



CHILDREN'S EDUCATION SOCIETY (Regd.)

**THE OXFORD DENTAL COLLEGE**

(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences,  
Karnataka & Recognised by Dental Council of India, New Delhi)

Bommanahalli, Hosur Road, Bangalore - 560 068.

Ph: 080-61754680 Fax: 080 - 61754693E-mail: deandirectortodc@gmail.com

Website: www.theoxford.edu

## DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

Steps taken to measure the competencies or outcomes

1. The Student is trained to perform a comprehensive history taking, thorough clinical examination, knowledge of relevant hematological, microbiological, biochemical investigations and integrate the applied medical sciences with oral diseases.
2. Develop competencies to assimilate clinical findings, establish a diagnosis, assess prognosis and formulate a comprehensive treatment plan.

All undergraduate students are expected to perform the following at the expected level of general dental practice

- i. Collect and organize appropriate clinical data of the patients including a complete case history, physical examination, intraoral examination and laboratory tests.
  - ii. Establish the clinical diagnosis
  - iii. Formulate and implement the acceptable treatment modalities
  - iv. Implement the oral disease preventive measures and patient education
  - v. Involve the patients in decision making and obtain patients consent to perform the procedures
  - vi. Demonstrate the knowledge on production of x-rays and the biological effects of radiation
  - vii. Apply the quality assurance protocol in radiology practice
  - viii. Take diagnostically acceptable intra oral periapical radiographs and bite wing radiographs by using appropriate techniques
  - ix. Follow the principles of radiographic interpretation and identify the normal structures and pathological conditions
  - x. Interpret the intra oral radiographic images, make radiodiagnosis and integrate the findings with clinical examination to derive the final diagnosis and treatment plan.
3. Understand principles of therapeutics and effectively practice current evidence based practice in medical management of common maxillofacial disorders.
  4. Have knowledge of various imaging modalities of diagnostic use in Orofacial region. Develop competency to independently perform and report the imaging findings of 2D intra oral, panoramic and small FOV CBCT, image.
  5. Understand the oral health – systemic health link, diagnose oral changes due to systemic disorders and formulate comprehensive dental treatment for medically complex patients.

**PRINCIPAL**  
The Oxford Dental College  
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Students should document 10 approved evaluation cases with preoperative and postoperative records for formative evaluation to be eligible for the summative examination.



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## **DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY**

Dental Students during their course acquire adequate knowledge, skills, and attitudes required for carrying out all activities appropriate to a general dental practice involving prevention, diagnosis, and treatment of anomalies and diseases of teeth, mouth, jaws, and associated tissues.

The College has detailed prescribed competencies, reinforced in Student Log Books/ record books and also explained to students for their actualization.

Evaluation is a continuous process, which is based upon criteria developed by concerned authorities with certain objectives to assess the performance of learner. This also indirectly helps in the measurement of effectiveness and quality of concerned

B. D.S. program.

College has implemented OSCE/OSPE in internal assessments for evaluating clinical competencies of BDS students. It has introduced objective methods to measure learning outcomes and graduate attributes for BDS course.

College emphasizes on problem-based learning, patient simulations based learnings and other strategies. It helps students develop critical appraisal skills and attain mastery of evidence based oral health care.

Clinical departments play active role in enhancing Students' recall and recognition of specific facts and demonstration of technical skills, regular assignments, ability to analyse information and clinical application in appropriate situations.

Expertise is assessed after completion of clinical procedure in a station by eliciting the justification for particular treatment option. Examiner observes student performance during entire examination process in different OSCE stations.

Interns are motivated to take up projects and seminars and perform routine minor oral surgery procedures to hone their surgical skills. TODC strives to introduce newer teaching methods to improve student knowledge and clinical aptitude. A comprehensive hands-on, real-time approach help students to understand key factors of clinical decision making process and challenges.

UG students are taught concept of anatomy and surgical skills and are mandated to participate in apply them in various clinical scenarios. All these measures help students develop a proper attitude, the right standard of ethics and conduct.

A. The Interness during their posting in oral surgery shall perform the following procedures:

1. Extractions 50



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2. Surgical extractions 2
3. Impactions 2
- 4 Simple Intra Maxillary Fixation 1
- 5 Cysts enucleations 1
6. Incision and drainage 2
7. Alveoloplasties, Biopsies & Frenectomies, etc. 3

B. The Interness shall perform the following on Cancer Patients:

1. Maintain file work.
2. Do extractions for radiotherapy cases.
3. Perform biopsies.
4. Observe varied cases of oral cancers.

