



CHILDREN'S EDUCATION SOCIETY (Regd.)


THE OXFORD DENTAL COLLEGE

(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences,
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Bommanahalli, Hosur Road, Bangalore - 560 068.
Ph: 080-61754680 Fax : 080 - 61754693E-mail:deandirectortodc@gmail.com
Website: www.theoxford.edu

List of students trained in the opted facilities

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Summary

Comprehensive Dental Care Clinic

1. **Title:** Comprehensive Dental Care Clinic
2. **Objectives:**
 - a) To train the post graduate students and interns in planning comprehensive dental care to patients
 - b) To provide co-ordinated treatment with proficiency in clinical and technical procedure with an interdisciplinary perspective
 - c) To train the students on communication and patient management skills
 - d) To train the students in maintenance of patient records

3. **Beneficiaries:**

Post graduate students of all departments

4. **Mode and schedule for training**

Didactic method with MS PowerPoint presentations, demonstrations and hands-on exercises

At the commencement of clinical posting of the students, the case history taking was taught through didactic method of teaching using PowerPoint presentations followed by group discussion among the students. Various case scenarios were discussed and doubts were clarified. Steps in planning comprehensive treatment plans were elaborately discussed and debated based on evidence-based dentistry. Subsequently, the students were asked to demonstrate their skills in patient management, communication and case history taking. All the treatments were carried out under the direct supervision of the specialty faculty and faculty of Public Health Dentistry.

The training was done on the first of the clinical posting and scheduled as below:


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Schedule Time: 9.30 am – 3.00 pm	Events	Resource Person
9.30 am - 10.30 am	Lecture on case history taking with discussion	Dr. Archana Krishna Murthy
10.30 am - 11.30 am	Lecture on Comprehensive treatment planning with discussion	Dr. Shilpashree KB
11.45 am - 1.00 pm	Hands-on training in case history taking, communication, comprehensive treatment planning and patient management with patients.	Dr. Archana Krishna Murthy
1.30 pm - 3.00 pm	Discussion on the hands-on exercises, outcome assessment and feedback.	Dr. Shilpashree KB and Dr. Antara Shome


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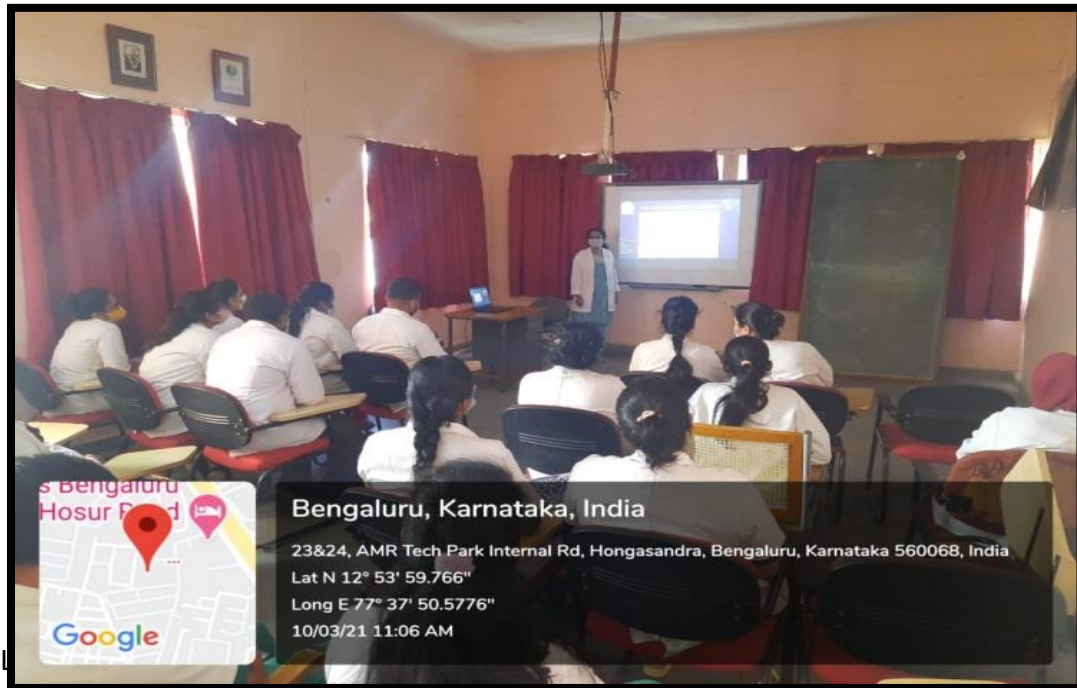
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Hands-on geotagged photos



Participants of The Comprehensive Dental Care Training



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Comprehensive Dental Care Clinic

The definition of comprehensive dentistry is- a concept that includes not only traditional treatment of dental disease but also prevention and early detection. Comprehensive dental care takes into consideration of all the points of maintaining good oral health and minimizing the risk factors that can cause problems to it. It includes the restoration, repair of teeth and most of the oral cavity that has already been damaged due to aging or some accidental injury.

Since comprehensive dentistry deals with the protection of the oral cavity, it is protecting the organs below it in the digestive system from the effects of bacterial infection. Comprehensive dentistry thus deals with maintenance of all the tissues and bones of the mouth, which includes gums, teeth, jawbone, and tongue.

As part of patient's comprehensive examination, the dental specialist visualises examine the soft tissues of the oral cavity and surrounding muscles for changes and abnormalities.

For Comprehensive Dentistry at The Oxford Dental College, an important piece of commitment to comprehensive care is that each patient is treated as a unique, whole person. The dental specialist looks at the mouth being connected to, influenced by and influencing the whole body. Factors such as general health, medications, state of nutrition, problems with stress from work or life, as well as patient's own self-care habits are all important in understanding what is happening with oral health. The treatment is being carried out in the Comprehensive dental Unit in the department of Public Health Dentistry.

The list of procedures can be regarded as a comprehensive list of services offered by dentists in the Comprehensive dental unit in The Oxford Dental College.

Proposed sequences of dental services in a comprehensive dental care programme are

a. Preliminary services

b. Treatment services

Preliminary services: It includes

- Emergency treatment like elimination of pain and infection (palliative Treatment).
- Oral prophylaxis
- Dental health education - about oral hygiene, nutrition
- Tobacco Cessation Counselling

Maintenance care

- Preventive measures
 - Atraumatic Restorative Treatment
 - Fluoride application
 - Preventive Resin Restoration

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- Case finding (periodic check-up)

Treatment services: it includes

- Diagnosis and treatment planning
 - Radiographs
- Restorative services
 - Restoration of all types
 - Root Canal Treatment
- Corrective services- Periodontal therapy
 - Oral surgical procedures
 - Orthodontic service
- Rehabilitative services – Prosthodontics (removable partial denture, fixed partial denture)

Specialist Staff Deployed

The Comprehensive dental treatment is carried out by the dental specialists concerned with the field of interest. The following faculty are posted in the comprehensive dental clinic on a rotatory basis.

1. Public Health Dentist
2. Endodontist
3. Prosthodontist
4. Oral and Maxillofacial Surgeon
5. Orthodontist
6. Pedodontist

Comprehensive Dental Clinic was also a setting for many research projects such as:

- Comparison between phosphoric acid and hydrochloric acid in microabrasion technique for esthetic improvement of dental fluorosis - A split mouth design, follow up study – PG dissertation by Dr. Madhushree Das
- Comparison of efficacy and acceptability of caries removal methods: Caries care with atraumatic restorative treatment and conventional method - A randomized controlled trial – PG dissertation by Dr. Malavika
- Dental fear and its association with behavioral problem dimensions and oral health status among patients visiting a dental institute in Bangalore city, India – PG dissertation by Dr. Manasa P
- Parental influences, oral hygiene behavior and family functioning on dental caries in 5–6-year-old children - A case control study – PG dissertation by Dr. Manjari C
- Assessment of oral health related quality of life before and after prosthetic rehabilitation using oral health impact profile - A longitudinal study – PG dissertation by Dr. Mugdha K

Implant Clinics

Objectives:

- Anatomy and physiology relevant to Implants
- Introduction to implant system
- Knowledge of treatment planning and use of study cast and diagnostic planning

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- How to read CBCT scan


Beneficiaries: Post graduate students of all Departments.

Mode and Schedule for Training

Mode: Offline

Schedule: 15th April 2021

9:30 am- 12:00 pm	Lecture-Treatment planning <ol style="list-style-type: none">1. Health history & clinical data2. Prosthetic design, bone density3. Key implant density & number4. CBCT
12:00 pm- 1:00 pm	Lunch break
1:00 pm- 2:00 pm	<ol style="list-style-type: none">1. Hands on2. Demonstration:3. patient examination4. CBCT implant planning
2:00 pm- 2:30 pm	Question & answer session


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Hands-On Photographs



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Specialty clinic in Geriatric dentistry

Title: Specialty clinic in Geriatric dentistry

Introduction: Geriatrics is derived from a Greek word "geron" meaning- old man ' and iatros" meaning- healer. The demographic data suggests that there is a huge number of patients above 60 years of age, having greater dental health awareness seeking dental treatment. Geriatric dentistry is the delivery of dental care to older adults involving diagnosis, prevention and treatment of problems associated with normal aging. As oral health care professionals we deal with various physiological and pathological wear of tooth, gingival recession, presence of restorations and age related odontometric changes. Consideration of overall clinical and oral health context of aging patients is important in order to provide optimum dental care. Hence this training aims at management of geriatric patients.

Learning objectives -

- I. To ensure medical management of geriatric patients.
- II. To understand treatment planning for the elderly patient.
- III. To understand the goals of restorative management in elderly patients from diagnosis, treatment plan, management and prognosis.
- IV. To understand the goals of esthetic rehabilitation in elderly patients from diagnosis, treatment plan, management and prognosis.
- V. To understand the goals of endodontic treatment in elderly patients from diagnosis, treatment plan, management and prognosis.

Beneficiaries -

- I. Interns and;
- II. Post graduate students of all Departments.

Schedule of training-

Lecture - 4 hours

Topics

- I. Management of medically compromised patients and referral.
- II. Treatment planning for the elderly patient.
- III. Restorative dentistry- restoration of wear lesions like attrition, abrasion and abfraction with composite, glass ionomer cement, ceramics and cast metal.
- IV. Endodontics - access modifications, location of canals, cleaning and shaping, obturation techniques, post endo restorations, evaluation of occlusion and vertical height with articulator and face bow transfer.

Demonstration - 2 hours

Topics

- I. Under magnification restoration of wear teeth with composite to interns on extracted teeth.
- II. Under magnification and with the use of ultrasonic, cleaning and shaping is demonstrated on extracted teeth for post graduates and also anterior veneer preparation/ceramics with loupes is demonstrated.


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Hands on – 2 hours

Students work on extracted teeth under the guidance of staff.

Topics include restoration of wear lesions using composite and glass ionomer cement, access preparation, location of canals, cleaning and shaping, obturation on extracted teeth.

Patient management -

Under rubber dam isolation restorative and endodontic therapy is performed.

Guidelines

- Short and early morning appointments.
- Pillows for back/ neck comfort
- Mouth props/ Bite blocks
- Magnification and transillumination to identify calcified canals.
- Rotary NITI instrumentation to reduce treatment time.

Equipment's and instruments –

- I. Restorative – for composites different shade selection methods such as classic 3D shade guide and spectrometer. Light cure unit with halogen, LED, and variable light emitting unit such as radio meter with various intensity. Diagnostic instruments, Teflon coated instruments, various finishing and polishing instruments like discs, cups and points. Evaluation of occlusion with fully adjustable articulator and face bow transfer.
- II. Endodontics – Digital radiographs, various anesthetic techniques like the stabident local anesthetic system and X-tip, endo access bur, Ultrasonic tips, endomotor, electronic apex locator, endodontic hand and rotary instruments, obturation units.

Training Method

Most elderly patients are medically compromised and are on medication. Most commonly seen medical conditions are-

Diabetes Mellitus-

Patients with diabetes who are well controlled medically and free of complications are indicated for dental treatment. Detail information regarding most recent test results, frequency of hypoglycemic episodes, medication, dosage and timing should be recorded.

- Appointments should be scheduled at early morning.
- Before the procedure it has to be ensured that the patient has eaten normally and taken medication as usual.
- It is always advisable to consult a patient physician before any surgical procedure.

Hypertension-

A. Mild to Moderate Hypertension

- Physician consultation, stress reduction protocol, decrease the amount of adrenaline in LA, local haemostatic measures carefully taken to avoid undue

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haemorrhage, avoid rapid posture changes as it can lead to orthostatic hypotension and syncope.

B. Severe Hypertension

- Physician consultation, postpone till blood pressure is controlled, premedication.

Cardiovascular Diseases-

- A. Patient with Unstable Angina or With Recent Myocardial Infarction (<6 Months)
- Consultation with physician
 - Avoid elective dental care
 - Ensure excellent pain control with LA- avoid vasoconstrictors, although small amount epinephrine may be tolerated.
 - Prophylactic nitroglycerine sublingually before procedure.
- B. Patient with Stable Angina or History of Myocardial Infarction (6 Months or Longer)
- Treatment plan should include low stress protocols and shorter appointments (morning)
 - Pretreatment vital signs
 - Semi supine chair position
 - Prophylactic antibiotic may be necessary for patients with history of high-risk cardiac conditions while undertaking endodontic therapy.
- A. Restorative/Esthetic dentistry- demonstration and hands on training in restorative techniques. Esthetic rehabilitation is undertaken after proper occlusal and esthetic analysis to achieve predictable results.
- B. Endodontics –under magnification demonstration and hands on training on challenges encountered in endodontic treatment. Proper diagnosis, good quality radiographs, challenges posed with anesthesia, pulp space calcification and post endodontic restoration are a part of the training to achieve successful endodontic treatment.

