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)
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Report on the list and steps taken by the College

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III BDS
ORAL MEDICINE AND RADIOLOGY

THEORY: 20 HOURS **PRACTICALS: 70 HOURS**
MUST KNOW
III YEAR ORAL MEDICINE THEORY: 12 HOURS

1. Introduction to Oral Medicine- Definition Scope and Clinical Applications	1 hour
2. Principles of oral diagnosis - Definitions - Importance of diagnosis and various types of diagnosis - Case history and components. - Physical examination methodologies - general examination, extra oral & neck examination , intra oral examination - Concepts of provisional diagnosis, differential diagnosis. - Clinical chair side investigations and radiological investigations, exfoliative cytology; hematological, microbiological, histopathological investigations. - Special investigations --biochemical, sialochemical studies, serology, immunological studies. - Final /confirmed diagnosis. - Formulation of treatment plan & prognosis - Referral for opinions. Examination of swelling, ulcer, erosions, sinus, fistula, pigmented lesions, red and white mucosal lesions, pain, TMJ, and lymphnodes Procedures for post-mortem dental examination; maintaining dental records and their use in dental practice and post mortem identification; jurisprudence and ethics.	3hour
3. Regressive alterations of teeth, Developmental malformations, discoloration of teeth.	1 hour
4. Priniciples, procedures, and protocol for asepsis, sterilisation, infection control.	1 hour
5. Oral sepsis and its effect on general system. Inflammation- injury, infection and spread of infection, facial space infections, osteoradionecrosis.	1 hour
6. Periapical Diseases, And Diseases Of Dental Pulp, Diagnosis Of Dental Caries, Periodontal Diseases Such As Gingival Hyperplasia, Gingivitis, Periodontitis, Pyogenic Granuloma	1 hour
7. Differential diagnosis of orofacial pain: i. Pain arising from diseases of orofacial tissues like teeth, pulp, gingival and periodontal tissues, mucosa, tongue, muscles, blood vessels, lymph nodes, bone, paranasal sinuses, salivary glands etc.	2 hour

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ii. Pain arising due to CNS diseases: pain due to intracranial and extracranial involvement of cranial nerves. (multiple sclerosis, cerebrovascular diseases, trotter's syndrome etc.). Neuralgic pain due to unknown causes: trigeminal neuralgia, glossopharyngeal neuralgia, sphenopalatine ganglion neuralgia, periodic migrainous neuralgia and atypical facial pain. iii. Referred pain: pain arising from distant tissues & organs like heart, spine etc.altered sensations like cocageusia, halitosis. **Neuromuscular disorders:** i. Nerves:(a) neuropraxia, (b) neurotemesis (c) neuritis (d) facial nerve paralysis including Bell's palsy. Heerfordt's syndrome, Melkerson Rosenthal syndrome and Ramsay Hunt syndrome (e) neuroma (f) neurofibromatosis (g) Frey's syndrome. ii. Muscles: (a) Myositis ossificans (b) Myofacial pain dysfunction syndrome (c) trismus.	
8. Orofacial Pigmentation: Exogenous And Endogenous Pigmentations	1 hour
9.Pharmcotherapeutics : General therapeutic measures- drugs commonly used in oral medicine viz. Antibiotics, chemotherapeutic agents, anti-inflammatory and analgesic drugs, corticosteriods, antiviral drugs, antifungal drugs, antitubercular drugs, antihistamines, immunomodulators, immunosuppressive drugs, sialogogues, antisialogoguges.	1 hour

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III BDS
ORAL MEDICINE AND RADIOLOGY

