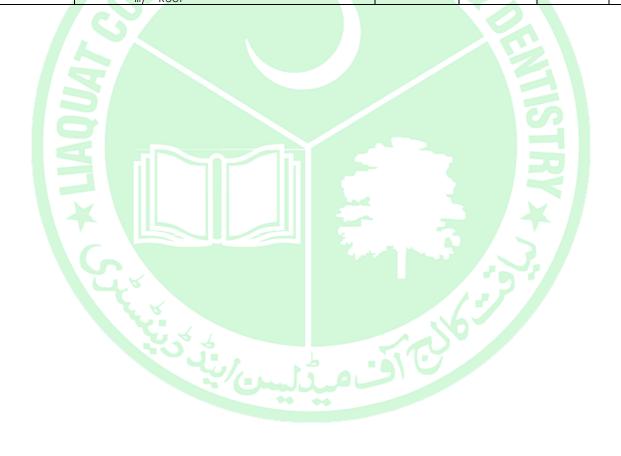
	COURSE TITLE: DISEASES OF PULP								
Contents	Learning Objectives	Mode of 1	eaching	Expected hours	Assessment				
		Lecture	Practical		Tools				
Classification, Etiology and histopathology of pulpitis	Discuss etiology of pulpitis Classify pulpitis on the basis of: i) Duration ii) Involvement of pulp iii) Communication iv) Pathogenesis Differentiate between different types of pulpitis on the basis of clinical and diagnostic features	Lecture	Practical		BCQs, Class Test & Final Exam				
Spread of infection	Explain the spread of infection, pathogenesis, clinical and diagnostic features of: i) Acute periapical periodontitis ii) Chronic periapical periodontitis iii) Periapical abscess iv) Periapical granuloma v) Periapical cyst vi) Osteomyelitis vii) Cellulitis viii) Ludwig's angina	Lectures			Class Test & Final Exam				

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	COURSE TITLE: DENTAL CARIES								
Contents	Learning Objectives	Mode of Teaching		Expected	Assessment				
Comenis	Economy Objectives	Lecture	Practical	hour	Tools				
Etiology of Dental Caries	Discuss the role of Dental Plaque, Microorganisms, Carbohydrates and other variables in the development of dental caries	Lecture		1	Class Presentation, Class Test &				
Classification of Dental Caries	Discuss dental caries on basis of:	Lecture		1	Final Exam				
Pathology &Histopathoge nesis of Dental Caries	Describe the course and histopathogenesis of dental caries in:	Lecture	Practical	2					







	COURSE TITLE: CYST (OF THE JA	ws		
Contents	Learning Objectives	Mode of	Mode of Teaching		Assessment Tools
		Lecture	Practical	hours	Tools
Classification and Origin of odontogenic cyst of the jaws	Classify the cysts of jaws on the basis of their origin; i) Epithelial cysts a. Odontogenic b. Non- odontogenic ii) Non-epthelial (primary bone cyst)	Lecture		1	Class Test, Assignment BCQs & Final Exam
Clinical, radiographic and histological features of Odontogenic cysts	Compare theclinical, radiographic and histological features of Odontogenic cyst i.e i) Periapical (radicular) cyst ii) Dentigerous and eruption cyst iii) Odontogenickeratocyst iv) Gingival cyst v) Lateral periodontal cyst vi) Calcifying odontogenic cyst vii) Glandular odontogenic cyst Discuss the pathogenesis of each of the cyst	Lecture Flipped Classroom	Practical	2	Class Test, Assignment & Final Exam
Clinical, radiographic and histological features of non- odontogenic cyst	Describe clinical, radiographic and histological features of Non-odontogenic cysti.e i) Nasopalatine cyst ii) Nasolabial cyst iii) Median cyst iv) Globulomaxillary cyst	Lecture		AISTR	Class Test, Assignment, BCQs & Final Exam
Non-epithelial/ pseudocyst	Describe clinical, radiographic and histological features of Non-epithelial/pseudo cyst i.e i) Traumatic bone cyst ii) Stafne's bone cavity iii) Anerysmal bone cyst	Lecture	K	X/	Assignment & Final Exam Padlet
					activity

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	COURSE TITLE: SPECIFIC AND NON-SPECIFIC INFECTION								
Contents	Learning Objectives	Mode of Teaching		Expected hours	Assessment Tools				
		Lecture	Practical		100.0				
Tuberculosis	Discuss Clinical features, pathogenesis and	Lecture	practical	2	Class Test & Final Exam				
Syphilis	histopathology of Tuberculosis and Syphilis				Small group activity				
Actinomycosis Pericoronitis and impacted teeth	Discuss Clinical features, pathogenesis and histopathology of Actinomycosis and Pericoronitis	Lecture		1	Class Test & Final Exam				

	COURSE TITLE: VERRUCAL-PAPILLARY LESIONS									
Contents Learning Objectives		Mode of Teaching		Expected	Assessment					
Comenis	Learning Objectives	Lecture	Practical	hour	Tools					
Benign lesions associated with Human Papilloma Virus	Describe the etiology, pathogenesis and diagnostic features of the following eactive/infectious lesions i) Squmaous cell papilloma ii) Papillary hyperplasia iii) Condylomalatum iv) Condylomaacuminatum v) Focal epithelial hyperplasia	Lecture	Practical		Final Exam					





Contents	Learning Objectives	Mode of	Teaching	Expected	Assessmen
Contents	Learning Objectives	Lecture	Practical	hour	Tools
Classification of White lesions	Classify white lesion of oral mucosa according to their etiology	Lecture		1	Class Test, Assignment of Final Exam
Hereditary white lesions	Describe the clinical &histopathological features hereditary white lesions i) Oral epithelial nevus ii) Leukoedema iii) Hereditary benign intraepithelial dyskeratosis iv) Follicular keratosis	Lecture		1	Class Test, Assignment & Final Exam
Reactive white lesions	Describe the clinical features of reactive white lesions i) Frictional hyperkeratosis ii) Nicotine stomatitis iii) Hairy leukoplakia iv) Hairy tongue	Lecture	Practical	2	Class Test, BCQs Assignment & Final Exam
Vascular lesions	Discuss etiology, pathogenesis, clinical features, and histopathology of the congenital vascular anomalies i) Congenital Hemangioma	Lecture	Practical	2	Class Test, Assignment & Final Exam
Reactive lesions	Discuss etiology, pathogenesis, clinical features, and histopathology of the following reactive lesions: i) Pyogenic granuloma ii) Peripheral giant cell granuloma iii) Peripheral fibroma iv) Generalized gingival hyperplasia v) denture induced fibrous hyperplasia	Lecture	Practical		BCQs, Assignment & Final Exam





	COURSE TITLE: VESSICULO	BULLOUS	LESIONS		
		Mode of 1	Mode of Teaching		Assessment
Contents	Learning Objectives	Lecture	Practical	hours	Tools
Vesicullobullous Conditions	Discuss the clinical &histopathological features of following vesiculobullous conditions i) Herpes Simplex infection ii) Varicella Zoster infection iii) Pemphigus vulgaris iv) Mucous membrane pemphigoid v) Bullous pemphigoid	Lecture Flipped classroom	Practical	2	Class Test, BCQs Assignment & Final Exam
Ulcerative Condition	Discuss the clinical &histopathological features of following ulcerative conditions i) Immunological diseases ii) Aphthous ulcers iii) Behcets syndrome iv) Erythema multiforme	Lecture	Practical	2	Presentation & Final Exam
Fungal Infection	Describe the etiology, clinical features, histopathological features and management of: i) Candidosis ii) Pseudomembranous candidosis iii) Erythmatouscandidosis iv) Candidal Leukoplakia v) Angular stomatitis vi) Denture induced stomatitis vii) Acute antibiotic stomatitis viii) Chronic muco-cutaneous candidiasis ix) Median rhomboid glossitis	Lecture	Practical		Presentation, Class Test, BCQs Assignment & Final Exam





	COURSE TITLE: ODONTOGENIC TUMORS							
Contents	Learning Objectives	Mode of Teaching		Expected hours	Assessment Tools			
		Lecture	Practical					
Odontomes	Classify odontogenic tumors on the basis of their origin	Lecture		1	Assignment, Class Test & Final Exam			
Odontogenic tumors	Describe etiology, pathogenesis, clinical and diagnostic features of tumors of odontogenic epithelium	Lectures Flipped classroom	Practical	2	Presentation, Class Test, BCQs Assignment & Final Exam			
Non Odontogenic Tumors	Discuss about the benign mesenchymalodontogenic tumors:	Lectures	Practical	2	Assignment, Class Test & Final Exam			

	COURSE TITLE: PREMALIGNANT LESIONS								
Contents	Learning Objectives	Mode of T	eaching Practical	Expected hours	Assessment Tools				
Preneoplastic and neoplastic white lesions	Describe etiology, pathogenesis, clinical features, histopathology and prognosis of preneoplastic, neoplastic and other lesions i) Leukoplakia ii) Oral Submucous fibrosis iii) Lichen planus iv) Lupus erythematosus v) Actinic cheilitis	Lecture Flipped classroom			Presentation, Class Test, BCQs Assignment & Final Exam				





COURSE TITLE: SQUAMOUS CELL CARCINOMA AND OTHER EPITHELIAL TUMORS

Contents	Learning Objectives	Mode of Teaching		Expected	Assessment
	Louining Objectives	Lecture	Practical	hour	Tools
Squamous cell carcinoma	Explain the etiology, epidemiology, pathogenesis, clinical features, histopathology and prognosis of basal cell and squamous cell carcinoma Describe staging and grading of squamous cell carcinoma	Lecture	Practical	2	Assignment & Final Exam
Basal Cell Carcinoma	Explain the aetiology, pathogenesis, clinical features, histopathology of Basal Cell Carcinoma	Lecture	Practical	2	Assignment & Final Exam

COURSE TITLE: SALIVARY GLAND DISEASES

Contents	Learning Objectives	Mode of Teaching		Expected hour	Assessment Tools
		Lecture	Practical		
Reactive lesions of salivary gland	Describe the clinical & histopathological features of reactive lesions of Salivary glands i) Mucous extravasation phenomenon ii) Mucus retention cyst iii) Necrotizing sialometaplasia	Lecture	Practical	2	Class Test & Final Exam
Bacterial & Viral Infections of salivary Gland	Describe pathogenesis, clinical and diagnostic features of the infections of the Salivary glands: i) Mumps ii) Bacterial sialadenitis iii) Sarcoidosis iv) Sjogren's syndrome v) Xerostomia vi) Cytomegaloviralsialadenitis	Lecture	5	2	BCQs, Class Test & Final Exam
Salivary gland tumors	Classify salivary gland tumors on the basis of their origin. Describe the pathogenesis, clinical and diagnostic features of salivary gland tumors. i) Pleomorphic adenoma ii) WArthin tumor iii) Basal cell adenoma iv) Oncocytoma v) Canalicular adenoma vi) Mucoepidermoid carcinoma vii) Acinic cell carcinoma viii) Adenoid cystic carcinoma	Lecture Flipped classroom		1	Class Test & Final Exam Small group activity





COURSE TITLE: METABOLIC AND GENETIC DISEASE								
Contents		Mode of	Teaching (Expected	Assessment Tools			
Contents	Learning Objectives	Lecture	Practical	hour				
Inherited and developmental disorder of bone	Describe the following genetic abnormalities and associate the developmental disorders with dental defects i) Cherubism ii) Osteopetrosis iii) Cleidocranial dysplasia	Lecture		1	Assignment & Final Exam Padlet activity			
Fibro-osseous lesion	 Classify fibro-osseous lesions on the basis of their origin Describe etiology, clinical features, pathogenesis and behaviour of fibro-osseous lesions. 	Lecture	Practical	1	Assignment & Final Exam			
Metabolic & endocrine disorder of bone	Discuss the pathogenesis and diagnostic features of following metabolic conditions: i) Paget's disease ii) Hyperparathyroidism iii) Hypothyroidism iv) Hyperthyroidism v) Hypophosphastasia	Lecture Flipped Classroom		1	Assignment & Final Exam			
Central giant cell granuloma	Describe clinical and diagnostic features ofcentral giant cell granuloma	Lecture	Practical	2	Assignment & Final Exam			
Tumors of bone	Classify tumors of bone on the basis of their origin. Describe etiology, pathogenesis, clinical and diagnostic features of bone tumors including: i) Osteoma and osteoblastoma ii) Osteosarcoma iii) Ossifying fibroma	Lecture	Practical	2	Assignment & Final Exam			
Oral Pigmentation	Classify oral pigmentation Describe the clinical and histological features of oral lesions caused by exogenous and endogenous pigmentation	Lecture			Assignment & Final Exam			

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COURSE TITLE: HUMAN IMMUNO DEFICIENCY VIRUS (HIV) INFECTION AND AIDS **Mode of Teaching Expected** Assessment **Contents Learning Objectives** hours **Tools** Lecture Practical Oral Lecture Assignment, Discuss the etiology, clinical features, investigation manifestation Class Test & and management of the following: of HIV Final Exam HIV- associated periodontal disease Kaposi's sarcoma Non-Hodgkins lymphoma Oral candidosis i∨) Viral infections vi) Hairy Leukoplakia Neurological disturbances viii) Atypical ulcerations ix) Idiopathic thrombocytopenic purpura HIV associated salivary gland disease X) Oral pigmentation

COURSE TITLE: TEMPOROMANDIBULAR JOINT DISORDERS									
Contents Learning Objectives		Mode of 1	reaching	Expected	Assessment				
		Lecture	Practical	hour	Tools				
Developmental disorders	Define: Aplasia, Hyperplasia and Hypoplasia of the mandibular condyle with examples	Lecture		1	Class test, BCQs and final exam				
Inflammatory Disorders	Describe: Traumatic arthritis, Infective arthritis, Rheumatoid arthritis with features	Lecture		1					
Osteoarthritis	Discuss the causes & clinical features of osteoarthritis	Lecture		1					
Functional Disorders	Describe the etiology, clinical features, radiographic features, investigation and management of Myofacial pain dysfunction syndrome and Disc displacement	Lecture		2					





COURSE TITLE: MISCELLANEOUS DISORDERS								
Contents	Learning Objectives	Mode of 1	Teaching .	Expected hour	Assessment Tools			
		Lecture	Practical	nour	IOOIS			
Fordyce's Granules	Define Fordyce's GranulesList clinical features of fordyce's granules	Lecture		1	Assignments ,BCQs and final exam			
Sublingual Varices	Define Sublingual varices	Lecture						
Geographic Tongue	 Define Geographic tongue Describe clinical, pathogenesis, and histological features of geographic tongue 	Lecture						
Crohn's Disease	 Define Crohn's Disease Describe clinical, pathogenesis, and histological features of Crohn's disease 	Lecture	æ					
Sarcoidosis	 Define Sarcoidosis Describe clinical, pathogenesis, and histological features of Sarcoidosis 	Lecture						
Wegener's Granulomatosis	 Define Wegener's Granulomatosis Describe clinical, pathogenesis, and histological features of Wegener's Granulomatosis 	Lecture						
Amyloidosis	Define AmyloidosisDescribe clinical features of Amyloidosis	Lecture						











LEARNING OUTCOMES

	PERIODONTOLOGY
By the end of the	year students of 3rd year BDS should be able to:
Rationale:	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. 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.
Knowledge:	 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:	 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.





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.







COURSE TITLE: THE NORMAL PERIODONTIUM						
Contents	Learning Objectives	Mode of Teaching		Expected hour	Assessment Tools	
		Lecture	Practical		100.0	
Introduction to Periodontology	Define PeriodontologyDiscuss history of Periodontology	Lecture		1		
The normal Periodontium	Anatomy of Periodontium Discuss external anatomic features related to the periodontium Oral Mucosa Define Oral Mucosa Describe Vascularization and Innervations of oral mucosa Describe Vascularization and Innervations of oral mucosa Describe the types of oral mucosa and their characteristics Periodontal Phenotype Discuss the term phenotype and its importance What anatomic features make up the periodontal phenotype The types and its implications Gingiva Discuss the macroscopic and microscopic features of gingiva (epithelium and connective tissues) Discuss the development of gingiva Classify gingiva on the basis of attachment, degree of keratinization and location Discuss clinical and histological features of gingiva Gingival Epithelium Classify Gingival epithelium on basis of location List the major functions and feature of gingival epithelium Classify Gingival epithelium on basis of location List the major functions and feature of gingival epithelium Gingival Connective Tissues Describe the layers of connective tissues Discuss the significant functions of connective tissues Describe the layers of connective tissues Define gingival fibers Explain the cellular elements of gingival fibers Classify gingival fibers according to their arrangement in groups Explain the cellular elements of gingival fibers Classify gingival fibers according to their arrangement in groups Explain the cellular elements of gingival fibers Classify gingival fibers according to their arrangement in groups Explain the cellular elements of gingival fibers Classify Periodontal ligament Classify Periodontal ligament fibers according to their location Discuss the histological features and functions of PDL	Lecture	OPD rotation	TISTRY	Class Participation Assignments Class test OPD Assessment Final Examination	



LIAQUAT COLLEGE OF MEDICINE AND DENTISTRY DEPARTMENT OF HEALTH PROFESSIONS EDUCATION



COLLEGE OF DENTISTRY Describe structure, cellular composition and extracellular components of PDL Discuss the development of principal fibers of PDL Describe the blood supply, nerve supply and lymphatics of the PDL Describe the various functions of PDL Describe the changes in the PDL space in different clinical conditions. **Define Cementum** Classify cementum according to fibers, location and cellular component Describe the major histological features and functions of cementum Discuss the Development, composition and repair of cementum Describe the Vascularization & innervations of cementum Define: Cementoenamel Junction and its types Hyeprcementosis

1	o Try opicornomosis	100
	o Ankylosis	
	Explain Consequences of cemental exposure to	
	the oral environment	
Ī	Define Alveolar Process	
	Classify alveolar process	
1	Describe the major histological features,	
	composition & functions of the alveolar process	
١	Discuss the anatomy and composition of alveolar	
	bone	
1	Differentiate between the periosteum and	
	endosteum	
	Discuss the process of remodeling and resorption	
	of alveolar bone	
	Describe the blood supply, nerve supply and	
	lymphatics of alveolar bone.	
1	Define:	7
ł	o Bone Marrow	

	o Fenestration and Dehiscence	_
Aging and periodontal Health aging and the Periodontium	 Discuss aging in the Periodontium in response to treatment and periodontal disease Discuss the effects of aging on the Periodontium Describe the changing patterns of periodontal health in older people Discuss the effects of aging on the progression of periodontal diseases Discuss the interaction of immunosense, inflammaging and non-immune response on the periodontium Discuss the systemic diseases and periodontal considerations briefly. Discuss the effects of treatment on aging individual. 	Lecture
Classification of disease &	Classify Periodontal diseases according to AAP 1999 (American academy of Periodontology)	Lecture

Socket wall Interdental septum

Periosteum and Endosteum

TISTRY	
	Class test Class Participation Group Assignment
	Final Examination
1	Class test Assignment Final
	Examination

disease & conditions affecting Periodontium	•	1999 (American academy of Periodontology) Classify Gingival Disease on basis of plaque induce or non-plaque induce Describe the rationale to classify periodontal
		diseases
	•	Classify periodontal diseases according to the

Describe the rationale to classify periodontal
diseases
Classify periodontal diseases according to the
current classifications (1999 - 2017).
Describe the characteristic features of gingival
and periodontal diseases.