Evaluation of Learning –

The trainee is evaluated whether learning objective has been achieved. Chair side viva and discussion of cases on treatment planning and prognosis is done to evaluate learning.


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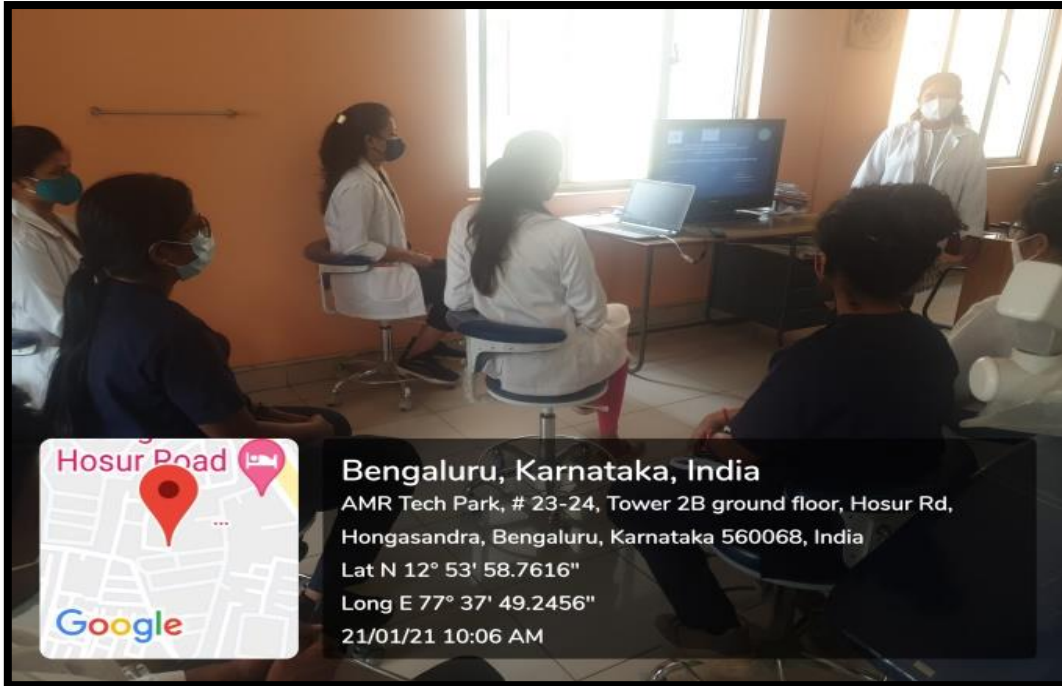
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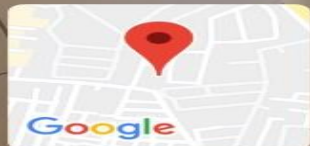
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Lat N 12° 53' 58.7616"

Long E 77° 37' 49.2456"

21/01/21 10:06 AM



Bengaluru, Karnataka, India

7th Main 6th Cross, Hongasandra, Bengaluru, Karnataka 560068, India

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Geriatrics Clinic



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Objectives: -


- To provide students a deeper, richer understanding on ageing process.
- The course examines the normal physical, psychosocial, and dental aspects in relevance to common disease processes effecting elderly persons.
- Geriatric nutrition counselling
- Diagnosis and treatment planning
- Clinal management of special cases

Beneficiaries: -

- Dr. Sehvish Qureshi
- Dr. Anusha Ravindra.K
- Dr. Swathi.A
- Dr. Thejaswini.L
- Dr. Rashmi Anagha.K.R
- Dr. Sushma.J
- Dr. Roopa.J.C
- Dr. Kongathi Sailaja
- Dr. Nischitha.A.B
- Dr. Noor Shagufta
- Dr. Kavyashree
- Dr. Syeda Rahath
- Dr. Sasirekha
- Dr. Nikitha
- Dr. Nandan
- Dr. Jayakrishna
- Dr. Neethu
- Dr. Dawa
- Dr. Sameer
- Dr. Kavya

Mode and Schedule for Training: -

09:00 am-10.00 am	Introductory lecture on "Gerodontology"
10:00 am-11:30am	Didactic lecture on "Effect of age changes on prognosis of prosthodontic treatment"
11.30 am-12.00 pm	Tea break
12.00 pm-1.30 pm	Live demonstration on Nutrition Counselling
1.30 pm to 2.00 pm	Lunch break
2.00 pm to 3.00 pm	Question Answer Session


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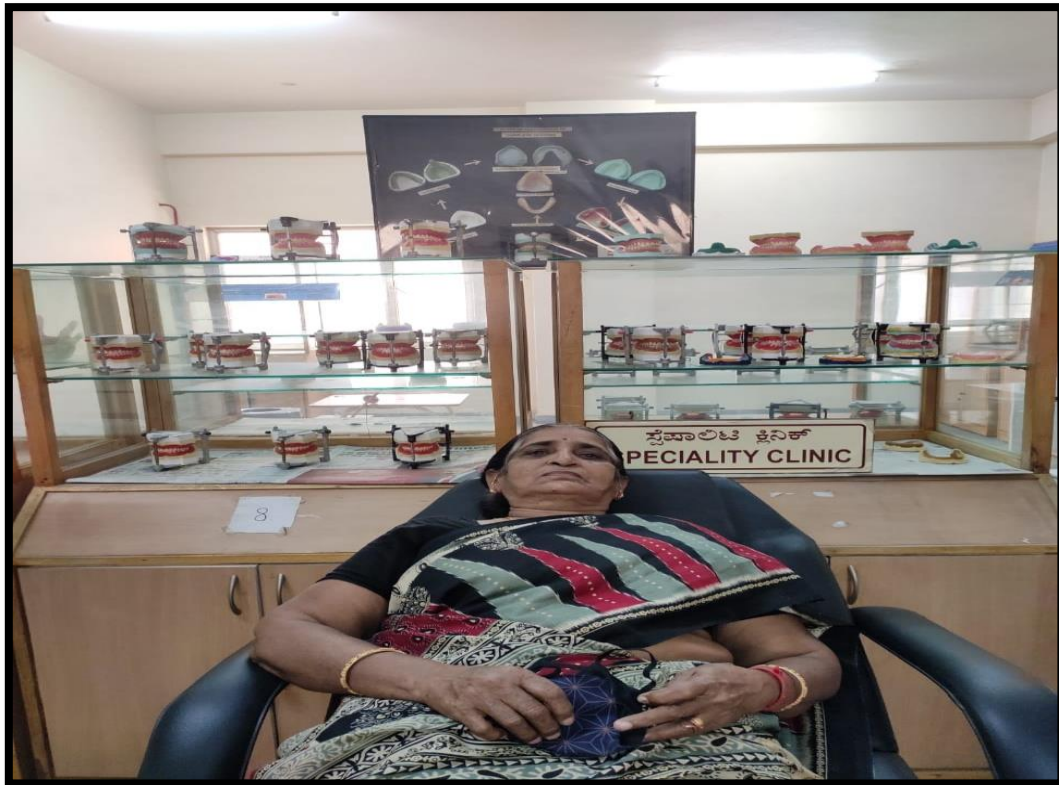
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Hands on Photograph



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Specialty Clinic in Management of Especially Abled Patients

Title: Specialty Clinic in Management of Especially Abled Patients

Introduction:

Numerous conditions require special patient management. The dental professionals have to endeavor to treat each patient as an individual with unique needs that may require modifying routine procedures. People with special needs are those whose dental care is complicated by a physical, mental or social disability. A well taken past medical and dental history is of utmost importance for such cases.

Learning objectives:

- I. To be efficient in evaluation of especially abled patients.
- II. To be competent in management of especially abled patients.

Beneficiaries:

- I. Post graduates – Training in evaluation and management of especially abled patients.

Schedule of training:

Lecture: 1 hr

Training to post graduates on the evaluation and management of especially abled patients.

Guidelines when working with especially abled patients

- I. Visual Impairment:
 - a. Lead the patient by standing slightly in front; the patient will hold onto your bent arm near the elbow for guidance.
 - b. Indicate charges in the floor and prepare a path to dental chair that is free of obstacles.
 - c. Always describe procedures to the patient in a step by step fashion using patient's own language to provide the instructions.
 - d. Patient is partially sighted: Avoid glare of light.
 - e. The dental radiographer must never gesture to another person in presence of the person who is blind.
- II. Hearing Impairment
 - a. Face the patient: Remove your mask. Speak normally. Pause more frequently than usual.
 - b. Avoid sitting in front of window or bright light which may cast a shadow.
 - c. Use a pencil and paper to communicate oral care recommendations.
 - d. Avoid background noise.
 - e. Ask the patient to turn off hearing aid when using high pitch powered scaling and tooth brush devices.
- III. Mobility Impairment
 - a. If the person is in a wheelchair and does not have use of lower limb radiographer may offer help in transferring patient from care giver to the dental chair.
 - b. If not possible to shift the patient, perform the procedure in the wheelchair.
 - c. Care giver can help the patient to hold the film if upper limb is not in use.

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- d. Short exposure time should be used to minimize image unsharpness due to increased patient movement.

Patient factors

- Spinal conditions limit patient mobility.
- Inability to tolerate long appointments.
- Limited mouth opening.
- Significantly medically compromised.

Tooth factors

- Calcified root canals system.
- Broken down tooth.
- Difficult Isolation.
- Retreatment of posterior tooth.
- Degeneration of pulp neurons.
- Root caries.
- Diminished dental sensitivity and pain perception.
- Poor oral hygiene.

Systemic factors

- Xerostomia
- Parkinsons disease
- Osteoporosis in females Pacemaker
- Implantable cardiovascular defibrillators (ICDS)

Evaluation of general health examination:

- Scheduling appointment
- Caries risk assessment
- Medical consultation
- Patient communication
- Informed consent
- Short appointments

Evaluation of learning:

The trainee is evaluated whether the learning objective has been achieved with chair side discussion of cases on treatment planning and prognosis. It would be expected that routine endodontic therapy may have varied response on the especially abled patient and the success of the treatment depends to a great deal on the further maintenance done by the patient or his care giver. The clinician must be mindful of especially abled patients emotional and physical needs to ensure that treatment is as comfortable as possible.

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Bengaluru, Karnataka, India

Tally Education Pvt.Ltd AMR Tech Park II No. 23 & 24, Hosur Rd, Hongasandra, Bengaluru, Karnataka 560068, India

Lat N 12° 53' 58.6932"

Long E 77° 37' 47.8992"

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Bengaluru, Karnataka, India

23&24, AMR Tech Park Internal Rd, Hongasandra, Bengaluru, Karnataka 560068, India

Lat N 12° 53' 59.1072"

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Department of Pediatric and Preventive Dentistry

List of Specialty Clinics

1. Management of a child with speech defect

Objective:

- To establish communication with the child with the help of parent/ guardian.
- To provide relief of pain and palliative treatment at initial visit
- To provide appropriate oral rehabilitation for a child
- To help the child achieve satisfactory oral functioning
- To implement preventive strategies and control dental disease

Beneficiaries: Post graduate students

Mode of training; Hand-on training, Supervision of treatment procedures

Lecture hours: 10 hours

Training hours: 2-3 hours

Hands on training: Chairside-1 hour

List of students participated:

1. Shruthi Krishnan
2. Neetu Raveendran
3. Nikita Agrawal
4. Athul Nath
5. Raseena N.
6. Priyanka Reddy
7. Bhargavi Vojjala
8. Devikripa
9. Deepak Bandi
10. Ashwin Koti
11. Rathnashree
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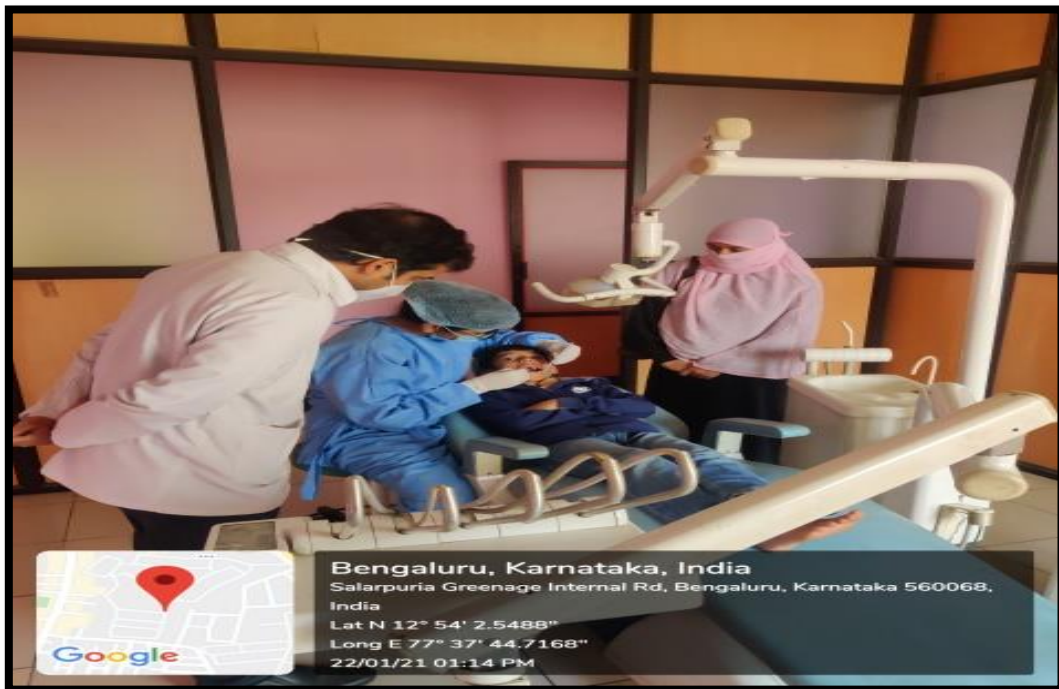
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Management of a child with cerebral palsy

Objective:

- To adapt the dental clinic for accommodation of the child.
- To modify the dental chair for patient comfort and convenience of dentist.
- To provide appropriate oral rehabilitation for a child
- To implement preventive strategies and control dental disease
- To provide relief of pain and palliative treatment at initial visit
- To educate the care takers for maintenance of the oral health of the child.