Radiology
III YEAR THEORY : 8 Hours

1. Introduction to Oral Radiology -History, origin, Definitions, scope & limitations.	1 hour
2. Basic physics in radiology - Radiographic equipment - Radiographic accessories (film holders, beam directional devices, - intensifying screens, extra oral cassettes, grids etc.) - Radiographic image receptors Factors responsible for ideal radiographs: i. KvP and ma of X-ray machine ii. Filters iii. Collimations iv. Intensifying screens v. Grids Faulty radiographs and artefacts in radiographs.	1 hour
- Production of X rays (dark room procedures, composition of developer fixer, safe lighting, processing technique- manual/ automatic, storage of films)	1 hour
- Properties of X rays - Sources of radiation. - Electromagnetic spectrum & types of radiation - Electro physical factors - Collimation. Filtration - Films - Principles of Shadow Casting - Projection Geometry - Object localization techniques	2 hour
3. Principles of Intra oral Radiography, techniques, indications of - IOPA Bitewing, Occlusal radiography - lecture	1 hour
4. Radiographic interpretation - I - Principles, procedures. - Normal radiographic landmarks of jaws & adjacent structures. - Radiographic interpretations & differential diagnosis in dental caries periodontal diseases, periapical disease	2 hour

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IV BDS
ORAL MEDICINE AND RADIOLOGY

Theory: 45 Hours

Practicals : 100 Hours

MUST KNOW
IV YEAR ORAL MEDICINE THEORY: 31 HOURS

1. Acute infections of oral and para oral structures - bacterial, viral, fungal, parasitic including cervico facial lymphadenopathy. **Bacterial**: Streptococcal, tuberculosis, syphilis, vincent's, leprosy, actinomycosis, diphtheria and tetanus. Fungal: Candida albicans, deep seated fungal infections **Virus**: Herpes simplex, Herpes zoster, Ramsy Hunt Syndrome, measles, herpangina, mumps, infectious mononucleosis, HIV, hepatitis -B, hepatitis-C Granulomatous diseases: tuberculosis, sarcoidosis, midline lethal granuloma, Crohn's disease and histiocytosis X	2 hour
2. White and red lesions of oral mucosa. White lesions: chemical burns, leukoedema, leukoplakia, fordyce's spots, stomatitis nicotina palatinus, white spongy nevus, candidiasis, lichen planus, discoid lupus erythematosis, oral submucous fibrosis Red lesions: Erythroplakia, stomatitis venenata and medicamentosa, erosive lesions and denture sore mouth.	2 hour
3. Ulceerative lesions : Acute and chronic ulcers. Vesiculobullous lesions of oral mucosa: herpes simplex, herpes zoster, herpangina, bullous lichen planus, pemphigus, cicatricial pemphigoid, erythema multiforme.	2 hours
4. Diagnostic protocol for differential diagnosis of cysts, odontogenic, non-odontogenic and developmental cysts. Cysts of soft tissues : Mucocele and Ranula Cysts of bone : odontogenic and non-odontogenic. Tumors: Soft tissue: Epithelial: Papilloma, Carcinoma, Melanoma. Connective tissue: Fiborma, lipoma,fibrosarcoma. Vascular: Haemangioma, Lymphangioma. Nerve tissue: Neurofibroma, traumatic neuroma, Neurofibromatosis. Salivary Glands: Pleomorphic adenoma, Adenocarcinoma, Warthin's tumor, Adenodid cystic carcinoma. **Hard tissue:** Non-odontogenic tumors: Odontogenic tumors: Fibro osseous lesions of oral paraoral structures.	2 hours

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5. Oral manifestations of Metabolic disorders: i. Porphyria ii. Haemochromotosis iii. histiocytosis. Oral manifestations of endrocrinal disorders: i. Pituitary: - Acromegaly. Gigantism, hypopituitarism. ii. Adrenal cortex: Addison's disease (hypofunction) Cushing's syndrome (hyper function) iii. Parathyroid glands: Hyperparathyroidism, hypoparathyroidism iv. Thyroid glands:Cretinism(hypothyroidism),myxoedema, hyperthyroidism v. Pancreas: Diabetes. Nutritional difficiency affecting oral cavity: Vitamins: Riboflavin, nicotinic acid, folic acid, vitamin B12, vitamin C (scurvy) Blood disorders: i. Red blood cell diseases: iron deficiency anemia, plummer Vinson syndrome, pernicious anemia, thalassemia, sickle cell anemia, erythroblastosis foetalis, aplastic anemia, polycytemia. ii. WBC disorders. Neutopenia, cyclic neutropenia, agmaulocytosis, infectious mononucleosis and leukemias iii. Bleeding & clotting disorders: thrombocytopenia, purpura, haemophilia, Christmas disease and Von Willebrant's disease.	2 hours
6. Dermatological diseases importance to dentistry: i. Ectodermal dysplasia ii. Hyperkeratosis palmoplantaris with periodontopathy iii. Scleroderma iv. Lichen planus including grinspan syndrome v. lupus erythematoses vi. Pemphigus vii. Erythema multifore viii. Psoriasis.	2 hours
7. Disease of tongue and tongue in systemic diseases: Aglossia, ankyloglossia, bifid tongue, fissured tonge, scrotal tongue, macroglossia, microglossia, geographic tongue, median rhomboid glossitis, depapillation of tonge, hairy tongue, atrophic tongue, reactive lymphoid hyperplasia, glossodynia, glossopyrosis, ulcers, white and red lesions.	1 hour
8. Concept of pre malignancy, Premalignant lesions and conditions	1 hour
9. Oral Cancer, Etiology and Classification Epidemiology. - Screening. - Clinical Features and Clinical staging - Diagnosis. - Laboratory Investigations and Diagnosis. - Immune concepts in Oral Malignancies. - Management Chemotherapy / Radiotherapy.	2 hour