COURSE TITLE: ETIOLOGY OF PERIODONTAL DISEASES Mode of Teaching **Expected** Assessment **Contents Learning Objectives** hour Tools Lecture **Practical** Lecture The need for epidemiology **Fundamentals** Final in the methods Examination Measure the occurrence of conditions or diseases of periodontal Discuss periodontal measures typically recorded epidemiology clinically Translate periodontal measures into traditional epidemiologic measures of disease occurrence Discuss true and surrogate measures of the periodontal condition Discuss the challenges of obtaining epidemiologic measures of periodontal conditions and diseases **Epidemiologic study designs** Explain randomized controlled trials, cohort studies, case-control Studies Causes Discuss the suspected modifiable causative factors for periodontal disease **Diagnosis** Differentiate between periodontal conditions and periodontal diseases Discuss diagnostic tests available for assessing periodontal conditions Interpret periodontal diagnostic test results to make the diagnosis of periodontal diseases OPD OPD Indices **Discuss** Rotation Assessment Plaque index Debris index PMA index Gingival index Sulcus bleeding index Periodontal index Periodontal destructive index Define CPITN index and component of CPITN Periodontal Lecture 2 Class Discuss the histopathology of periodontal disease Disease **Participation** and compare the histology of clinically healthy **Pathogenesis** gingival tissues vs the histopathology of the Class test gingivitis and periodontitis Group Explain the inflammatory responses in the **Assianment** periodontium Final Identify the link between periodontal disease Examination pathogenesis to clinical signs of disease Discuss the process of resolution of inflammation Discuss the immune response in periodontal pathogenesis Describe the concept of host susceptibility and the immune response in periodontal pathogenesis Describe the concept of host susceptibility Role of Dental Lectures OPD Class Define Supraginaival and Subginaival Calculus calculus and Rotation Participation Discuss the composition, formation and etiologic other local Group significance predisposing Discuss the significance of predisposing factors **Assignment** factors and their clinical relevance Final





					Examination
Biofilm and periodontal microbiology	 Identify the microbial ecological niches Define dental biofilms Discuss the formation of dental biofilm Discuss the structure, composition, and general aspects of dental and periodontal biofilm in health and disease Discuss the factors affecting the supragingival dental biofilm formation Discuss the various plaque hypotheses Discuss the relationship between Periodontal Microbiome and Systemic Diseases Discuss the role of probiotics, prebiotics, systemic antibiotics and biofilm modulation in periodontal diseases 	Lecture		1	Participation Class test Group Assignment Final Examination
Dental biofilm induced gingivitis and its management	Discuss the histopathological stages of inflammation and their clinical correlation Identify a gingivitis case according to the 2017 World Workshop definition Correlate gingival profile (color, contour, surface texture, and positional changes) with the health and disease Discuss the local and systemic factors of gingival bleeding	Lecture	P		Participation Class test Group Assignment Final Examination







COURSE TITLE: GINGIVAL DISEASE **Mode of Teaching Expected Assessment Contents Learning Objectives** hour **Tools** Practical Lecture Lecture 2 Desquamative Final Define desquamative gingivitis **Gingivitis** Examination Describe the major etiological factors, histological, and Clinical features of desquamative gingivitis Discuss the prevention, risk factors, and treatment of desquamative gingivitis Discuss diseases clinically presenting as desquamative gingivitis Discuss the diagnostic criteria for desquamative gingivitis Discuss the following: Class test Systemic and Lecture local diseases Gingival manifestation of select systemic diseases Class **Participation** (granulomatosis with polyangiitis, plasminogen that affect the gingiva deficiency Crohn's disease, sarcoidosis leukemia) Group Discoloration of the gingiva resulting from **Assignment** systemic disease (Addison's disease, Peutz–Jegher syndrome Laugier-Hunziker syndrome HIV/aidsassociated melanosis) latrogenic discoloration of the gingiva (heavy metal-induced pigmentation drug-induced melanosis intentional gingival tattoos) Reactive lesions of the gingiva (fibrous hyperplasia pyogenic granuloma peripheral ossifying fibroma peripheral giant cell granuloma localized juvenile spongiotic gingival hyperplasia) Benign tumors (peripheral odontogenic tumors giant cell fibroma gingival fibrous nodule oral focal mucinosis squamous papilloma) Malianant tumors (squamous cell carcinoma mucosal melanoma lymphoma) Amalgam tattoo and smoker's melanosis 2 Gingival Lecture **OPD** Class test Define gingival enlargement enlargement Rotation Classify gingival enlargement Class Describe the major etiological factors, clinical and Participation histological features of different types of gingival Group enlargement Assignment Discuss the risk factors, prevention and Final management of various gingival enlargement. Examination Acute gingival 2 Lecture Class test Clinically correlate the signs, symptoms, clinical infections Class course, histopathology, bacterial relationship of necrotizing ulcerative gingivitis (nug) **Participation** Form differential diagnosis of nug Group Outline the etiology, prevalence, and **Assignment** communicability of nug Final Outline the management of nug Examination Identify the clinical features, histopathology, diagnosis and management of primary herpetic gingivostomatitis Identify and discuss the clinical features, complications and management of pericoronitis Defense Lecture Class test Define GCF Class mechanism of Describe the composition and significant functions Assignment gingiva of GCF Final Describe the various methods of collection of GCF Examination Discuss the roe of drugs in GCF List the various defense mechanisms of the gingiva

Describe the structure of the gingival crevice





 Discuss the significance of the gingival sulcus and vasculature discuss the composition and clinical significance of, and the effects of drugs on crevicular fluid Describe the methods of collection of sulcular fluid Discuss gingival fluid with regard to periodontal Therapy 			
Saliva Define saliva Describe the composition and significant functions of saliva			





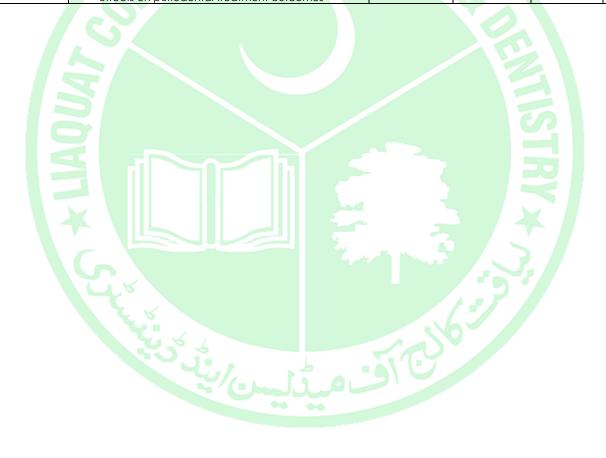


COURSE TITLE: PERIODONTAL DISEASES **Mode of Teaching Expected Assessment** Contents **Learning Objectives** hour **Tools Practical** Lecture Lecture OPD Periodontitis Class test **Define Periodontitis** Class Rotation/ Discuss the general characteristics and **Participation** Tutorial symptoms of periodontitis Group Discuss the stating and grading of periodontitis Assignment Cases of co elate the effects of local OPD immunologic systemic and genetics risk factors of Assessment periodontitis Final Clinical Discuss the steps in the management of Examination practice periodontitis guideline for treatment of periodontitis Influence of Discuss briefly the effect of following conditions on systemic Periodontium conditions on Endocrine disorder and hormonal changes Periodontium and their effect on periodontitis Hematological disorder and immune deficiencies and their effect on periodontium Genetic disorders and their role on progression of periodontitis Stress and psychosomatic disorders. Nutritional impact on periodontal health medications and other systemic health Influence of Describe the pathobiology of Periodontitis periodontal Discuss the correlation between Periodontitis and infection on mortality rate systemic health Discuss briefly the effect of Periodontitis on following systemic conditions: Coronary heart diseases/ Atherosclerosis 2. Stroke Asthma 3. 4. rheumatoid arthritis Diabetes Mellitus thrombogenesis PERIODONTITIS AS A MANIFESTATION OF SYSTEMIC **DISEASES AND AIDS** Discuss periodontitis as a manifestation of systemic disease Classify periodontal diseases associated with HIV infection Formulate a plan of management of AIDS and HIV associated periodontitis Acute Discuss the clinical features and microscopic periodontal findings of acute periodontal infections infections. Discuss Etiology and management of NUP abscess Explain Malnutrition and its complications and diagnosis and management management classify abscesses according to etiology, course onset and duration Discuss specific treatment approaches Discuss the microbiology and antibiotic therapy The Flip Class Class test Classify periodontal pocket Periodontal Discuss the clinical features, pathogenesis and Room Class Participation Pocket histopathology of the periodontal pocket





Formation And Patterns Of Bone Loss	 Discuss the Relationship of Attachment Loss and Bone Loss to Pocket Depth Discuss the patterns of bone loss Discuss the various etiologies that lead to bone loss and its features Discuss the Factors Determining Bone Morphology in Periodontitis Identify Bone Destruction Patterns in Periodontitis 				Group Assignment Final Examination
Periodontal Response To External Forces	Discuss the Adaptive Capacity of the Periodontium to Occlusal Forces Classify trauma from occlusion Explain the Effects of trauma from occlusion on dental pulp Discuss pathologic tooth migration	Flip Class Room		1	Class test Class Participation Group Assignment Final Examination
Risk Factors Of Periodontal Disease (Smoking)	Discuss the effects of smoking on prevalence and severity of periodontal disease Discuss the role of smoking on etiology and pathogenesis of periodontal disease Discuss the effects of smoking on response of periodontal therapy Discuss the smoking cessation method and its effects on periodontal treatment outcomes	Flip Class Room	8	1	Class test Class Participation Group Assignment Final Examination







COURSE TITLE: DIAGNOSIS AND TREATMENT OF PERIODONTAL EMERGENCIES

				T	
Contents	Learning Objectives	Mode of Teaching		Expected hour	Assessment Tools
		Lecture	Practical		
Treatment of periodontal disease	 Discuss History taking, extra and intra oral examination and formulating diagnosis & Treatment planning Discuss Clinical Diagnosis Discuss the method to assess the different grade of mobility clinically. Describe the proper method to assess the periodontal pocket Define the terms Bleeding on probing Pocket depth Clinical attachment loss Discuss the diagnosis of periodontal diseases based on Recommended principles. Discuss periodontal charting Maintain records of patients presenting to dental OPD with periodontal complaints. Discuss the risk factors, markers and indicators of periodontal disease. Plan the clinical risk assessment for periodontal disease. Describe various periodontal probes, conventional probes and PSR. 	Lecture	Tutorial		Class test Class Participation Group Assignment Final Examination
	 Radiographic (OPG, Xeroradiography, Advanced radiographic techniqueslodine, Photo densitometric analysis, Digital radiography Microbiologic; Immunological (Immunofluorescence, Latex agglutination, Elisa, Flow Cytometry); Biochemical Miscellaneous (BANA test, FSEIA, PCR). 	17.15		RY	
	 Radiographic aids in the diagnosis of Periodontal disease Describe the various radiographic modalities to assess the periodontal health. Define bone loss and its various patterns Explain the radiographic appearance in following conditions Periodontitis Interdental craters Furcation involvement Periodontal abscess Localized Aggressive periodontitis Trauma from occlusion 	Lecture	OPD rotation	1	Class test Class Participation Group Assignment Final Examination
	Clinical Risk Assessment Define Risk factor Risk determinant Risk indicator Risk predictor Discuss the various risk factors for periodontal diseases			1	





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	Prognosis Define the term prognosis Classify types of prognosis Discuss the various factors in determination of				
	prognosis Treatment Plan Describe how to formulate treatment plan & its sequence	Lecture		1	Class test
	 Discuss the goals of local and systemic therapy Discuss briefly the factors affecting healing Define Regeneration Repair New attachment Epithelial adaptation 				
	 Discuss briefly the phases of periodontal treatment Host Modulation Discuss the host modulation therapy and its role in progression of periodontal disease List the drugs used systemically and locally for the modulation of host response 	Lecture		1	Class test Final Examination
	PLAQUE BIOFILM CONTROL FOR THE PERIODONTAL PATIENT List the mechanical aids of tooth cleaning (toothbrushes, interdental cleaning aids, dentifrices) Discuss the chemical plaque control strategies with oral mouthrinses Discuss plaque disclosing agents	Lecture OPD	OPD rotation/ Tutorial		Class test OPD assessment Final Examination
Surgical Phase Of Periodontal Therapy	 Discuss the objectives of the Surgical Phase Surgical Pocket Therapy Identify the Critical Zones in Pocket Surgery Discuss the Indications for Periodontal Surgery Discuss the Methods of Pocket Therapy Describe the criteria for Selection of the Method of Surgical Therapy Discuss the Approaches to Specific Pocket Problems 	Lectures			Class test Final Examination
Periodontal And Peri- Implant Surgical Anatomy	Discuss the anatomical considerations of Mandible Maxilla Exostoses Muscles and Anatomic Spaces briefly	Lectures			Class test Final Examination
General Principles Of Periodontal Surgery	 Discuss the Presurgical Patient Preparation Identify the periodontal surgical instruments Discuss the intraoperative and post-surgical considerations and management 	Lectures		2	Class test Final Examination
Periodontal Surgical Therapy	Discuss the rationale of Periodontal Access Surgery Discuss the Fundamentals of Periodontal Surgery Incisions Papilla Management Flap Elevation Flap Coaptation Flap Closure and Sutures Discuss the surgical techniques for Gingival Surgery Gingivoplasty Gingivectomy Discuss the surgical techniques Flap Surgery Classify flaps Classify flaps according to Bone exposure Placement of flaps Management of papilla Modified Widman Flap Undisplaced Flap	Lecture	Tutorial / OPD rotation	4	Class test Final Examination





Apically Displaced Flap Healing OPD 2 Class test **Furcation** Lecture Define furcation and its defects involvement Discuss the anatomic factors responsible for Rotation furcation involvement Class in periodontal Classify furcation involvement according to: Disease participation Glickman Tarnow OPD Lindhe Assessment Discuss clinical features, prognosis of furcation involvement Final Discuss the management according to Examination 1. Non-Surgical therapy Surgical Therapy Preparation Discuss the Rationale for Therapy Lectures Final Of The Discuss the Sequence of Treatment Examination Periodontium For Restorative Dentistry Periodontal Class test Lecture Discuss treatment strategies in treatment of Final Cardiovascular diseases medically Examination Endocrine disorder compromised Hemorrhagic disorder patient Medication and cancer therapy Describe Periodontal therapy and protocol in Puberty Menses 2. Pregnancy 3. Describe the FDA drug classification for birth Discuss the clinical features and complications associated with HIV associated periodontal disease along with its management. Pocket Lecture Class test Discuss the local anatomy and rationale Reduction Final Identify the criteria for Selection of Treatment Therapy— Technique Examination Briefly discuss the steps of Osseous Resection Resective Technique Approach Briefly discuss the root resection and hemisection procedure Discuss the flap placement and closure protocol Discuss the post operative management and maintenance Class test Periodontal Lecture Discuss the regenerative procedures and materials Regeneration Final for surgical approaches Differentiate between regeneration and wound **Examination** healing Discuss periodontal biologics Discuss the factors that influence therapeutic Define plastic and aesthetic surgery Class test Periodontal Lecture Discuss the objectives of plastic and esthetic Plastic And Final Examination Esthetic Discuss the Cause of Marginal Tissue Recession Surgery Discuss the Factors That Affect Surgical Outcome List the techniques to: Increase Attached Gingiva Deepen the Vestibule 11. Remove the Frenum Improve Esthetics Discuss tissue engineering briefly Discuss the Rationale for Supportive Periodontal Supportive Lecture Class test Treatment Periodontal Final Discuss the maintenance program rationale and Treatment Examination





Classify Post Treatment Patients Discuss the Risk Assessment of post treatment patients Justify the Referral of Patients to the Periodontist Discuss the Tests for Disease Activity Scaling And Classify periodontal instruments Lecture Class test Discuss the General Principles of Instrumentation Root **Final** Discuss the Principles of Scaling and Root Instrumentati Examination Instrumentation (Root Planing) on (Root Discuss the principles and objectives of Instrument Planing) Sharpening Sonic And Discuss the mechanism of Action of Power Scalers Lecture 2 Class test Discuss the Type and Benefit of Power Instruments Ultrasonic **Final** Discuss the clinical correlation of the Power-Driven Instrumentati Examination on And Discuss the principles of instrumentation Irrigation Discuss the application, mechanism of action and clinical outcomes of irrigation Discuss instrumentation in Individuals with Special Considerations PERI-IMPLANT ANATOMY, BIOLOGY AND Class test Dental Lecture 8 **FUNCTION** Final **Implant** Biefly discuss the macro and micro implant design Examination and characteristics Discuss the hard and soft tissue interface Discuss the Clinical Comparison of Teeth and **Implants CLINICAL EVALUATION OF IMPLANT PATIENT** Discuss the case type and indications • Discuss the case type and indications Flipped DIAGNOSTIC IMAGING FOR IMPLANT PATIENTS Class Room Discuss the following briefly: The standard radiographs briefly The Cone-Beam Computed Tomography The simulation software programs Fabrication of Radiographic and Surgical Guides **BASIC IMPLANT SURGICAL PROCEDURES** Discuss the General Principles of Implant Surgery Define the two stage and one stage implant placement Discuss the steps of two stage and one stage implant placement Differentiate between the two stage vs one stage implant placement. Complication Discuss the types of Implant Complications Flipped Class test Explain Implant Survival and Success s In Dental Class Room Final Discuss surgical and biologic complications Implantology examination List the augmentation, prosthetic, placement, esthetic and phonetic complications Discuss the Anatomic Considerations of the Endo-Perio Lecture Class test Pulpal and Periodontal Continuum Lesions: Final Discuss the Factors Initiating Pulpal and Apical Pathogenesis, examination Diseases Diagnosis, Classify Pulpal and Periapical Diseases according And to the 2017 classification Treatment Discuss the differential Diagnosis of Endodontic Consideration and Periodontic Infection Discuss Treatment Considerations of Endo Perio Lesions (EPL) Treatment Of Discuss effects of aging on periodontium 2 Class test Lecture Discuss different periodontal diseases in older Older Patients **Final** patients examination Discuss treatment planning Discuss prevention of periodontal diseases in older patients



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COLLEGE OF DENTISTRY

	Describe methods of maintenance of			1	
	Describe methods of maintenance of periodontal health				
Chemothera py: Use Of Systemic Antibiotics	 Define anti-infective therapy, disinfectant and antiseptic) Discuss the Systemic Administration of Antibiotics Discuss the rationale and clinical use of Serial and Combination Antibiotic Therapy 	Lecture		1	Class test Final Examination
Locally Delivered, Controlled- Release Antimicrobials	Discuss the objectives of Locally Delivered, Controlled Release Antimicrobials	Lecture		1	Class test Final Examination
Malodor	 Define halitosis Discuss the classification of halitosis Discuss the etiology, diagnosis and treatment of various types of Halitosis 	Flipped Class Room		1	Class test Final Examination
Clinical Skills	By the end of rotation in periodontology, student should be able to; CROSS INFECTION PROTOCOLS Assess patients for risk of infections based on history and clinical presentation Practice hand hygiene following the standard protocols Use personal Protective Equipment (PPE) as per recommended guidelines Demonstrate safe management of equipment, environment, blood and body fluids Demonstrate personal safety and exposure as per recommended guidelines INSTRUMENT HANDLING Identify instruments used in periodontology based on their features Handle instruments correctly as per standard protocols Select the correct instrument for treatment of various clinical scenarios HISTORY TAKING Obtain clinical history from patients presenting to Periodontology OPD as per standard guidelines RADIOGRAPHIC INTERPRETATION Interpret radiographs of patients presenting to periodontal OPD with a systemic approach DIAGNOSIS AND TREATMENT PLANNING Identify problems of varying importance and urgency of patients presenting to periodontal OPD Formulate a treatment plan for patients presenting to Periodontal OPD based on their history, clinical findings, and investigations. Assess gingival recessions on the basis prescribed criteria Formulate the treatment plan for gingival recession Assess bone loss and periodontal pocket on the basis prescribed criteria Develop the treatment plan for periodontal pocket on the basis prescribed criteria Develop the treatment plan for periodontal pocket on the basis prescribed criteria		Opd Tutorial. Practical demonstra tion	ATISTRY.	OPD assessment, Final Examination
	acquiring periodontal treatment as per recommended protocols				





 Demonstrate correct operator position for various periodontal treatments as per standard protocols

CLINICAL EXAMINATION

- Perform Intra- and extra-oral examination of patients presenting to Periodontal OPD following the standard guidelines.
- Palpate lymph nodes and salivary glands as per standard guidelines
- Perform examination of head and neck for patients presenting with orofacial pain

PERIODONTAL CHARTING

- Record basic periodontal examination (BPE) for patients presenting to the periodontal OPD Interpret the findings of BPE grids
- Record advanced periodontal charting for patients presenting to periodontal OPD including periodontal probing depth, gingival recession, clinical attachment loss, bleeding on probing, furcation involvement and tooth mobility
- Diagnose the periodontitis case according to the 2017 world workshop classification (staging & grading)