C. The interness shall have 15 days posting in emergency services of a dental/general hospital with extended responsibilities in emergency dental care in the wards.

During this period they shall attend to all emergencies under the direct supervision of oral surgeon during any operation:

1. Emergencies.

(i) Toothache; (ii) trigeminal neuralgia; (iii) Bleeding from mouth due to trauma, post extraction, bleeding disorder or haemophyilia; (iv) Airway obstruction due to fracture mandible and maxilla; dislocation of mandible; syncope or vasovagal attacks; ludwig's angina; tooth fracture; post intermaxillary fixation after general Anaesthesia.

2. Work in I.C.U. with particular reference to resuscitation procedures.

3. Conduct tutorials on medico-legal aspects including reporting on actual cases coming to casualty. They should have visits to law courts.



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## **DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS**

Competency evaluation is done in a planned way by using different strategies. For eg: whole class interaction in class rooms, small group interactions during clinical postings.

-Self-evaluation and evaluation by faculty, OSCE and OSPE.

-Small group discussions provide opportunities for divergent thinking and encourage students to take responsibilities for their own learning. This enables students to develop personality, communication skills and other qualities which is necessary for their clinical experience.

-Discussions are done by faculty in preclinical and clinical setup. This helps in evaluating skills in proper case history, examination of patient, perform diagnostic procedures and order essential laboratory tests, interpret them and arrive at a provisional diagnosis about the dental condition. This is followed by deciding an appropriate treatment plan and performing the relevant clinical procedure.

-Regular periodic assessment are done throughout the course. Examinations are designed with a view to assess not only the knowledge but also practical and clinical skills, communication and interpersonal skill and values which are necessary for a graduate to carry out professional day to day work competently.

### **Assessments**

- Self- assessments by students, as well as by staff, during preclinical and clinical training
- OSCE/OSPE
- Interactions during discussions
- Various assignments given during discussions
- Report of work done-
- Monthly or posting end test
- Checklists assessed by staff for students' performances in academic presentations, clinical work



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Interns are trained and evaluated with regard to Complex Amalgam Restorations, Composite Restorations, esthetic dentistry, Root Canal treatments, assisting post graduate students in surgeries and trauma cases, relieving pain in tooth as well as Comprehensive clinics /Integrated Clinical Practice.





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## **DEPARTMENT OF PERIODONTICS**

### **Specific competencies:**

- Able to apply the knowledge gained in the basic medical and clinical subjects in the management of patients with surgical problem.
- Able to diagnose, manage and treat patients with basic oral surgical problems.
- Have broad knowledge of periodontology and oral implantology.
- Should be familiar with legal, ethical and moral issues pertaining to the patient care.
- Understanding the basic principles of asepsis and sterilization.
- Should be competent with minor and major procedures of the department under local and general anesthesia.
- Should be able to perform scaling, root planing and curettage.
- Should be able to diagnose the case properly.
- Competent to assess, prevent and manage common complications that arise during and after minor procedures.
- Able to provide primary care and manage medical emergencies in the dental office.
- Familiar with the management of major surgical problems and principles involved in the in-patient management.

### **Steps taken to measure the competencies or outcomes: Evaluation**

A. Evaluation is a continuous process, which is based upon criteris developed by the concerned authorities with certain objectives to assess the performance of the learner. This also indirectly helps in the measurement of effectiveness and quality of the concerned BDS programme.

B. Evaluation is achieved by two processes-

1. Formative or internal assessment
2. Summative or university examinations.

Formative evaluation is done through series of tests and examinations conducted periodically by the department.



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Summative evaluation is done by the university through examination conducted at the end of IV year BDS.

### **Methods to evaluate competencies:**

Evaluation may be achieved by the following tested methods:

- Class test
- Internal written exam
- Practical examination
- Viva voce
- Quiz
- Seminar presentations
- Group discussions

### **Assessment Examination:**

In addition to regular evaluation, log book etc., Assessment examination should be conducted after every 3 modules & progress of the student monitored.

### **Monitoring Learning Progress:**

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is to be done by the staff of the department based on participation of students in various teaching /learning activities.