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10. Diseases of salivary glands: i. Developmental disturbances: Aplasia, atresia and aberration. ii. Functional disturbances : Xerostomia, ptyalism. iii. Inflammatory conditions: Non-specific sialadenitis, mumps, sarcodiosis, heerdfort's syndrome (uveoparotid fever), necrotizing sialometaplasia. iv. Cysts and tumors: Mucocele, ranula, ;pleomorphic adenoma, mucoepidermoid carcinoma. v. Miscellaneous : sialolithiais, Sjogren's syndrome, mikulez's disease and sialosis.	1 hour
11. Autoimmune diseases affecting oral cavity	2 hour
12. Allergic: Local allergic reactions, anaphylaxis, serum sickness (local and systemic allergic manifestations to drugs and chemicals) Immunological lesions of oral cavity: i. Multiple myeloma ii. HIV clinical manifestations, oppourtunistic infections, neoplasms iii. Thrombocytopenia iv. Lupus erythematosus v. Scleroderma vi. Dermatomyositis vii. Rheumatoid arthritis viii. Recurrent oral ulcerations including behcet's syndrome and reiter's syndfrome.	1 hour
13. Diseases of TMJ : Developmental abnormalities of condyle, rheumatoid arthritis, osteoarthritis, subluxation and luxation, internal derangement of TMJ, myofacial pain dysfunction sydrome. Diseases of Bone: Development disorders, anomalies, exostosis and tori, infantile cortical hyperostosis, osteogenesis imperfecta, marfans syndrome, osteoporosis. Miscellaneous- Paget's disease, mono and polyostotic fibrous dysplasia, cherubism.	3 hour
14. Diseases of maxillary sinus	1 hour
15. Oral manifestations of systemic diseases and medical emergency management, cardiac patient,cardias arrest, specific infections, syncope, anaphylaxis. Phsiologic changes: Puberty, pregnancy and menopause.	1 hour
16. Maxillofacial trauma clinical diagnostic protocol	1 hour
17. Psychosomatic diseases, burning mouth syndrome, glossopyrosis glossodynia, orofacial dysaesthesia, cancerophobia., MPDS, taste abnormalities	1 hour
18. Forensic Odontology including radiography in forensic odontology: i. Medicolegal aspects of orofacial injuries ii. Identification of bite marks	1 hour

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iii. Determination of age and sex iv. Identification of cadavers by dental appliances, restorations and tissue remnants.	1 hour

IV BDS
ORAL MEDICINE AND RADIOLOGY

MUST KNOW
IV YEAR RADIOLOGY THEORY: 14 HOURS

1. Radiographic interpretation II - Radiographic artifacts.	1 hour
- Radiographic features of common pathologies of jaw bones (cysts , tumors, fibro-osseous diseases, metabolic, endocrine, nutritional blood disorders)	2 hour
- TMJ radiography -	1 hour
2. Biologic effects of radiation and radiation protection	2 hours
3. Principles of radiotherapy- preparation of patient for oral radiotherapy, management of post radiation oral complications	1 hour
4. Principles of extra oral radiography- techniques and indications of maxillary sinus, trauma radiography, cephalometry, various skull projections.	2 hour
5. Contrast radiography- technique and interpretation of Sialography, cystography, arthrography, angiography- lecture.	1 hour
6. Panoramic Radiography	1 hour
7. Advance radiographic techniques- CT scans, PET scans, radionucleide diagnosis, digital radiography, sialography, digital imaging, xeroradiography	1 hour

Clinicals
III & IV year BDS (inclusive)
ORAL MEDICINE
1. Detailed presentation of case histories of (minimum) tem special cases.