Beneficiaries: Post graduate students, Interns.

Mode of training; Hands-on training, Supervision of treatment procedures

Lecture Hours: 10 hours

Training hours: 4hours

Hand on training: 2hour

List of students participated:

1. Shruthi Krishnan
2. Neetu Raveendran
3. Nikita Agrawal
4. Athul Nath
5. Raseena N.
6. Priyanka Reddy
7. Bhargavi Vojjala
8. Devikripa
9. Deepak Bandi
10. Ashwin Koti
11. Rathnashree
12. Anushree
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Management of a child with autism

Objective:

- To make the child comfortable in the dental environment
- To provide relief of pain and palliative treatment at initial visit
- To gain familiarity with the child for further visits.
- To provide appropriate oral rehabilitation for a child
- To implement preventive strategies and control dental disease

Beneficiaries: Post graduate students, under graduate students

Mode of training; Hand-on training, Supervision of treatment procedures

Lecture Hours: 10 hours

Training hours: 4hours

Hand on training: 2hours

List of students participated:

1. Shruthi Krishnan
2. NeetuRaveendran
3. Nikita Agrawal
4. AthulNath
5. Raseena N.
6. Priyanka Reddy
7. Bhargavi Vojjala
8. Devikripa
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Management of Deleterious Habits

Objective:

- To diagnose and help cease the deleterious habit
- To recognize the associated reason behind the deleterious habit
- To aware the parents about the adverse oral habits
- To treat the dental problems associated with the habit.

Beneficiaries: Post-graduate, Under-graduate students, Interns

Mode of training; Hand-on training, Supervision of treatment procedures

Lecture hours: 8hours

Training hours: 2 hours

Hands on training: Chairside-1 hour

List of students participated:

1. Shruthi Krishnan
2. Neetu Raveendran
3. Nikita Agrawal
4. Athul Nath
5. Raseena N.
6. Priyanka Reddy
7. Bhargavi Vojjala
8. Devikripa
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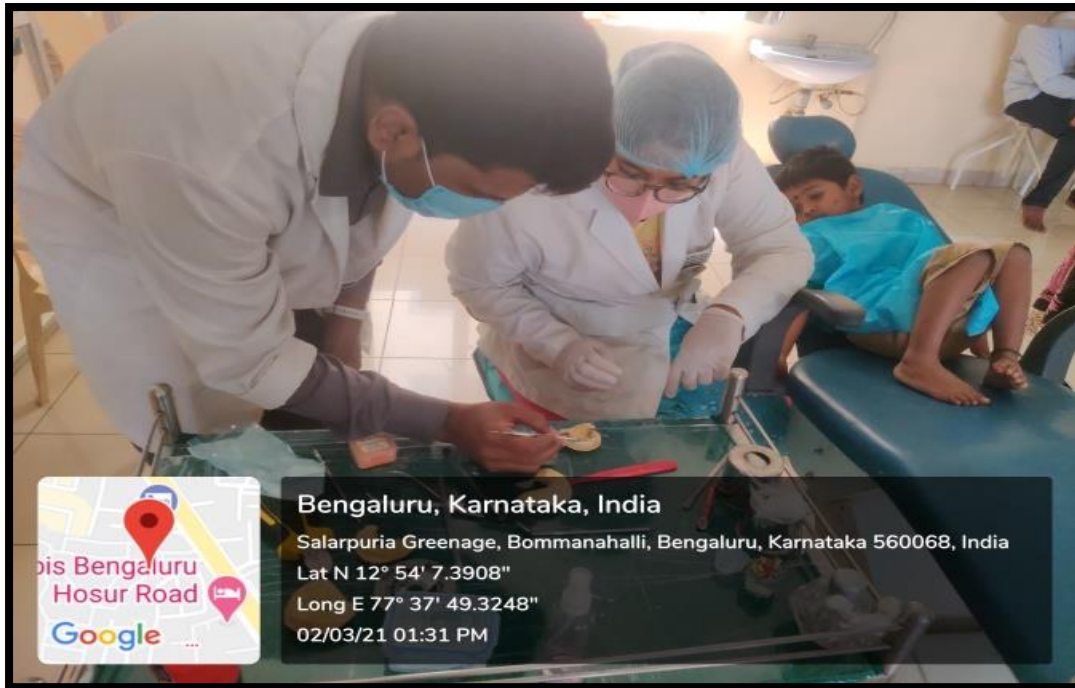
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Management of Early Childhood Caries

Objective:

- To assess the caries risk
- To diagnose and treat ECC
- To counsel mothers on feeding practices.
- To modify dietary habits and oral hygiene practices
- To control and prevent disease through periodic monitoring.
- Parental awareness and education

Beneficiaries: Post graduate, under-graduate students and Interns

Mode of training; Hand-on training, Supervision of treatment procedures

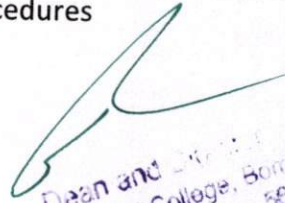
Lecture Hours: 10 hours

Training hours: 4hours

Hand on training: 2hours

List of students participated:

1. Shruthi Krishnan
2. Neetu Raveendran
3. Nikita Agrawal
4. Athul Nath
5. Raseena N.
6. Priyanka Reddy
7. Bhargavi Vojjala
8. Devikripa
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Management of child with Down's syndrome

Objective:

- To recognize the patient with Down's syndrome and its oral manifestations.
- To utilize stabilization of the child during treatment
- To provide relief of pain and palliative treatment at initial visit
- To modify oral hygiene methods.
- To provide appropriate oral rehabilitation for a child
- To help the child achieve satisfactory oral functioning
- To implement preventive strategies and control dental disease
- To educate the care takers for maintenance of the oral health of the child and importance of period visits.

Beneficiaries: Post graduate students

Mode of training; Hand-on training, Supervision of treatment procedures

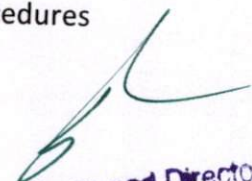
Lecture hours: 10 hours

Training hours: 2-3 hours

Hands on training: Chairside-1 hour

List of students participated:

1. Shruthi Krishnan
2. Niranjana
3. Neetu Raveendran
4. Nikita Agrawal
5. Athul Nath
6. Raseena N.
7. Priyanka Reddy
8. Bhargavi Vojjala
9. Devikripa
10. Deepak Bandi
11. Ashwin Koti
12. Rathnashree
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Conscious sedation clinic

Objective:

- To reduce fear and anxiety associated with the dental treatment in a 7-year-old.
- To facilitate accomplishment of dental treatment by the dentist in a stress-free manner
- To control behavior or movement of the child so as to allow safe completion of the dental procedure.
- To successfully manage an anxious child and allay fears of the parent

Beneficiaries: Interns and Post graduate students

Mode of training; Hands-on training, Supervision of treatment procedures


Lecture hours: 5 hours

Training hours: 3 hours

Hands on training: Chairside-1 hour

List of Students Participated:

1. Shruthi Krishnan
2. Neetu Raveendran
3. Nikita Agrawal
4. AthulNath
5. Raseena N.
6. Priyanka Reddy
7. BhargaviVojjala
8. Devikripa
9. Deepak Bandi
10. Ashwini Koti
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Tobacco Cessation Clinic

Speciality Clinics

Title: Tobacco Cessation Clinic

Objectives:

- i. To conduct evidence-based customised tobacco cessation activities including both pharmacological and non-pharmacological interventions
- ii. To develop and provide information, education and communication material in print and audio-video aids in all useful languages
- iii. To conduct research in the area of tobacco cessation to identify cost-effective interventions under local prevailing conditions

Beneficiaries:

- Interns
- Post-graduate students of all Departments

Mode and schedule for training

For Interns: Didactic method with MS PowerPoint presentations, demonstrations and hands-on exercises

At the commencement of clinical posting of the students, the Tobacco Consumption Record was taught through didactic method of teaching using PowerPoint presentations followed by group discussion among the students. Tobacco cessation using non-pharmacological methods were presented. Various case scenarios were discussed and doubts were clarified. Subsequently, the students were asked to demonstrate their skills in interviewing the tobacco user, record keeping and tobacco cessation counselling. All the sessions were carried out under the direct supervision of the faculty of Public Health Dentistry.

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The Training Was Done on The First of The Clinical Posting and Scheduled as Below:

Schedule Time: 9.30 Am – 3.00 Pm	Events	Resource Person
9.30 am – 10.30 am	Lecture on case history taking with discussion.	Dr. Archana Krishna Murthy
10.30 am – 11.30 am	Lecture on non-pharmacological counselling.	Dr. Shilpashree KB
11.45 am – 1.00 pm	Hands-on training in case history taking, counselling and patient management.	Dr. Archana Krishna Murthy
1.30 pm – 3.00 pm	Discussion on the hands-on exercises, outcome assessment and feedback.	Dr. Shilpashree KB and Dr. Antara Shome

For Post graduate students:

The PG students undergo a certificate course on tobacco cessation counselling for carrying out tobacco cessation activities and the schedule of the course is as given below:

Day 1

- 09.00 am: - 9.30 am: Inauguration ceremony and introductory speech
- 09.30 am: - 11.00 am: Tobacco - The root of the evil
- 11.00 am: - 11.30 am: Tea break
- 11.30 am - 1.00 pm: Tobacco products and production in India
- 1.30 pm - 3.00 pm: Effects of tobacco consumption

DAY 2

- 09.00 am - 10.30 am: Tobacco dependence
- 11.00 am - 12.00 pm: Regulations on tobacco
- 12.00 pm - 1.00 pm: Assignments
- 1.30 pm - 2.30 pm: Cessation system
- 2.30 pm - 3.00 pm: Interactive discussion

Day 3

- 09.00 am: - 10.00 am: Tobacco cessation clinics in India
- 10.00 am: - 10.30 am: Assignments
- 11.00 am - 1.00 pm: Tobacco use assessment protocol
- 1.30 pm - 2.30 pm: Strategies for cessation
- 2.30 pm - 3.00 pm: Interactive discussion


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Day 4

9.00 am - 10.00 am: Stages of change

10.00 am - 10.30 am: Assignments

11.00 am - 1.00 pm: Barriers to quitting

1.30 pm - 2.30 pm: Relapse

2.30 pm - 3.00 pm: Interactive discussion

Day 5

9.00 am: - 10.00 am: 5 A's approach for smoking cessation

10.00 am: - 10.30 am: Assignments

11.00 am -1.00 am: 5 A's approach for smoking cessation

1.30 pm - 2.30 pm: Nicotine withdrawal symptoms

2.30 pm - 3.00 pm: Interactive discussion

Day 6

9.00 pm - 10.00 am: Nicotine substitutes


10.00 pm - 10.30 am: Assignments

11.00 am - 1.00 am: Implementing the 5R's model

1.30 pm - 2.30 pm: Role of a dentist in tobacco cessation

2.30 pm - 3.00 pm: Interactive discussion

(*1.00-1.30 pm: Lunch break; 10.30 - 11.00 am: Tea break on all days)


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PG Students Attending a Certificate Course in Tobacco Cessation Counselling



PG Student Undertaking Tobacco Cessation Activity at the TCC, The Oxford Dental College



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India had 275 million current tobacco users in the year 2009-2010. An estimated one million people die every year due to tobacco related diseases in India. In order to reduce the impact of tobacco related morbidity and mortality, we need a combination of strategies aimed at avoiding initiation of tobacco by the non-users and cessation of tobacco use among current users, Thus, tobacco cessation is an initiative to reduce the mortality and morbidity related to tobacco usage.

Tobacco cessation centres intend to create awareness among the general public about the negative effects of tobacco and about tobacco cessation through awareness programs, exhibits training programs on tobacco cessation for various professionals. It is a service run by the Public Health Department of The Oxford Dental College in order to aid persons wishing to quit smoking or chewing tobacco and tobacco containing products.

The centre is designed as per the guidelines stipulated by the Dental Council of India. It is located in the ground floor of The Oxford Dental College, where interns are posted on rotatory basis daily and post graduate students from Public Health Department and Oral Medicine and Radiology are posted twice a week. To maintain privacy, it is made sure that the space for counselling is secluded at the same time being well ventilated.