It may be structured and assessment be done using checklists that assess various aspects

### **Interns**

A. The dental graduates shall perform the following procedures

- 1. Prophylaxis- 15 Cases
- 2. Flap Operation- 2 Cases
- 3. Root Planning -1 Case
- 4. Curretage- 1 Case





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- 5. Gingivectomy- 1 Case
- 6. Perio-Endo cases- 1 Case

B. During their one week posting in the community health centers, the interns shall educate the public in prevention of Periodontal diseases.



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## **DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE**

### **I YEAR BDS DENTAL MATERIALS**

- Manipulation of Impression materials such as like alginate, impression compound.
- To know to setting time, working time of impression materials.
- To know the defects of impression made.
- Manipulation of gypsum material and setting time and manipulation time of material.

### **I YEAR BDS PRE – CLINICAL PROSTHODONTICS AND CROWN & BRIDGE**

- Preparation of special trays.
- Preparation of temporary and permanent denture bases.
- Preparation of occlusal rims
- Orientation of occlusion rims on articulator.
- Arrangement of teeth.
- Processing of complete dentures.

### **II YEAR BDS DENTAL MATERIALS**

- Manipulation and pouring impressions - identify setting time and working time and working time
- with reference to proportion, water temp, and spatulation time.
- b. Self-cure and heat cure acrylic resin manipulation and curing.

### **II YEAR BDS PRE – CLINICAL PROSTHODONTICS AND CROWN & BRIDGE**

- Arrangement of teeth - Must Know
- Surveying of partially edentulous models and preparing modified master cast.
- Preparing of wax patterns spruing, casting and finishing.
- Preparation of plaster models of various preparation of teeth to receive retainers for FPD
- Prepare wax patterns for minimum of 3 unit FPD and investing, casting and porcelain facing.

### **III & IV BDS PRE – CLINICAL PROSTHODONTICS AND CROWN & BRIDGE**

- Treatment for completely edentulous patients- 3 Patients
- Treatment for Partially dentulous PatientsE
  - Provisional R.P - 5.D
- (Minimum one for each Kennedy's classification)
- F.P - preparation of crown - anterior and posterior, one each.D.
- Relining & Rebasing, Repair - 1 each.
- Immediate denture - 1
- Single denture -1

### **Steps taken to measure the competencies or outcomes:**

Evaluation



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(A) Evaluation is a continuous process, which is based upon criteria developed by the concerned

(B) authorities with certain objectives to assess the performance of the learner. This also indirectly helps in the measurement of effectiveness and quality of the concerned B.D.S. programme.

(B) Evaluation is achieved by two processes

1. Formative or internal assessment
2. Summative or university examinations.

Formative evaluation is done through a series of tests and examinations conducted periodically by the department

Summative evaluation is done by the university through examination conducted at the end of the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year BDS.

#### METHODS OF EVALUATE COMPETENCIES

Evaluation may be achieved by the following tested methods:

1. Class test
2. Internal Written exams
2. Practical examination
3. Viva voce
4. Quiz
5. Seminar presentations
6. Group discussion



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## **DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS**

Practicals/Clinics: 170 Hours

III Year: 70 Hours

IV Year: 100 Hours

### **PRACTICALS / CLINICS**

1. Student is trained to arrive at proper diagnosis by following a scientific and systematic procedure of history taking and clinical examination of malocclusion.

Training is also imparted in patient management whenever possible.

2. In view of the above, each student shall maintain a record of work done, which shall be evaluated for marks at the time of university examination.

### **Practical exercise (III Year) – 70 hours**

1. Basic wire bending exercises Gauge 22 or 0.7mm
  - a. Straightening of wires (4 Nos)
  - b. Bending of equilateral triangle
  - c. Bending of a rectangle
  - d. Bending of a square
  - e. Bending of a circle
  - f. Bending of U.V.
2. Construction of Clasps (upper / lower) Gauge 22 or 0.7mm
  - a.  $\frac{3}{4}$  clasp (C-Clasp)
  - b. Full clasp (Jackson's Crib)
  - c. Adam's Clasp
  - d. Triangular Clasp



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## **PRACTICAL TRAINING DURING IV YEAR B.D.S**

1. Adam's Clasp on Anterior teeth Gauge 0.7mm
  
2. Modified Adam's Clasp on upper arch Gauge 0.7mm
  
3. Construction of Springs (On upper both sides) Gauge 24 or 0.5mm
  - a. Finger Spring
  - b. Single Cantilever Spring
  - c. Double Cantilever Spring (Z-Spring)
  - d. T-Springs on premolars
  