RADIOLOGY
1. Taking IOPA for at least 25 cases and processing them.
2. Taking at least 2 Bite wing radiographs and processing them.
3. Interpretation of at least 25 IOPA Radiographs.

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CLINICAL DEMONSTRATIONS

1. Demonstrations of the following radiographic techniques:
   a. Maxillary and mandibular occlusal view
   b. Orthopanthamograph
   c. Lateral cephalogram
   d. Postero anterior view of mandible
   e. Paranasal sinus view
   f. Reverse towne's view
   g. Submentovertex view
   h. Lateral oblique view for ramus and body of mandible

2. Identification Of The Above Mentioned Radiographs And Their Interpretation

Scheme of Examination

A. Theory (university written examination) 70 Marks

Distribution of Topics and Types of Questions

Contents	Type of Questions and Marks	Marks
a. 1 Question from Oral Medicine b. 1 Question from Radiology	Long Essays 2 x 10 marks	20
a. 4 Questions from Oral Medicine b. 4 Questions from Radiology	Short Essays 8 x 5 marks	40
a. 3 Questions from Oral Medicine b. 2 Questions from Radiology	Short Answers 2x5	10
	Total	70

B. Internal Assessment Theory: 10 marks, Practicals:10 marks
C. Clinicals: 90 Marks

I. Clinicals in Oral Medicine: 60 Marks (recording of Long Case)
   a. Case History taking — 30 Marks
   b. Diagnosis & Differential Diagnosis — 10 Marks
   c. Investigations — 10 Marks
   d. Management — 10 Marks

II. Clinicals in Radiology: 30 Marks (One Intra.a-Oral Periapical Radiograph to be taken)
   a. Technique10 Marks
   b. Processing10 Marks
   c. Interpretation10 Marks

D. Viva Voce — 20 Marks
Theory : 100
University written exam : 70

Viva Voce	:	20
Internal assessment (written)	:	10
Total	:	100

Clinical: 100

University exam	:	90
Internal assessment (written)	:	10
Total	:	100

BOOKS RECOMMENDED:

a. Oral Diagnosis, Oral Medicine, Oral Pathology

1. Burkit - Oral medicine - J.B. Lippincott Company
2. Coleman - Principles of Oral Diagnosis - Mosby Year Book
3. Jones - Oral Manifestations of Systemic Diseases - W. B. Saunders company
4. Mitchell - Oral Diagnosis & Oral Medicine
5. Kerr - Oral Diagnosis
6. Miller - Oral Diagnosis & Treatment
7. Hutchinson - Clinical Methods
8. Shafers - Oral Pathology
9. Sonis. S.T., Fazio.R.C. and Fang. L - Principles and Practice of Oral Medicine
10. Differential diagnosis of oral lesions - Norman wood KW and Paul W. HGoaz 4th edition, 1997, Mosby Philadelphia.
11. Hand book of medical emergencies in dental office by Malamed Stanley 3rd edition 1989, - AITBS. Mosby.
12. Orofacial pains, classification, diagnosis and management by Bell Welden, 4th edition 1989, year book Medical publishers, Chicago.
13. Oral & Marillofacial Injections - Topazian Richard
14. Oral & Marillofacial Pathology - Neville
15. Oral Pathology - Clinical Pathology Carrelation Regtzi

b. Oral Radiology

1. White & Goaz - Oral Radiology - Mosby Year Book
2. Weaheman - Dental radiology - C. V. Mosby Company
3. Stafine - Oral Roentgenographic Diagnosis - W.B. Saunders company
4. Fundamentals of oral medicine and radiology by Balloor DN and Nagesh KS 1st and 2nd edition 1994, 2001. Contemporary dental publishers
5. Dental Radiography - Principles & Technique - Haring, Howerlow
6. Essentials of Dental Radiography & Radiology - Eevie Whailes

c. Forensic Odontology

1. Derek H. Clark - Practical Forensic Odontology - Butterworth - Heinmann (1992)
2. C. Michel Bowers, Gary Bell - Manual of Forensic Odontology - Forensic Pr.(1995)