All the departments especially the department of Oral Medicine refer the patients who are identified as tobacco users to the tobacco cessation centre. The interns and PGs are trained in tobacco cessation before being posted to TCC. Opportunities are also provided to the students to undergo training at premier institutes like NIMHANS. Here the interns and PG students undertake a detailed evaluation, which focuses on the severity of patient's addiction and use, their motivation to quit, assessment of their current lung-function and the amount of carbon-monoxide in their body using a smokerlyser. The severity of nicotine dependence is assessed by Fagerstom scale which is included in the tobacco consumption record. They are then counselled regarding appropriate strategies to aid quitting, which is usually a combination of medicines to reduce the urge and craving for nicotine as well as behavioural strategies to deal with the consequences of quitting. The services offered at the clinic include individual intervention in the form of behavioural counselling, motivational interviewing, nicotine replacement therapy.

Apart from these interventions, a well-stocked printed IEC material is also available in both English and Kannada for those patients who are in the midst of cessation or for educating the public about the deleterious effects of tobacco. These pamphlets are distributed to the patients and their caregivers regularly to keep the information flowing constantly. Also, the television situated in the health education museum relentlessly plays videos pertaining to tobacco, its effects and ways to deal with it.

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Till date, nearly 5-6 patients are being counselled and given pharmacological interventions at the TCC per week. Regular follow-ups are designed to cater to the needs of the individual patients. The screening for precancerous lesions through oral examinations is also conducted and necessary referral to department of Oral Medicine is made.

Not only are tobacco cessation activities carried out in the centre, but also various research activities have been successfully undertaken at the centre. Many dissertations of the post graduate students were set in the TCC. Few examples being: 'Peer influence on smoking cessation among degree students of Oxford Institutions, Bangalore City - A RCT.' by Dr Vidit Bhava, 'To evaluate the effectiveness of behavior counselling and short message service (SMS) intervention on smoking cessation: A Randomized Clinical Trial' by Dr. Shruthi, 'Effectiveness of WhatsApp based tobacco cessation intervention among software professionals in Bengaluru city: A Randomized Controlled Trial' by Dr. Shilpi Chaterjee, 'Familial contribution to intergenerational psychosocial transmission of use of tobacco products: A hospital based case control study' by Dr. Shahina Yasmin and 'Evaluation and comparison of effectiveness of spouse assisted smoking cessation intervention among smokers - A RCT' by Dr. Pradeep.

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Specialty Clinics in Esthetic Dentistry

Title: Specialty clinics in Esthetic Dentistry

Introduction: With the ever-growing consciousness among the general population about various cosmetic enhancement procedures, dental esthetic restorative procedures has gained paramount importance over the recent years. Discoloration of the tooth is one of the most frequent reasons why a patient seeks dental care. Tooth discoloration is usually esthetically displeasing and psychologically traumatizing. Re-establishment of proper esthetics and function in the anterior region is utmost important for the patient. Discolored, unsightly, malposed, malformed anterior teeth and midline diastemas can make the individual psychologically depressed and socially less active. Innovation and development in restorative materials have offered clinicians a whole plethora of esthetic materials with different techniques. Advances in the technology of bonding porcelain to enamel created the possibility of porcelain veneers as an alternative to the use of full crowns for the treatment of many clinical conditions.

Learning objectives:

- To understand and replicate the natural tooth with aesthetic restorations
- To understand functional occlusion and esthetics
- To be able to understand complexities involved in aesthetic diagnosis
- To understand shade perception and use of shade guides
- To be efficient in digital and analogue smile analysis
- To be skilled in esthetic management of discolored tooth
- To be good in learning different techniques for predictable direct composite restorations and ceramic restorations

Beneficiaries:

- I. Interns - Training in minor aesthetic procedures
- II. Post graduates- Training in restorative, esthetic and endodontic management

Resource persons: Dr. Sirekha, Dr. Archana, Dr. Lekha, Dr. Srinivas, Dr. Jaykumar, Dr. Champa

Schedule of The Training

1) Lecture - 8hrs

Topics:

- ❖ Diagnosis and smile designing in aesthetic dentistry
- ❖ Material science- direct resin restorations, bonding systems, ceramics, Luting cements
- ❖ Tooth preparation and clinical techniques -direct composite restoration
- ❖ Tooth preparation and clinical techniques -ceramic restorations
- ❖ Minimal invasive dentistry
- ❖ Determining appropriate polishing methods to predictable restorations

Dr. Sirekha
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❖ Case presentations

2) Demonstration - 4 hrs

- ❖ Bleaching
- ❖ Wax up transfer technique for enhancement of smile of patient
- ❖ Tooth preparation and beveling for class iii, IV, veneer,
- ❖ Diastema closure, angle build up- matrix method and semi indirect method-silicon guide
- ❖ Layering technique for composite
- ❖ Cementation protocols for ceramics
- ❖ Finishing and polishing restorations

3) Hands on training 3 hr: Hands on training on extracted tooth and patient management

Equipment's, Instruments & Materials-

- Ceramic unit- Programat
- Composite
- Diagnostic instruments, Teflon coated instrument
- Prevest 24 Carat Bleaching Kit
- Pola office plus
- Various finishing and polishing instruments (shofu) like discs, cups and points.
- Classic VITA 3D shade guide and
- Spectrometer.
- Bleaching light unit with halogen, LED, and
- Variable light emitting unit such as radio meter with various intensity.
- Evaluation of occlusion with fully adjustable articulator and face bow transfer

Training method-

Training in esthetic clinic is done with informative lecture, demonstration, hands on and management of patient under proper rubber dam isolation. Pre and post-operative photography are taken as per guidelines. Trainees are encouraged the use of magnification/loupes for better understanding the fine details of tooth and restoration. Conservative methods of restoring the appearance of discolored, fractured, pitted teeth, and teeth with diastemas are managed with bleaching, direct resin composite and ceramic restoration. Students are trained on the importance of gingival tissue retraction, luting cements, resin cements and polishing of restorations.

Evaluation of Learning

Evaluation is done to achieve the learning objectives. Faculty evaluate trainees chair side with discussion on diagnosis, case selection management on prognosis.


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Esthetic Clinic

Objectives: - To master their aesthetic skills and practical treatment planning for all aesthetics as well as complicated cases.

1. To master digital and analog smile analysis.
2. To plan treatments including:
3. Porcelain laminates
4. Partial coverage porcelain restorations
5. Direct and indirect composite restoration
6. Bleaching techniques

Beneficiaries: -

Inters and Post graduate students of all Departments

Mode and Schedule for Training: -

09:00 am-10.00 am	Introductory lecture
10:00 am-11:30 am	Didactic lecture on "Porcelain laminates and Partial coverage porcelain restorations"
11.30 am-12.00 pm	Tea break
12.00 pm -1.30 pm	Didactic lecture on "Direct and indirect composite restoration Bleaching techniques"
1.30 pm to 2.00pm	Lunch break
2.00 pm to 3.00 pm	Hands on


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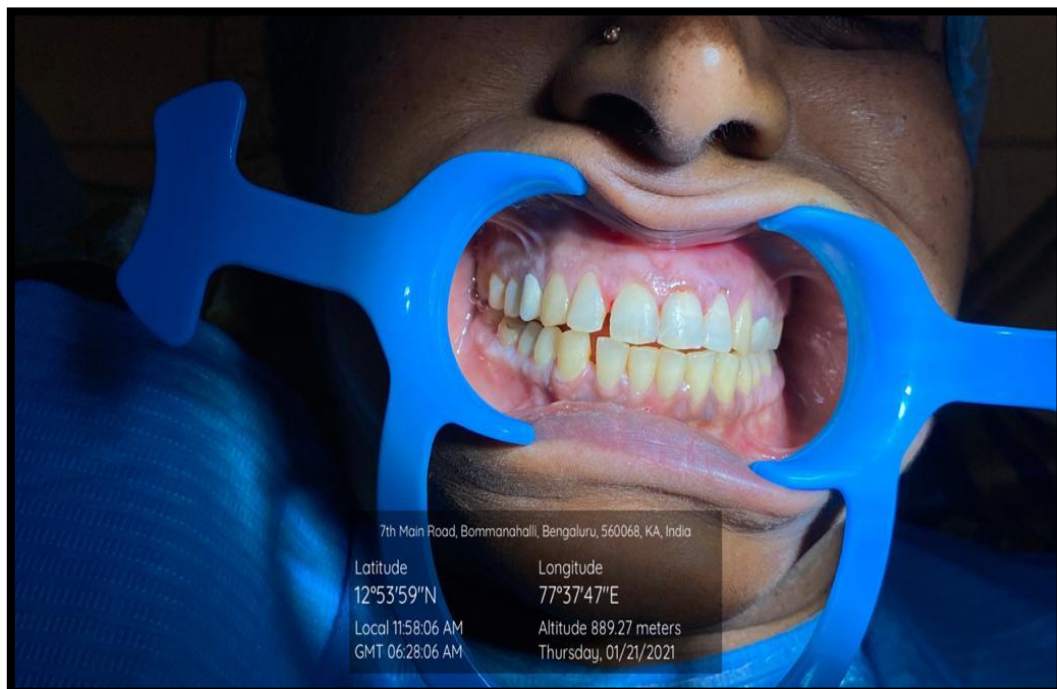
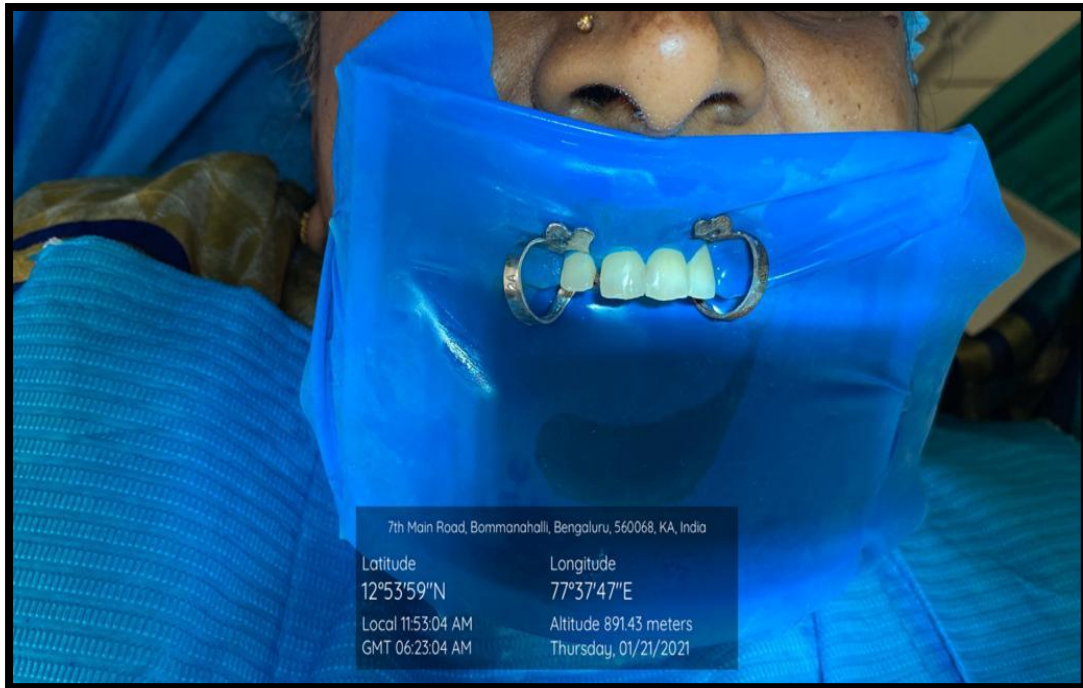
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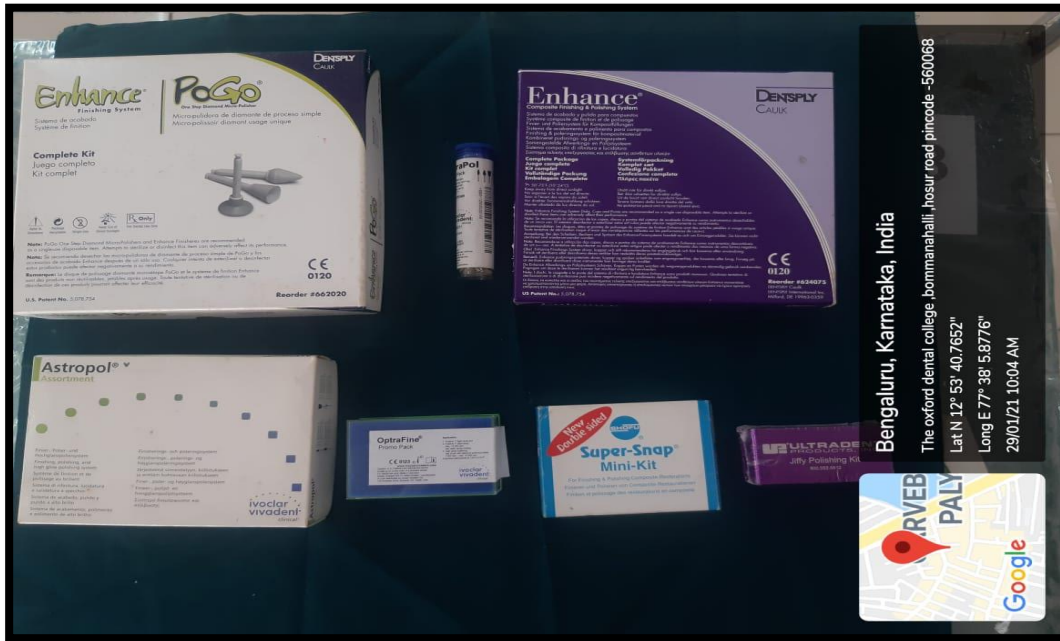
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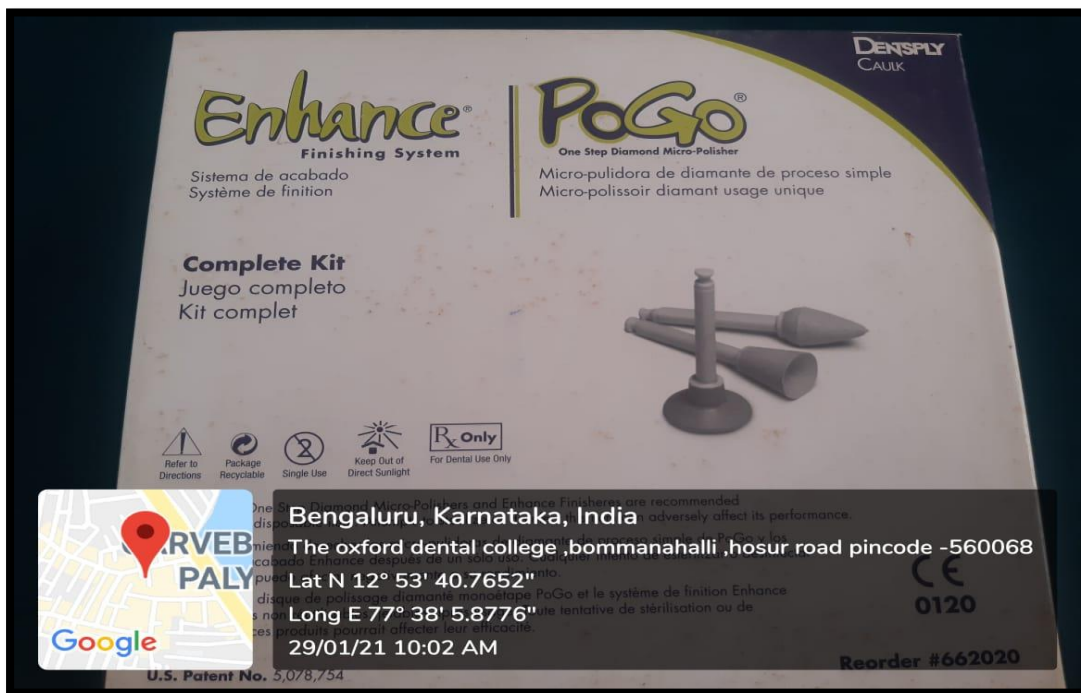
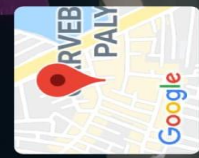
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Hands on Photograph