4. Construction of Canine retractors Gauge 23 or 0.6mm
  - e. U - loop canine retractor (Upper and lower)
  - f. Helical canine retractor (Upper and lower)
  - g. Buccal canine retractor: - Self supported Buccal canine retractor with
  - i. Sleeve - 5mm wire of 24 Gauge
  - ii. Sleeve - 19 Gauge needle on any one side
  - h. Palatal canine retractor on upper both sides - Gauge 23 or 0.6mm
  
5. Labial Bow
  - i. Short & Long labial bow
  - j. One on both upper and lower
  
6. High Labial bow with Apron spring on upper arch  
(Gauge of Labial bow - 0.9mm, Apron Spring - 0.3mm)



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7. Coffin spring on upper arch Gauge 1mm
8. Appliance Construction in Acrylic
  - a. Upper and lower Hawley's Appliance
  - b. Upper Hawley's with Anterior bite plane
  - c. Upper Habit breaking Appliance
  - d. Upper Hawley's with Posterior bite plane with 'Z' spring
  - e. Lower inclined plane / Catalan's Appliance
  - f. Upper Expansion plate with Expansion Screw
  - g. Construction of Activator

#### **Steps taken to measure the competencies or outcomes**

1. Pre-clinical assessment is done through evaluation of record books for basic wire bending exercises and model analysis.
2. Evaluation of wire bending on graph sheet and glass slab.
3. Evaluation of model analysis on study models and case history discussion.
4. Direct observation by a faculty member assesses student's communication, interaction and management of the patient and parent during the clinical appointment.
5. Comprehensive assessment of all aspects of a student's performance in case history recording, treatment planning and competency during the clinical postings through observation and clinical assessment by faculty members who have daily interactions with the student.
6. At the end of the clinical posting, a test is conducted to evaluate the competency in clinical skills in any one of the clinical exercises and oral assessment through viva-voce.
7. Record review and evaluation: faculty members review a student's clinical work as evidenced in the documentation of patient cards, student work-done book and treatment registers.
8. Participation of students in Group discussions and presentation of seminars is evaluated.
9. Monitoring of clinical treatment of interns and assessment of projects assigned to them.



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As per RGUHS a minimum of three internal assessments are held in an academic year and an average of these is submitted to the university.

| Type Of Questions and Marks | Marks |
|-----------------------------|-------|
| Long Essay – 2 × 10 Marks   | 20    |
| Short Essay – 8 × 5 Marks   | 40    |
| Short Answers – 2 × 5 Marks | 10    |
| Total                       | 70    |





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## DEPARTMENT OF PAEDIATRIC AND PREVENTIVE DENTISTRY

### Steps taken to measure the competencies or outcomes

- a. Pre-clinical assessment is done through evaluation of record books for tooth morphology diagrams and tooth numbering systems.
  - b. Evaluation of cavity preparations on typhodont teeth, application of matrices and wedges and fabrication of one habit breaking appliance.
  - c. Direct observation by a faculty member assesses student's communication, interaction and management of the child and parent during the clinical appointment.
  - d. Comprehensive assessment of all aspects of all student's performance) n case history recording, treatment planning and competency during the clinical postings through observation and clinical assessment by faculty members who have daily interactions with the student.
  - e. At the end of the clinical posting, a test is conducted to evaluate the competency in clinical skills in any one of the clinical exercises and oral assessment through viva-voce.
  - f. Record review and evaluation: faculty members review a student's clinical work as evidenced in the documentation of patient cards, student work-done book and treatment registers.
  - g. Participation of students in Group discussions and presentation of seminars is evaluated.
  - h. Monitoring of clinical treatment of interns and assessment of projects assigned to them.
- As per RGUHS a minimum of three internal assessments are held in an academic year and an average of these is submitted to the university.

| Type of Questions and Marks | Marks |
|-----------------------------|-------|
| Long Essay - 2 × 10 marks   | 20    |
| Short Essay — 8 × 5 marks   | 40    |
| Short Answers — 2 × 5 marks | 10    |
| Total                       | 70    |