MANUAL SCALING, ULTRASONIC SCALING AND POLISHING

- Perform at least 05 manual scaling and polishing patients under supervision.
- Perform at least 20 Ultrasonic scaling and polishing patients under supervision
- Give oral hygiene instructions to the patient selecting appropriate periodontal adjuncts (tooth pastes, mouthwashes, interdental aids, flossing and brushing techniques)

POCKET IRRIGATION AND LOCALLY DELIVERED ANTIMICROBIAL AGENTS

 Perform pocket irrigation procedure for at least 05 patients under supervision

NON-SURGICAL CURETTAGE AND ROOT PLANING

 Perform at least 05 non-surgical curettage and 05 root planing procedures under supervision

SPLINTS

- Define & Differentiate between Dental splint Periodontal splint
- Classify splints according to esthetics, duration, material, location on the tooth
- Discuss the objectives, principles, indications, contraindications, advantages and disadvantages of splinting.
- Explain indications and contraindications of orthodontic treatment in periodontal therapy
- Explain the timing of orthodontic procedure in periodontal treatment.
- Discuss the iatrogenic effect associated with orthodontic treatment
- Describe the response of periodontal ligament to orthodontic forces.
- Discuss the impact of orthodontic therapy on periodontal health

PERIODONTAL DRESSING

 Prepare periodontal dressing for surgical patients following the correct mixing technique





Apply periodontal dressing on at least 05 patients/models of periodontal surgical procedures			
SUTURING MATERIALS AND TECHNIQUES	İ		
Select correct suturing materials for various periodontal procedures			
Perform simple interrupted, continuous, figure of 8, horizontal mattress and vertical mattress on model			
SURGICAL CURETTAGE AND ROOT PLANING Observe surgical curettage and root planing procedure on patients presenting to periodontal OPD			
FLAP TECHNIQUES Observe various flap techniques used for periodontal treatments	In.		
GINGIVECTOMY/ GINGIVOPLASTY • Perform gingivectomy/gingivoplasty on at least			

01 patient under supervision

OPD ASSESSMENT FORM

ROLL NO.	HISTORY (05)	CHAIR POSITIONING (05)	INSTRUMENT SETUP (05)	SCALING (05)	TABLE VIVA (05)	SPOTTING (25)	GRADN VIVA (40)	INTERNAL EVALUATION (10)	GRAND TOTAL (100)
		9	A.						
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STRUCTURED TUTORIALS IN OPD

1ST WEEK

- · OPD tour
- Discussion on log book and history forms
- Discussion on history taking, Intra and extra oral examinations
- Instrumentations identification and uses
- Demonstration of various chair positioning for periodontal examinations
- Demonstration of Cross infection protocol in OPD
- Discussion on various Periodontal indices
- Demonstration of basic Periodontal Examination
- Demonstration of Manual scaling demonstration

2ND WEEK

- Practice session for Pocket depth on simulated patient
- · Discussion on formulating Diagnosis and treatment planning
- Demonstration of Radiographic interpretation
- Demonstration of Plaque disclosing agent
- Practice session for probing technique on typodont/simulated patient
- Demonstration of Furcation measurement and its index
- Demonstration of ultra sonic scaling
- · Discussion on Surgical instrumentation

3RD WEEK

- Demonstration of Instrument sharpening
- Demonstration of Irrigation technique
- Practice of Instrumentations identification and their uses
- Practice session of instrument sharpening
- Demonstration of Curettage and root planning
- Demonstration of Various Suturing technique
- Practice session of periodontal indices

4TH WEEK

- Demonstration of fluoride application
- CBL on difference between gingivitis and periodontics
- Discussion on Prescription writing
- OPD Test
- Introduction of Surgical Instruments
- Discussion on Gingival surgical procedures

5TH WEEK

- Practice session of prescription writing
- CBL on Gingival enlargement
- Recall of surgical instrumentation demo
- Practice session of probing
- CBL on clinical feature of gingivitis
- Pre assessment session











COURSE TITLE: PRINCIPALS OF ORAL SURGERY Mode of Teaching **Assessment Lecture Topic Learning Objectives** Tools Lecture Clinical Lecture **Develop** a surgical diagnosis for the given patient Practical Any one form **Explain** Basic necessities for Oral Surgery demonstration of assessment (2)By the end of the Oral surgery OPD rotation the student during surgical - Quiz should be able to: rotation - Class Test Introduction to - Class oral surgery 1. Illustrate comprehensive medical & dental history of Participation Introduction the patient present in the operative OPD - Individual History, 2. **Demonstrate** extra and intra oral examination on a - Assignment Diagnosis and patient presenting in operative OPD. - Group Test Treatment 3. Identify the cause of the problem in the patient Planning presenting in OPD 4. Formulate a treatment plan for the patient 5. Prioritize the needs of patients for referral in different departments. **Define** Aseptic technique Lecture **Explain** Communicable Pathogenic organisms (2)Bacteria Viral organisms iii) Mycobacterial organisms 3. Outline Different Aseptic techniques & universal precautions -**Explain:** 4. Techniques of instrument Infection Sterilization & Disinfection. control in iii) Maintenance of sterility. surgical iv) Operating field disinfection. practice v) Surgical staff Preparation. vi) Post surgical Asepsis By the end of the Oral surgery OPD rotation the student should be able to: Describe appropriate method of sterilization and disinfection of various instruments in OPD. **Demonstrate** the universal prequations on simulated/patient in OPD **Demonstrate** the use of PPE on simulated patients **Describe** intraoral Incisions Lecture Classify intraoral flaps for minor oral surgical (2)**Basic Principles** procedures of Surgery Describe preventive measures for flap Segment 1: necrosis, dehiscence & tearing **Differentiate** between intraoral flap designs **Demonstrate** Lecture i) Tissue handlina (1) ii) Hemostasis Explain: Means of promoting wound hemostasis Segment ii) Dead space management 2:Hemostasis By the end of the Oral surgery OPD rotation the student Management should be able: and Suturing **Demonstrate** different types of incisions. (OSCE/CLINICAL) Classify different flap designs on clinical pictures/ patients Apply different methods of hemostasis on patients(OSCE)





	 Demonstrate different types of suturing techniques on Foam(OSCE/CLINICAL) Identify the patient with nerve injury in simulated and real patient Explain the stimulated patient/ given patient regarding post-operative wound care 		
Segment 3 Post-Operative Care, Nutrition, Prevention of Infection	 Describe Decontamination & debridement Identify operative measures for Edema control i) Intraoperative ii) Post-operative Outline Patient general health & nutrition status. 	Lecture (2)	
Wound Repair	 Describe Wound repair Classify different types of wound Construct the management plan of infected socket. Explain epithelization List causes of tissue damage & stages of Wound healing Describe process of healing of extraction socket Explain Surgical Significance of Wound Healing 	Lecture (2)	

COURSE TITLE: PRINCIPALS OF ORAL SURGERY							
Lecture Topic	ŹŊ	Learning Objectives	Mode of Tec	aching	Assessment		
	Learning Objectives	Lecture	Clinical	Tools			
Prevention and Management of Medical Emergencies		Take a comprehensive medical history of patients presenting to OPD. Demonstrate General Physical Examination on the given patient Identify medical condition which can exaggerate medical emergency on dental chair Identify factors which can lead to anxiety on dental chair Demonstrate anxiety reduction protocol Identify preventive measure for medically compromised patients undergoing dental treatment the end of the Oral surgery OPD rotation the student old be able to: Identify and Evaluate the patients in different medical emergencies (simulated patients/ case based learning) (OSCE)	Lecture (3)	Practical demonstration during surgical rotation	Any one form of assessment - Quiz - Class Test - Class Participation - Individual - Assignment - Group Test		





	COURSE TITLE: BASIC PRINCIPLES OF SURGERY								
Lecture	Learning Objectives	Mode of Te	aching	Assessment					
Topics		Lecture	Clinical	Tools					
Pain and anxiety control in surgical practice Segment 1: Introduction, types (local, general & sedative anesthesia)	Classify Anesthetic agents on the basis of i) Chemical structure ii) Mode of action Classify different types of Anesthesia used in dentistry Comparedifferent types of Anesthetic solutions used in dentistry Describe Mechanism of action of Local anesthesia	Lecture (1)	Practical demonstration during surgical rotation	Any one form of assessment - Quiz - Class Test - Class Participation - Individual - Assignment - Group Test					
Segment 2: Administration and technique (complication)	 Explain conventional & specialized technique of LA Identify reasons for failure of anesthesia Demonstrate different chair positioning for LA administration Demonstrate administrationof infiltration & IDN Block on patients undergoing extraction using conventional technique By the end of the Oral surgery OPD rotation the student should be able to: Classify different types of local anesthesia Demonstrate different techniques on models Choose proper armamentarium required according to different techniques Show administrationof local infiltration, inferior alveolar and long buccal nerve blocks on models/given patients under supervision (OSCE/CLINICAL 	Lecture (4)	CHINSTRY						





	COURSE TITLE: PRINCIPLES OF EXODONTIA						
Lecture Topic	Learning Objectives	Mode of Tec	Assessment				
	209 0.0,0000	Lecture	Clinical	Tools			
Clinical and radiographic evaluation of teeth for removal	 Define pain Classify different type of pain related to teeth Demonstrate Anxiety control protocol Conduct Pre surgical Medical Assessment, Clinical evaluation & radiographic interpretation before extraction Describe patient & surgeons preparation before tooth extraction By the end of the Oral surgery OPD rotation the student should be able to: Identify the types of radiographs. (OSCE) Identify the anatomical structures observed in the radiograph. (OSCE/CLINICAL) Identify the pathological findings seen in the radiograph. (OSCE/CLINICAL) Demonstrate application of radiation protection equipment on patient before taking radiograph on patient. Update the stimulated patient/ given patient regarding findings of radiographs, their implication and possible solution. 	Lecture (1)	Practical demonstration during surgical rotation	Any one form of assessment - Quiz - Class Test - Class Participation - Individual - Assignment - Group Test			
Instrumentation For Basic Oral Surgery	1. List instruments for: i) Incising tissue ii) Elevating mucoperiosteum iii) Retracting soft tissue iv) Controlling hemorrhage v) Grasping tissue vi) Removing bone vii) Removing soft tissue from bony defects viii) Suturing mucosa ix) Mouth opening x) Providing suction xi) Transferring sterile instruments xii) Holding towel & drapes in position xiii) Irrigation xiv) Dental elevators for tooth extraction xv) Tooth extraction forceps 2. Select appropriate instruments for extraction of given tooth By the end of the Oral Surgery OPD rotation the student should be able to: 1. Identify the instruments of exodontia. (OSCE/CLINICAL) 2. State the uses of the instrument. (OSCE/CLINICAL) 3. Demonstrate correct selection of an instrument for the required task (OSCE/CLINICAL)	Lecture (1)	STRY				
Principles of Routine Exodontia	List the Indication and contraindications for extraction of teeth Describe mechanical principles involved in tooth extractions Demonstrate different Chair position for Forceps extraction Demonstrate procedure for closed tooth extraction	Lecture (2)					





5. Demonstrate specific technique for removal of each tooth 6. Construct the management plan of post extraction socket 7. Identify postoperative complication of tooth extraction 8. Evaluate postoperative complication of		
extraction		

	COURSE TITLE: INFECTIONS					
Lecture	Learning Objectives	Mode of Ted	aching	Assessment		
Topics		Lecture	Clinical	Tools		
Principles of management and prevention ofodontogenic	Explain microbiology of odontogenic infections Demonstrate boundaries of facial spaces Classify facial space infection	Lecture (1)	Practical demonstration during surgical rotation	Any one form of assessment - Quiz - Class Test		
 4. List Complex Odontogenic infection 5. Describe various route of spread of Facial space infections 6. Describe diagnosis & Management of complex Odontogenic infection 	Lecture (1)		- Class Participation - Individual - Assignment - Group Test			
Š	7. Explain principles of: i) Management of odontogenic infections ii) Prevention of infection	Lecture (2)	TST			
	 Develop a prescription of prophylactic antibiotics for infection. By the end of the Oral Surgery OPD rotation the student should be able to: Classify the facial spaces Explain the causes of spread of infections Conduct the examination of the swelling on 		RY*			
	simulated patients/OPD patients 4. Identify the patients with odontogenic infections (CBL/ Simulated/OPD patients) 5. Formulate the management plan(OSCE/CLINICAL) 6. Demonstrate culture and sensitivity testing		3.			

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COURSE TITLE: TEMPOROMANDIBULAR AND OTHER FACIAL PAIN DISORDERS **Mode of Teaching** Lecture Assessment **Learning Objectives Tools Topics** Lecture Clinical Management **Describe** Evaluation of TMJ disorders Lecture Practical Any one form **Classify** of temporomandibular Joint disorders demonstration of assessment temporomandi during surgical - Quiz **bular disorders** - Class Test rotation Segment 1: - Class Participation Classification of TMJ disorders - Individual - Assignment **Identify** sign & symptoms of TMJ disease Lecture - Group Test Segment 2:Clinical Conduct relevant investigation Describe different treatment options features, investigation & **Explain** permanent occlusion modification treatment **Explain** temporomandibular joint surgery modalities. Identify patient for long term follow up By the end of the Oral Surgery OPD rotation the student should be able to: Perform TMJ examination (CLINICAL) **Identify** a patient presenting with TMJ disorder in

OPD(CLINICAL /OSCE)

COURS	E TITLE: TEMPOROMANDIBULAR AN	D OTHER FACIA	L PAIN DIS	ORDERS
Lecture	Learning Objectives	Mode of Tec	aching	Assessment
Topics		Lecture	Clinical	Tools
Facial Neuropatholog y Segment 1: Diagnosis and management of Orofacial pain	List different type of orofacial pain Describe:	Lecture (1)	Practical demonstration during surgical rotation	Any one form of assessment - Quiz - Class Test - Class Participation - Individual - Assignment - Group Test
Segment 2:Clinical evaluation and management of trigeminal neuralgia.	 Evaluate patient with trigeminal neuralgia List sign & symptoms of TN Document complete history Identify patient with TN Compare treatment options for TN List complication for each treatment option 	Lecture (1)		- Cloup lesi





	COURSE TITLE: DENTOFACIAL DEFORMITIES							
Lecture topics	Learning Objectives	Mode of Ted	aching	Assessment				
		Lecture	Clinical	Tools				
Management of cleft lip and palate patients	Describe:	Lecture (2)	Practical demonstration during surgical rotation	Any one form of assessment - Quiz - Class Test - Class Participation - Individual - Assignment - Group Test				







CLINICAL TEACHING

Clinical Hours: 14hrs/week

Each student will receive clinical teaching at the department of oral and maxillofacial surgery, ward, operating room & skills lab for a period of 2 months. During the clinical rotation students will be taught following topics.

- Obtain surgical history
- Prevention & management of medical emergencies
- Principles of surgery
- Cross infection control
- Armamentarium for basic oral surgery
- Perform local anesthesia
- Clinical& radiological evaluation of a tooth for extraction
- Extraction under local anesthesia
- Assist/observe in minor surgical procedures
- Postoperative patient management
- Management of surgical complications
- Suturing on foam
- Clinical & radiological evaluation of maxillary sinus
- Principles of Biopsy, observation of Biopsy taking
- Clinical and radiological evaluation of TMJ problems

The methods of teaching will be demonstrations on anatomical models, case discussions, tutorials and assignments

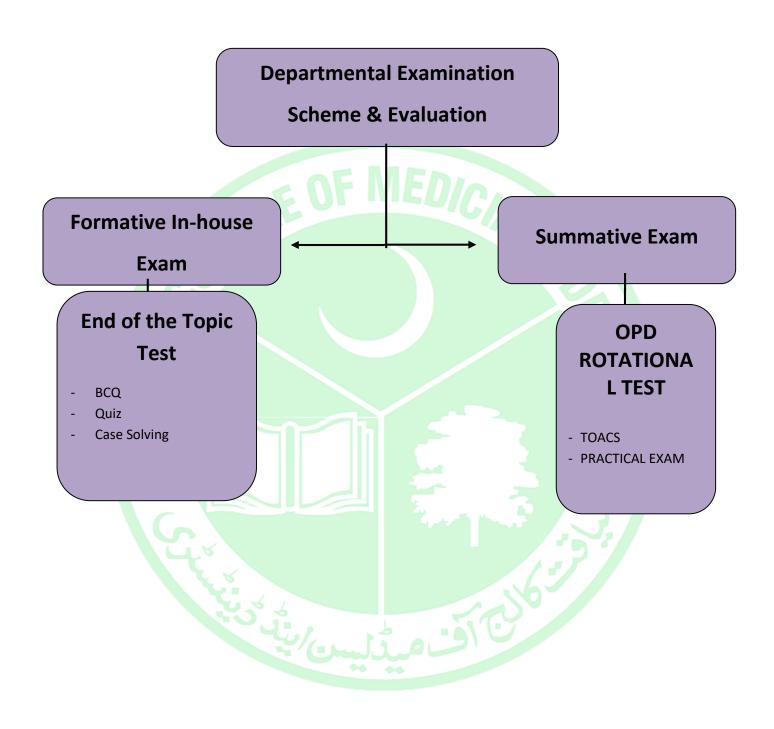
Requirement for the clinical rotation

Following are the minimum requirements of the clinical work in the department of oral and maxillofacial surgery, to be completed within 9 months of clinical rotation before his/her name is sent to the University for the final year BDS examination. A log book is also to be maintained, completed and signed by the head of department before the end of clinical rotation.