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Minimally Invasive Clinic

Title - Speciality Clinic in Minimal Invasive Dentistry

Introduction-

The goal of minimally invasive dentistry, or micro dentistry, is to conserve healthy tooth structure. It focuses on prevention, remineralisation, and minimal dentist intervention. Using scientific advances, minimally invasive dentistry allows dentists to perform the least amount of dentistry needed while never removing more of the tooth structure than is required to restore teeth to their normal condition. In addition, in minimally invasive dentistry, dentists use long-lasting dental materials that conserve the maximum tooth structure so the need for future repairs is reduced. Minimum Invasion Dentistry (MID) is defined as a philosophy of professional care, concerned with the occurrence, early detection and earliest possible cure of disease on a micro level, followed by minimally invasive treatment in order to repair irreversible damages caused by such disease. Golden Triangle of MID. A thorough understanding and appreciation of the interplay between three critical factors is required to achieve success clinically when using a minimally invasive operative caries management strategy.

Learning objectives -

- To understand the Minimal invasive dentistry for conservative treatment
- To understand the Minimal invasive dentistry for endodontic treatment
- To ensure in conservative preparation of the tooth and restoration equipment.
- To understand the endodontic access opening, cleaning and shaping, preservation of peri cervical dentin, obturation, post endo restoration and micro surgery.
- To ensure the placement of restorations in teeth with cavitated lesions, using minimal cavity designs;
- To assess disease management outcomes (that is, change in various decayed/missing/filled indices) at predetermined time intervals.
- To understand the use of microscope which has better illumination power. The
- As it provides a coaxial light source when zooming in the field of view.
- To achieve good field of view and allowed the dentist to perform oral operations in a relaxed position, preventing musculoskeletal diseases caused by oral treatment

Beneficiaries

Post graduates (1st & 2nd Year) - Training in restorative, esthetic and endodontic management

Resource persons: Dr. Sirekh A, Dr. Archana, Dr. Champa, Dr. Lekha

Schedule of training-

Lecture – 5 hours



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Minimally Invasive Treatment in Conservative Dentistry

- Caries risk assessment
- Recent advances in caries removal techniques
- Cavity designs for Minimal intervention
- Atraumatic Restorative Treatment
- Restorative material used in MID
- Diagnostic Aids in Caries Identification

Minimally Invasive Treatment in Endodontics

- I. Alternate access designs:
 - a. Conservative Endodontic Access Cavity
 - b. Ninja Endodontic Access Cavity
 - c. Orifice-Directed Dentin Conservation Access Cavity/Truss access cavity
 - d. Incisal Access
 - e. Cala Lilly Enamel Preparation
 - f. Image guided endodontic access
 - g. Dynamically guided access
 - h. Micro guided endodontic access
- II. Modern endodontic burs
- III. Cleaning and shaping of canals
 - a) Apical Preparation Geometry
 - b) Self-Adjusting File System
 - c) Endo-Eze anatomic endodontic technology
- IV. 3d disinfection
 - a) Endoactivator system
 - b) Ultrasonic
 - c) Photoactivated Disinfection Photon Induced Photoacoustic Streaming (PIPS)
 - d) Gentle Wave
- V. Obturation techniques
 - a) Carrier based system
 - b) Micro Obturator- Obtura
- VI. Post endo restoration:
 - a) Endocrowns
 - b) Postless buildups with crown

Mid in Endodontic Microsurgery:

1. Surgical drainage
 - a) Incision and drainage
 - b) Cortical trephination
2. Peri radicular surgery
 - a) Curettage
 - b) Biopsy
 - c) Root-end preparation and filling
 - d) Corrective surgery



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3. Perforation repair
 - a) Mechanical(iatrogenic)
 - b) Resorptive (internal & external)
4. Root resection
5. Hemi section
6. Replacement surgery
7. Implant surgery
 - a) Endodontic implants
 - b) Root form Osseo integrated implants
- VII. Root strengthening
- VIII. Magnification

Demonstration – 2 hours

Topics –

- ART
- Sealants
- Preventive resin restorations
- Rotary
- CMCR
- Ultrasonic
- Sono abrasion
- Inlay
- Onlays
- Under magnification restoration of carious teeth with composite to interns on extracted teeth using minimally invasive procedures including both Biological approach and Mechanical approach
- Under magnification and with the use of ART, Sealants, Preventive resin restorations, Rotary, CMCR, Air abrasion, Air polishing, Ultrasonic, Sono abrasion, Lasers with loupes is demonstrated.

Hands on – 2 hours

Students work on extracted teeth under the guidance of staff.

Topics include access opening, cleaning and shaping, preservation of peri-cervical dentin, obturation, post endo restorations, cavity preparation.

Equipment's and Instruments

Mid Conservative Instruments:

1. Mechanical
 - ART
 - Rotary- high/low speed
 - Sonic oscillation
2. Chemo mechanical- carisolv
3. Kinetic- air abrasion
4. Hydrokinetic- LASER



Specific instruments

- a) No 330 bur
- b) No1, 2, ½, ¼ round bur
- c) No 33 ½ inverted cone bur
- d) Fissurotomy bur
- e) Smart bur

Fissurotomy bur

- 1. It has small surface area of the tip
- 2. Sizes
 - a) Fissurotomy original- 1.1mm wide, 2.5mm long
 - b) Fissurotomy Micro NTF- 0.7mm wide, 2.5mm long
 - c) Fissurotomy Micro STF- 0.6mm wide, 1.5mm long

Smart bur

- It is a polymer bur
- Sizes no 2,4,6
- Hardness less than healthy enamel & dentin but harder than carious enamel & dentin
- Speed- 500-800 rpm
- Advantage- selectively removes carious dentin & enamel without damaging healthy tooth structure

Bur dimensions

Bur no	Head diameter	Head length	Taper angle	shape
33 ½	0.60	0.45	12	Inverted cone
330	0.8	1	8	Pear shaped
245	0.8	3	4	Pear, long length
¼	0.5	0.4		Round
½	0.6	0.48		Round
2	1	0.8		Round
4	1.4	1.1		round

Mid Endo Instruments:

- 1. Access Opening Burs:
 - Endo Guided Burs
- 2. Cleaning and Shaping
 - Self-Adjusting Files
- 3. Obturation Techniques
 - Micro obturator
- 4. Post Endo Restoration
 - Composite
 - GIC

Microsurgical Instruments:

- 1. Examination Instruments: dental mirror, periodontal probe, endodontic explorer, and micro explorer.
- 2. Incision and Elevation Instrument: 15C blade and handle and soft tissue periosteal elevators.



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3. Tissue Retraction Instruments: Kim Trac P1 and P2
4. Osteotomy Instruments:
5. Curettage Instruments: periodontal curettes, surgical curettes, and Miniendodontic curettes.
6. Inspection Instruments: Micromirrors
7. Microplugger Instruments:
8. Suturing Instruments: Laschal micro scissors
9. Miscellaneous Instruments: Large ball burnisher and a bone file

It is time for changes in the principles of operative dentistry. The disease should be treated first; the surgical approach should be undertaken only as a last resort and efforts should be made to preserve a maximum amount of sound tooth structure. Minimally invasive endodontics is in the interest of the patient, and preserving tooth structure requires optical magnification aids (surgical microscope), ultrasonic-assisted preparation techniques, modern file systems, and in-depth knowledge of the tooth and root canal anatomy.

Focusing on too much of minimal technique may lead to a higher rate of procedural errors and benefit may be outweighed by poor clinical outcome. Hence, the clinician should strike the right balance between minimal preparation and traditional endodontic preparation with their own pros and cons, thus achieving the objectives of endodontic treatment

Evaluation of learning –

The trainee is evaluated whether learning objective has been achieved with chair side discussion of cases on treatment planning and prognosis.



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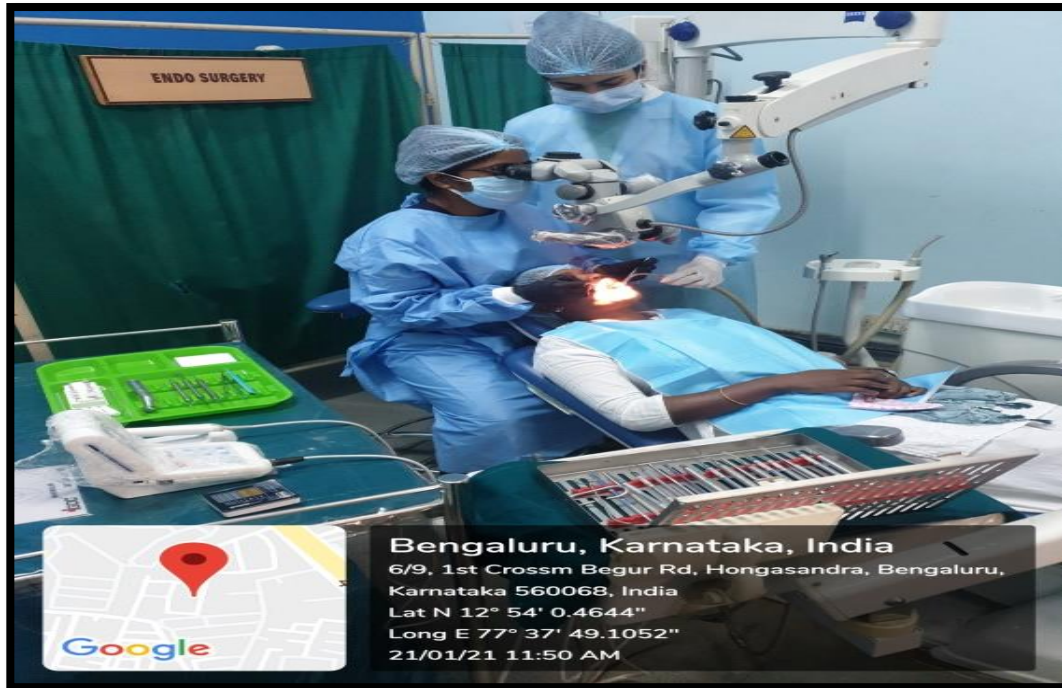
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Specialty Clinic in Endodontic Retreatment

Title: Specialty Clinic in Endodontic Retreatment

Introduction

Endodontic retreatment is a procedure performed on a tooth that received an earlier attempt at definitive treatment that resulted in a condition requiring additional new endodontic treatment to achieve a successful outcome.