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OBJECTIVE STRUCTURED PRACTICAL EXAMINATION

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

III<sup>RD</sup> YEAR STUDENT

| CATEGORY                              | ASSESSMENT                       | SCORES  | TOTAL           |
|---------------------------------------|----------------------------------|---------|-----------------|
| <b>CLASS 1 CAVITY<br/>PREPARATION</b> | <b><u>OCCLUSAL STEP</u></b>      |         |                 |
|                                       | • LINGUAL INCLINATION            | 5 marks | <b>40 marks</b> |
|                                       | • DIVERGENCE                     |         |                 |
|                                       | • CAVITY DEPTH                   |         |                 |
|                                       | • FLAT PULPAL FLOOR              | 5 marks |                 |
|                                       | • THICKNESS OF<br>MARGINAL RIDGE | 5 marks |                 |
|                                       | • CAVITY WIDTH                   | 5 marks |                 |
|                                       | • RETENTION (DOVE<br>TAIL)       | 5 marks |                 |
|                                       | • LINE ANGLE AND<br>POINT ANGLE  |         |                 |
|                                       |                                  | 5 marks |                 |
|                                       | 5 marks                          |         |                 |



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OBJECTIVE STRUCTURED PRACTICAL EXAMINATION

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

III<sup>RD</sup> YEAR STUDENT

| CATEGORY                   | ASSESSMENT                    | SCORES  | TOTAL           |
|----------------------------|-------------------------------|---------|-----------------|
| CLASS 2 CAVITY PREPARATION | <b><u>OCCLUSAL STEP</u></b>   |         |                 |
|                            | • LINGUAL INCLINATION         | 5 marks |                 |
|                            | • DIVERGENCE                  |         |                 |
|                            | • CAVITY DEPTH                |         |                 |
|                            | • FLATNESS OF PULPAL FLOOR    | 5 marks |                 |
|                            | • THICKNESS OF MARGINAL RIDGE | 5 marks |                 |
|                            | • CAVITY WIDTH                | 5 marks | <b>40 marks</b> |
|                            | • RETENTION (DOVE TAIL)       |         |                 |
|                            | • LINE ANGLE AND POINT ANGLE  | 5 marks |                 |
|                            | <b><u>PROXIMAL STEP</u></b>   | 5 marks |                 |
|                            | • CAVITY DESIGN               | 5 marks |                 |
|                            | • CONTACT POINT               |         |                 |
|                            | • GINGIVAL SHEATH WIDTH       |         |                 |
|                            | • BEVEL OF GINGIVAL MARGIN    | 5 marks |                 |
| • SECONDARY FLARE          |                               |         |                 |
| • AXIAL WALL               |                               |         |                 |
| • CAVOSURFACE MARGIN       | 5 marks                       |         |                 |



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|  |   |         |                 |
|--|---|---------|-----------------|
|  | <ul style="list-style-type: none"> <li>• ROUNDENING OF LINE AND POINT ANGLES</li> </ul> | 5 marks | <b>40 marks</b> |
|  |   | 5 marks |                 |
|  |   | 5 marks |                 |
|  |   | 5 marks |                 |
|  |   | 5 marks |                 |
|  |   | 5 marks |                 |
|  |   | 5 marks |                 |

**OBJECTIVE STRUCTURED PRACTICAL EXAMINATION**

**DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY**

**III<sup>RD</sup> YEAR STUDENT**

| <b>CATEGORY</b>                   | <b>ASSESSMENT</b>  | <b>SCORES</b> | <b>TOTAL</b>    |
|-----------------------------------|--|---------------|-----------------|
| <b>CLASS 3 CAVITY PREPARATION</b> | <ul style="list-style-type: none"> <li>• CONTACT POINT</li> </ul>              | 5 marks       | <b>20 marks</b> |
|                                   | <ul style="list-style-type: none"> <li>• SECONDARY FLARE</li> </ul>            | 5 marks       |                 |
|                                   | <ul style="list-style-type: none"> <li>• LINE ANGLE AND POINT ANGLE</li> </ul> | 5 marks       |                 |
|                                   | <ul style="list-style-type: none"> <li>• AXIAL WALL</li> </ul>                 | 5 marks       |                 |