DIAGNOSIS		20	1
LOCAL ANESTHESIA		5 CASES	
EXTRACTION UNDER LOCAL ANESTHESIA		05 CASE	S
SUTURING ON REXENE	J	05 CASE	S









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COLLEGE OF DENTISTRY ORAL AND MAXILLOFACIAL SURGERY CLINICAL ROTATION

Introduction to OPD O Biscipline, protocols and ground rules O Patient allotment Log book/vaccination History, examination (Introaral, Extra oral) Diagnosts and freatment planning Instruction identification and uses PRACTICAL DEMONSTRATION Cross infection control Waste management Protocol Kerporling of Needle stick injury Patient receiving, seating and chair positioning. SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO Patient counseling 2004/EEK CASE BASED LEARNING And Angelment of Medical emergencies on dental chair Radiographic interpretation PRACTICAL DEMONSTRATION Classification Classificati	1st WEEK	
2**WEEK CASE BASED LEARNING * Management of Medical emergencies on dental chair * Radiographic interpretation PRACTICAL DEMONSTRATION • Choice of Anesthesia • Local Anesthesia • Different types • Techniques SKILLS PERMORNANCE • Exodontia • Classification • Classification • Clinical examination • Radiographic evaluation • Diagnosis and treatment planning SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO • Demonstration of medical emergencies • Demonstration of prescription writing • How to take consent from the patient • Preventive measures and counseling of patient SKILLS PERMORNANCE • Exadontia CASE BASED LEARNING • Odontogenic infections • Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/FEAL PATIENT	 Discipline, protocols and ground rules Patient allotment Log book/vaccination History, examination (Intraoral, Extra oral) Diagnosis and treatment planning Instruction identification and uses PRACTICAL DEMONSTRATION Cross infection control Waste management Protocol &reporting of Needle stick injury Patient receiving, seating and chair positioning SOFT SKILL PRACTICES 	FACILITATOR
CASE BASED LEARNING Management of Medical emergencies on dental chair Racilographic interpretation PRACTICAL DEMONSTRATION Conflict resolution Case BASED LEARNING Demonstration Case BASED LEARNING Demonstrations Case BASED LEARNING CASE BASED LEARNING CASE BASED LEARNING Manestresia Manestresia Manestresia Manestresia Manestresia Manestresia Manestresia Manestresia PACILITATOR FACILITATOR	Patient counseling	
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SKILLS PERMORMANCE • Exodontia • Definition • Classification • Classification • Clinical examination • Radiographic evaluation • Diagnosis and treatment planning SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO • Conflict resolution 3RDWEEK PRACTICAL DEMONSTRATION • Demonstration of medical emergencies • Demonstration of prescription writing • How to take consent from the patient • Preventive measures and counseling of patient SKILLS PERMORMANCE • Exodontia CASE BASED LEARNING • Odontogenic infections • Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/REAL PATIENT	Management of Medical emergencies on dental chair Radiographic interpretation PRACTICAL DEMONSTRATION Choice of Anesthesia Local Anesthesia Different types	
Exodontia Definition Classification Clinical examination Radiographic evaluation Diagnosis and treatment planning SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO Conflict resolution 3RPWEEK PRACTICAL DEMONSTRATION Demonstration of medical emergencies Demonstration of prescription writing How to take consent from the patient Preventive measures and counseling of patient SKILLS PERMORMANCE Exodontia CASE BASED LEARNING Odontogenic infections Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/REAL PATIENT		
ROLE PLAY/CASE SCENARIO Conflict resolution 3RDWEEK PRACTICAL DEMONSTRATION Demonstration of medical emergencies Demonstration of prescription writing How to take consent from the patient Preventive measures and counseling of patient SKILLS PERMORMANCE Exodontia CASE BASED LEARNING Odontogenic infections Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/REAL PATIENT	 Definition Classification Clinical examination Radiographic evaluation Diagnosis and treatment planning 	FACILITATOR
Conflict resolution 3ROWEEK PRACTICAL DEMONSTRATION Demonstration of medical emergencies Demonstration of prescription writing How to take consent from the patient Preventive measures and counseling of patient SKILLS PERMORMANCE Exodontia CASE BASED LEARNING Odontogenic infections Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/REAL PATIENT		3
PRACTICAL DEMONSTRATION Demonstration of medical emergencies Demonstration of prescription writing How to take consent from the patient Preventive measures and counseling of patient SKILLS PERMORMANCE Exodontia CASE BASED LEARNING Odontogenic infections Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/REAL PATIENT		.7
PRACTICAL DEMONSTRATION • Demonstration of medical emergencies • Demonstration of prescription writing • How to take consent from the patient • Preventive measures and counseling of patient SKILLS PERMORMANCE • Exodontia CASE BASED LEARNING • Odontogenic infections • Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/REAL PATIENT		3.27
Demonstration of medical emergencies Demonstration of prescription writing How to take consent from the patient Preventive measures and counseling of patient SKILLS PERMORMANCE Exodontia CASE BASED LEARNING Odontogenic infections Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/REAL PATIENT		
Exodontia CASE BASED LEARNING Odontogenic infections Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/REAL PATIENT	 Demonstration of medical emergencies Demonstration of prescription writing How to take consent from the patient Preventive measures and counseling of patient 	365
CASE BASED LEARNING Odontogenic infections Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/REAL PATIENT		
Odontogenic infections Impactions SOFT SKILL PRACTICES ROLE PLAY/CASE SCENARIO/REAL PATIENT		FACILITATOR
	Odontogenic infections Impactions	
Communication skills	ROLE PLAY/CASE SCENARIO/REAL PATIENT	
	Communication skills	



LIAQUAT COLLEGE OF MEDICINE AND DENTISTRY DEPARTMENT OF HEALTH PROFESSIONS EDUCATION



COLLEGE OF DENTISTRY ORAL AND MAXILLOFACIAL SURGERY CLINICAL ROTATION

CASE BASED LEARNING C. Complex Odonfogenic infections Avecloplasty Apcicectomy SKILLS PERMORMANCE Excamination of swelling Examination of swelling Examination of swelling Examination of thui SOPI SKILL PRACTICES ROLE PLAYSIANDAROIZED PATIENT Negolitation & bargaining TRAUMATIC INJURIES Luxation Luxation Luxation Lintusion Lintusion Lintusion Extraination Examination Infrusion SKILLS PERMORMANCE Examination Cranical nervo examination Cranical nervo examination Constitution Case Sectional December 1 PRACTICAL DEMONSTRATION Case Scenario December 1 SKILLS PERMORMANCE Examination Constitution Constitutio	4 TH WEEK	
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Assisting senior during surgical extraction and impactions		
SOFT SKILL PRACTICES	SOFT SKILL PRACTICES	
CASE SCENARIO	CASE SCENARIO	





Dealing with ethical dilemma				
7 TH WEEK				
ASSISTANCE				
Assisting senior during OPD procedure				
SKILLS PERFORMANCE				
• Exodontia				
Revision				
End of rotation assessment				
Feedback session				
3 TESTS BASED ON CLINICAL SCENARIOS & OSCES IN CLINICAL ROTATION				





LIAQUAT COLLEGE OF MEDICINE AND DENTISTRY DEPARTMENT OF HEALTH PROFESSIONS EDUCATION COLLEGE OF DENTISTRY ORAL AND MAXILLOFACIAL SURGERY



DEPARTMENT ORIENTATION

DEPARTMENT ORIENTATION DOCUMENT FOR STUDENTS (YEAR 2024)

This orientation document outlines Oral and Maxillofacial Surgery Departmental policies, procedures and work practices providing students with opportunity to perform at an optimal standard within a given period of rotation.

INTRODUCTION TO DEPARTMENT







FACULTY ORIENTATION:

HEAD OF DEPARTMENT: Prof. Dr. Tahera Ayub

FACULTY:

PROFESSOR: Prof. Dr. Navid Rashid Qureshi

ASSOCIATE PROFESSOR: Dr. Amna Rehman

SENIOR REGISTRAR: Dr. Summera Kanwal

REGISTRAR: Dr. Amna Afridi & Dr. Mohsin Khan

RESIDENT: Dr. Sana Zainab, Dr. Abdul Karim, Dr. Fizza Bano Zaidi, Dr. Marium Khan, Dr. Arshia Rauf,

Dr. Abdul Raffay, Dr. Rafia Ashraf, Dr. Arif, Dr. Igra Ali, Dr. Shabana

GOALS AND OBJECTIVES OF DEPARTMENT:

Our aim is to teach the students about how to treat the patients with highest possible standards of care and always treat patients with kindness, respect and dignity. For that students should follow the following steps for an effective treatment planning which includes:

- History and Examination
- Diagnosis
- Treatment planning
- Referral to the respective department
- Oral Surgical Procedures

DEPARTMENT RULES AND REGULATIONS:

- All students should be punctual and should come in department on time, only 5 minutes relaxation is allowed.
- All students should wear face masks all the time in OPD premises and maintain social distancing.
- All Students should wear labcoats with their ID cards, male students should wear dress pants and shirts, Female students should tie their hairs.
- Nails should be cleaned and properly cut.
- All students should get their Hep B Vaccination done within 1 week of departmental rotation.
- Only 3 leaves are allowed in their rotation period, if they absent more than 3 days student should submit their explanation letter to the department.

INFECTION CONTROL POLICIES:

- If the patient is suspected or known case of Hep B or C, Student should informed to their respective supervisor and perform whole procedure under supervision.
- Student should inform and ask the nursing staff for separate instruments.
- Students should follow the infection controls protocols which includes separate units for Hep B and C patients, double mask, double gloves eye wears and disposable gowns.

STUDENT SAFETY SOP'S:

- If Student is having any symptoms (e.g Dry cough, fever, body aches, loss of taste or smell), given the condition looks contagious such Viral flu, he/she should immediately inform to their respective supervisor
- Students should follow Recommended Sops in Department whenever infected:
 - a) Wear face mask in OPD premises, and maintain social distance.
 - b) Wash your hands regularly with soap and water, or clean them with alcohol-based hand rub before and after every procedure.
 - c) Maintain at least 1 meter distance between you and people coughing or sneezing.
 - d) Avoid touching your face.
 - e) Cover your mouth and nose when coughing or sneezing.
 - f) Stay home if you feel unwell.
 - g) Wear Personnel Protective Equipment during any procedure
 - h) Practice physical distancing by avoiding unnecessary travel and staying away from large groups of people.





- Do not dispose of waste by yourself, ask the assistant to dispose off.
- In case of needle stick injury student should inform his/her respective supervisor and incident report to nursing office extension 337, QA Ext 203 or nursing shift supervisor.

PATIENT SAFETY PROTOCOLS:

- Improve the accuracy of patient identification
- Improve the safety of using high alert medications
- Eliminate wrong site, wrong patient, wrong procedure surgery
- Avoid Reuse of Tools and Packaging Material meant for Treatment Only
- Report the problem adverse event to supervisor, according to policy and procedure
- Practice safety protocol to protect yourself and limit spread of contamination
- Sterilized instruments must be used on every patient
- Patient should be questioned about their vaccination status and the suspected ones or known cases should be screened for Hepatitis and antibody titer respectively.

PATIENT CONFIDENTIALITY:

- Patient confidentiality should not be discussed with anyone
- Cases should not be published, discussed or posted in any journal, seminar or social networking sites respectively without patient consent.

MEDICAL EMERGENCIES

- In case of medical emergency, deferred the patient, informed supervisor and follow his/her instructions.
- Do not use medications without the appropriate supervision.
- For any serious emergency clinical staff should be directed to call the following numbers.
- For emergency DSH: 229 & 209

TUTORIALS:

- A tutorial is a method of transferring knowledge and used as a part of a learning process. More
 interactive and specific than a book or a lecture, a tutorial seeks to teach by example and
 supply the information to complete a certain task.
- Tutorials are conducted on daily basis for students in department to enhance their knowledge.
- Some topics will be in format of live demonstration and case based learning.
- These tutorials could be blend of physical or online teaching depending upon Covid related circumstances

LOG BOOK MAINTAINANCE:

 Logbook should be filled by students at the end of every working day and should be signed by their respective supervisor.

ASSESSMENT TEST:

- During rotation verbal and written test should be taken after every 2 weeks to check the progress of the students.
- At the end of rotation final assessment of the student should be done through OSCE and interactive stations.

FEEDBACK FORMS:

At the end of rotation, students should be provided with the feedback forms in which they give feedback about the department and supervisors.

SKILL LAB:

The skills and simulation laboratory of Liaquat College of Medicine and Dentistry will serve the purpose of developing student's skills and attitudes during clinical training. Students of BDS should attend the sessions of skill lab according to curriculum





DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY FINAL PROFESSIONAL BDS

Date:_	Group: Allotted time: I otal marks:						
	bbtained:						
	er name & signature:						
	TIVE: ASSESSMENT OF HISTORY TAKING & EXAMINATION						
	ne=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4,				1	1	1
SR.	POINTS OBSERVED	0	1	2	3	4	5
1	Asked about personal information of the patient						
2	Presenting complain was documented						
3	History of presenting complain was taken						
4	Recorded medical history about						
	Cardiovascular system						
	Respiratory system						
	 Gastrointestinal system 						
	 Rheumatology 						
	Circulatory system						
	Endocrine system	4					
	 Nervous system 						
	 Allergies 						
5	Drug history						
6	Previous hospitalization/Blood transfusion			4			
7	Past dental history						
8	Family/social history			5			
9	Habitual history						
	<u>Examination</u>						
10	Extraoral examination was done which includes			1			
	General appearance			Y			
	TMJ examination	7					
	 Lymph nodes 						
11	Intraoral examination of oral hard and soft tissues						
12	Clinical findings were recorded		7				
13	Provisional diagnosis						
14	Investigation						
	Final diagnosis						
	Treatment plan with referrals	Ψ,					
	Writton consent taken on the form		P				

FEEDBACK





ORAL AND MAXILLOFACIAL SURGERY EXODONTIA ASSESSMENT SCORE CARD

Scale: Not done=0. Unsa	tisfactory=1. Satisfactory=2. Fair=3. G	Good=4. Outstandina=5
Roll NO:	Student Name:	
EXAM:	GROUP:	DATE:

PRACTICAL	0	1	2	3	4	5
1.History,diagnosis and						
planning			AFD.			
2.Consent						
3.Selection and				GIAIL		
Preparation of						
Instruments						
4.Patient positioning						
5.Administration of L.A						
6.Confirmation of						
profound anesthesia						
7.Luxation of the tooth						
with appropriate						
instrument						
8.Forcept application &						
movements						
9. Delivery of the tooth						
10.Hemostasis						
11. Post Op.instructions			1	7	74	

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ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	total marks
ROLL NO.	

KEY: WRONG TOOTH EXTRACTION OBJECTIVE: ASSESMENT OF COUNSELLING SKILLS

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.NO	POINTS OBSERVED	1	2	3	4	5	6
1	Introducing him/herself.						
2	Taking consent.						
3	Patient informed that instead of tooth to be extracted wrong tooth extracted.		1				
4	Wrong tooth requires extraction as it is infected BDR.						
5	It will be going to cause pain further as it is infected and pus discharging.						
6	May be the pain occurring in the area of the tooth to be extracted is because of infected BDR.						
7	Sometime pain radiates and patient can't localize.						
8	The tooth you want to be extracted can also be extracted after few days as it is grossly carious.						
9	It is necessary to remove infected BDR Primarily.						
10	Medication prescribed for 5 days.	74					
11	Post operative instruction given.						
12	Recall after 5 days for extraction of adjacent grossly carious tooth. Which patient want to be extracted, as the prognosis of the tooth is not good RCT can't be advised.						
	Total						

	Recall after 5 days for extraction of dajaceth grossiy callods
12	tooth.
12	Which patient want to be extracted, as the prognosis of the
	tooth is not good RCT can't be advised.
	Total
FEED	DBACK





ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	total marks
ROLL NO	

KEY: EXAMINATION OF A SWELLING

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.NO.	POINTS OBSERVED	0	1	2	3	4	5
1	Greets the patient						
2	Introduce himself/ herself						
3	Takes consent						
4	Correct chair position		5				
5	Inspection:			2			
	• Site						
	• Size						
	• Shape				1		
	number,						
	surface color				JR		
	overlying skin						
	 any discharge of fluid 				5 6		
	transillumination						
6	Palpation:			<i>/</i> .			
	 Temperature 			4	A		
	 Tenderness 						
	 Consistency 				. /		
	 Fluctuant) '			
	 Pulsatile 		"/				
	 Reducibility 	h					
	 compressibility 						
7	Auscultation for vascular swellings						
8	Make 3 differential diagnosis						
	Total						

Feedback if any:		





ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	TOTAL MARKS
ROLL NO	

KEY: EXAMINATION OF A ULCER Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.	POINTS OBSERVED 0 1 2	3	4	5
NO.	and wellon			
1	Greets the patient			
2	Introduce himself/ herself			
3	Takes consent			
4	Properly positions the patient			
	Inspection:			
4	• Site			
	• Size	2		
	• Shape			
5	Number			
	Margins			
	Base			
	Colour			
1	Exudate or discharge			
	Palpation:			
	Temperature	X		
	Tenderness			
N.	Induration			
6	Fixation	12/		
	Bleeding			
	Base			
	Margins			
7	Make 3 differential diagnosis of intra oral ulcer			
	Total	•		





ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	total marks
ROLL NO	

KEY: EXAMINATION OF FACIAL NERVE

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.NO.	POINTS OBSERVED	0	7	1	2	3	4	5
1	Greets the patient			5	1/2			
2	Introduce himself/ herself					P		
3	Takes consent							
4	Properly positions the patient					1		
	Test motor function by asking patient to							
	crease up forhead							
5	close eyes against pressure							
3	puffing out cheek				1			
	reveal the teeth		-				2	
	test the function of stapedius muscle by tuning fork	.	R		4			
6	Able to Test the sense of taste	5.			1		7	
7	Able to differentiate between upper and lower motor neuron lesion		e le		44	3		
8	Make 3 differential diagnosis of lower motor neuron lesion				16			
	Toto	ılc			U			





ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	TOTAL MARKS
POLL NO	

KEY: EXAMINATION OF NECK LYMPH NODE Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.NO.	POINTS OBSERVED	0	1	2	3	4	5
1	Greets the patient						
2	Introduce himself/ herself	13)	10				
3	Takes consent		16	An			
4	Properly positions the patient and do gentle palpation				9		
	Inspection:				+ 4		
	Site						
	Size						
	Shape						
5	Number						
	Surface						
	Color					CO	
	overlying skin						
	any discharge of fluid						
	Palpation:		+				
	Temperature						
	Tenderness	Prof.					
	Consistency						
6	Fluctuant		-				
	Fixation					J. /	
	Induration					•	
	Central necrosis				7		
	Matty			de			
	Able to describe the levels of			10			
7	lymph node and sequence of		11				
	lymph node examination	96	יוכ				
8	Make 3 differential diagnosis of						
0	enlarged lymph node						
	Talai						
	Total						





ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	TOTAL MARKS
ROLL NO	

KEY: EXAMINATION OF TMJ

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S. NO.	POINTS OBSERVED	0	1	2	3	4	5
1	Greets the patient			14.			
2	Introduce himself/ herself			(/ ,			
3	Takes consent						
4	Properly positions the patient						
5	Measures inter-incisal opening						
6	Measures lateral excursions						
7	Palpate muscles of mastication						2
8	Make 3 differential diagnosis of limited mouth opening		_				
	Total						





ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	TOTAL MARKS
ROLL NO	

KEY: MYOFACAIL PAIN DYSFUNCTION SYNDROME (MPDS)
OBJECTIVE – ASSESSMENT OF HISTORY TAKING SKILLS

	ORJECTIVE - A22E22WENT OF	HISTORY TAKING SKILLS						
S.	POINTS OBSERVED	0	1	2	3	4	5	
1	Introducing him/herself							
2	Taking consent		G/A.					
3	Recording chief complaint in patient's words							
4	Where is the pain?			F,				
5	When did the pain start? Is it getting better or worse?			X				
6	Ask your patient to describe the pain, is it dull, aching? Or sharp, stabbing, tingling or burning							
7	Does the pain radiate to any other part of the head and neck?				S			
8	Any other signs and symptoms associated with the pain				Iß			
9	When is the pain the worst? Morning, night or is it continuous?				Y			
10	What sets the pain off? Does anything make it better? Painkillers help?	1	-		*			
11	How severe is the pain, perhaps ask your patient to put it on a scale from 1-10	T. and			3,			
12	Does pain aggravates on chewing?			55/				
13	Is he or she emotionally disturbed?		(1)					
14	Is there a history of previous trauma?	تام						
15	Is there a history of any parafunctional habits? Eg pan chewing, areca nut chewing,							
16	Is there any disturbance in sleeping pattern?							
17	Have you experienced similar kind of pain previously?							
18	Do you experience any difficulty in mouth opening?							





ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	TOTAL MARKS
ROLL NO	

KEY- ODONTOGENIC INFECTIONS
OBJECTIVE- ASSESSMENT OF HISTORY TAKING SKILLS

S.	POINTS OBSERVED	0		2	3	4	5
1	Introducing him/herself						
2	Taking consent						
3	Recording chief complaint in patient's words						
4	Where is the pain? Localize to at least a quadrant						
5	When did the pain start? Is it getting better or worse?						
6	Does the pain radiate to any other part of the head and neck?				31		
7	Any other signs and symptoms associated with the pain				R		
8	How severe is the pain, perhaps ask your patient to put it on a scale from 1-10		, i	1,6	*		
9	Have you experienced fever?		No.		,3,/		
10	Do you feel bad taste or foul odor in your mouth?			/ =	7/		
11	Does pain aggravates on chewing?			1			
12	Have you experienced similar kind of pain previously?	و الساق	افنمر				
13	Have you taken any treatment for this before?		•				
14	Have you experienced any trauma to soft tissue in that region?						
15	Have you experienced any trauma to hard tissue in that region?						
16	Where is the swelling? Localize to at least a quadrant						
17	Has the swelling increased in size since first noticed?						





Does the swelling disappear at anytime of the day? Any other signs and symptoms associated with the swelling? What do you think is the cause of this swelling? Have you experienced any difficulty in breathing?







ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	TOTAL MARKS
ROLL NO	

KEY: WHITE LESIONS

OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

	OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS									
S.	POINTS OBSERVED	0	1	2	3	4	5			
1	Introducing him/herself									
2	Taking consent		/FI							
3	Recording chief complaint in patient's words			5						
4	Where is the white lesion? Localise to at least a quadrant				Sd					
5	When did you notice the white lesion?				Y	21				
6	Since when is the lesion present?									
7	Is there any change in the size of the lesion?									
8	Is there any change in the texture of the lesion?					13				
9	Do you feel any roughness in your mouth? Eg cheek, tongue	16		-						
10	Do feel burning sensation on eating spicy food?			2	77,	X				
11	Any other signs and symptoms associated with the lesion?	7			4	35				
12	Have you experienced similar kind of problem previously?				(65					
13	History of trauma in that region?		Ь	-316						
14	History of any fungal infection?	**	••							
14	Have you taken any treatment for this before?									
15	Presence of parafunctional habits?									
16	Do you feel a sharp cusp or tooth in that region?									
17	Do you wear any removable prosthesis? (denture)									





18	Do you smoke? Eg cigarette, pipe			
19	Are you suffering from any immunocomprosmising disease? Eg diabetes, HIV			







ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	total marks
ROLL NO.	

