

MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Deemed To Be University U/S 3 OF UGC ACT, 1956)

12, Vembuliamman Koil Street, West K.K. Nagar, Chennai – 600 078

FACULTY OF DENTAL SCIENCES



BACHELOR OF DENTAL SURGERY (BDS)



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Effective from the Academic Year 2007 onwards

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MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH

MEENAKSHI AMMAL DENTAL COLLEGE AND HOSPITAL

(Affiliated to MAHER)

BACHELOR OF DENTAL SURGERY (BDS)

REGULATIONS -2007

VISION AND MISSION OF

MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH

VISION

To be a world-class institution, transforming society through value-based diverse programs and healthcare advancements, leading to the all-around development of human resources, knowledge, innovation, entrepreneurship, and research.

MISSION

- To become an institute of eminence by developing world-class professionals in the field of healthcare, science, liberal arts, technology and research with a focus on the societal good.
- To create an enabling state-of-the-art infrastructure, intellectual capital and provide best-in- class learning experience with a freedom to innovate and invent.
- To foster values and ethics so as to develop students and learners into responsible citizens of the Nation and the world.



MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH MEENAKSHI AMMAL
DENTAL COLLEGE AND HOSPITAL

(Affiliated to MAHER)

**BACHELOR OF DENTAL SURGERY (BDS)
REGULATIONS -2007**

**VISION AND MISSION OF
MEENAKSHI AMMAL DENTAL COLLEGE AND HOSPITAL**

VISION

To create a center of excellence in all dental specialties by imparting quality education to undergraduate and postgraduate students and to deliver a quality dental care to the public. To raise the standard of dental education on par with the global standards and to perform high quality dental research that will benefit the public.

MISSION

- To enhance the quality of dental education to world class standards
- To train the students in basic and advanced techniques used in delivering dental care
- To provide high quality dental treatment at affordable cost
- To motivate the students to do ethical clinical practice



Curry

MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH MEENAKSHI AMMAL
DENTAL COLLEGE AND HOSPITAL

(Affiliated to MAHER)

BACHELOR OF DENTAL SURGERY (BDS)

REGULATIONS -2007

PROGRAM EDUCATIONAL OBJECTIVES (PEO's)

- PEO 1** To prepare graduates for a successful technical and professional career in Dentistry.
- PEO 2** To inculcate professional and ethical attributes in the students and to promote lifelong learning of attributes related to Dentistry.
- PEO 3** To develop graduates with enhanced technical acumen, aptitude, communication and professional skills to deliver quality dental care to the community..
- PEO 4** To enable students to understand the principles of prevention and health promotion towards humanity in dentistry



MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH MEENAKSHI AMMAL
DENTAL COLLEGE AND HOSPITAL

(Affiliated to MAHER)

**BACHELOR OF DENTAL SURGERY (BDS)
REGULATIONS -2007**

PROGRAM OUTCOMES (PO's)

STATEMENT

The graduate at the end of the program will have adequate knowledge:

- PO- 1** Of the foundations of dentistry with relevant scientific methods & principles of biological functions.
- PO- 2** To evaluate and analyze scientifically various established facts and data.
- PO- 3** Of Oro- facial structures and their relationship and effect on general state of health.
- PO- 4** Of all the clinical disciplines and methods of preventive diagnostic and therapeutic aspects of dentistry.
- PO- 5** Is able to diagnose and manage common dental problems encountered in general dental practice, in a pain free manner.
- PO- 6** Has the skill to prevent and manage complications if encountered.
- PO- 7** Possesses the skill to carry out certain investigative procedures and interpret laboratory findings.



- PO- 8** Can promote oral health and help prevent oral diseases where possible
- PO- 9** Be willing to apply the current knowledge of dentistry in the best interest of the patients and the community.
- PO- 10** Will maintain a high standard of professional ethics.
- PO- 11** Will participate in the implementation of the National Oral Health Policy and various Continuing Dental Education Programs.
- PO- 12** Will have willingness to participate in the Continuing Dental Education Programs to

update the knowledge and professional skill from time to time.