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Oral & Maxillofacial Surgery

Lecture hours III BDS: 20 Hours
Clinical Hours III BDS: 70 Hours
Lecture hours IV BDS: 50 Hours
Clinical Hours IV BDS: 200 Hours

Specific competencies:

- Able to apply the knowledge gained in the basic medical and clinical subjects in the management of patients with surgical problems.
- Able to diagnose, manage and treat patients with basic oral surgical problems.
- Have a broad knowledge of maxillofacial surgery and oral implantology.
- Should be familiar with legal, ethical and moral issues pertaining to the patient care and communication skills.
- Should have acquired the skill to examine any patient with an oral surgical problem in an orderly manner.
- Understand and practice the basic principles of asepsis and sterilization.
- Should be competent in the extraction of the teeth under both local and general anesthesia.
- Competent to carry out certain minor oral surgical procedure under LA liketrans-alveolar extraction, frenectomy, dento alveolar procedures, simple impaction, biopsy, etc.
- Competent to assess, prevent and manage common complications that arise during and after minor oral surgery.
- Able to provide primary care and manage medical emergencies in the dental office.
- Familiar with the management of major oral surgical problems and principles involved in the inpatient management

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- **Clinical Hours III BDS: 70 Hours**

a) Knowledge & Understanding: At the end of the course and the clinical training the graduate is expected to –

1. Able to apply the knowledge gained in the related medical subjects like pathology, microbiology and general medicine in the management of patients with oral surgical problem.
2. Able to diagnose, manage and treat (understand the principles of treatment of) patients with oral surgical problems.
3. Knowledge of range of surgical treatments.
4. Ability to decide the requirement of a patient to have oral surgical specialist opinion or treatment.
5. Understand the principles of in-patient management.
6. Understanding of the management of major oral surgical procedures and principles involved in patient management.
7. Should know ethical issues and communication ability.

- **Clinical Hours IV BDS: 200 Hours**

1. A graduate should have acquired the skill to examine any patient with an oral surgical problem in an orderly manner. Be able to understand requisition of various clinical and laboratory investigations and is capable of formulating differential diagnosis.
2. Should be competent in the extraction of teeth under both local and general anesthesia.
3. Should be able to carry out certain minor oral surgical procedures under L.A. like frenectomy, alveolar procedures & biopsy etc.
4. Ability to assess, prevent and manage various complications during and after surgery.
5. Able to provide primary care and manage medical emergencies in the dental office.
6. Understanding of the management of major oral surgical problems and principles involved in inpatient management.

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 4th year BDS.

Methods of Evaluate Competencies

Evaluation may be achieved by the following tested methods:

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

- Internal Assessment Examination The continuing assessment examinations may be held frequently at least 3 times in 4th year and the average marks of these examinations are considered. 10% of the total marks for both theory and practical examination separately are set aside for the internal assessment examinations.
- Written Examination: The written examination has of one paper of three hours duration and maximum marks of 70.
- The question paper contains different types of questions like essay, short essay and short answer.
- The nature of questions set, aim to evaluate students of different standards ranging from average to excellent.
- The questions cover as broad an area of the content of the course. The essay questions are properly structured and the marks specifically allotted.

Practical Examination:

1. **Practical Evaluation:** Spotters in the form of instruments, models for wiring and suturing, emergency medication, skull bones and cervical vertebrae for osteology are displayed during the practical examination. Total marks scored in practical's are considered during allocation of Internal marks.

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2. **Records/ Log Books:** The candidate is given credit for his records based on the completion of work considered during allocation of Internal marks.

3. **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 and Twenty marks are exclusively allotted for viva voce.