KEY: ORAL ULCER OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

S.	POINTS OBSERVED	0	777 2	2	3	4	5
1	Introducing him/herself	UI			GIA.		
2	Taking consent						
3	Recording chief complaint in patient's words					40	
4	Where is the pain? Localise to at least a quadrant						
5	When did the pain start? Is it getting better or worse?						
6	Since when is the ulcer present?						
7	Is there any change in the size of the ulcer?		'n.	5-			23
8	Do feel burning sensation on eating spicy food?		7	7 1	7		7
9	Any other signs and symptoms associated with the ulcer?		7	المريدرو	T.		
	Have you experienced similar kind of problem previously?						
	History of trauma in that region?						
	Presence of parafunctional habits?	/ <u></u>	ميدر	ف			





ORAL AND MAXILLOFACIAL SURGERY OSATS FORMS

GROUP	DATE
STATION NO	TIME
NAME	TOTAL MARKS
POLLNO	

KEY: AVULSED TOOTH OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

S.	POINTS OBSERVED	0	Eb	2	3	4	5
1	Introducing him/herself			GIAN			
2	Taking consent			7	P		
3	Recording chief complaint in patient's words				0		
	When did the injury happen?						
4	How did the injury take place? Is there any associated injury?					3	
5	Where did the injury take place?		1	1			
7	Previous dental history, including previous injuries, crowns or prostheses		1			Y	
8	Location of permanent tooth fragments; suggest someone look for missing fragments or teeth at the site of injury.		E.,	6	725		
9	Where was the tooth kept after it came out of the oral cavity?			. 16			
10	Was there any sign of loss of consciousness, neck or head pain, and numbness?	بدليم	فنم	10			



supervisor.

LIAQUAT COLLEGE OF MEDICINE AND DENTISTRY DEPARTMENT OF HEALTH PROFESSIONS EDUCATION COLLEGE OF DENTISTRY ORAL AND MAXILLOFACIAL SURGERY



SUPERVISOR EVALUATION Name of the supervisor Department Date Name of the supervisee Excellent | Very good Good Fair Unsatisfactory Use the rankings above to rate the supervisor in relation to the following statements. 1. Very prompt when supervising & is dependable in times of any consultation. 2. Very committed & interested in his supervision work. 3. Displays respect on personal individual differences on his supervisee. 4. Examines supervisor-supervisee relationship. 5. Delivers relevant information on time. 6. Helps in improving your personal professional growth. 7. Demonstrates interest & awareness of your professional & developmental levels. 8. Able to identify &call attention to errors in a tactful manner. 9. Makes specific suggestion to you when you need them. Delivers presentation on time. Using on rating level provided in the scale above, give your overall rating of the performances of the





ORAL AND MAXILLOFACIAL SURGERY STUDENT FEEDBACK FORM

The supervisor should evaluate the student as objective as possibly by circling the number in each range that best describes the student performance for that character.

STUDENT'S NAME: — RODATE: RO	OLL NO.:			_	G	RO	UP: ———
ATTITUDE (DESIRE TO LEARN, ENTHUSICIAM, CURIOSTY)	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
SKILLS & ACCURACY IN WORK (DECISION-MAKING)	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
 QUANTITY OF WORK NO. OF DIAGNOSIS NO. OF EXTRACTIONS 1. UNDER SUPERVISION 2. INDEPENDANTLY NO. OF SURGICAL CASES ASSISTED 	EXCELLENT	5	4	3	2		UNSATISFACTORY
QUALITY OF WORK • ACCURACY • THOROUGHNESS • READINESS	EXCELLENT	5	4	3	2		UNSATISFACTORY
INTERPERSONAL RELATIONS (FACULTY, COLLEGUES, STAFF) • COURTEOUS • FRIENDLY	EXCELLENT	5	4	3	2		UNSATISFACTORY
ATTENDANCE (PRODUCTIVITY, RELIABILITY)	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
COMMUNICATION SKILLS • WRITTEN • VERBAL	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
SOPs FOLLOWEDINFECTION CONTROLCOVID-19	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
 TASKS ACCOMPLISHED PRESENTATIONS GIVEN LOG BOOK MAINTENANCE SEMINARS/WEBINARS/CONFERENCES ATTENDED 	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
 EXTRA-CURRICULAR ACTIVITY RESEARCH PUBLISHED DEBATES POSTER COMPETITION SPORTS PARTICIPATION 							





CHARITY WORK				

SCORE:

EXCELLENT: 40-50

VERY GOOD: 35-39

GOOD: 30-35

SATISFACTORY: 20-29

BARELY MEETING CRITERIA: 15-20

UNSATISFACTORY: 10-15

ANY OTHER COMMENTS:













LEARNING OUTCOMES

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.







At the end of the academic year student of third year BDS should be able to:

COURSE TOPIC: OPERATIVE DENTISTRY							
Contents	Learning Objectives	Mode	Assessment				
		Lecture	Practical	Tools			
Introduction to Operative Dentistry	 Define the term operative dentistry. Explain the significance of the operative dentistry. 	1					
Instruments and Their Uses	 Classify instruments on the basis of cutting and non-cutting instruments. List hand and rotary instruments used for tooth preparation. List various cutting and non-cutting hand instruments. Describe the various instrument grasp techniques that can be employed. Demonstrate the use of hand and rotary instruments Demonstrate sharpening of instruments By the end of the Operative OPD rotation the student should be able to: Identify hand and rotary instruments State the uses of the instrument. (OSCE/CLINICAL) Select correct instrument for the required task (OSCE/CLINICAL) 	1	Tutorial/ Small group discussions	Class Participation Final Examination			
Isolation in Restorative Dentistry	 List the advantages of isolation for restorative procedures. Describe different methods of isolation in restorative dentistry with emphasis on rubber dam isolation. List the armamentarium required for rubber dam isolation. Enumerate the advantages and disadvantages of rubber dam application. Describe the different types of isolation techniques with rubber dam By the end of the Operative OPD rotation the student should be able to: 	-51°C)	Tutorial/ Small group discussions	Class Participation Final Examination OSCE/ CLINICAL Mini CEX DOPS			





	1	College of DE		T	
	•	Identify the instruments used for			
		isolation in OPD.			
	•	Demonstrate application and removal			
		of rubber dam on model/stimulated			
		patient/Given patient using different			
		techniques (OSCE/CLINICAL)			
		Apply rubber dam while preparing			
		cavities in patients presenting in OPD.			
		cavities in patients presenting in 61 51			
Sterilization	•	Define the following terms:		Tutorial/	Class
and Cross		1. Sterilization,	1	Small group	Participation
infection		2. Disinfection,		discussions	Class Test
control		3. Asepsis.			Final
	•	Discuss the importance of sterilization			Examination
		and disinfection.			
	•	List elements of a sterilization plan.		P	
	•	List methods of sterilization.		4	
	• (Explain the process of steam, chemical			
		vapour, dry heat and ethylene oxide			
		sterilization			
4	•	Discuss methods to monitor			OSCE/
		effectiveness of sterilization.			CLINICAL
	•	List chemicals that are used for		and the	
		disinfection.			
	•	Discuss general considerations for			
		infection control in the dental office.			
	•	Define cross infection.			
	•	Explain the exposure risks in dentistry.			
		Discuss different methods of cross			
		infection control in dental office.	1 to 10 to 1		
	•	Enlist universal/ standard precautions			
		Describe blood borne infections		7 ' 5 ' /	
	•	Describe methods of hand hygiene		/ - / /	
	•	Discuss vaccination/ immunization of			
		dental health care professionals		4	
	•	Discuss elements of personal	-717		
		protective equipment (PPE)			
	•	Discuss how to prevent needle stick			
		injury			
	•	Discuss needle stick injury			
		management			
	•	Discuss dental waste disposal			
	•	Discuss management of dental sharps			
	D.,	the and of the Operative CRD retation			
	-	the end of the Operative OPD rotation e student should be able:			
	LING	Demonstrate disinfection of			
	•				
		dental units, instruments and			
		impression.			





		ı		1
	 Perform appropriate method of sterilization, storage and removal of instruments from autoclave in OPD. Discuss the needle stick injury and blood and saliva spills management 			
Dental Unit Patient and Operator Position	 List the significance of correct patient and operator positions when carrying out restorative procedures. Discuss different operator and patient positions used in restorative dentistry Identify all parts of a dental unit. Describe the use of different parts of the dental unit. By the end of the Operative OPD rotation the student should be able to: Demonstrate correct operation of different parts of dental unit. Perform accurate placement of different attachments (high speed, slow speed hand pieces) to the dental unit. Demonstrate ideal operating position for various restorative procedures on patients in OPD. 	Flipped classroom	Tutorial/ Small group discussions	Class Participation Class Test Final Examination
Patient Assessment, History Taking, Examination, Diagnosis and Treatment Planning	 Summarize the importance of a thorough medical and dental history Use the correct questions regarding history and symptoms of presenting complaint. Discuss the common medical diseases that may influence treatment planning. Discuss elements of clinical examination of following: dentition periodontium radiographs diagnostic casts and photographs Justify the diagnosis of the given 	3	Tutorial/ Small group discussions	Class Participation Class Test Mini-CEX DOPS
	 condition on the basis of signs, symptoms and investigations Discuss esthetic parameters to be considered when restoring the dentition. Discuss merits and demerits of treatment- and problem-oriented treatment planning. 			OSCE/CLINIC AL





	T		T	
IAOAL	 Plan appropriate treatment according to the diagnosis Discuss the importance of dental record keeping By the end of the Operative OPD rotation the student should be able to: Take comprehensive medical & dental history of the patients presenting in the operative OPD. Perform extra and intra oral examination on a patient presenting in OPD Diagnose the cause of problem in the patient presenting in Operative OPD Formulate a treatment plan for the patient presenting in Operative OPD Demonstrate counseling skills regarding oral prophylaxis (OSCE/CLINICAL) Demonstrate prescription writing for oral prophylactic agents. Demonstrate sensibility testing on stimulate patient and given patients. (CLINICAL) Hot Test Cold Test EPT 		A B DENTISTR	
Basics of occlusion	 Define basic terminologies of occlusion. Identify the various incisor and molar relationships. Discuss the tooth contacts during different phases of mandibular movement. Discuss the importance of restoring occlusion in restorative dentistry. 	1	Tutorial/ Small group discussions	Class Participation Class Test
Dental Caries, Classification, Diagnosis, Prevention	 Define dental caries Discuss the theories, etiology and pathogenesis of dental caries. Classify dental caries according to G. V. Black's and G. J. Mount's classification systems Describe factors influencing dental caries process Discuss the role of plaque/biofilm in progression of dental caries List the names of microorganisms responsible for dental caries 	4	Tutorial/ Small group discussions	Class Participation Class Test





	GOLLOL OF BLIMISIK!	
	 Explain the Stephan's curve Explain clinical characteristics and progression of carious lesions as seen in: 1. Pit and fissures 2. Smooth surfaces 3. Root surfaces Describe the progression of carious lesions in enamel and dentin Summarize the different zones of enamel and dentin caries Describe the histological and clinical features of carious lesion Differentiate between affected and infected dentin Differentiate between active and arrested caries Describe caries risk assessment of patients and their management accordingly By the end of the Operative OPD rotation the student should be able to: Perform clinical examination, radiographic evaluation, diagnosis and treatment planning of dental caries and choice of material according to cavity design. Demonstrate application of fissure sealants in children presenting in OPD. Take comprehensive medical & dental history of the patients presenting with dental caries in the OPD. Perform extra and intraoral examination on a patient present with dental caries in the OPD. Performulate a treatment plan for the patients presenting with dental caries in the OPD. Formulate a treatment plan for the patients presenting with dental caries in the OPD. Formulate a treatment plan for the patients presenting with dental caries in the OPD. 	OSCE/CLINIC AL
Basic Principles of Cavity Design and Preparation	G.V. Black's classification system • Enumerate the objectives of tooth preparation group discussions	Class Participation Class Test Final Examination





IAOAI	 State short comings of Black's cavity classification. Describe the advances in material science that have made cavity preparation minimally invasive. By the end of the Operative OPD rotation the student should be able to: Perform Class I and V restorations (amalgam, composite) on patients presenting to the dental OPD with dental caries Perform class II, III, IV and VI on phantom teeth Demonstrate mercury handling and waste disposal Demonstrate placement of fissure sealants in patients Demonstrate the dental unit water line purging before use of hand piece. (CLINICAL) Demonstrate mixing of dental cements (OSCE) Place lining and Filling in the prepared cavities with suitable restorative materials on patient. (CLINICAL) Counsel patients regarding postoperative instructions after restoration.(CLINICAL) 	A SOCIAL STRICT	OSCE/ CLINICAL
Review of restorative materials	 Enumerate the composition of following direct filling materials: Amalgam, GIC, Composite. RMGIC List the properties, uses, merits and shortcomings of following direct filling materials: Amalgam, GIC, Composite. RMGIC By the end of the Operative OPD rotation the student should be able to: 	Tutorial/ Small Group Discussion	Quiz Class Participation Final Examination





Dental Radiographs, its	•	State the significance of radiographs in operative dentistry. Discuss ADA guidelines for prescribing	1	Tutorial/ Small Group Discussion Clinical Teaching	Class test
processing		dental radiographs			
and		Identify anatomical and pathological			
interpretation		structures of maxilla and mandible on a:			
_		Peri apical x-ray,			
		2. Bitewing x-ray,			
		3. Occlusal x-ray,			
		4. Orthopantomogram (OPG)			
		Write the indications and limitations of			
		the following x-rays views for diagnostic			
		purposes:			
		Periapical x-ray,	un,		
		2. Bitewing x-ray,	76/1/		
		3. Occlusal x-ray,			
		4. Orthopantomogram (OPG)			
		Describe the physical and biological			
		effects of radiation.			
	4.	Enumerate extra oral and intra oral			
	A	radiographs and films.			
		Prescribe appropriate radiographs for			
		diagnosis of pulpal diseases.			
		Correlate radiographic findings to			
	35	history and clinical examination.		021	OSCE/CLINIC
		Describe the hazards of radiation			AL
		exposure.			
		Describe x-ray equipment, films and			
		processing of x-rays.	4		
		Justify varying horizontal and vertical	-		
	7	cone angulations to create image shift.	-		
		Describe the SLOB rule.			
	Bv	the end of the Operative OPD rotation			
	3 1	e student should be able to:		4 - 7	
	•	Identify the type of radiograph. (OSCE)			
	•	Identify the anatomical structures			
		observed in the radiograph.	1.00		
		(OSCE/CLINICAL)			
	•	Identify the pathological findings seen			
		in the radiograph. (OSCE/CLINICAL)			
	•	Demonstrate application of radiation			
		protection equipment on patient before			
		taking radiograph on patient.			
	•	Counsel the stimulated patient/ given			
		patient regarding findings of			
		radiographs, their implication and			
		possible solution.			
	•	Demonstrate the radiograph taking and			
		processing under supervision.			
		. ,			





Pulp and Peri- radicular Pathosis	 List etiological factors of pulp inflammation Explain mechanism of spread of inflammation in the pulp. Explain anatomical feature of pulp responsible for irreversible inflammation to injurious stimuli. Classify pulpal diseases on the basis of clinical and histological features. 	Lecture 1 Flipped classroom 1		Class Test Quiz Class Participation Final Examination
	 Differentiate the various types of pulpal diseases and periradicular lesions of pulpal origin Describe the mechanisms and consequences of spread of pulpal inflammation into periradicular tissues. Classify periradicular lesions of pulpal 	DIGIN		
	 origin on the basis of clinical and histological features. Distinguish non-endodontic lesions that may simulate endodontic periradicular Pathosis. By the end of the Operative OPD rotation the student should be able to: 			
OVIII	 Diagnose a patient presenting with pulpal and periapical disease in OPD(CLINICAL) Formulate a treatment plan for the patient presenting with different pulp status in Operative OPD. 		STRY*	OSCE/ CLINICAL
Tooth Surface Loss	 Define the following types of tooth surface loss: 1. Abrasion, 2. Attrition, 3. Erosion, 4. Abfraction. Describe the etiology of. 1. Abrasion, 2. Attrition, 3. Erosion, 4. Abfraction. 	Flipped classroom		Class Test Class Participation Final Examination
	 Describe the prevention and management of tooth surface loss. List etiology of dentinal hypersensitivity Explain pathogenesis and management of dentine hypersensitivity. 			





Pulp	Correlate the shape of pulp system to	_		Class Test	
Anatomy	root anatomy.	1		Class	
	 List laws of canal orifice location. 			Participation	
	Outline pathologic factors that may			Final	
	cause alterations in pulp anatomy.			Examination	
	Describe major components of the				
	pulp space and variations in the pulp				
	system in apical third.				
	Describe accessory canals.				
	• Discuss relationship of anatomic,				
	radiographic and actual location of				
	apical foramen.				
	Describe variations in pulp anatomy				
	resulting due to:	9//:/a.			
	-Developmental defects,				
	-With age.				
	-Identify internal and external anatomy of		de l		
	teeth in sagittal and cross section.				







	OOLLOI OI DI	11101111		
Instruments in endodontic	List the instruments in the basic sets for various endodontic procedures.	1		Quiz Class
III ciidodoiitic	 Describe the general physical 	-		Participation
	properties of instruments.			Final
	Describe the design of common canal			Examination
	preparation instruments and their			Zxarriiraciori
	mode of use.			
	Explain the basis for sizing and taper of hand operated instruments.			
	Describe proper use of instruments to			
	prevent breakage within canal.			
	 Identify visible changes in instruments 			
	that will predispose to breakage.			
	Describe nickel titanium rotary			
	instruments.			
	By the end of the Operative OPD rotation		A .	
	the student should be able to:		4	
	Identify the hand and rotatory			
	instrument(OSCE/CLINICAL)			
4	State the uses of the			OSCE/
	endodontic instruments			CLINICAL
	Demonstrate correct selection of an			
	endodontic instrument for the			
	required task(OSCE/CLINICAL)			
	Perform on extracted single			
	rooted teeth the following steps			
	of root canal treatment:			
	 Access cavity 			
	preparation;			
	 Working length 			
	determination;			
`	o Pulpectomy,		127 /	
	cleaning, shaping			
	and obturation of			
	root canal space			





Endodontic diagnosis and Treatment planning

- Diagnose pulpal and periapical pathosis in patients based on history, clinical and radiographic examination.
- Discuss importance of medical and dental history in formulation of treatment plan
- List various vitality tests and sensibility test.
 - Pulp oximetry
 - Laser Doppler
 - Hot test
 - Cold test
 - Electric pulp tester
- Interpret findings and formulate treatment plan
- Discuss limitations of various vitality tests.
- **Discuss** factors affecting case selection in endodontics.
- Correlate radiographic findings to the history and clinical examination.
- **State** the importance of an informed consent before any treatment.