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MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH MEENAKSHI AMMAL
DENTAL COLLEGE AND HOSPITAL

(Affiliated to MAHER)

**MASTER OF DENTAL SURGERY (MDS) IN PUBLIC HEALTH DENTISTRY
REGULATIONS -2007**

PROGRAM SPECIFIC OUTCOMES (PSO's)

- PSO 1** Skill to identify the dental problems affecting the public like dental caries, gingivitis, periodontal diseases, malocclusion, pre-malignant and malignant conditions at individual level
- PSO 2** Capable to recording a good case history for diagnosis and treatment plan
- PSO 3** Ability to organize dental camps, health education for the public, to identify the needs of the community
- PSO 4** Able to instill a positive attitude and behavior in children towards oral health and understand the principles of prevention and preventive dentistry right from birth to adolescence.
- PSO 5** Pinpoint aberrations in growth process both dental and skeletal and plan necessary Treatment.
- PSO 6** Diagnose the patients' periodontal problem, plan and perform appropriate periodontal Treatment.
- PSO 7** Competent to carry out treatment of conventional complete and partial removable dentures and fabricate fixed partial dentures.
- PSO 8** Able to diagnose and appropriately treat pulpally involved teeth (pulp capping Procedures)
- PSO 9** Should be competent in the extraction of the teeth under both local and general Anesthesia.



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**MEENAKSHI ACADEMY OF HIGHER EDUCATION AND
RESEARCH
MEENAKSHI AMMAL DENTAL COLLEGE AND HOSPITAL BACHELOR
OF DENTAL SURGERY (BDS)
REGULATIONS -2007**

In exercise of the powers conferred by the Board of Management, Meenakshi academy of higher education and research, deemed to be University, Chennai hereby makes the following Regulations:

1. SHORT TITLE

These Regulations shall be called “THE REGULATIONS FOR THE BACHELOR OF DENTAL SURGERY (BDS) DEGREE PROGRAMME of MEENAKSHI AMMAL DENTAL COLLEGE AND HOSPITAL” affiliated to MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH.

2. COMMENCEMENT

They shall come into force from the academic year 2007-2008 onwards.

The Regulations and the Syllabus are subject to modification by the Academic council and board of studies from time to time.

3. TITLE OF THE PROGRAM

The program shall be called Bachelor of Dental Surgery (BDS)

4. SYLLABUS

The syllabus for BDS programme includes general human anatomy including embryology and histology , general human physiology and biochemistry, dental anatomy, embryology and oral histology, general pathology and microbiology, general and dental pharmacology and therapeutics, dental materials, pre clinical conservative dentistry, pre clinical prosthodontics, general medicine, general surgery, oral pathology and oral microbiology,



public health dentistry, periodontology, orthodontics and dentofacial orthopaedics, oral and maxillofacial surgery, conservative dentistry and endodontics, prosthodontics and crown and bridge, paediatric and preventive dentistry & oral medicine and radiology .

5. ELIGIBILITY FOR ADMISSION

ADMISSION, SELECTION, COUNSELLING AND MIGRATION:-

I. Admission to the Dental Course – Eligibility Criteria:

No Candidate shall be allowed to be admitted to the Dental Curriculum of first Bachelor of Dental Surgery (BDS) Course until:

1. He/she shall complete the age of 17 years on or before 31st December, of the year of admission to the BDS course;

The following has been inserted, and the existing sub-regulation “2.” is re-numbered as “3”., in terms of (5th Amendment) notification published on 31st May, 2012 in the Gazette of India.

2. He/She has obtained a minimum of marks in National Eligibility-cum-Entrance Test as prescribed in sub-regulation 5 of Regulation II under the heading “Selection of students:”

The following has been inserted in terms of (5th Amendment) notification published on 1st June, 2012 in the Gazette of India

3. In order to be eligible to take National Eligibility-cum-Entrance Test he/she has passed qualifying examination as under:-

a. The higher secondary examination or the Indian School Certificate Examination which is equivalent to 10+2 Higher Secondary Examination after a period of 12 years study, the last two years of study comprising of Physics, Chemistry, Biology and Mathematics or any other elective subjects with English at a level not less than the core course for English as prescribed by the National Council for Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on education;

Note: Where the course content is not as prescribed for 10+2 education structure of the National Committee, the candidates will have to undergo a period of one year preprofessional training before admission to the dental colleges;

or

b. The intermediate examination in science of an Indian University/Board or other recognised examining body with Physics, Chemistry and Biology which shall include a practical test in these subjects and also English as a compulsory subject;



or

c. The pre-professional/pre-medical examination with Physics, Chemistry and Biology, after passing either the higher secondary school examination, or the pre-university or an equivalent examination. The pre-professional/pre-medical examination shall include a practical test in Physics, Chemistry and Biology and also English as a compulsory subject;

d. The first year of the three years degree course of a recognized university, with Physics, Chemistry and Biology including a practical test in three subjects provided the examination is a "University Examination" and candidate has passed 10+2 with English at a level not less than a core course;

or

e. B.Sc examination of an Indian University, provided that he/she has passed the B.Sc examination with not less than two of the following subjects Physics, Chemistry, Biology (Botany, Zoology) and further that he/she has passed the earlier qualifying examination with the following subjects-Physics, Chemistry, Biology and English.