4. Participation of students in Group discussions and presentation of seminars is evaluated.

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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Conservative Dentistry & Endodontics

Competency evaluation is done in a planned way by using different strategies. For ex: 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 is 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.
- Annual report of PG work.
- PG progress report.
- Internal exams conducted at the end of each year for MDS students.
- Pre- final exam for I MDS and III MDS.
- Final exams.

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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Periodontics

Steps taken by college

1. **Space:** In addition to the undergraduate functional, facilities, the following physical facilities shall be made available to start a post-graduate training Programme, namely: -

- a minimum of 125 sq ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department;
- Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq. ft.)

2. **Equipment:** Each department shall have adequate number of standard equipment's available in the market as approved by the ISI. The details of equipment's specialties / unit wise is annexed as Schedule –VII to these regulations.

3. **Library:**

- There shall be a central library which shall provide the latest editions of books pertaining to the specialty and allied subjects. In additions to this, the departmental library shall be equipped with the latest books in the subjects concerned. In case, the central library is shared with the medical college, there shall be provision for additional space and separate budget for the dental college.
- In addition to books and journals in the library, internet, CDs, audio-visual facilities should be available.
- Minimum 15-20 titles of renowned authors, 4-6 international journals of the concerned specialty, along with 8-10 volumes of back issues of at least 3 international journals of the concerned specialty should be available.
- All the journals of the specialty and allied subjects shall be available out of which 50% should be in print form

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.

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

Scheme of Examination:

A. Theory:
Part-I: Basic Sciences Paper - 100 Marks

Part-II:

Paper-I, Paper-II & Paper-III - 300 Marks (100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course.

Part-II Examination will be conducted at the end of Third year of MDS course.
Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays.

In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

Part- I : Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.
Part-II Paper I: Normal Periodontal structure, Etiology & Pathogenesis of Periodontal diseases, epidemiology as related to Periodontics Paper II: Periodontal diagnosis, therapy & Oral Implantology

Paper III: Essays (descriptive and analyzing type questions) *The topics assigned to the different papers are generally evaluated under those sections. However, a strict division of the subject may not be possible and some overlapping of topics is inevitable.

Students should be prepared to answer overlapping topics.

B. Practical / Clinical Examination:

- 200 Marks The clinical examination shall be of two days duration 1st day Case discussion
- Long case - One
- Short case - One Periodontal surgery - Periodontal Surgery on a previously prepared case after getting approval from the examiners 2nd day Post-surgical review and discussion of the case treated on the 1st day Presentation of dissertation & discussion All the examiners shall participate in all the aspects of clinical examinations / Viva Voce

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- Distribution of Marks for Clinical examination (recommended)
  a) Long Case discussion 75
  b) 1 short case 25
  c) Periodontal surgery

1. Anesthesia 10
2. Incision 20
3. Post-Surgery Evaluation 25
4. Sutures 10
5. Pack (if any) 10

Post – operative review 25

Total 200 C.

Viva Voce : 100 Marks

a. Viva-Voce examination: 80 marks All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.
b. Pedagogy Exercise: 20 marks A topic will be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes

Instruments and Equipment's in the Department

SL. No.	Instruments and equipment's
1.	Dental Chairs and Units Electrically operated with shadowless lamp, spittoon, 3-way syringe, instrument tray and motorized suction, micromotor attachment with contra angle handpiece, airoter attachment, ultrasonic scaler (Piezo) with detachable autoclavable hand piece
2.	Auto clave (fully automatic) front loading
3.	Steel bin
4.	Airoter hand pieces
5.	UV chamber
6.	Formalin chamber
7.	W.H.O probe
8.	Nabers probe
9.	William's probe
10.	UNC-15 probe

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11.	Gold Man fox probe
12.	Pressure sensitive probe
13.	Marquis color coded probe
14.	Supra gingival scalers
15.	Sub gingival scaler
16.	Arkansas sharpening stone
17.	Routine surgical instrument kit (Benquis periosteal elevator, periotome)
18.	Surgery trolleys
19.	X ray viewer
20.	Surgical cassette with sterilization pouches
21.	Special Surgical Instruments
22.	Kirkland's knife
23.	Orban's knife
24.	Paquette blade handle
25.	Krane kaplan pocket marker
26.	Mc Calls universal curettes
27.	Gracey's curettes (No.1-18)
28.	Mini five curettes
29.	Cumine scaler
30.	Mallet
31.	Chisel
32.	Oschenbein chisel
33.	Schluger bone file
34.	Bone fixation screw kit
35.	Bone scrapper
36.	Bone trephines for harvesting autografts
37.	Bone regenerative materials