By the end of the Operative OPD rotation the student should be able to:

- Demonstrate extra and intraoral examination to ascertain pulpal and periapical health.
- Demonstrate sensibility testing on simulated patients and given patients.(OSATS)
 - a. Hot test
 - b. Cold test
 - c. Electric pulp tester

Lecture 1
Flipped
classroom 1





At the end of the academic year student of third year BDS should be able to:

	COURSE TOPIC: PEDIATRIC DENTISTRY					
Contents	Learning Objectives	Mode of Teaching		Mode of Teaching	Mode of Teaching	
Contents		Lecture	Practical	Tools		
Introduction To Pediatric Dentistry	 By the end of lecture the student should be able: Discuss growth and development of jaws and dentition. Differentiate between primary and permanent teeth on the basis on structure composition and size Explain the chronology of development of primary and permanent dentition State exfoliation, eruption timing and sequence of primary and permanent teeth. 					
History Examination, Risk Assessment And Treatment Planning	 By the end of lecture the student should be able: State the importance of consents before child treatment. Discuss the importance of medical and dental history in management of pediatric patients. State special investigation for pediatric dental patient. Describe the principles of treatment planning for a pediatric dental patient. 	1	NSTRY * />	Class test		
Pain And Anxiety Management Of Pediatric Patient	 By the end of lecture the student should be able: List various pharmacological and non-pharmacological methods of pain and anxiety control. Describe different behavioral management strategies for pediatric patients. State different sedation techniques for pediatric patient. Explain the dental management of children with special needs. 	1		Class Participation		
Local Anesthesia For Children	By the end of lecture the student should be able: • Summarize new techniques for achieving topical anesthesia.	1				





		ı		1
	 List non pharmacological pain control methods Enumerate topical anesthetic solutions. List various techniques of local anesthesia administration. Interpret Possible complications of local anesthesia. 			
Diagnosis & Prevention Of Dental Caries	 By the end of lecture the student should be able: Describe the process of development of caries Explain epidemiology of caries Differentiate between caries detection and diagnosis Discuss effects of diet on dental tissues. State various sources of sugars. Describe the effect of fluoride on dental caries process. Explain the rationale of fluoride supplementation. Describe different vehicles of fluoride delivery. Explain the importance of parental counseling. Describe the importance of dietary management and home care in caries prevention. State the importance of regular dental follow-ups. Discuss the importance of fissure sealing and acid etch technique as a preventive measure. 		BUENTISTRY * 75	Class Participation Group Assignment
Treatment Of Dental Caries In The Preschool Child	By the end of lecture the student should be able: Discuss the pattern of early childhood caries Identify preschool children in need and dental care Manage pain at first attendance Manage dental caries in preschool children	-51°C	6 3 1	Class Participation
Pulp Therapy For Primary And Young Permanent Teeth	By the end of lecture the student will be able: 1. Discuss the importance to save primary tooth pulpal health	Flipped classroom		Class Test Class Participation





		1
	2. List the indications and Contraindications of pulp therapy in deciduous teeth. 3. List the indications, contraindications and procedures in primary dentition for: i) Pulp cap, ii) Pulpotomy, iii) Pulpectomy 4. List and describe briefly indications, contraindications in young permanent dentition for: i) Indirect pulp cap, ii) Direct pulp cap, iii) Cvek Pulpotomy, iv) Apexogenesis, v) Apexification 5. Describe the role of regenerative endodontics in the management of non-vital immature teeth.	OSCE/ CLINICAL
History And Examination Of Patient With Dental Trauma	By the end of lecture the student should be able: Classify dento-alveolar injuries. Outline the importance of a detailed history of trauma including past medical and dental history. List the questions to be inquired from a patient presenting with history of dental	Class Test Class Participation
	trauma. By the end of the OPD rotation the student should be able to: Discuss history taking, clinical examination, radiographic evaluation, diagnosis and treatment planning of traumatic injuries. Take comprehensive medical & dental history of the patient present with traumatic injuries in the OPD. Perform extra and intraoral examination on a patient presenting with traumatic injuries in the OPD. Diagnose the cause of problem in the patient presenting with traumatic injuries in the OPD.	CLINICAL/OS CE





	Formulate a treatment plan for the patient presenting with traumatic injuries in the OPD.			
Injuries To Primary Dentition (Dental trauma)	By the end of lecture the student should be able: Discuss management of hard tissue injury in the following categories: Uncomplicated crown fracture, Complicated crown fracture, Root fracture. Describe management of soft tissue injury in following categories: Concussion, Subluxation, Extrusive luxation, Lateral luxation, Intrusion, Avulsion. Describe the sequelae of injuries to the primary dentition			Class Test Class Participation
Injury To Permanent Dentition- Hard Tissue	By the end of lecture the student should be able: Explain management of hard tissue injury in the following categories: Enamel fracture, Enamel fracture, Enamel-dentin fracture, Complicated crown fracture, Uncomplicated crown-root fracture, Complicated crown-root fracture, Root fracture. Explain the duration of splint therapy in each injury	Flipped classroom	ISTRY * />	Class Test Class Participation
Injury To Permanent Dentition- Luxation And Avulsion (Trauma to periodontal tissue)	By the end of lecture the student should be able: • Describe management of soft tissue injury in following categories: 1. Concussion, 2. Subluxation, 3. Extrusive luxation, 4. Lateral luxation, 5. Intrusion, 6. Avulsion. • Describe duration of splint therapy in each injury.	-510		Class Test Class Participation





	Describe the rationale of delayed re- implantation of an avulsed tooth.			
Anomalies Of	By the end of lecture the student should be			Class Test
Tooth	able :	1		Class
Formation	Describe the prevalence of variation in			Participation
And Eruption	the number of teeth.			
	List the etiology of variation in the			
	number of teeth.			
	Plan the management of variation in the			
	number of teeth.			
	Discuss various anomalies in tooth size			
	and their management.			
	Describe various anomalies of tooth			
	form and their management.			
	Describe disturbances in eruption and			
	exfoliation and its clinical significance.		(F. 1	







OPERATIVE DENTISTRY CLINICAL ROTATION

1ST WEEK

- Introduction to OPD
 - o Discipline, protocols and ground rules
 - o Patient allotment
- Log book and Instruments
- · History, examination along with vitality testing, pdl probing and occlusal relations b/w teeth
- · Diagnosis and treatment planning
- · Instruction identification and uses

PRACTICAL DEMONSTRATION

- Sterilization Of Instruments
- Parts Of Dental Unit
- Patient receiving, seating and chair positioning

TUTORIAL FOLLOWED BY WORK ON PHANTOM/EXTRACTED TEETH

- Principles Of Cavity Preparation
- Cavity Preparation On Phantom Teeth-Class I And Class II
- Linning And Amalgam Filling On Phantom Teeth-Class I And Class II

CASE BASED LEARNING

- Caries
 - o Definition
 - Classification
 - o Clinical Examination.
 - o Radiographic Evaluation
 - o Diagnosis And Treatment Planning.
 - Choice Of Filling Material According To Cavity Design

2NDWEEK

ROLE PLAY

- Patient Counseling
- · History of pain

PRACTICAL DEMONSTRATION

- Demonstration Of Preparation And Filling Of Class III/IV Cavity With Composite Resin
- Matricing:
 - o Different Types
 - o Parts.
 - Application

PRACTICAL DEMONSTRATION

- Demonstration Of Matricing And Filling Of Class V With GIC
- Isolation Techniques.
 - o Rubber Dam
 - o Parts.
 - o Techniques.
 - Application

WORK ON PATIENTS

• Cavity Preparation And Filling

3RDWEEK

CASE BASED LEARNING

- Pulpitis
 - o Types
 - Diagnosis
 - Treatment Options

WORK ON PATIENTS

• Cavity Preparation And Filling

Feedback Session I





OPERATIVE DENTISTRY CLINICAL ROTATION

4 TH\		

TUTORIAL

- Radiographs
- Demonstration Of Different Techniques And Their Indications Along With Use Of Different Cone Indicators
 - o Bisecting Angle Technique
 - o Paralleling Technique
 - o Bite Wing
 - o Slob Rule.
 - o Steps Of Film Processing
 - o Identification Of Different Periapical X rays
 - o X Ray File

WORK ON PATIENTS

• Cavity Preparation And Filling

5THWEEK

CASE BASED LEARNING

- Vital Pulp Therapy
 - Step Wise Excavation
 - Direct/Indirect Pulp Capping
- Pulpotomy/Pulpectomy

WORK ON PATIENTS

• Cavity Preparation And Filling

6THWEEK

TUTORIAL

- Introduction To Endodontics
- Endodontic Instruments
- Endodontic Materials

PRACTICAL DEMONSTRATION FOLLOWED BY WORK ON EXTRACTED TEETH/ ENDO BLOCKS

- Endodontic Access Cavity Preparation
- Cleaning And Shaping Of Root Canals
- Obturation Of Prepared Roots

WORK ON PATIENTS

• Cavity Preparation And Filling

7THWEEK

OSCE SPOTTING

- X-Ray File Discussion
- Spot File Discussion

WORK ON PATIENTS

- Cavity Preparation And Filling
- Revision
- End of rotation assessment
- Second feedback session II



LIAQUAT COLLEGE OF MEDICINE AND DENTISTRY DEPARTMENT OF HEALTH PROFESSIONS EDUCATION COLLEGE OF DENTISTRY LIST OF INSTRUMENTS FOR THIRD YEAR BDS



- 1. Doctor's white coat with name plate
- 2. Patient's napkin + napkin holder
- 3. Gloves
- 4. Masks
- 5. Surgical head cap
- 6. Metal instrument box

7. EXAMINATION INSTRUMENTS

- Mirror No. 5 (with handle)
- Explorer No. 23(shepherd's hook)/ No.17 (briault)
- CPITN probe
- Graduated probe
- Cotton forceps (with serrations)
- Excavator a) Binangle discoid spoon (double ended)
 - b) Triple angle discoid spoon (double ended)

8. FILLING INSTRUMENTS

- High speed hand piece
- High speed burs / abrasives
 - a) Cylindrical fissure (diamond, tungsten carbide)
 - b) Round No. 2, 4 (diamond, tungsten carbide)
 - c) Long tapered fissure diamond
 - d) Composite finishing diamond (yellow band)
 - e) Flame shaped diamond
- Slow speed burs (tungsten carbide)
 - a) Cylindrical fissure
- b) Round No. 2,4
- Dycal applicator
- Plastic instrument
- Cement spatula
- Morter and pestle
- Amalgam carrier
- Tofflemire matrix band retainer + bands (curved and contoured- 0.07mm)
- Plugger (small + large)
- Burnisher (egg-shaped + acorn + round ended)
- Kite shaped carver
- Discoid cleoid carver
- ½ Hollenbach
- Gingival marginal trimmer
- Wooden wedges
- Cellulose strips
- Polishing brush + cup
- Glass slab
- Artificial and extracted teeth mounted on plaster model





- a) 4 maxillary molars
- b) 4 mandibular molars
- c) 2 maxillary central incisors
- Endoblock (one molar)
- Cotton dispenser
- Discard box
- Match box
- Transparency marker

9. ISOLATION

- Cotton Rolls (with Gauze and prefabricated)
- Rubber Dam Sheet (6X6)
- U-Style Frame
- Dental Floss
- Rubber Dam Clamps for:
 - a) Incisors/Canines/ Premolars:

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[212], [1/2/2A], [W9]
[210/211], [W0], [00]
```

b) Premolars:

[W1A/W2A], [1A,2A]

c) Molars:

[W8A/W14A],[56],[202/200], [8A/14A], [8], [27], [12A]

10. ENDODONTIC INSTRUMENTS

- Endo box
- 5cc Disposable Syringes
- 6" Stainless Steel Measuring Scale/endo ring
- Dappen Dish
- DG-16 Probe
- Barbed Broaches (Assorted)
- Patency files (6,8,10)
- Files

a) K- files (15-40) (45-80) 21mm; 25mm b) H-Files (15-40) (45-80) 21mm; 25mm

- Gates Glidden (1-6) (Assorted)
- Finger Spreader (15-40) (45-80) 21mm; 25mm
- Protaper hand files.





CLINICAL QUOTA FOR THIRD YEAR BDS

	PROCEDURE	NUMBER OF CASES
I DIAG	NOSIS	30
II RES	TORATIONS	
a)	CLASS I	20
b)	CLASS II	05
c)	CLASS III/CLASS IV	05
d)	CLASS V	05

STUDENT'S RECORD SHEET CLINICAL SKILLS

Date	P. R.	Tooth	Cavity	Lining	Matricing	Filling	Finishing	Polishing	Grade	Initial
	No.		Class Type							
						-	3			
									91	
	17					7 (3			
					의 2	1	B			

EXTRA CREDITS

Pulpotomies / Pulpectomies / Apexification / Apexogenesis / Pin-Retained Restoration / Fissure Sealants

DATE	P.R.No	тоотн	TREATMENT DONE	GRADE	INITIAL











LEARNING OUTCOMES

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.







COURSE TOPIC: REMOVABLE PARTIAL DENTURE						
Contents	Learning Objectives	Mode of Ted	Assessment			
		Lecture	Practical	Tools		
Physiology, terminology and types of removable partial denture(RPD)	Define: 1. Abutment 2. Retainer 3. Tooth supported RPD 4. Tooth tissue supported RPD 5. Temporary RPD 6. Interim denture 7. Transitional denture 8. Treatment denture 9. Stability 10. Support 11. Retention 12. Reciprocation 13. Bracing 14. Appliance 15. Saddle 16. Prosthesis • Classify the types of removable partial denture • Describe indication, Contraindications, advantages and disadvantages of removable partial denture	Lecture(1)	tutorial	Class Participation		
Partially Edentulous Epidemiology, Physiology And Terminology	Define Abutment Retainer Extra coronal partial denture Tooth supported RPD Tissue supported RPD Tooth-tissue supported RPD Temporary RPD Interim denture Transitional denture Treatment denture Centric relation Centric relation Support Recentric relation Reciprocation Reciprocation Reciprocation Appliance Saddle area Stability	Lecture(1)	RY * />	Class participation		
Applied Anatomy And Physiology	 Discuss clinical application of anatomy of oral cavity Brief physiology of jaw movements. 	Lecture(1)		Class test Class Test Class participation Final examination		
Oral Manifestations Of Systemic Diseases	 Discuss problem related to xerostomia Discuss Problem related to poor healing Discuss Problem related to osteoporosis Discuss Problem related to osteopenia Discuss Problem related to autoimmune diseases. 	Lecture(1)		Class test Class participation Final examination		





Diagnosis And	CLINICAL EXAMINATION	Lecture(1)	MINI C-EX
Treatment	A. HISTORY	2001010(1)	7411 41 O EX
Planning	Demographic data		
	Chief complaint		
Patient	History of presenting complaint Dental history		
Evaluation,	Dental historyMedical history		
History, General	Social history		
Examination	B. EXAMINATION		
And Problem	a. General Examination		
Oriented	• Gait.		
Treatment	Complexion and personality		
Planning	Cosmetic indexMental attitude of patient		
	b. Extra Oral examination		
	Facial features		
	Facial form		
	Facial profile		
	Lower facial height		
	Muscle toneComplexion	CINA	
	Lip competency		
	TMJ examination		
	 Examination of muscles of 		
	mastication		
	Deviation Define the state of the stat		
	DeflectionLimited mouth opening		
	Clicking sounds/crepitating		
	Neuromuscular examination		
	c. Intra Oral Examination		
	1) Existing teeth		
	Number of teeth		
	Tilting Drifting		
	Supra eruption		
	Rotation		
	2) Mucosa		
	Color of mucosaCondition of mucosa		
	Thickness of mucosa		
	3) Saliva		
	• Normal		
	Thick and ropy		
	Xerostomia Occlusion		
	Canine guided	A = 3	
	Group function		
	Mutually protected	63	
	5) Others: Midline, mouth opening, occlusal stops,		
	periodontal condition, residual roots, tooth surface loss C) Radiographic examination	5.7.4	
	Crown to root ratio	91	
	Periapical pathology	,	
	Retained residual roots		
	Thickness of mucosa		
	Bone support and quality		
	Root configuration of abutment teeth D) Diagnostic casts		
	D) Diagnostic castsPurpose of diagnostic cast		
	Mounting diagnostic cast		
	Sequence of mounting maxillary cast to axis orbital		
	plane		
	Jaw relation for diagnostic cast		
	Material and methods for centric relation E) Diagnostic findings		
	E) Diagnostic findings F)Interpretation of examination data		
	Radiographic interpretations		
	Periodontal consideration		





		1	ı	
	Caries activity Evaluation of prosthesis foundation teeth and residual ridge. Surgical preparation Analysis of occlusal factors Fixed restorations Orthodontic treatment G) Differential diagnosis; fixed or removable partial denture Indications of FPD Indications of RPD Choice between complete denture and removable partial denture I) Clinical factors related to metal alloys used for metal framework.			
Biomechanics Of Removable Partial Denture	Discuss the biomechanical considerations. Lever 1 Lever 2 Lever 3 Discuss Stress consideration in partial denture Vertical Displacing stresses Dislodging stresses Horizontal Torsional Discuss Factors influencing magnitude of stress Describe Differential support Discuss Role of periodontal ligaments in removable partial denture	Lecture(1)	Tutorial	
Components of RPD (major connector and minor connector)	Define major connectors List types of major connectors Discuss the location, indication contraindication of major connectors Describe ideal requirements and design consideration of major connector Describe functions of minor connectors Explain form and location of minor Connectors Discuss tissues tops and finishing Line of removable partial dentures.	Lecture(4)	Skills designing	Class Participation Class Test
Rest and rest seats	Define rest Classify rest and rest seats on the basis of location Describe form, support & design of occlusal rest and rest seat Relate the role of rest in control of prosthesis movement	Lecture(2)	Small Group Discussion Tutorial Practical	Class Participation Class Test Final examination DOPS
Direct retainers	Define direct retainers State the role of direct retainer in prosthesis movement control Classify direct retainers on the basis of extra coronal and intra coronal prosthesis Discuss the contours of tooth for the fabrication of retentive clasps Describe functional requirement of clasp Discuss criteria for selecting given clasp design List basic parts of clasp assembly Describe basic principles of clasp design List types of clasp assembly	Lecture(4)	Small Group Discussion Tutorial Practical	Class Participation Class Test Final examination DOPS





Indirect retainers	Define indirect retainers Explain factors influencing effectiveness of indirect retainers Discuss the forces acting on the denture Define fulcrum line Describe auxiliary functions of indirect retainers List types of indirect retainers	Lecture(2)		Class Participation
Denture base consideration	Discuss ideal denture base material used in the fabrication of removable partial dentures. Describe advantages and disadvantages of metal and acrylic denture bases Explain methods of attaching artificial teeth to the denture base Discuss the need for relining the denture base. Define stress breakers for denture base	Lecture(1)		
Principles of RPD design	Describe the difference in prosthesis support and the influence on design Differentiate between types of removal partial denture Describe the components partial dentures which are part of partial Denture design	Lecture(2)	Group Discussion Tutorial Practical skills	DOPS
Surveying	Define surveying List the types of the dental surveyor Identify the parts of the dental surveyor List the types of survey lines Explain the purpose of surveyor Discuss the factors that determine the path of placements and removal List the steps of the procedure in surveying a diagnostic cast Explain final path of placement and relation to cast to surveyor Discuss surveying the master cast (not repetition diagnostic and master cast are different) Describe measuring retention and retentive undercut Explain blocking out the master cast and relieving the master cast	Lecture(2)	Tutorial Practical Skills	DOPS
Mouth preparation for removal partial denture	Describe oral surgical procedures Explain conditioning of abused and irritated patient Describe periodontal preparations Explain the diagnosis of occlusal disharmony Discuss endodontic treatment necessary before fabrication of removable partial dentures	Lecture(1)		
Preparation of abutment teeth	Classify the abutment teeth according to tooth preparation Explain the sequence of the abutment teeth preparation on sound teeth and existing restoration Discuss the preparation of the guide planes and rest seats Discuss the techniques used to create undercuts for retentive clasps Explain abutment preparation using crowns and conservative restorations Explain the use of isolated teeth as abutment	Lecture(1)		





Impression techniques and modifications	 List the types of impression materials use for RPD Describe the anatomic and functional form of impression Discuss indication of functional impression Describe impression techniques: Mclean's physiologic Impression technique Hindel's modification Functional relining method Selective pressure impression technique Fluid wax technique Altered cast technique Modifications of altered cast technique 	Lecture(2)	Practical skill	DOPS
Trail of metal frame work	Define examination of metal framework Discuss the procedure of fitting frame work to teeth and supporting structures Explain the correcting discrepancies Explain the fitting frame work to opposite occlusion Describe the finishing of the framework	Lecture(1) + videos		
Maxillomandibu lar relations	Describe desirable occlusal contact relationship for removable partial denture Describe the methods for establishing occlusal relationship Explain the use of articulators Describe the articulation techniques Split cast technique Discuss the jaw relation for mandibular removable partial denture opposing a maxillary complete denture	Lecture(1)	ENTIST	
Selection & arrangement of teeth	List anterior and posterior teeth selection on the basis of Size of teeth Form of teeth Color of teeth	Lecture(1) + videos	Practical	
Lab procedure	Describe duplicating a cast stone Describe the waxing framework of removable partial denture Define 1. Spruing 2. Investing 3. Burn out 4. Casting 5. Removing the cast from investment 6. Finishing Discuss the making of record bases Explain the making of a stone occlusal template from a functional occlusal record Demonstrate the arrangement of anterior and posterior teeth Discuss the waxing and flasking of removable partial denture before processing acrylics in base Describe the processing and polishing of the denture	Lecture(3) + videos	Practical Laboratory demonstration	





LIST OF INSTRUMENTS AND MATERIALS FOR WORK ON PATIENTS

- Face mask
- Surgical gloves
- Examination instruments sets with tray
 - a) Mouth mirror
 - b) Explorer
 - c) Cotton forceps
- Set of partial denture trays

MATERIAL

• Alginate impression material

FOR WORK ON IDEAL MODELS:

- Pliers (Round, Flat, Adam's)
- Wire cutter
- Rubber bowls (Alginate and plaster)
- Spatulas (Curved and Straight)
- Plaster knife
- Wax knife
- Wax carver
- Glass slab
- Articulator
- Dental flasks
- Plaster scissors

MATERIAL:

- Dental plaster
- Dental stone
- Modelling wax sheets
- Acrylic teeth strips
- Stainless steel wire (0.7 mm) (0.8 mm)
- Phantom head tooth (maxillary central incisors, maxillary and mandibular premolar and molars)
- Color pencils.





QUOTA FOR 3RD YEAR BDS ON IDEAL MODEL

REMOVABLE PARTIAL DENTURE

- 5 clasps formation
- Ideal die model pouring for maxilla and mandible
- Designing of CPD
- Rest seat preperation on phantom head tooth

KENNEDY'S CLASS III

- Model pouring (maxilla and mandible)
- Base formation
- Designing
- Clasps making
- Wax up
- Teeth setup
- Flasking
- Dewaxing
- Application of separating media
- Packing
- Curing
- Cooling
- Deflasking
- Finishing and Polishing





KENNEDY'S CLASS IV (maxilla and mandible)

- Model pouring
- Base formation
- Designing
- Clasps making
- Wax up
- Articulation
- Anterior teeth Setup

ON PATIENT

- 2 History taking and Examinations.
- 1 to 2 cases of partial dentures (kennedy's class III)
- 2 sets of Alginate Impressions with pouring of impressions and base formation.

OTHERS

- Tutorials.
- Presentations
- Case-based learning.
- Clinical case presentation.





PRACTICAL WORK ON IDEAL MODELS DEMONSTRATIONS

S.NO	TASK	DATE	SUPERVISOR SIGN	STUDENT SIGN
	KENNEDY'S CLASS III RPD FABRICATION			
i.	MARKING AND DESIGNING OF CLASPS			
ii.	WAX UP AND TOOTH SETUP			
iii.	FLASKING			
iv.	DEWAXING			
٧.	SEPARATING MEDIA APPLICATION			
vi.	PACKING		G. 1	
vii.	CURING AND COOLING			
viii.	DE-FLASKING			
ix.	FINISHING AND POLISHING			
	KENNEDY'S CLASS IV RPD FABRICATION			
X.	MARKING AND DESIGNING OF CLASPS			
xi.	ARTICULATION			41
xii.	WAX UP AND TEETH SETUP		. 5	-

PRACTICAL WORK BY STUDENTS

S.NO	TASK	The same	DATE	GRADE	SUPERVISO
					R SIGN
	KENNEDY'S CLASS III RPD FABRICATION			67	
i.	MARKING AND DESIGNING OF CLA	ASPS			
ii.	WAX UP AND TOOTH SETUP	تسامير			
iii.	FLASKING	**			
iv.	DEWAXING				
V.	SEPARATING MEDIA APPLICATION				
vi.	PACKING				
vii.	CURING AND COOLING				
∨iii.	DE-FLASKING				
ix.	FINISHING AND POLISHING				
	KENNEDY'S CLASS IV RPD				
	FABRICATION				





X.	MARKING AND DESIGNING OF CLASPS		
xi.	ARTICULATION		
xii.	WAX UP AND TEETH SETUP		

SKILLS

S.NO	DATE	TOPICS	EVALUATION	SUPERVISOR SIGNATURE
1		HISTORY, EXAMINATION		
2		KENNEDY'S CLASS III & IV SETUP		
3		DESIGNING	C C	
4		ABUTMENT PREPARATION		
5	7.5	IMPRESSION TECHNIQUE		4
6	701	SURVEYING		2





WORK ON PATIENTS <u>ALGINATE IMPRESSION RECORDING</u>

S.NO	WORKDONE	DATE	GRADE	SUPERVISOR'S SIGN
1	1st maxillary and mandibular impression			
2	2 nd maxillary and mandibular impression			

TUTORIALS

S.NO	DATE	TOPIC	FACILITATOR'S NAME	FACILITATOR'S SIGN	STUDENT'S SIGN
1.	0	Cross Infection Control			
2.	114	Kennedy's Classification And Applegate's Rule			DV
3.	*(-	Impression Materials/ Techniques			
4.		Biomechanics of RPD			
5.		Direct Retainers	12 0 9		
6.		Rest and Rest seat	** **		
7.		Surveying			
8.		Denture Designing			





PRESENTATIONS

KEY:

EXCELLENT	GOOD	FAIR	SATISFACTORY	NEEDS IMPROVEMENT
9-10	8-7	6-5	4-3	2-1

S.NO	DATE	TOPIC	DELIVERED BY	GRADE	SIGN
1.		Kennedy's Classification And Applegate's Rule	(2)		
2.	/0	Classifications of RPD			
3.		Maxillary major connector			
4.	Z	Mandibular major connector		41	
5.		Minor connector		51	
6.	10	Rest and rest seat		41	
7.		Surveying and designing of RPD		20	
8.		Occlusally approaching direct retainer	4		
9.	+	Gingivally approaching direct retainer			
10.	16	Types of impression techniques for RPD			
11.		Occlusal relation registration for RPD	7.5		
12.		Insertion and post insertion instructions and follow up	6		
13.		Types of partial denture			
14.		Designing of acrylic partial denture			
15.		Dental Waxes			
16.		Dental plaster			
17.		Acrylic			
18.		Alginate impression material			
19.		Elastomeric impression materials			
20.		Acrylic defects			





CASE-BASED LEARNING

S.NO	DATE	PBL TOPIC	FACILITATOR'S NAME	FACILITATOR'S SIGNATURE	STUDENT'S SIGNATURE
1		Treatment of a partially edentulous patient with acrylic partial denture	MEDIC		
2	(3)	Treatment of a partially edentulous patient with cast partial denture		CO DEL	







ASSESSMENT FORM FOR ALGINATE IMPRESSION

KEY:

5	4	3	2	1
EXCELLENT	GOOD	FAIR	SATISFACTORY	NEEDS IMPROVEMENT

S. NO	UNIT PROTOCOLS	MARKS	REMARKS	SIGN
1.	Covering of unit			
2.	Chair positioning			
3.	Consent			
4.	Gloves			
5.	Mask			
6.	Head cap			
7.	Material			
	IMPRESSION TAKING		U	2
Ä	Mixing of impression material	Y		1
2.	Selection of instruments			
	a. Bowl	7		
	b. Spatula			
	c. Tray			
3.	Chair positioning			
4.	Operator positioning		(3)	
5.	Method of impression taking		200	
6.	Water powder ratio	0.19		
7.	Final Impression			





ASSESSMENT FORM FOR TEETH SETUP KENNEDY'S CLASS 3

KEY:

EXCELLENT	GOOD	FAIR	SATISFACTORY	NEEDS IMPROVMENT
5	4	3	2	1

S. NO	STEPS	MARKS	REMARKS	SIGNATURE
1.	DESIGNING ON MODEL			
2.	WROUGHT WIRE CLASP FORMATION ON MOLAR			
3.	WROUGHT WIRE CLASP FORMATION ON PREMOLAR	P		
4.	WAXUP			
5.	TEETH SETUP			

KENNEDY'S CLASS 4

S. NO	STEPS	MARKS	REMARKS	SIGNATURE
1.	RECORD BLOCK		20	
-	a) DENTURE BASE			
	b) WAX RIM		*	
2.	ARTICULATION		7	
3.	MIDLINE	-	76	
4.	TEETH SETUP	1.2		
	a) OVERJET	160		
	b) OVERBITE			
	c) INCLINATION OF ANTERIOR TEETH			
	d) CUSPID-CUSPID LINE			
5.	FINISHING			





OCCLUSAL REST PREPERATION

S.NO	STEPS	MARKS	REMARKS	SIGNATURE
1	Proper selection of burs			
2	Proper form or shape of occlusal rest			
3	Mesio-distal width of the occlusal rest seat			
4	Bucco-lingual width of the occlusal rest preparation			
5	Angle of the floor of the occlusal rest preparation			
6	Depth of occlusal rest seat			

DESIGNING OF CPD

S.NO	STEPS	MARKS	REMARKS	SIGNATURE
	Identify kennedy's classification	2		
2	Designing of major connector with black color		1	
3	Designing of minor connector with black color	3	731	
4 6	Designing of rest seats with red color		,2,/	
5	Designing of direct retainer and retentive arm with green and reciprocal arm with blue	165		
6 Designing of acrylic denture base with yellow color				





	Research						
Topic	Objectives	Mode of Teaching Lecture/ Tutorials	KSA Competencies Knowledge/ Skill/ Attitude	Assessment Tools			
TERM I							
Hypothesis, errors, objective, inclusion exclusion criteria 1hr	 Define, differentiate, and formulate null and alternative hypotheses. Identify Type I and Type II errors, their impact, and ways to minimize them. Develop clear, SMART research objectives aligned with the study. Explain the significance, and establish appropriate inclusion and exclusion criteria for research studies. 	Lectures, Workshops, Research meetings, small group discussions digital library	KSA	MCQs, Summative assignments research based.			
Synopsis writing, filling IRB form 1hr	 Describe the structure and key components of a research synopsis. Develop a clear and concise synopsis following standard guidelines. Identify the essential sections of an Institutional Review Board (IRB) form. Accurately fill out an IRB form, ensuring ethical compliance in research. Explain the purpose and importance of a consent form in research studies. Draft a comprehensive consent form with clear participant information. Define the function and significance of a Gantt chart in research planning. Create a Gantt chart to effectively outline research timelines and milestones. 	sessions.	DENTISTRY * 7.5.				
Introduction of Hypothesis Testing 1hr	 Interpret the results of hypothesis testing in a research context. Apply hypothesis testing concepts to real-world dental research scenarios. 						
Hypothesis Testing for One Sample Mean 1hr	 Define hypothesis testing for one sample mean and its application in research. Explain the assumptions required for conducting a one-sample mean test. Differentiate between one-tailed and two-tailed tests. Understand the use of z-test and t-test for one sample mean based on sample size and standard deviation availability. Calculate test statistics and interpret p-values in decision-making. 						





	1. Define the Wilcoxon Signed-Rank Test and its application
	as a non-parametric alternative to the one-sample mean
Non Parametric	test.
Alternative for One	2. Explain the assumptions and conditions for using the
Sample Mean	Wilcoxon Signed-Rank Test.
(Wilcoxon Sign	3. Differentiate between parametric (t-test) and non-
Rank Test)	parametric (Wilcoxon Signed-Rank Test) methods.
1 Hr	4. Perform the Wilcoxon Signed-Rank Test calculations and
1 111	interpret the results.
	5. Discuss the significance of using non-parametric tests in
	cases of non-normal data distribution.
	Define hypothesis testing for one sample proportion and
	its application in research.
	2. Explain the assumptions required for conducting a one-
Hypothesis Testing	sample proportion test.
for One Sample	3. Differentiate between population proportion and
Proportion	sample proportion.
1 Hr	4. Calculate the test statistic (z-test) for one sample
	proportion.
	5. Interpret the p-value and confidence intervals in
	decision-making.
	Define the Paired t-test and its application in hypothesis
	testing for two related observations.
Hypothesis Testing	
Hypothesis Testing	2. Explain the assumptions required for conducting a
for Means of 2	Paired t-test.
observations	3. Differentiate between paired and independent
Paired Samples:	sample t-tests.
Paired T Test	4. Calculate test statistics for paired samples and interpret
1 Hr	the p-value.
	5. Identify and minimize Type I and Type II errors in paired
	sample testing.
1	Define the Mann-Whitney U test as a non-parametric
	alternative to the independent t-test for comparing
	two independent samples.
	2. Explain the assumptions and conditions for using the
Non Parametric	Mann-Whitney U test, including ordinal data or non-
Alternative for	normally distributed interval/ratio data.
Means 2	3. Describe the differences between parametric
Independent	(independent t-test) and non-parametric (Mann-
Samples: Mann	Whitney U test) approaches.
Whitney U Test	4. Perform calculations for the Mann-Whitney U test,
1Hr	including ranking the data and determining U values.
	5. Interpret the test results, including the U statistic, p-
	value, and decision regarding the null hypothesis.
	6. Identify situations where the Mann-Whitney U test is
	more appropriate than a parametric test.
l .	





	TERM 2
	1. Define the Wilcoxon Signed-Rank Test as a non-
	parametric alternative to the paired t-test for comparing
	two related samples.
	2. Explain the assumptions and conditions for using the
	Wilcoxon Signed-Rank Test, including the use of ordinal
Non Parametric	data or non-normally distributed interval/ratio data.
Alternative for	3. Differentiate between the paired t-test and Wilcoxon
Paired T Test	Signed-Rank Test in terms of parametric vs. non-
(Wilcoxon Sign	parametric approaches.
Rank Test)	4. Define how to rank the differences between paired
1 hr	observations and calculate the test statistic.
	5. Interpret the test results, including the significance of the
	p-value and the decision regarding the null hypothesis.
	6. Recognize when to apply the Wilcoxon Signed-Rank Test
4	over the paired t-test based on data distribution.
	Define hypothesis testing for proportions in two related
	(paired) samples and its application in research.
	Explain the assumptions required for testing proportions
Hypothesis Testing	in paired samples, including the need for binary data.
for Proportions of 2	3. Differentiate between paired sample t-tests and
observations	hypothesis tests for proportions in paired samples.
Paired Samples 1hr	4. Calculate the test statistic (z-test for proportions) for
	paired observations.
	5. Interpret the p-value and confidence intervals in
	decision-making for paired proportions.
	Define Repeated Measures ANOVA and its application
	in hypothesis testing for means of more than two
	related (paired) observations.
	2. Explain the assumptions required for conducting
Hypothesis Testing	Repeated Measures ANOVA, including normality,
for Means of > 2	sphericity, and the dependence of observations.
observations	3. Differentiate between Repeated Measures ANOVA
Paired Samples:	and one-way ANOVA for independent samples.
Repeated	4. Define the F-statistic in Repeated Measures ANOVA
Measures ANOVA	and how to interpret p-values to assess differences
1 hr	among means.
	5. Identify and minimize Type I and Type II errors in
	Repeated Measures ANOVA.
	6. Perform post-hoc tests (if necessary) to explore
	significant differences between groups.
Non Parametric	1. Define the Friedman test as a non-parametric
Alternative for	alternative to Repeated Measures ANOVA for
Repeated	comparing more than two related (paired)
Measures ANOVA	observations.





(Friedman Test)	2. Explain the assumptions and conditions for using the
	Friedman test, including ordinal data or non-normally
	distributed interval/ratio data.
	3. Differentiate between Repeated Measures ANOVA
	and the Friedman test in terms of parametric vs. non-
	parametric approaches.
	4. Describe the procedure for conducting the Friedman
	test, including ranking the data and calculating the
	test statistic.
	5. Interpret the results, including the p-value and decision
	regarding the null hypothesis.
	1. Define the Cochran's Q test and its application in
	hypothesis testing for proportions of more than two
	related (paired) observations.
	Explain the assumptions required for using the Cochran's
	Q test, including binary (dichotomous) data and
Hypothesis Testing	dependent samples.
for Proportions of >	3. Differentiate between Cochran's Q test and other tests
2 observations	for proportions, such as the Chi-square test, in terms of
Paired Samples:	paired versus independent samples.
Cochrane Q Test	4. Calculate the Cochran's Q statistic and interpret the
1 hr	results, including the p-value.
	5. Describe how to apply post-hoc tests if Cochran's Q test
	indicates significant differences.
	6. Identify when the Cochran's Q test is more appropriate
	than other tests for comparing proportions in repeated
	measures data.
	Define the Independent t-test and its application in
	hypothesis testing for means of two independent
I la un adh a sia Ta adin a	samples.
for Means of 2	2. Explain the assumptions required for conducting an
	Independent t-test, including normality and equal variances between the groups.
Independent	Differentiate between paired and independent samples
Samples:	
Independent T Test	in the context of hypothesis testing.
1 hr	4. Calculate the test statistic (t-value) for independent
	samples and interpret the p-value.
	5. Describe the concept of degrees of freedom and its role
	in the t-distribution.
Non Parametric	Define the Mann-Whitney U test as a non-parametric Alternative to the lander and and the test few against the lander and and the test few against the lander and and the test few against the lander and and the lander and
Alternative for	alternative to the Independent t-test for comparing two
Means 2	independent samples.
Independent	2. Explain the assumptions and conditions for using the
Samples: Mann	Mann-Whitney U test, including ordinal data or non-
Whitney U Test	normally distributed interval/ratio data.
1 Hr	3. Differentiate between parametric (Independent t-test)
	and non-parametric (Mann-Whitney U test) methods.





	4. Define the procedure for performing the Mann-Whitney
	U test, including ranking the data and calculating the U