or

f. Any other examination which, in scope and standard is found to be equivalent to the intermediate science examination of an Indian University/Board, taking Physics, Chemistry and Biology including practical test in each of these subjects and English.

The following have been added under the heading "Admission to the Dental Course- Eligibility Criteria" after sub-clause 2 (f), in terms of (2nd Amendment) notification published on 29th October, 2010 in the Gazette of India.

"3. 3% seats of the annual sanctioned intake capacity shall be filled up by candidates with locomotory disability of lower limbs between 50% to 70%.

Provided that in case any seat in this 3% quota remains unfilled on account of unavailability of candidates with locomotory disability of lower limbs between 50% to 70% then any such unfilled seat in this 3% quota shall be filled up by persons with locomotory disability of lower limbs between 40% to 50% before they are included in the annual sanctioned seats for General Category candidates.

Provided further that this entire exercise shall be completed by each Dental College/Institution as per the statutory time schedule for admissions and in no case any admission will be made in the BDS course after 30th of September."



6. CRITERIA FOR SELECTION

I. Selection of Students: The selection of students to dental college shall be based solely on merit of the candidate and for determination of the merit, the following criteria be adopted uniformly throughout the country:

i. There shall be a single eligibility-cum-entrance examination namely “National Eligibility-cum-Entrance Test for admission to BDS course” in each academic year.”

ii. In order to be eligible for admission to BDS Course for a particular academic year, it shall be necessary for a candidate to obtain minimum of marks of 50th percentile in ‘National Eligibility-cum-Entrance Test to BDS course’ held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with locomotory disability of lower amendments, the minimum marks shall be at 45th percentile. The percentile shall be determined on the basis of highest marks secured in the All-India common merit list in “National Eligibility-cum-Entrance Test for admission to BDS course.”

Provided when sufficient number of candidates in the respective categories fail to secure minimum marks as prescribed in National Eligibility-cum-Entrance Test held for any academic year for admission to BDS Course, the Central Government in consultation with Dental Council of India may at its discretion lower the minimum marks required for admission to BDS Course for candidates belonging to respective categories and marks so lowered by the Central Government shall be applicable for the said academic year only.

iii. The reservation of seats in dental colleges for respective categories shall be as per applicable laws prevailing in States/Union Territories. An all India merit list as well as State-wise merit list of the eligible candidates shall be prepared on the basis of the marks obtained in National Eligibility-cum-Entrance Test and candidates shall be admitted to BDS course from the said lists only.

iv. No Candidate who has failed to obtain the minimum eligibility marks as prescribed in Clause (ii.) above shall be admitted to BDS course in the said academic year.

v. All admissions to BDS course within the respective categories shall be based solely on marks obtained in the National Eligibility-cum-Entrance Test.

vi. To be eligible for admission to BDS Course, a candidate must have passed in the subjects of Physics, Chemistry, Biology/Biotechnology and English individually and must have obtained a minimum of 50% marks taken together in Physics, Chemistry and Biology/Biotechnology at the qualifying examination as mentioned in Sub-regulation 2 of Regulation I and in addition must have come in the merit list of “National Eligibility-cum-Entrance Test” for admission to BDS course. In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or other Backward Classes the minimum marks obtained in Physics, Chemistry and Biology/Bio-technology taken together in qualifying examination shall be 40% instead of 50%. In respect of candidates with locomotory disability of lower limbs in terms of sub-regulation 4, after the commencement of these amendments, of Regulation I above, the minimum marks in qualifying examination in Physics, Chemistry and Biology/Bio-technology taken together in qualifying examination shall be 45%



instead of 50%.

Provided that a candidate who has appeared in the qualifying examination the result of which has not been declared, he/she may be provisionally permitted to take up the National Eligibility-cum-Entrance Test and in case of selection for admission to the BDS course, he/she shall not be admitted to that course until he fulfills the eligibility criteria under Regulation 1.

vii. The Central Board of Secondary Education shall be the organization to conduct National Eligibility-cum-Entrance Test for admission to BDS course.