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**OBJECTIVE STRUCTURED PRACTICAL EXAMINATION**

**DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY**

**III<sup>RD</sup> YEAR STUDENT**

| <b>CATEGORY</b>                   | <b>ASSESSMENT</b>   | <b>SCORES</b>  | <b>TOTAL</b>    |
|-----------------------------------|---|--|-----------------|
| <b>CLASS 5 CAVITY PREPARATION</b> | <ul style="list-style-type: none"><li>• LINE ANGLE AND POINT ANGLE</li><li>• CAVITY DEPTH</li><li>• FLATNESS OF PULPAL FLOOR</li><li>• CAVITY WIDTH</li></ul> | 5 marks<br><br>5 marks<br><br>5 marks<br><br>5 marks | <b>20 marks</b> |

**OBJECTIVE STRUCTURED CLINICAL EXAMINATION**

**DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY**

**PROFESSIONAL TOPICAL FLUORIDE APPLICATION**

**IV YEAR STUDENT**

| <b>CATEGORY</b> | <b>ASSESSMENT</b> | <b>SCORES</b> | <b>TOTAL</b> |
|-----------------|-------------------|---------------|--------------|
|                 | PATIENT SELECTION | 5 MARKS       |              |
|                 | CASE HISTORY      | 10 MARKS      |              |
|                 | DIAGNOSIS         | 10 MARKS      |              |
|                 | CHILD MANAGEMENT  | 10MARKS       |              |
|                 | STERILISATION     | 5MARKS        |              |



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|                            |                            |          |                 |
|----------------------------|----------------------------|----------|-----------------|
| <b>APF GEL APPLICATION</b> | SETTING UP THE INSTRUMENTS | 5 MARKS  | <b>90 MARKS</b> |
|                            | ORAL PROPHYLAXIS           | 15 MARKS |                 |
|                            | TRAY SELECTION             | 5 MARKS  |                 |
|                            | TRAY LOADING               | 5 MARKS  |                 |
|                            | TRAY INSERTION             | 10 MARKS |                 |
|                            | CHAIR POSITION             | 5 MARKS  |                 |
|                            | POST -OP INSTRUCTION       | 5 MARKS  |                 |

**OBJECTIVE STRUCTURED CLINICAL EXAMINATION**

**DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY**

**CAVITY PREPARATION**

**IV YEAR STUDENT**

| <b>CATEGORY</b>           | <b>ASSESSMENT</b>              | <b>SCORES</b> | <b>TOTAL</b>    |
|---------------------------|--------------------------------|---------------|-----------------|
| <b>CAVITY PREPARATION</b> | PATIENT SELECTION              | 5 MARKS       | <b>90 MARKS</b> |
|                           | CASE HISTORY                   | 10 MARKS      |                 |
|                           | DIAGNOSIS                      | 10 MARKS      |                 |
|                           | STERILIZATION AND DISINFECTION | 5 MARKS       |                 |
|                           | SETTING UP THE INSTRUMENTS     | 5 MARKS       |                 |
|                           | CHAIR POSITION                 | 5 MARKS       |                 |



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|  |                                |          |  |
|--|--------------------------------|----------|--|
|  | CAVITY PREPARATION             | 15 MARKS |  |
|  | ISOLATION                      | 10 MARKS |  |
|  | MATRICE AND WEDGE<br>PLACEMENT | 10 MARKS |  |
|  | RESTORATION                    | 10 MARKS |  |
|  | POST -OP INSTRUCTION           | 5 MARKS  |  |

**OBJECTIVE STRUCTURED CLINICAL EXAMINATION**

**DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY**

**EXTRACTION**

**IV YEAR STUDENT**

| <b>CATEGORY</b>   | <b>ASSESSMENT</b>                     | <b>SCORES</b> | <b>TOTAL</b>    |
|-------------------|---------------------------------------|---------------|-----------------|
| <b>EXTRACTION</b> | PATIENT SELECTION                     | 5 MARKS       | <b>90 MARKS</b> |
|                   | CASE HISTORY                          | 5 MARKS       |                 |
|                   | DIAGNOSIS                             | 10 MARKS      |                 |
|                   | CHILD MANAGEMENT                      | 10MARKS       |                 |
|                   | STERILISATION                         | 5MARKS        |                 |
|                   | SETTING UP THE<br>INSTRUMENTS         | 5MARKS        |                 |
|                   | CHAIR POSITION                        | 5 MARKS       |                 |
|                   | ADMINISTRATION OF LOCAL<br>ANESTHESIA | 20MARKS       |                 |





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|  |                           |         |  |
|--|---------------------------|---------|--|
|  | REFLECTION OF FLAP        | 5MARKS  |  |
|  | POSITIONING OF INSTRUMENT | 5MARKS  |  |
|  | LUXATION AND REMOVAL      | 5MARKS  |  |
|  | HEMORRHAGE CONTROL        | 5MARKS  |  |
|  | POST -OP INSTRUCTION      | 5 MARKS |  |

Curriculum of Dental Internship Programme according to Dental Council of India:

General Guidelines:

1. It shall be task-oriented training. The interns should participate in various institutional and field

programmes and be given due responsibility to perform the activities in all departments of the Dental

Colleges and associated Institutions.