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38.	Local drug delivery systems
39.	Root conditioning agent
40.	Micro needle holder
41.	Micro scissors
42.	Magnifying loop (2.5 – 3.5)
43.	Operating microscope
44.	3rd generation digital probe
45.	Bone expander and bone crester
46.	Distraction osteogenesis kit
47.	Bone mill
48.	Bone graft / membrane placement spoon
49.	Bone condenser
50.	Peizo-surgery unit
51.	Centrifuge for PRP/PRF preparation
52.	Soft tissue laser (8 watt)
53.	Osteotome
54.	Composite gun with material kit
55.	Splinting kit with material
56.	Composite finishing kit
57.	Glass Ionomer filling instruments
58.	Digital camera
59.	Intra Oral camera
60.	Ultrasonic cleaner
61.	Emergency kit
62.	Refrigerator
63.	X-ray viewer
64.	LCD projector

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65.	Computer with internet connection with attached printer and scanner
66.	Implant Clinic Equipment's
67.	Instrument
68.	Electrical dental chair and unit
69.	Physio dispenser
70.	Implant kit
71.	Implants
72.	Implant maintenance kit (plastic instruments)
73.	Implant guide
74.	X-ray viewer
75.	Needle destroyer
76.	Ultrasonic cleaner capacity 3.5 lts
77.	Autoclave programmable for all recommended cycles
78.	RVG with x-ray machine
79.	Refrigerator
80.	Surgical kit
81.	Sinus lift kit
82.	Educating models
83.	Implant removing kit

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Prosthodontics

The undergraduate students are continuously evaluated, which in turn helps to measure the quality and effectiveness of the BDS program.

Evaluation is achieved by

1. Internal Assessment Examination

The continuing assessment examinations will be held frequently at least 3 times in a particular year and the average marks of these examinations will be considered. 10% of the total marks in each subject for both theory, practical and clinical examination separately will be set aside for the internal assessment examinations.

2. **Scheme of Examination:**

The Scheme of Examination for BDS Course will be divided into 1st BDS examination at the end of the first academic year, 2nd BDS examination at the end of second year, 3rd BDS examination at the end of third, 4th and final BDS at the end of 4th year. 240 days minimum teaching in each academic year is mandatory.

The examination shall be open to a candidate who satisfies the requirements of attendance, progress and other rules laid down by the University.

II B.D.S. Examination:

A candidate who has not successfully completed the 1st B.D.S. examination cannot appear in the II-year Examination.

1. Dental Materials- Theory and practical's
2. Pre-Clinical Prosthodontics – Only Practical and Viva Voce

Any candidate who fails in one subject in an Examination is permitted to go to the next higher class and will appear for the said failed subject and complete it successfully before appearing for the next higher examination.

IV B.D.S. Examination:

1. Prosthodontics and Crown & Bridge

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Practical's/Clinics: 170 Hours
III Year: 70 Hours
IV Year: 100 Hours

Practicals / Clinics

- 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.
- 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. ¾ clasp (C-Clasp)
b. Full clasp (Jackson's Crib)
c. Adam's Clasp
d. Triangular Clasp

Practical Training During IV-year BDS

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

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4. Construction of Canine retractors Gauge 23 or 0.6 mm

a. U - loop canine retractor (Upper and lower)
b. Helical canine retractor (Upper and lower)
c. Buccal canine retractor: - Self supported Buccal canine retractor with
d. Sleeve - 5mm wire of 24 Gauge
e. Sleeve - 19 Gauge needle on any one side
f. Palatal canine retractor on upper both sides - Gauge 23 or 0.6mm

5. Labial Bow

a. Short & Long labial bow
b. 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)
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

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Steps taken to measure the competencies or outcomes

a. Pre-clinical assessment is done through evaluation of record books for basic wire bending exercises and model analysis.
b. Evaluation of wire bending on graph sheet and glass slab.
c. Evaluation of model analysis on study models and case history discussion.
d. Direct observation by a faculty member assesses student's communication, interaction and management of the patient and parent during the clinical appointment.
e. 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.
f. 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.
g. 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.
h. Participation of students in Group discussions and presentation of seminars is evaluated.
i. 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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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

Paediatric and Preventive Dentistry

Practical's/Clinics: 170 Hours
III Year: 70 Hours
IV Year: 100 Hours

Practical's / Clinics

- Student is trained to arrive at proper diagnosis by following a scientific and systematic procedure of history taking and examination of orofacial region.
- Training is also imparted in management whenever possible.
- 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.