II. A Common Counselling.

1 There shall be a common counselling for admission to BDS course in all dental educational institutions on the basis of merit list of the National Eligibility-cum-Entrance Test.

2. The designated authority for counselling for the 15% All India Quota seats of the contributing States and all BDS seats of Dental Education Institutions of the Central Government universities established by an Act of Parliament and the Deemed Universities shall be the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India.

3. The counselling for admission to BDS course in a State/Union Territory, including Dental Education Institutions established by the State Government, University established by an Act of State/Union Territory Legislature, Trust, Society, Minority Institutions shall be conducted by the State/Union Territory Government.

4. In case any dispute arises on such common counselling, the respective State Government shall refer the matter to the Central Government and its decision shall be final, in this regard.

7. ADMISSION PROCEDURE

Admission shall be made as per the Government and University norms.

8. CUT-OFF DATES FOR ADMISSION TO EXAMINATION

The cut-off date for admission, even for stray vacancies, in the Bachelor of Dental Surgery programme shall be 31st of June, every year.

9. COMMENCEMENT OF THE PROGRAM

The academic session shall be commenced from 1st of August



10. DURATION OF THE PROGRAM

The undergraduate dental programme leading to BDS Degree shall be of 4 (four) Academic years with 240 teaching days in each academic year, plus one year paid rotating Internship in a dental college. Every candidate will be required, after passing the final BDS Examination to undergo one year paid rotating internship in a dental college. The detailed curriculum of Dental Internship Programme is annexed as Annexure-A.

The internship shall be compulsory and BDS Degree shall be granted after completion of one year paid Internship. Further, the admissions made from the year 2008-09, the students may be included in this amendment provided the concerned University's rules permit. Provided that the Affiliating University/State Government are free to make applicable these amendment is upto the University to implement this amendment provided it abides by their Act/Rules and Regulations.

NOTE: Provided that the students of the batch admitted during the academic session 2007-2008, and consequently they are going to pursue their 5th year BDS Course as per the course curriculum and syllabus prescribed in the principal Revised BDS Course Regulations, 2007, may complete their Theory in 4 (four) subjects with 160 Lecture hours within a period of 6 (six) months as given below:-

Subject Lecture Hours

Oral & Maxillofacial Surgery 30

Conservative Dentistry & Endodontics 50

Prosthodontics and Crown & Bridge 50

Public Health Dentistry 30

Total 160

On completion of such study, they shall have to appear in the University Examination and only after passing University Examination successfully, they shall be allowed to do six months Paid Rotating Internship Programme in all the Departments for the duration indicated against each Department as under:-

Departments Period of Postings

1. Oral Medicine & Radiology 20 days
2. Oral && Maxillofacial Surgery 30 days
3. Prosthodontics 30 days
4. Periodontics 15 days



5. Conservative Dentist 10 days
 6. Pedodontics 15 days
 7. Oral Pathology & Microbiology 10 days
 8. Orthodontics 10 days
 9. Community Dentist/Rural Service 30 days
 10. Elective 10 days
- Total 180 days

11. MIGRATION

- (1) Migration from one dental college to other is not a right of a student. However, migration of students from one dental college to another dental college in India may be considered by the Dental Council of India. Only in exceptional cases on extreme compassionate ground*, provided following criteria are fulfilled. Routine migrations on other ground shall not be allowed.
- (2) Both the colleges, i.e. one at which the student is studying at present and one to which migration is sought, are recognised by the Dental Council of India.
- (3) The applicant candidate should have passed first professional BDS examination.
- (4) The applicant candidate submits his application for migration, complete in all respects, to all authorities concerned within a period of one month of passing (declaration of results) the first professional Bachelor of Dental Surgery (BDS) examination.
- (5) The applicant candidate must submit an affidavit stating that he/she will pursue 240 days of prescribed study before appearing at IInd professional Bachelor of Dental Surgery (BDS) examination at the transferee dental college, which should be duly certified by the Registrar of the concerned University in which he/she is seeking transfer. The transfer will be applicable only after receipt of the affidavit.

Note 1:

- (i) Migration is permitted only in the beginning of IInd year BDS Course in recognized Institution.
- (ii) All applications for migration shall be referred to Dental Council of India by college authorities.