Learning Objective:

- To understand how to overcome common problems in retreatment endodontics,
- Case selection, diagnosis and prognosis of the treatment,
- How to remove old failed endodontic material,
- Use of equipment's to aid retreatment

Beneficiaries

- 2nd year postgraduates

Resources Persons:

- Dr. Sirekha,
- Dr. Champa,
- Dr. lekha

Schedule of Training

Lecture: 6hrs

- Retreatment case selection
- Pre-evaluation of the tooth
- Criteria for case selection
- Diagnostic methods used
- Access cavity preparation
- Removal of GP
- Methods of removal of GP
- Cleaning and shaping of the canals
- Irrigation
- Obturation
- Post endodontic restoration

Demonstration- 2hrs

Topics

- Placement of rubber dam
- Under magnification, methods to locate the canals and techniques to remove the. GP
- Use of ultrasonic for retrieving the separated instruments followed by cleaning. and shaping using 5.25% of sodium hypochlorite and rotary instruments.
- Placement of TAP in case of huge periapical lesions



- Obturation

Hands On – 2hrs

Students work on extracted teeth under the guidance of staff, with the use of ultrasonic, followed by demonstration on the patient who has to undergo retreatment. With this understanding the students were given problem-based questions related to retreatment. The students were capable to understand and evaluate the purpose of the study.

Patient Management

- Under rubber dam isolation restorative and endodontic therapy is performed.
- Magnification and Transillumination to identify calcified canals.
- Rotary NITI instruments used to reduce the treatment time.
- Multiple appointments given to reduce the periapical radiolucencies, and students are asked to call.

Equipment and Instruments

The following instruments are used for the treatment

- Diagona
- Airotar
- Hand files
- Rotary files
- Endomotor
- Apex locator
- GP solvents
- Microscope/ loupes
- Sodium hypochlorite
- Saline
- Chlorhexidine
- EDTA
- Peso reamers
- GG drills
- Ultrasonic

Training Summary

- Students are trained in Re-rct for case selection, diagnosis and prognosis.

Diagnosis:

- Previously treated symptomatic apical periodontitis
- Under obturation
- Broken instrument in the root canal
- Root perforation
- External root resorption
- Canal Grossly overfilled or overextended



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- Silver points inadvertently removed
- Missed canal

Different Methods of Attempting Retreatment

Several techniques have been proposed to remove filling materials from root canal system, including

- Use of endodontic hand files
- Use of heated instruments
- Ultrasonic instruments
- Lasers
- Use of adjunctive solvents

Evaluation Done for Complete Removal of GP Points

- Radiographic method – through Diagona and CBCT if required
- Clinical assessment – through visual and intraoral examination aided by magnification and illumination
- Through periodontal evaluation

Retreatment Techniques:

- Radiographic assessment is done using CBCT to evaluate the cause of failure.
- GP removal can be done using either chemical solvents such as xylene or endosolve
- In a previously treated teeth with a very good crown structure, Re-rct can be done by penetrating the crown instead of removing it.
- Proper irrigation with 5.25% of NAOCL to be done for 30 mins after cleaning and shaping
- Complete obturation including accessory canals has to be done.

Challenges During Endodontic Retreatment

- Intraradicular infection persisting in the complex apical root canal system
- Extraradicular infection generally in the form of periapical actinimycosis
- Extruded root canal filling
- Cystic lesions
- Ledge formations
- calcifications

Evaluation of Learning

All the learning objective is assessed by the staff and chair side evaluation on the treatment done and prognosis is discussed with the faculty on the clinical setup.



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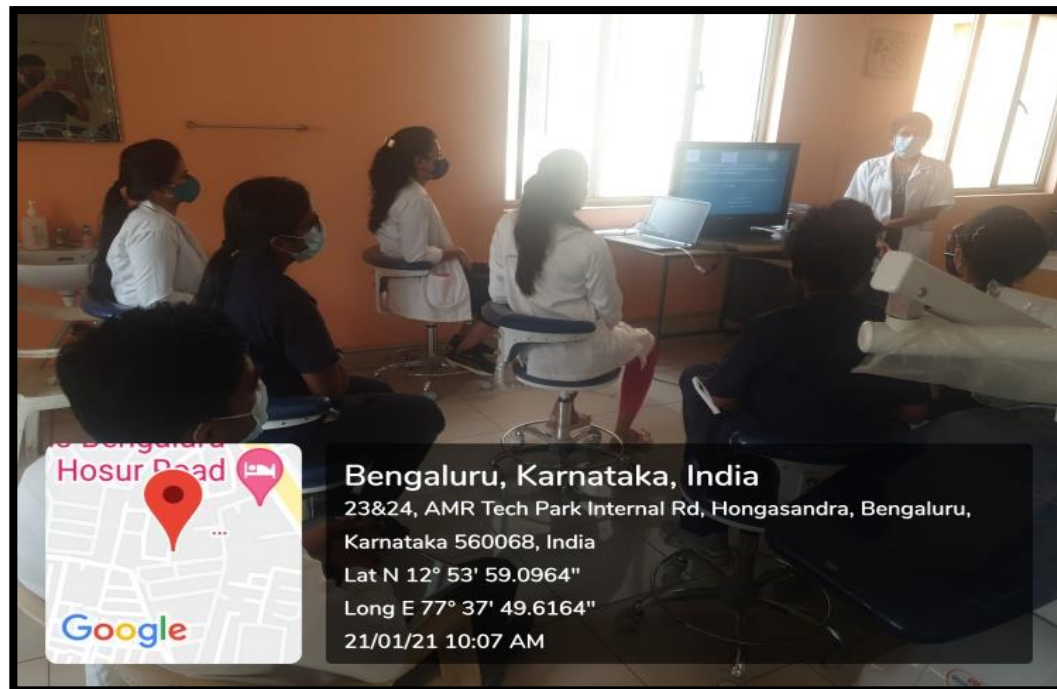
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Temporomandibular Disorder Clinic



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Objectives: -

- Identify TMD risk factors and related diagnosis
- Differentiate joint and muscle disorders
- Understand goals of occupational therapy for TMD
- Understand OT treatments for TMD and muscle disorders
- Perform assessment and treatment approaches for TMD

Beneficiaries: -

1. Dr. Thejaswini.L
2. Dr. Roopa.J.C
3. Dr. Sushma.J
4. Dr. Kongathi Sailaja
5. Dr. Nischitha.A.B
6. Dr. Noor Shagufta
7. Dr. Kavyashree
8. Dr. Syeda Rahath
9. Dr. Abhishek
10. Dr. Lakshmi
11. Dr. Alaikya
12. Dr. Padmavathi
13. Dr. Sasirekha
14. Dr. Nikitha
15. Dr. Nandan
16. Dr. Jayakrishna
17. Dr. Neethu
18. Dr. Dawa
19. Dr. Sameer
20. Dr. Kavya

Mode and Schedule for Training: -

09:00 am-12:00pm	Lecture- Introduction on TMJ anatomy, physiology, mandibular movements, biomechanics, occlusion, Tek-Scan
12:00 pm-12:30pm	Break
12:30 pm- 3:00pm	Hands on <ul style="list-style-type: none">• Examination of TMJ• Hands on Tek-Scan



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List of students trained:

1. Dr. Kritilaxmi Jha
2. Dr. Swati Jain
3. Dr. Racheeta R
4. Dr. Prapti Praveen
5. Dr.Cmr Riwanulla
6. Dr. Sulagna Chakrabathi



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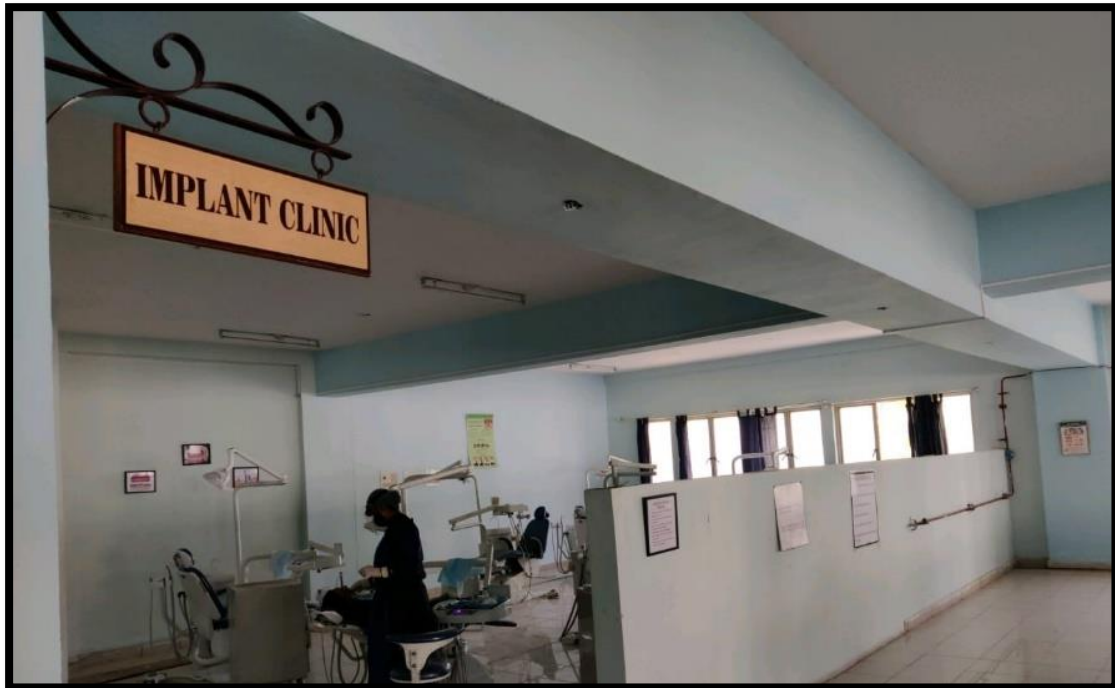
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2. Dr. Parichay Batra
3. Dr. Vanya Singhal
4. Dr. Astha Joshi
5. Dr Venkatesh Katta
6. Dr. Mustafa Ali
7. Dr. Srilakshmi
8. Dr. Shreyashi Roy



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7. Dr. Rathika L.
8. Dr. Shreyashi Roy
9. Namratha
10. Pavan B L
11. Shruthi R
12. Sita Rashmi A
13. Roshni K S
14. Vaibhav T D
15. Sara Kaeidi


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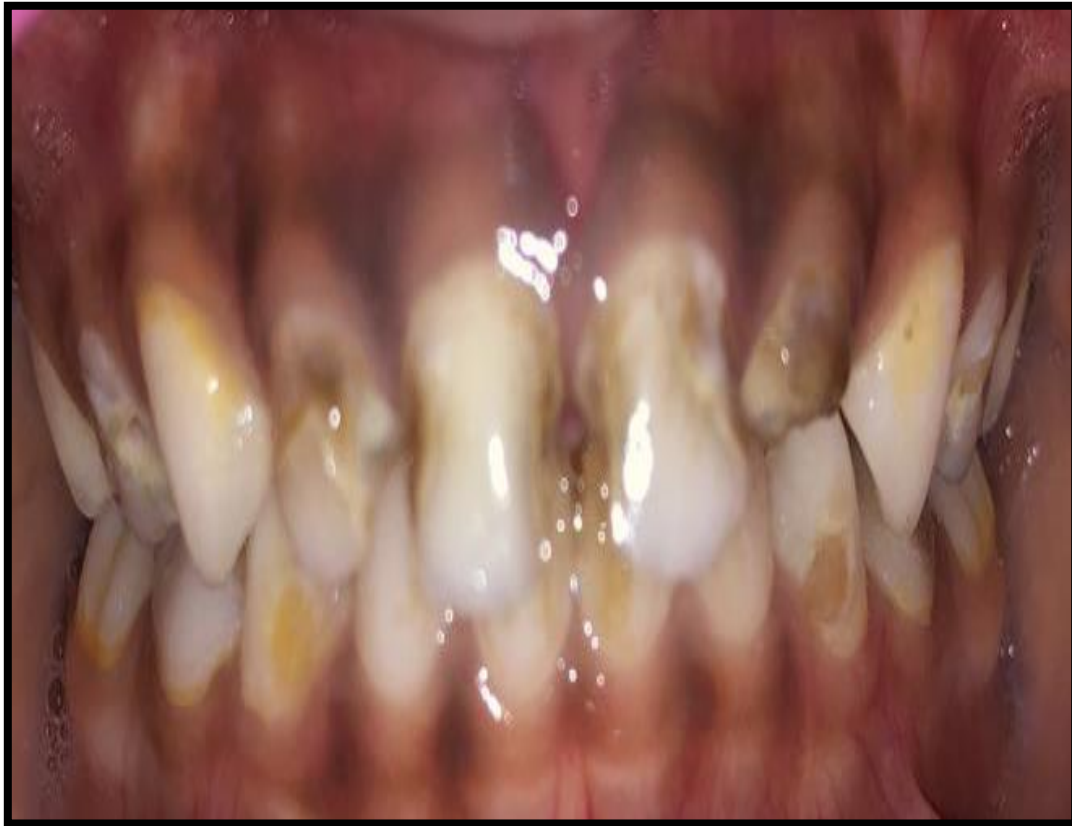
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Management of Early Childhood Caries