Pre-clinical (III Year) – 70 hours

- Drawing of individual primary teeth morphology.
- Preparation of various cavity designs on typhodont teeth and extracted primary and permanent teeth.
- Fabrication of habit breaking appliances

Clinical exercises (IV Year) – 100 hours

- Case History Recording and Treatment Planning
- Communication and Management of child patient
- Preventive measures - oral prophylaxis, topical fluoride application
- Restoration of carious teeth using different materials
- Extraction of primary teeth

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 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.
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.

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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
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Short Answers – 2 × 5 Marks	10
Total	**70**

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Oral Pathology

Practical's: 380 Hours

I Year: 250 Hours

II Year: 50 Hours

III Year: 80 Hours

Specific competencies:

- Student is trained with the art of carving the morphology of teeth, able to identify both deciduous and permanent teeth, identify oral histology slides.
- Demonstrator of preparation of ground section, decalcification, paraffin section and H & E sectioning is done.
- Student is trained to identify hard and soft tissue oral pathological specimens, identification of microscopic slides of various oral lesions and demonstration of cytosmears and bacteriological smears is done.
- Age estimation by pa6erns of teeth eruption from plaster casts of different age groups.
- Student is expected to appreciate the normal development, morphology, structure & functions of oral tissues & variations in different pathological/non-pathological states.
- The student should understand the histological basis of various dental treatment procedures and physiologic ageing process in the dental tissues.
- The students must know the basic knowledge of various research methodologies.
- The different types of pathological processes, that involve the oral cavity.
- The manifestations of common diseases, their diagnosis & correlation with clinical pathological processes.
- An understanding of the oral manifestations of systemic diseases should help in correlating with the systemic physical signs & laboratory findings.
- The student should understand the underlying biological principles governing treatment of oral diseases.
- The principles of certain basic aspects of Forensic Odontology.
- 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 practical examination.

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Practical (I Year) – 250 hours

- 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.

Prac7cals (II Year) – 50 hours

- Identification of hard and soft tissue specimens

Prac7cals (III Year) – 80 hours

- 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

- 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.
- 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 1st and 3rd year BDS.

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Methods of Evaluate Competencies

Evaluation may be achieved by the following tested methods:

1. Class test
2. Internal Wri6en exams
3. Practical examination
4. Viva voce
5. Quiz
6. Seminar presentations
7. Group discussion

Internal Assessment Examination

The continuing assessment examinations may be held frequently at least 3 times in 1 & 3rd year and the average marks of these examinations are considered. 10% of the total marks for both theory and practical examination separately are set aside for the internal assessment examinations.

Written Examination:

1. The wri6en 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 essay and short answer.
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.

Practical Examination:

1. **Practical Evaluation:** Spo6ers in the form of natural teeth, histological slides and models are displayed during the practical examination. Students identify, draw diagrams as and when necessary or write identification points. Evaluation of carving permanent teeth on wax blocks are also taken into account. Total marks scored in practical's are considered during allocation of Internal marks.
2. **Records/ Log Books:** The candidate is given credit for his records based on the completion of work considered during allocation of Internal marks.

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3. **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 and Twenty marks are exclusively allo6ed for viva voce.
4. Participation of students in Group discussions and presentation of seminars is evaluated.

As per RGUHS a minimum of three internal assessments are held in an academic year and an average of these is submi6ed 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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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 4th 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 environmental factors which contribute to health or illness.
- Administer and hygiene instructions, topical fluoride therapy and fissure sealing.
- Educate patients concerning the etiology 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 4th 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 4th 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.

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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

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.

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