No Institution/University shall allow migrations directly without the prior approval of the Council.

(iii) Council reserved the right, not to entertain any application which is not under the prescribed compassionate grounds and also to take independent decisions where applicant has been allowed to migrate without referring the same to the Council.

Note 2: *Compassionate ground criteria:

(i) Death of supporting guardian.

(ii) Disturbed conditions as declared by Government in the Dental College area.

V. Attendance requirement, Progress and Conduct

- (i) 75% in theory and 75% in practical/clinical in each year.
- (ii) In case of a subject in which there is no examination at the end of the academic year/semester, the percentage of attendance shall not be less than 70%. However, at the time of appearing for the professional examination in the subject, the aggregate percentage of attendance in the subject should satisfy condition (i) above.

VI. Subjects of Study:

First Year

- i) General Human Anatomy including Embryology and Histology (2114)
- ii) General Human Physiology and Biochemistry, Nutrition and Dietics (2115)
- iii) Dental Anatomy, Embryology and Oral Histology (2116)
- iv) Dental Materials
- v) Pre-clinical Prosthodontics and Crown & Bridge

Second Year

- i) General Pathology and Microbiology
- ii) General and Dental Pharmacology and Therapeutics
- iii) Dental Materials
- iv) Pre clinical Conservative Dentistry
- v) Pre clinical Prosthodontics and Crown & Bridge
- vi) Oral Pathology & Oral Microbiology



Third Year

- i) General Medicine
- ii) General Surgery
- iii) Oral Pathology and Oral Microbiology
- iv) Conservative Dentistry and Endodontics
- v) Oral & Maxillofacial Surgery
- vi) Oral Medicine and Radiology
- vii) Orthodontics & Dentofacial Orthopaedics
- viii) Paediatric & Preventive Dentistry
- ix) Periodontology
- x) Prosthodontics and Crown & Bridge

Fourth Year

- i) Orthodontics & dentofacial orthopaedics
- ii) Oral Medicine & Radiology
- iii) Paediatric & Preventive Dentistry
- iv) Periodontology
- v) Oral & Maxillofacial Surgery
- vi) Prosthodontics and Crown & Bridge
- vii) Conservative Dentistry and Endodontics
- viii) Public Health Dentistry



12. SCHEME OF EXAMINATION

SCOPE: These regulations shall be applicable for the B.D.S. degree examinations conducted by various universities in the country.

I. PREFACE:

(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.

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 specified course.

II. METHODS OF EVALUATION:

Evaluation may be achieved by the following tested methods:

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

INTERNAL ASSESSMENT EXAMINATION

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

1. SCHEME OF EXAMINATION:

The Scheme of Examination for BDS Course shall 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. Where semester system exists, there shall be two examinations in the final year, designated as part 1 and part 2 of the respective examinations (regulations 1983) 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.

(1) Universities shall organize admission timings and admission process in such a way that teaching starts from 1st day of August in each academic year.

I B.D.S. Examination:

1. General anatomy including embryology and histology
2. General human physiology and biochemistry
3. Dental Anatomy, Embryology and Oral Histology

Any student who does not clear the BDS Course in all the subjects within a period of 9 years, including one year Compulsory Rotatory paid Internship from the date of admission shall be discharged from the course.

Any candidate who fails in one subject in an Examination is permitted to go to the next higher class and appears for the said failed subject and complete it successfully before he is permitted to appear for the next higher examination. However, the Dental Council of India would have no objection, if the concerned University follows their examination scheme provided in their statute/regulations.

II B.D.S. Examination:

A candidate who has not successfully completed the 1st B.D.S. examination can not appear in the IInd year Examination.

1. General pathology and Microbiology
2. General and dental pharmacology and therapeutics
3. Dental Materials
4. Pre Clinical Conservative – Only Practical and Viva Voce
5. 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 appears for the said failed subject and complete it successfully before he is permitted to appear for the next higher examination. However, the Dental Council of India would have no objection, if the concerned University follows their examination scheme provided in their statute/regulations.



III B.D.S. Examination:

A candidate who has successfully completed the 2nd B.D.S. examination can appear IIIrd B.D.S. Examination.

1. General Medicine
2. General Surgery
3. Oral Pathology and Oral Microbiology

Any candidate who fails in one subject in an Examination is permitted to go to the next higher class and appear for the subject and complete it successfully before he is permitted to appear for the next higher examination. However, the Dental Council of India would have no objection, if the concerned follows their examination scheme (2nd year onwards) provided in their statute/regulations.