	statistic.
	5. Interpret the test results, including the p-value and
	decision regarding the null hypothesis.
	TERM 3
Hypothesis Testing for Proportions of Independent Samples: Chi-	 Define the Chi-Square test and its application in hypothesis testing for proportions of independent samples. Explain the assumptions required for conducting the Chi-Square test, including categorical data and independence of observations. Differentiate between the Chi-Square test for goodness
Square Test	of fit and the Chi-Square test for independence.
1 hr	4. Calculate the Chi-Square statistic and interpret the results, including the p-value and degrees of freedom. 5. Define how to check for expected cell counts to ensure the validity of the test 1. Define One-Way ANOVA and its application in
Hypothesis Testing for Means of >2 Independent Samples: One Way ANOVA 1 hr	hypothesis testing for means of more than two independent samples. 2. Explain the assumptions required for conducting One-Way ANOVA, including normality, homogeneity of variances, and independence of samples. 3. Differentiate between One-Way ANOVA and the Independent t-test in terms of the number of groups compared. 4. Calculate the F-statistic and interpret the p-value to determine if there are significant differences between the group means. 5. Describe the concept of between-group and withingroup variability. 6. Conduct post-hoc tests (such as Tukey's HSD) if One-Way ANOVA shows significant differences to identify which groups differ.
Parametric Alternative for Means of >2 Independent Samples: Kruskal Wallis Test	 Define the Kruskal-Wallis test as a non-parametric alternative to One-Way ANOVA for comparing the means of more than two independent samples. Explain the assumptions and conditions for using the Kruskal-Wallis test, including ordinal data or non-normally distributed interval/ratio data. Differentiate between parametric (One-Way ANOVA) and non-parametric (Kruskal-Wallis test) approaches. Describe the procedure for performing the Kruskal-Wallis test, including ranking the data and calculating





	the test statistic (H).
	5. Interpret the test results, including the p-value and
	decision regarding the null hypothesis.
	decision regarding the noit hypothesis.
	Define the concept of linear regression and its use in
	predicting the relationship between dependent and
	independent variables.
	2. Identify and explain the assumptions of linear
	regression, including linearity, normality,
	independence, and homoscedasticity.
	3. Differentiate between simple and multiple linear
Linear regression	regression models based on the number of
1Hr	independent variables.
	4. Learn how to calculate and interpret the regression
	coefficients (slope and intercept) in a linear regression
	model.
4	
	5. Interpret the R-squared value to assess how well the
	model fits the data.
	6. Describe how to evaluate the significance of the
	regression model using p-values and F-tests.
	1. Define logistic regression for predicting binary
	outcomes (e.g., success/failure).
	Differentiate between linear and logistic regression for
	binary outcomes.
	3. Interpret logistic regression coefficients, including odds
	ratios.
Logistic Regression	4. Know the assumptions of logistic regression, like
1 Hr	independence and log-odds linearity.
	5. Assess model significance using p-values, confidence
	intervals, and likelihood ratio tests.
	6. Evaluate model fit with metrics such as AIC and pseudo
`	R-squared.
	7. To evaluate performance by useing confusion
	matrices, sensitivity, specificity, and ROC curves
	1. Describe the importance of tables in presenting
	research clearly.
	2. Organize data effectively and use the appropriate
Developing tables	table types.
	3. Format tables for clarity, following research guidelines.
	4. Summarize statistical results in tables and ensure
1 Hr	consistency.
	5. Interpret and explain table data accurately in
	research papers.
	Apply best practices for presenting results in dental
	research.
Writing results,	Present research results clearly with statistical analyses
L	





mitations and and visuals. 2. Write the results section focusing on key findings without interpretation. 3. Discuss study limitations constructively. 4. Interpret findings in relation to existing literature in the
Hr without interpretation. 3. Discuss study limitations constructively.
3. Discuss study limitations constructively.
4. Interpret findings in relation to existing flerature in the
I attacamentaria
discussion.
5. Suggest future research directions based on findings
and limitations.
6. Describe the role of results, limitations, and discussion
in enhancing research clarity.
TERM IV
Identify and understand threats to internal, external,
construct, and statistical conclusion validity.
2. Recognize biases and errors that affect research
accuracy.
Hr 3. Learn strategies to control confounding variables,
ensure generalizability, and improve measurement
tools.
4. Apply methods to minimize threats to validity in dental
research design and analysis.
Describe the key components of a research paper
and evaluate their clarity and relevance.
2. Assess the study design, sample size, and
ritical analysis of methodology for rigor and appropriateness.
Research paper: 3. Critically analyze data collection methods, statistical
thecklist analyses, and ethical considerations.
hr 4. Evaluate the interpretation of results, study limitations,
and biases.
5. Use a checklist to systematically and objectively
critique research papers.
Explain clinical trials, their purpose, and ethical
considerations.
linical Trials And 2. Learn Good Clinical Practice (GCP) guidelines and
regulatory requirements.
ractices 3. Describe the process of designing, conducting, and
reporting clinical trials.
hr 4. Identify risks and biases in clinical trial design and
implementation.
Define the purpose and steps of conducting a
systematic review, including formulating questions,
searching, and selecting studies.
ystematic Review 2. Assess study quality, extract data, and perform meta-
hr analysis when applicable.
3. Use tools like the PRISMA checklist for quality
assessment.
4. Ensure transparency and reproducibility in the





	process.			
	5. Critically analyze and report findings, addressing			
	limitations and conclusions.			
	Define the concept and purpose of meta-analysis in			
	synthesizing data from multiple studies.			
	2. Learn how to select studies, extract data, and assess			
	study quality for inclusion in meta-analysis.			
Meta-Analysis	3. Describe statistical methods used in meta-analysis, such			
1 hr	as effect sizes and heterogeneity assessment.			
	4. Interpret meta-analysis results, including pooled			
	estimates and confidence intervals.			
	5. Learn how to assess and handle publication bias and			
	other potential biases.			
	1. Define the purpose and significance of qualitative			
	research in exploring human experiences and			
	behaviors.			
	2. Learn key qualitative research methods, such as			
	interviews, focus groups, and observations.			
Introduction to	3. Describe data collection, coding, and thematic analysis			
Qualitative Studies	techniques in qualitative research.			
1 hr	4. Familiarize with the principles of data saturation, validity,			
	and reliability in qualitative studies.			
	5. Develop skills in interpreting and presenting qualitative	-		
	findings to inform research and practice.		50	





	LEADERSHIP, PROFESSIONALISM	۸ & ETHIC	CS (LeaPE)	
Торіс	Objectives	Mode of Teaching Lecture/ Tutorials	KSA Competencies Knowledge/ Skill/ Attitude	Assessment Tools
	LEADERSHIP			
Building and maintaining	Identify importance of and barriers to the development of trust and dependability in professional relations	lecture	К	MCQs
professional relationships	 Demonstrate active listening and empathy during discussions in small groups Communicate clearly, concisely and 	Role play	KSA	OSPE
	respectfully during discussions	Role play	KSA	OSPE
Professional disagreement	 Demonstrate how to disagree with others in a professional manner 	Role play	KSA	OSPE
	PROFESSIONALISM			
Identifying	Discuss features of presence and absence of professional behavior in local context and its impact on work output	lecture	K	MCQs
professionalism	 Identify ones attitude to professionalism by using suitable inventories (e.g. LAMPS, PAT) 	lecture	K	MCQs
	BIOETHICS			
Ethical	Define the terminology	lecture	K	MCQs
principles related to Abortion	 Discuss Pakistani law of abortions List the countries/ areas where abortions are legal 	SGD	K	MCQs
Ethical principles	Define the terminology	lecture	K	MCQs
related to Assisted Reproduction (including Surrogacy)	Discuss Pakistani law related to Assisted Reproduction	SGD	К	MCQs
Ethical principles related to dealing with Pharmaceutical Companies	Discuss ethical principles that apply to dealing with Pharmaceutical companies	SGD	К	MCQs
Ethical	Define the terminology	lecture	K	MCQs
principles related to Organ donations & Organ Transplantation (to consult CBEC)	Discuss Pakistani law related to Organ donations & Organ Transplantation	lecture	К	MCQs





	PATIENT SAFETY				
Topic	Objectives	Mode of Teaching Lecture/ Lectures	KSA Competencies Knowledge/ Skill/ Attitude	Assessment Tools	
Body Fluid Exposures:	 Describe the sources of bodily fluid exposures. Discuss the appropriate evaluation methods of bodily fluid exposures. Summarize the management options available for bodily fluid exposures. Describe interprofessional team strategies for improving care coordination and communication to advance bodily fluid exposure treatment and improve outcomes. 	Lecture	KA	MCQs	
Infection Prevention & Control	 Define Infection Prevention and control (IPC) Discuss the 10 steps for IPC in hospitals and clinics (OPDs) Describe the various aseptic techniques required commonly in clinical practice (Donning, doffing, gloving, hand hygiene, preparing the patient for surgery, interventional procedures like injections, catheterisation, suturing, wound cleaning etc.) 	Lecture	KA	MCQs	
Aseptic Techniques	 Discuss aseptic techniques that need to be followed in wards, Operation theatres, procedural rooms (including labour rooms), dental chairside and OPDs 	Lecture SGD	KA	MCQs	
Misuse of antibiotics and other medications (move to second)	 Describe the process of how humans become resistant to antibiotics Discuss the effects of antibiotic resistance Explain the benefits of antibiotic stewardship explain strategies to overcome Antimicrobial resistance 	Lecture SGD	KA	MCQs	
Documentation	 Discuss the significance of complete and timely, high-quality documentation Discuss the impact of poor documentation on patient outcomes and health care provision Describe the process of Adverse incident reporting Discuss the essential contents and process of informed consent 	Lecture	KA	MCQs	
Safety in the Emergency Room	Describe strategies to improve patient safety in the ER	Lecture	KA	MCQs	





List the factors affecting safety in Safety in Ambulatory care settings Outpatient Describe the types of Safety Events in Clinics or Lecture KΑ **MCQs Ambulatory Care Ambulatory** Define steps for improving patient safety in Care ambulatory care Describe the five steps to safer surgery Describe the common hazards in Operation theatres Lecture Use proper sterilization techniques for dental instruments, equipment, and Demonstrate safe use of X-ray equipment and radiation protection measures during dental radiography procedures. Demonstrate proper ergonomic techniques and positioning for both dental practitioners and patients during dental procedures Demonstrate administration of local anesthesia safely Demonstrate accurate documentation of patient assessments, and treatment plans Safety in Demonstrate the safe disposal of used Operation **MCQs** instruments, equipment and **Theatres** armamentariums (for. Example: endodontic files and other sharps) Practical Demonstrate the steps of cleaning, disinfection, wrapping and sterilization of dental instruments. Practice drills for evacuating patients safely in the event of fire, natural disasters, or other emergencies in the dental clinic. Write the following: referral notes, discharge notes, essential components in a death report, patient case summary Demonstrate donning (excluding hand hygiene) Demonstrate proper aseptic technique to be followed for giving IV or IM injections, catheterization, passing NG tube, dealing

with a patient of RTA (on mannequin)





COMMUNICATION SKILLS					
Topic	Objectives		KSA Competencies Knowledge/ Skill/ Attitude	Assessment Tools	
Models of clinical communication	 Discuss the use of the following in clinical practice: Calgary Cambridge Observation Guide (1996) Kalamazoo Consensus statement (1999) 	lecture	K	MCQs	
Effective Communication during history taking	 Demonstrate principles of effective communication during history taking by using any one of the following: Calgary Cambridge Observation Guide (1996) CLASS Protocol Kalamazoo Consensus statement (1999) 	Role play	KSA	MCQs + OSPE	
Patient- Centered Care: Principles and Practice	 Discuss the concept of Patient Centered Care (PCC) List the essential components of PCC Discuss the fundamentals of patient-centered interviewing including historytaking 	lecture	SILL	MCQs	
Providing information for patient care	Demonstrate providing information to the patient for their care	role play	KSA	OSPE	
3	Discuss principles of medical note- keeping, patient notes, OT notes, prescription writing, resumes and writing professional emails	lecture	K	MCQs	
Written communication	Demonstrate effective written Communication skills including medical note-keeping, patient notes, OT notes, case summaries, discharge summaries, writing, patient referral letters, prescriptions, resumes and writing professional emails	role play	KSA	OSPE	
Interviewing skills	Describe the fundamentals of effective interviewing skills	lecture	K	MCQs	
Case presentations	 Present focused and summarized history & clinical findings Present clearly and concisely clinical case summaries with assessment and management plans 	Microtea ching	KSA	Micro Teaching	
Communicating Effectively with Healthcare teams	 List the members in healthcare team Discuss challenges and barriers while communicating with healthcare team in the local context Develop evidence-based strategies that would be useful for improving communication with the healthcare team 	lecture	K	MCQs	





Communicating clinical information to seniors	Describe the steps of the SBARR protocol and its rationale for use in the workplace	lecture	К	MCQs
Violence at workplace	 Define violence Discuss reasons for violence at workplace Discuss strategies for avoiding and for dealing with violence in workplace 	lecture	К	MCQs







OPD GUIDELINES FOR STUDENTS

- Before you take any patient, please ensure that you have all the necessary items, e.g. instruments, hand piece, masks, gloves etc.
- Submit your instrument box containing the instruments for sterilization before 8.30
 A.M. every day. After this time no instrument box will be accepted. The instrument box and the instruments should be marked properly for identification. Sterilize your instruments after every patient.
- Wear white coat all the time. No one would be allowed in the OPD otherwise.
- Escort the patient from the waiting area to the OPD if no other assistance is available. He/She should be guided in the dental chair in a comfortable position.
- Drape the patient
- Put a new glass on the cup filler (Ideally in front of patient)

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- Insert suction tip (Ideally in front of patient)
- Take a detailed medical and dental history
- Wear gloves and masks after taking notes and carryout dental examination and charting.
- After case evaluation, consult your supervisor.
- When the treatment plan is agreed upon arrange all the instruments on the instrument tray. Adjust the hand piece, fix the required bur then start working on the patient.
- Prepare a list of materials required according to the treatment and take from the assistant. Try to take all the items in one go otherwise you and /or assistant will be running around every now and then.
- Never take/give any instrument, suction tip, hand piece, bur or any other item from/to your colleagues working nearby.
- Get your work checked at each step.
- After completion of work, return materials borrowed to the assistant. Remove suction tip and glass. Discard masks and gloves wash and scrub instruments and submit the box for sterilization.
- Clean and clear any debris from the hand piece after every patient with spirit
 then sterilize the head of hand piece in glass bead sterilizer. (acceptable when
 working with one hand piece) At the end of the day, lubricate the hand piece
 with oil and store it in an upside down position till next day.





GI	JIDE TO CLINICAL SKILL LAB (COD)		
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. 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.			
Knowledge	Skills Responsiveness Communication		
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		
The Clinical Skill laboratory mission is in accord with the mission of Coll of dentistry (LCMD). The Clinical Skill laboratory will provide a replica the patient care environment where students can apply cognitive, psychomotor, and affective skills and instructors can facilitate learnin and objectively measure student performance and competency			
Goals	 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	 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 		



LIAQUAT COLLEGE OF MEDICINE AND DENTISTRY DEPARTMENT OF HEALTH PROFESSIONS EDUCATION



COLLEGE OF DENTISTRY

	Charles hales a del felle	the Cofee Paragraph of the All shorts at a decider		
		y the infection control protocols. All students should		
		kill lab premises and maintain social distancing.		
		illed by students at the end of each session and		
	should be signed by	their respective supervisor/instructor		
	At the end of session	n final assessment of the student should be done		
	through questionnair	e/test and attendance will be marked after		
	clearing it.			
	The attendance of the state of the stat	ne sessions will be counted in internal evaluations		
	At the end of the ses	sion, students should be provided with the		
		hich they give feedback		
		nes for the smooth running of Skills and Simulation		
		nd the students are expected to follow these.		
		Ta mo stederms are expected to tollest mess.		
	• All students are enco	ouraged to follow infection control protocols		
		ted to keep all their belongings in a separate area		
	dedicated for this pu			
		d to use mobile phones into the learning area of		
	skills lab.			
		ibited to write anything on the manikins, tables,		
	walls and blends etc			
		used in skills lab should not be reused and should		
		nearest sharps container.		
		e immediately sent to laundry.		
		dressings, tape, etc. must be removed and the		
	area cleaned appro	priately upon completion of simulated exercises.		
	 Manikins are to be le 	ft on the tables and not moved unless directed by		
	the instructor.			
	All drainage bags mu	ust be emptied, disposed of or cleaned		
Skills Lab Safety	appropriately for late	er use.		
Guidelines	Students who use the	e skills lab will keep the confidentiality and privacy		
	of manikins.This rule v	vill apply to all students who want to enter and use		
		and any violation will result in disciplinary action		
	against that student.			
		be left unattended by faculty or staff at any time.		
		should be locked at all times when not in use.		
		vailable 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.			
	The state of the s	s are not allowed in the labs at any time.		
		e stick injury, they will report immediately to		
	instructor/coordinator/staff and follow the guide lines			
	Coordinator PDC	Dr. Amna Rehman		
Nominated Faculty	(Skill Lab) COD	(Assistant Professor Oral and Maxillofacial Surgery)		
Nominated Faculty	Members	Dr. Samer		
		(Instructor skill lab)		





	PROFESSIONAL DEVELOPMENT CELL (SKILL LAB)										
Competencies	Learning Objectives	Teaching & learning Activities	Assessment tools	Outcomes							
Basic life support (BLS)	At the end of the session student of Final year BDS, should be able to: • Analyze the conditions which needs BLS provision. • Describe the method of Cardiopulmonary resuscitation in sequence. • Describe the management of chocking in infants and adults • Translate the steps of BLS	Video, Practical demonstration followed by self on practice on manikin	Mini CEX, OSATS DOPS OSCE	By the end of the training program, students of Final year BDS should be able to: Practice basic life support following the American heart association manual guidelines.							
	provision. • Perform the BLS following AHA guidelines.		P								
Biopsy Taking	At the end of the session student of Final year BDS, should be able to: Identify patient selection and preparation for biopsy Describe optimal biopsy techniques List potential complications Describe all steps of the procedure correlating the antisepsis 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	 At the end of the session student of Final year BDS, should be able to: 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 	Video, Role-play on manikin followed by self practice		Apply the primary airway management							





	 Execute how to ventilate a patient artificially with a pocket mask 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	At the end of the session student of Final year BDS, should be able to: 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	STATE OF THE OWNER OWNER OF THE OWNER OW	Categorize the different orofacial plain radiographs





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.
- 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
- 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





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.





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 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







4. STAGE 4- REFERAL 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 Affair 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;
- refer the matter to the Chairperson Disciplinary Committee

If the Student Affair 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 Affair Incharge may discontinue further action. Upon discontinuing further action, the Student Affair Incharge will notify the Committee and the student named in the allegations in writing of their decision.

If the Student Affair 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 Affair 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 affair will refer the matter to the Disciplinary Committee.





2. GROSS MISCONDUCT

file this complaint

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

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.
- 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 nondesignated 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 nonfaculty 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

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





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

STAGE 1- VERBAL WARNING

Repitition of previous misconducts or no improvement in

STAGE 2- FIRST WRITTEN WARNING

Intermediate or more seious misconduct, repeated overtime

STAGE 3- FINAL WRITTEN WARNING

Failure to improve or other misconducts by same student

STAGE 4 – CASE REFERRED TO STUDENT AFFAIRS WITH CONCLUSIVE DECISION PRESENTED TO PRINCIPAL IN 5 WORKING DA

MINOR/ INTERMEDIATE MISCONDUCT RESOLUTION BY STUDENT AFFAIRS

GROSS MISCONDUCT

CASE REFERRED TO

DISCIPLINARY COMMITTEE

COMPLIANCE

NON COMPLIANCE

RECORD MAINTENANCE

REVIEW OF INFORMATION & INVESTIGATIVE FINDINGS BY THE DISCIPLINARY COMMITTEE

CASE RESOLUTION WITHOUT HEARING BY THE COMMITTEE

DISCIPLINARY
HEARING BY
THE COMMITTEE

INVESTIGATION
REPORT GENERATED BY
INVESTIGATOR IN 3
WORKING DAYS PRESENTED
TO COMMITTEE

FINAL REPORT ALONGWITH CONCLUSIVE DECISION PRESENTED TO PRINCIPAL/S COD/COM IN 5 WORKING DAYS

DISCIPLINARY ACTION TAKEN

FINAL DECISION INFORMED TO STUDENT

FINAL DECISION BY THE PRINCIPAL/S COD/COM

RECORD MAINTENANCE

APPEAL BY THE STUDENT





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 Medecine 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)

<u>JUNIOR</u> 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
- \bullet Killey's Fracture of the mandible by Peter Banks $5^{\rm th}$ edition
- Killey's Fracture of the middle third of the facial skeleton by Peter Banks 5th edition





EXAMINATION

		_	
Term I Term II	Term III	Term IV/ Pre-Prof Examination	Prof- Examination
Continuous Assessment: This will include: 1. Term I 2. Term II 3. Term III 4. Term IV/ Pre-Prof Examinati 5. Prof Examination Continuous Assessment will h	 ' ave a weig		
The college will send your co JSMU. Prof-Exam conducted by J 1. Theory paper of One Best A	SMU will inc		s directly to
2. OSCE Exam			
3. Continuous Assessment res	sults	9\ U_i	





SCHEME OF EXAMINATION

The following scheme of examination has been approved by the competent authority for the year 2025.

TOS										
Exam		OS	SPE	Internal						
	MCQs	Observed Station	Unobserved Station	Evaluation						
Term I	50	2	8	NS.						
Term II	50	2	8	TRY						
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	PRACTICAL EXAM (OSPE)	INTERNAL EVALUATION/ CONTINUOUS ASSESMENT	TOTAL MARKS				
GENERAL MEDICINE	ANSWER)	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)									
		Atten	Google Assignments (1.5 Marks)						
Roll No	Name	Above 90% (03)	80-89% (02)	75-79% (01)	< 75% (0)	submitted (1.5)			

THEORY (10 Marks)											
Participation Classi (01 M	room	Term Exam (4.5 Marks)							Total		
Pre-assignment	class activities Participation		Term 1			Term 2			Term 3		Marks (10)
(0.5)	(0.5)	Present (0.5)	Pass (0.5)	Position (0.5)	Present (0.5)	Pass (0.5)	Position (0.5)	Present (0.5)	Pass (0.5)	Position (0.5)	

INTERNAL EVALUATION CLINICAL PRACTICAL

Practical (10 Marks)										
		OPD A	Attendance	(1.5 Marks)		Log Book & Patient Quota (1.5 Marks)				
Roll No	Name	Above 90% (1.5)	80-89% (1)	75-79% (0.5)	< 75% (0)	Complete & Good remarks (1.5)	Complete & satisfactory remarks (1)			
	701-11-9									

	Practical (10 Marks)											
	Assess 2 Marks		Term Exam OSCE (3 Marks)					Attitude / Behavior (02)		Total		
Present	Present Pass Position		Term	1	Term	II	Term	III	Communication skills (faculty, colleagues,	Attire	Marks (10)	
(0.5)	(0.5)	(1)	Present (0.5)	Pass (0.5)	Present (0.5)	Pass (0.5)	Present (0.5)	Pass (0.5)	non -faculty) (1.5)	(0.5)	, ,	





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:

- ♦ 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.