Conscious Sedation Clinic



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2. Theresa Sam Cherian
3. Rajas Surendran
4. Maryam Faseeha Haqh
5. Negar Bazaz

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4. Dr. Chritson
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Integrated/ Comprehensive Clinic





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3. Dr. Anand Kumar
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5. Dr. Ankita Agarwal
6. Dr. Tulasi P
7. Dr. Aysha Sithika N
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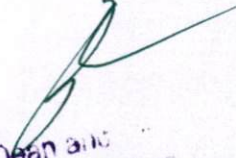
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II Year PG Students

1. Dr. Saira
2. Dr. Trisha
3. Dr. Sridevi
4. Dr. Nilamahan
5. Dr. Numan
6. Dr. Eliz
7. Dr. Angelin
8. Dr. Chinu


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Special Health Care Needs Clinic



Management of a child with Down's



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3. Anees Sultana K N
4. Pragya Jain

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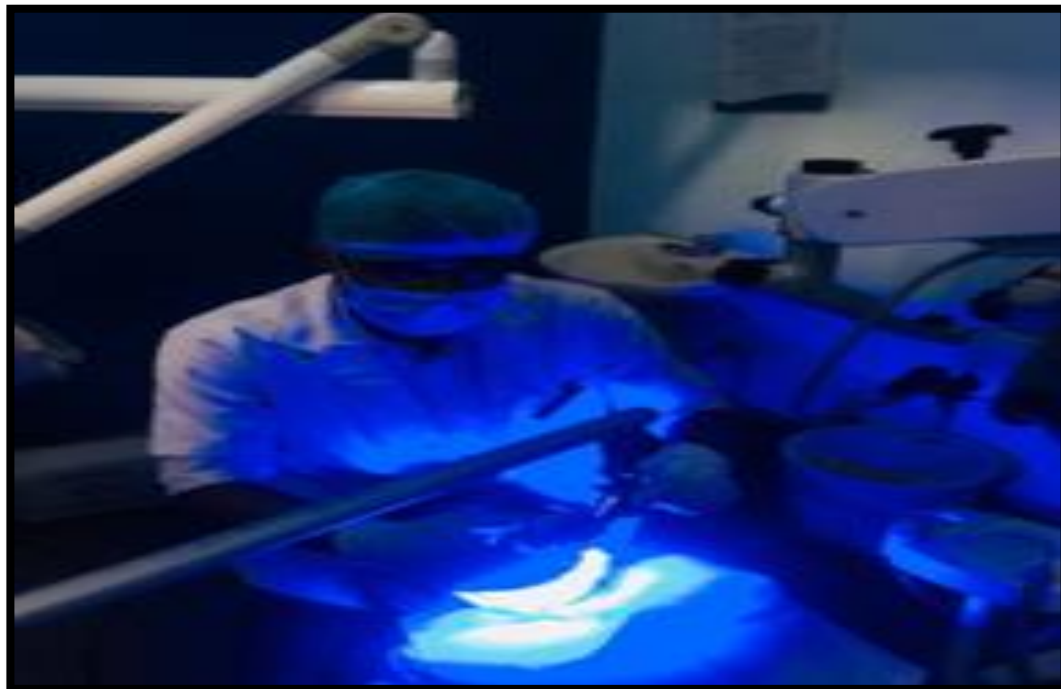
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2. Dr. Ruchika Arun
3. Dr. Kumar Nerurkar
4. Dr. Hemcle shalma
5. Dr. srijana
6. Dr. Binika laishiah



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7. Dr. Belgundi Sameer Vidyasagar
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4. Dr. Mohd. Numannuddin
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6. Dr. Eliz
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Special Health Care Needs Clinic



Conscious Sedation Clinic



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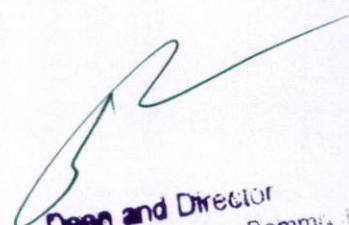
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5. Vini Joyner


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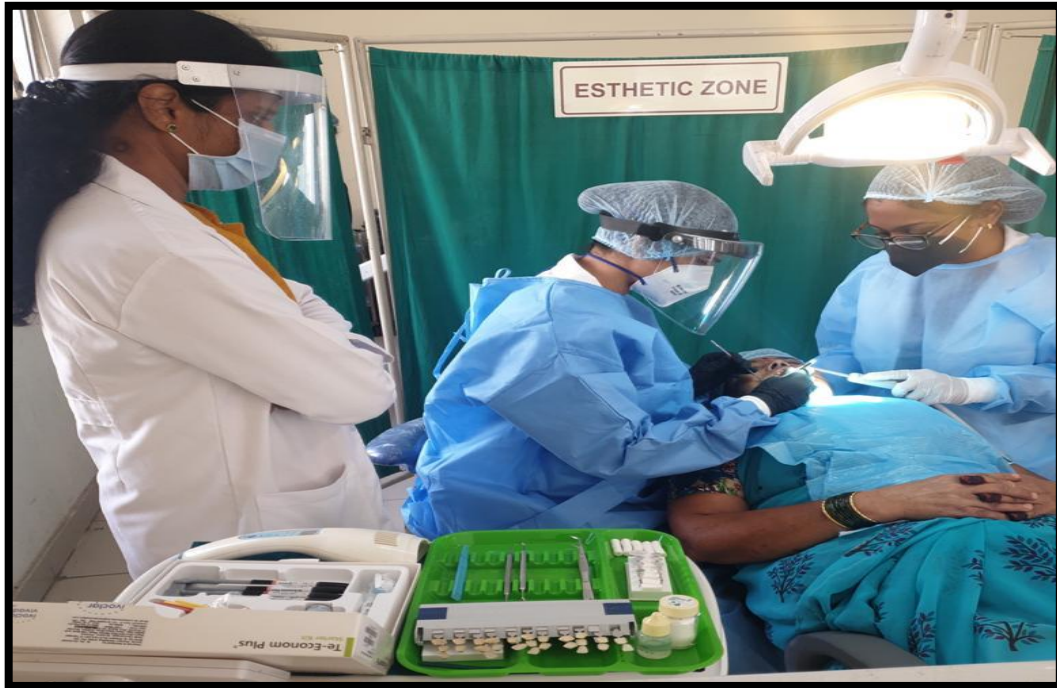
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Tobacco Cessation Clinic