2. To facilitate achievement of basic skills and attitudes the following facilities should be provided to all

dental graduates:

i) History taking, examination, diagnosis, charting and recording treatment plan of cases.

ii) Presentation of cases in a group of Seminar.

iii) Care and sterilization of instruments used.

iv) Performance and interpretation of essential laboratory tests and other relevant investigations.

v) Data analysis and inference.



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vi) Proper use of antibiotics, anti-inflammatory and other drugs, as well as other therapeutic modalities.

vii) Education of patients, their relatives and community on all aspects of dental health care while

working in the institution as also in the field.

viii) Communication aimed at inspiring hope, confidence and optimism. ix) Legal rights of patients and

obligations of dental graduate under forensic jurisprudence.

During their posting in Pediatric and Preventive Dentistry the Dental graduates (INTERNS) shall perform:

1. Topical application of fluorides including varnish - 5 Cases
2. Restorative procedures of carious deciduous teeth in children - 10 Cases
3. Pulpotomy - 2 Cases
4. Pulpectomy - 2 Cases
5. Fabrication and insertion of space maintainers - 1 Case
6. Oral habit breaking appliances - 1 Case



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## **DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY & ORAL MICROBIOLOGY**

### I Year

- Craving geometric forms, permanent teeth both of upper and lower arch teeth on Wax block
- Identification of oral and paraoral histology slides
- Demonstration of Identification of deciduous and permanent teeth , mixed dentition study models.
- Demonstration of preparation of ground sections , decalcification, paraffin section and H & E staining .

### II Year

Identification of hard and soft tissue specimens

### III Year

- Identification of hard and soft tissue specimens
- Demonstration of cytosmear and bacteriology smear
- Identification of microscopic slides of various oral lesions

Steps taken to measure the competencies or outcomes :

### Evaluation

(A) Evaluation is a continuous process, which is based upon criteria developed by the concerned authorities with certain objectives to assess the performance of the learner. This also indirectly helps in the measurement of effectiveness and quality of the concerned B.D.S. programme.

(B) Evaluation is achieved by two processes

1. Formative or internal assessment
2. Summative or university examinations.



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Formative evaluation is done through a series of tests and examinations conducted periodically by the department

Summative evaluation is done by the university through examination conducted at the end of the 1st and 3rd year BDS.

#### METHODS OF EVALUATE COMPETENCIES

Evaluation may be achieved by the following tested methods:

1. Class test
2. Internal Written exams
2. Practical examination
3. Viva voce
4. Quiz
5. Seminar presentations
6. Group discussion

#### Interns

To facilitate reinforcement of learning and acquisition of clinical examination and laboratory skills, the interns shall perform the following:

- History recording and clinical examination – 5 cases
- Blood, Urine, and Sputum examination – 5 cases
- Exfoliative cytology and smear study – 2 cases
- Biopsy- laboratory procedure and reporting – 1 case



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## **DEPARTMENT OF PUBLIC HEALTH DENTISTRY**

Theory: 60 Hours

Clinicals: 200 Hours

Total: 260 hours

### **Attendance requirement, Progress and Conduct**

75% in theory and 75% in clinical in 4<sup>th</sup> year.

### **Specific competencies:**

- Apply the principles of health promotion and disease prevention
- Have knowledge of the organization and provision of health care in community and in the hospital service
- Have knowledge of the prevalence of common dental conditions in India.
- Have knowledge of community based preventive measures
- Have knowledge of the social, cultural and env. Factors which contribute to health or illness.
- Administer and hygiene instructions, topical fluoride therapy and fissure sealing.
- Educate patients concerning the aetiology and prevention of oral disease and encourage them to assure responsibility for their oral health.

### **Evaluation of competencies:**

(A) Evaluation is a continuous process, which is based upon criteria developed by the concerned authorities with certain objectives to assess the performance of the learner. This also indirectly helps in the measurement of effectiveness and quality of the concerned B.D.S. programme.