Final BDS (Fourth Year):

- Public Health Dentistry
- Periodontology
- Orthodontics and Dentofacial Orthopaedic
- Oral Medicine and Radiology
- Oral & Maxillofacial Surgery
- Conservative and Endodontics
- Prosthodontics and Crown & Bridge
- Paediatric and Preventive Dentistry

OR

Part-I

- Public Health Dentistry
- Periodontology
- Orthodontics and Dentofacial Orthopaedics
- Oral Medicine and Radiology

Part-II

Oral & Maxillofacial Surgery

- Conservative and Endodontics
- Prosthodontics and Crown & Bridge
- Paediatric and preventive Dentistry

Note:-

1. The concerned Universities may opt for any one of the examination pattern mentioned above in 4th BDS final year.
2. If any University opt for the part examination system then any candidate who fails in any subject in 4th (final) year Part-I examination is permitted to go to the Part-II examination and should complete both parts successfully before he/she is permitted to go for Internship programme.



3. Since there are Inadequate teaching staffs in Department of Public Health Dentistry, the same may be clubbed together under the head of periodontics. This arrangement shall be reviewed after three years.

1. PATTERN OF EXAMINATION & COURSES OF STUDY

1. Objective Structured Clinical Evaluation: The present system of conducting practical and clinical examination at several universities provide chance for unrealistic proportions of luck. Only a particular clinical procedure or experiment is usually given for the examination. The clinical and practical examination should provide a number of chances for the candidate to express one's skills. A number of examination stations with specific instructions to be provided. This can include clinical procedures, laboratory experiments, spotters etc. Evaluation must be made objective and structured. The method of objective structured clinical examinations should be followed. This will avoid examiner bias because both the examiner and the examinee are given specific instructions on what is to be observed at each station.

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

3. Scheme of clinical and practical examinations: The specific scheme of clinical and practical examinations, the type of clinical procedures/ experiments to be performed and marks allotted for each are to be discussed and finalized by the Chairman and other examiners and it is to be published prior to the conduct of the examinations along with the publication of the time table for the practical examinations. This scheme should be brought to the notice of the external examiner as and when the examiner reports. The practical and clinical examinations should be evaluated by two examiners of which one shall be an external examiner appointed from other universities preferably outside the State. Each candidate should be 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. It is desirable to conduct the viva voce 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 can be divided equally amongst the examiners, i.e., 10 marks per examiner.



MARKS DISTRIBUTION IN EACH SUBJECT :

Each subject shall have a maximum of 200 marks.

Theory	100		
Practical/ Clinical	100		
Theory - 100		Practicals/ clinicals - 100	
University written exam	70	University Exam	90
Viva Voce	20		
Internal assessment (Written)	10	Internal assessment (Written)	10
Total	100		100

Practical and Viva Voce Only in University Examination

Pre-clinical Prosthodontics	
Pre-clinical Conservative Dentistry.....	
Internal Assessment	- 20
Practical	- 60
Viva Voce	- 20

	100

Criteria for a pass:

Fifty percent of the total marks in any subject computed as aggregate for theory, i.e., written, viva voce and internal assessment and practicals including internal assessment, separately is essential for a pass in all years of study.

For declaration of pass in a subject, a candidate shall secure 50% marks in the University examination both in Theory and Practical/ Clinical examinations separately, as stipulated below:

- A candidate shall secure 50% marks in aggregate in University theory including Viva Voce and Internal assessment obtained in University written examination combined together.
 - In the University Practical/ clinical examination, a candidate shall secure 50% of University practical marks and Internal Assessment combined together.
 - In case of pre clinical Prosthetic Dentistry and Pre clinical conservative dentistry in II BDS, where there is no written examination, minimum for pass is 50% of marks in Practical and Viva voce combined together in University examination including Internal Assessment i.e. 50/100 marks.
 - Successful candidates who obtain 65% of the total marks or more shall be declared to have passed the examination in First Class. Other successful candidates will be placed in Second Class. A candidate who obtains 75% and above is eligible for Distinction. Only those candidates who pass the whole examination in the first attempt will be eligible for distinction or class.
 - First Class and Distinction etc. to be awarded by the University as per their respective rules.
- Grace Marks: Grace marks upto a maximum of 5 marks may be awarded to students who have failed only in one subject but passed in all other subjects.