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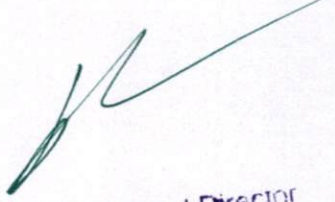
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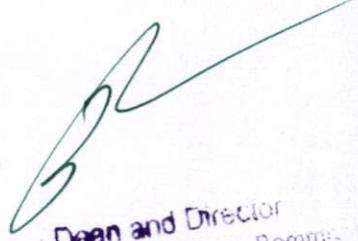
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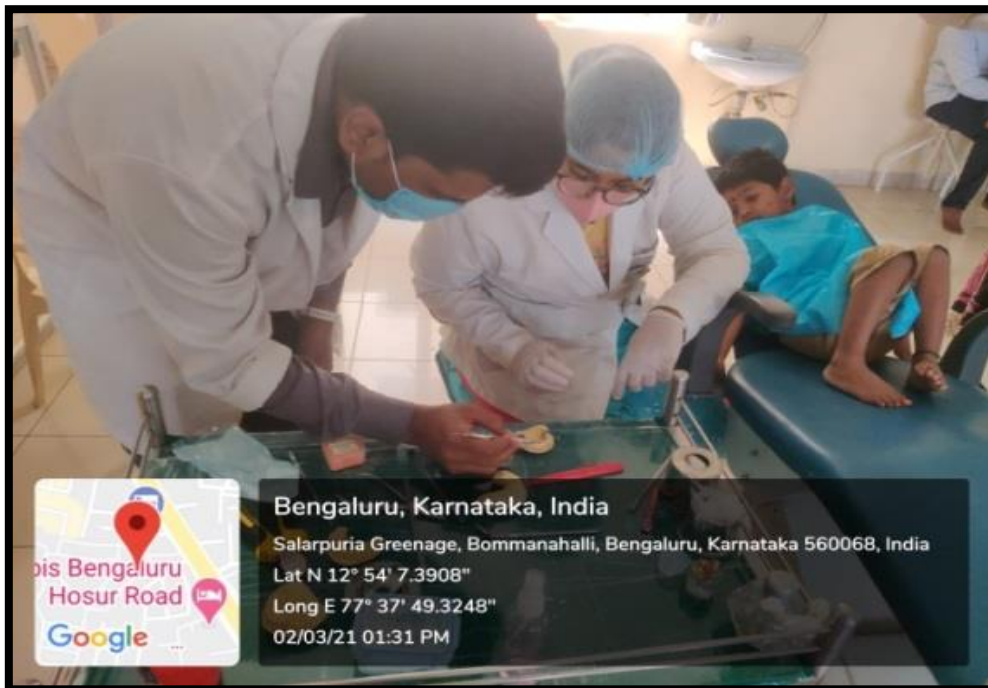
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3. Dr. Sikha poudyal
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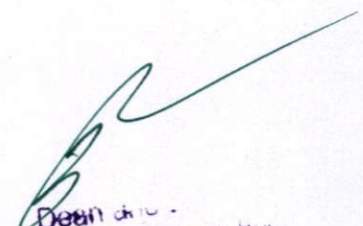
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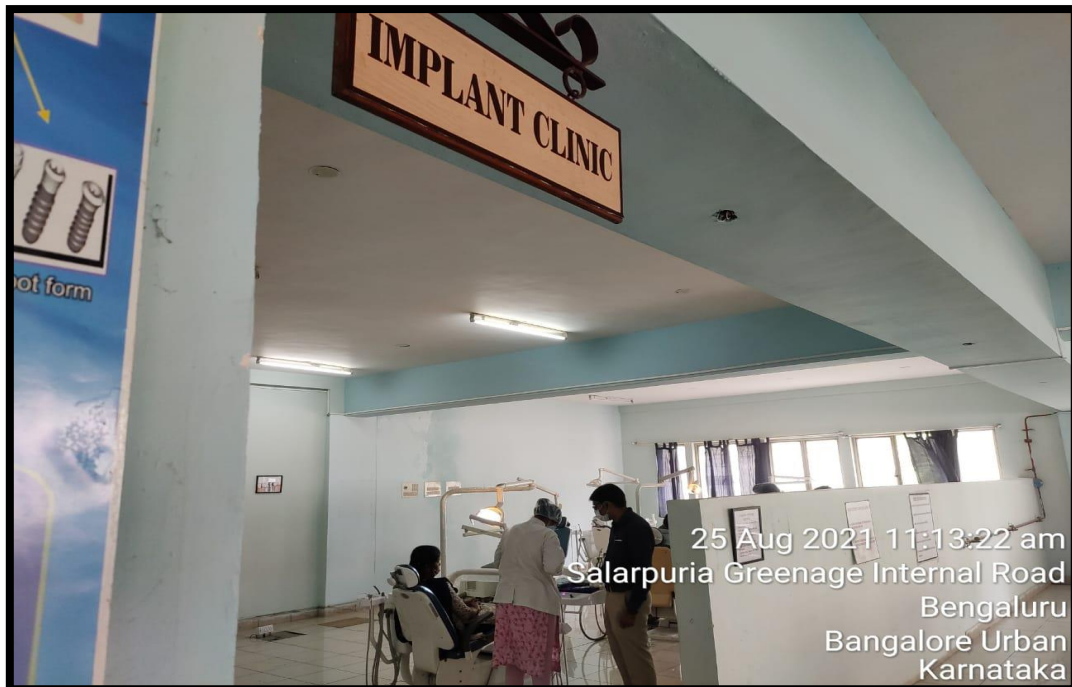
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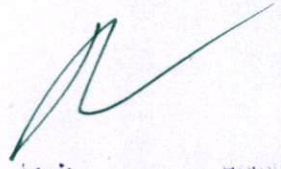
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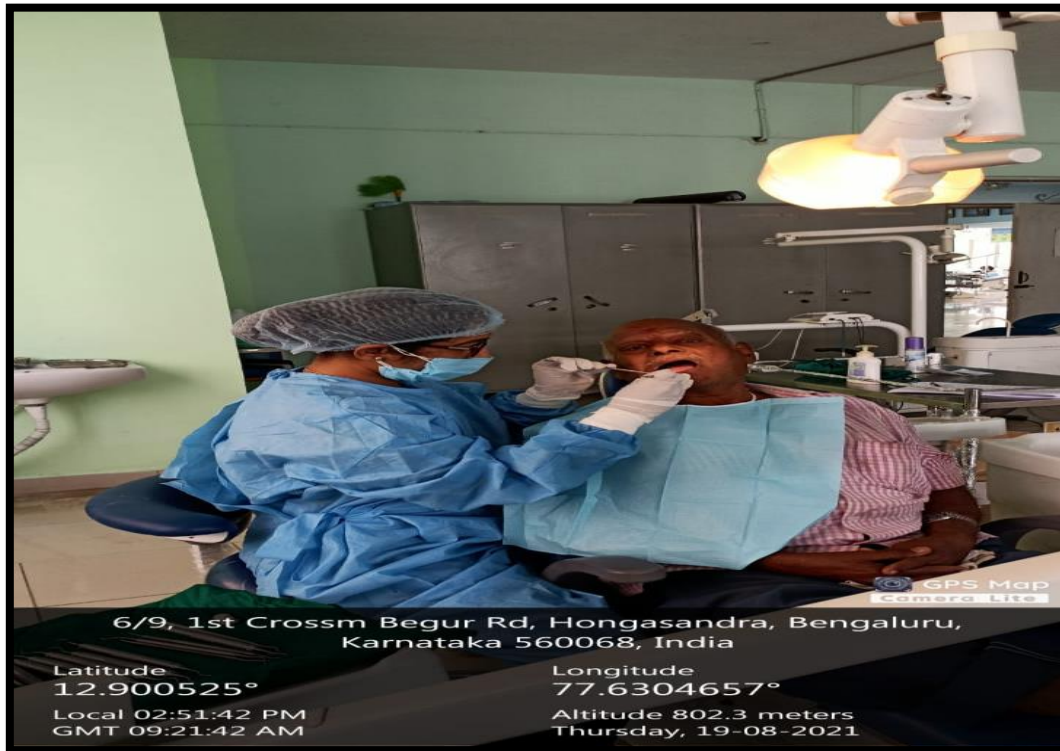
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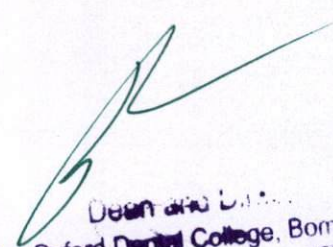
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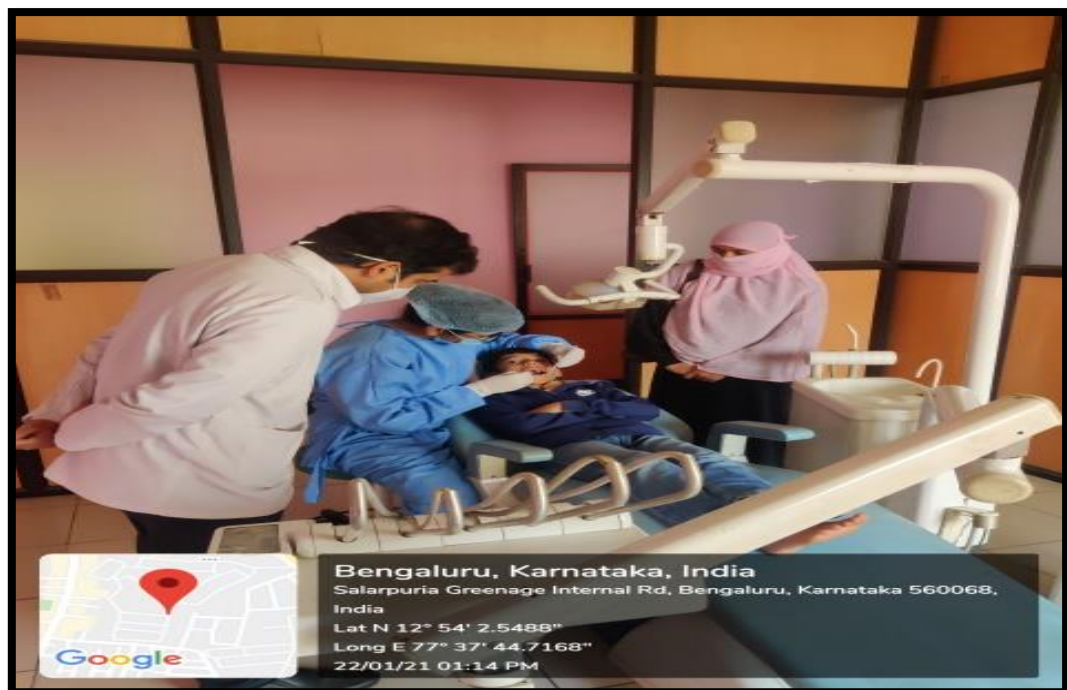
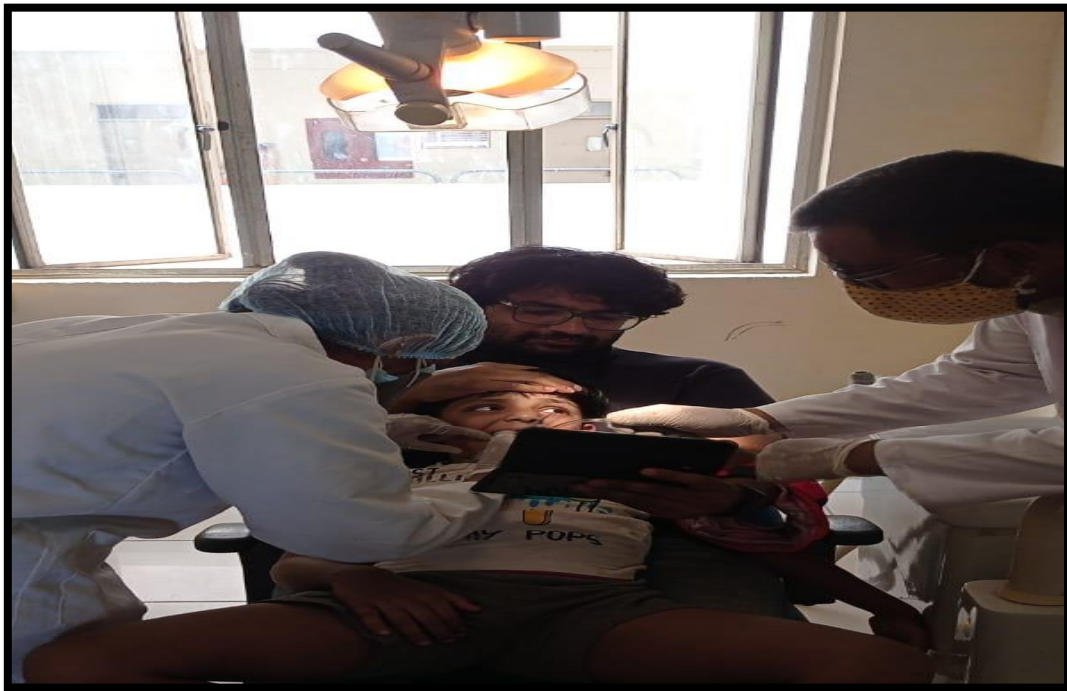
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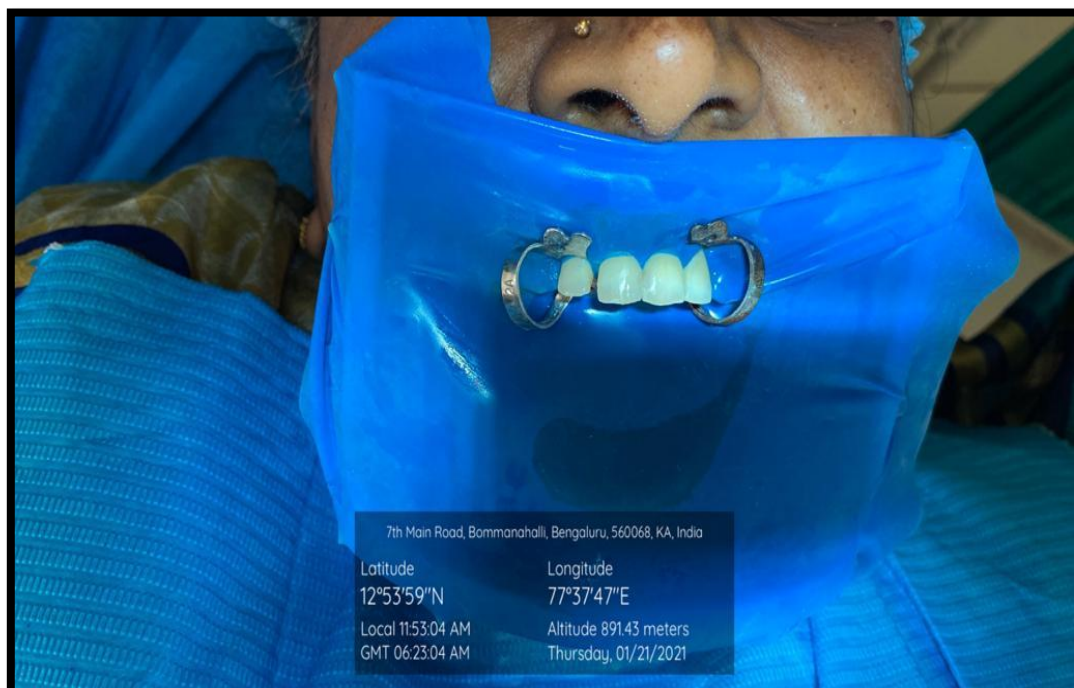
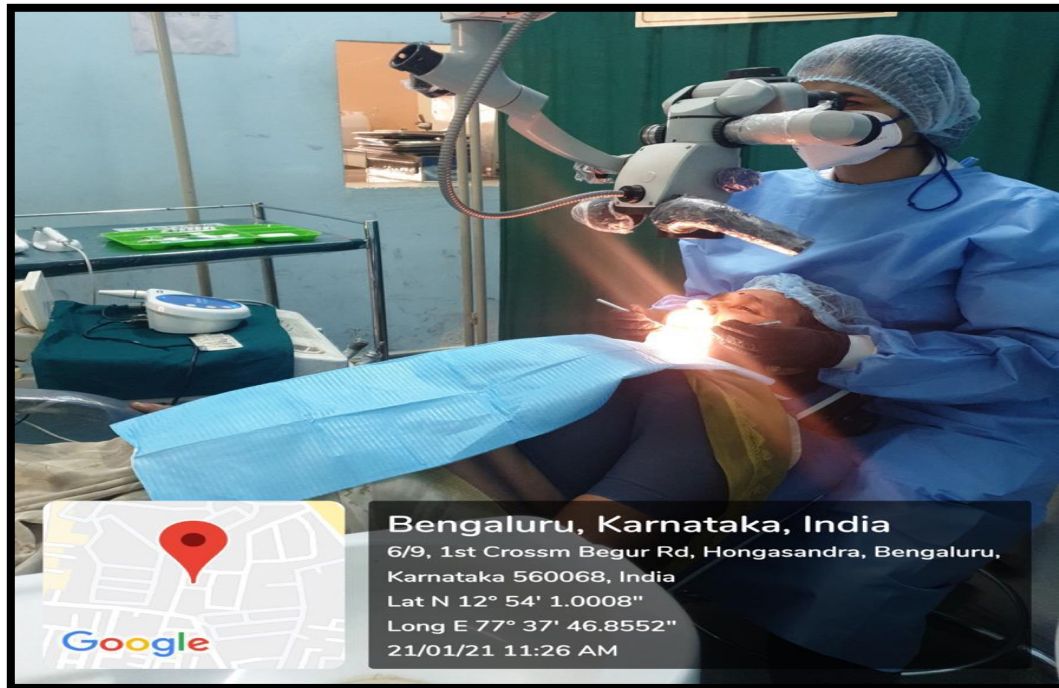
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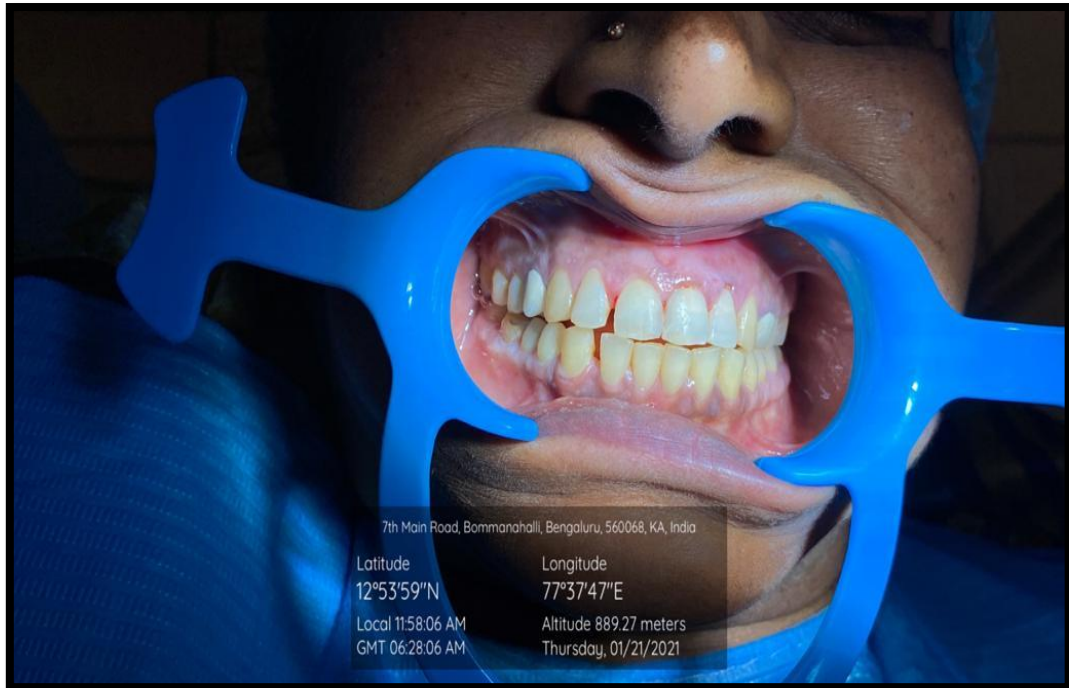
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