(B) Evaluation is achieved by two processes

1. Formative or internal assessment
2. Summative or university examinations.



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Formative evaluation is done through a series of tests and examinations conducted periodically by the institution.

Summative evaluation is done by the university through examination conducted at the end of the 4<sup>th</sup> year.

### **Methods of evaluation:**

Evaluation may be achieved by the following tested methods:

1. Written test
2. Clinical examination
3. Viva voce

**INTERNAL ASSESSMENT EXAMINATION** The continuing assessment examinations may be held frequently at least 3 times in 4<sup>th</sup> year and the average marks of these examinations are considered. 10% of the total marks for both theory and clinical examination separately are set aside for the internal assessment examinations.

**WRITTEN EXAMINATION:** 1. The written examination has of one paper of three hours duration and maximum marks of 70.

2. The question paper contains different types of questions like essay, short answer and objective type / M.C.Q's.

3. The nature of questions set, aim to evaluate students of different standards ranging from average to excellent.

4. The questions cover as broad an area of the content of the course. The essay questions are properly structured and the marks specifically allotted.

### **CLINICAL EXAMINATION:**

1. Objective Structured Clinical Evaluation: this type of evaluation is objective and structured without examiners bias. A number of examination stations with specific instructions are provided. This can include clinical procedures, spotters etc



2. Records/ Log Books: The candidate is given credit for his records based on the scores obtained in the record. The marks obtained for the record in the first appearance are carried over to the subsequent appearances if necessary.

3. Scheme of clinical examination: The specific scheme of clinical examination, the type of clinical procedures/ experiments to be performed and marks allotted for each are discussed and finalized by the Chairman and other examiners and are published prior to the conduct of the examinations along with the publication of the time table for clinical examinations. The clinical examinations are evaluated by two examiners of which one is an external examiner appointed from other universities preferably outside the State. Each candidate is evaluated by each examiner independently and marks computed at the end of the examination.

4. Viva Voce: Viva voce is an excellent mode of assessment because it permits a fairly broad coverage and it can assess the problem solving capacity of the student. An assessment related to the affective domain is also possible through viva voce. Viva voce is conducted independently by each examiner. In order to avoid vagueness and to maintain uniformity of standard and coverage, questions can be pre-formulated before administering them to each student. Twenty marks are exclusively allotted for viva voce and that are divided equally amongst the examiners, i.e., 10 marks per examiner.

MARKS DISTRIBUTION: Public Health Dentistry has a maximum of 200 marks.

Theory –100; University written exam – 70; Viva Voce – 20; Internal assessment (Written) - 10

| Type Of Questions and Marks | Marks |
|-----------------------------|-------|
| Long Essay – 2 * 10 Marks   | 20    |
| Short Essay – 8 * 5 Marks   | 40    |
| Short Answers – 2 * 5 Marks | 10    |
| Total                       | 70    |

Clinical– 100; University Exam – 90; Internal assessment (Written) - 10





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**Criteria for a pass:**

Fifty percent of the total marks computed as aggregate for theory, i.e., written, viva voce and internal assessment and clinicals including internal assessment, separately is essential for a pass. For declaration of pass, a candidate should secure 50% marks in the University examination both in Theory and Clinical examinations separately.

**Interns Programme**

1. The interns shall conduct health education sessions for individuals and groups on oral health public health nutrition, behavioral sciences, environmental health, preventive dentistry and epidemiology.
  2. They shall conduct a short term epidemiological survey in the community, or in the alternate, participate in the planning and methodology.
  3. They shall arrange effective demonstrations of:
    - a) Preventive and interceptive procedures for prevalent dental diseases.
    - b) Mouth-rinsing and other oral hygiene demonstrations 5 Cases
    - c) Tooth brushing techniques 5 Cases
  4. Conduction of oral health education programmes at
    - A) School setting 2
    - B) Community setting 2
    - C) Adult education programmes 2
  5. Preparation of Health Education materials 5
  6. Exposure to team concept and National Health Care systems:
    - a) Observation of functioning of health infrastructure.
    - b) Observation of functioning of health care team including multipurpose workers male and female, health educators and other workers.
    - c) Observation of atleast one National Health Programme
    - d) Observation of interlinkages of delivery of oral health care with Primary Health care.
- Mobile dental clinics, as and when available, should be provided for this teachings

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