Re-evaluation:



The objective of re-evaluation is to ensure that the student receives a fair evaluation in the university examination and to minimize human error and extenuating circumstances. There shall be two mechanisms for this purpose.

1. Re-totalling: The University on application and remittance of a stipulated fee to be prescribed by the university, shall permit a recounting or opportunity to recount the marks received for various questions in an answer paper/ papers for theory of all subjects for which the candidate has appeared in the university examination. Any error in addition of the marks awarded if identified should be suitably rectified.

2. Re-evaluation: Re-evaluation of theory papers in all years of study of the BDS course may be permissible by the university on application and remittance of a prescribed fee. Such answer script shall be re-evaluated by not less than two duly qualified examiners and the average obtained shall be awarded to the candidate and the result accordingly reconsidered. However in those universities where double evaluation provision exists, this provision of re-evaluation will not be applicable.

1. HUMAN ANATOMY, EMBRYOLOGY, HISTOLOGY & MEDICAL GENETICS

Course code	Course name	Number of hours	Total marks
2114	General human anatomy including embryology and histology	275	200

1. HUMAN ANATOMY, EMBRYOLOGY, HISTOLOGY & MEDICAL GENETICS

A) GOAL

The students should gain the knowledge and insight into, the functional anatomy of the normal human head and neck, functional histology and an appreciation of the genetic basis of inheritance and disease, and the embryological development of clinically important structures. So that relevant anatomical & scientific foundations are laid down for the clinical years of the BDS course.

B) OBJECTIVES :

a) KNOWLEDGE & UNDERSTANDING:

At the end of the 1st year BDS course in Anatomical Sciences the undergraduate student is Expected to:

1. Know the normal disposition of the structures in the body while clinically examining a patient and while conducting clinical procedures.
2. Know the anatomical basis of disease and injury.
3. Know the microscopic structure of the various tissues, a pre-requisite for understanding of the disease processes.
4. Know the nervous system to locate the site of lesions according to the sensory and or motor deficits encountered.
5. Have an idea about the basis of abnormal development, critical stages of development, effects



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of teratogens, genetic mutations and environmental hazards.

6. Know the sectional anatomy of head neck and brain to read the features in radiographs and pictures taken by modern imaging techniques.
7. Know the anatomy of cardio-pulmonary resuscitation.

B) SKILLS

1. To locate various structures of the body and to mark the topography of the living anatomy.
2. To identify various tissues under microscope.
3. To identify the features in radiographs and modern imaging techniques.
4. To detect various congenital abnormalities.

C) INTEGRATION

By emphasising on the relevant information and avoiding unwanted details, the anatomy taught integrally with other basic sciences & clinical subjects not only keeps the curiosity alive in the learner but also lays down the scientific foundation for making a better doctor, a benefit to the society.

This insight is gained in a variety of ways:

- 1) Lectures & small group teaching
- 2) Demonstrations
- 3) Dissection of the human cadaver
- 4) Study of dissected specimens
- 5) Osteology
- 6) Surface anatomy on living individual
- 7) Study of radiographs & other modern imaging techniques.
- 8) Study of Histology slides.
- 9) Study of embryology models
- 10) Audio-visual aids

Throughout the course, particular emphasis is placed on the functional correlation, clinical application & on integration with teaching in other bio dental disciplines.

D) AN OUTLINE OF THE COURSE CONTENT:

1. General anatomy: Introduction of anatomical terms and brief outline of various systems of the body.
2. Regional anatomy of head & neck with osteology of bones of head & neck, with emphasis on topics of dental importance.
3. General disposition of thoracic, abdominal & pelvic organs.
4. The regional anatomy of the sites of intramuscular & intra vascular injections, & lumbar puncture.
5. General embryology & systemic embryology with respect to development of head & neck.
6. Histology of basic tissues and of the organs of gastrointestinal, respiratory, Endocrine, excretory systems & gonads.
7. Medical genetics.

E) FURTHER DETAILS OF THE COURSE.

I. INTRODUCTION TO :

1. Anatomical terms.



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2. Skin, superficial fascia & deep fascia
3. Cardiovascular system, portal system collateral circulation and arteries.
4. Lymphatic system, regional lymph nodes
5. Osteology - Including ossification & growth of bones
6. Myology – Including types of muscle tissue & innervation.
7. Syndesmology – Including classification of Joints.
8. Nervous system

II. HEAD & NECK:

01. Scalp, face & temple, lacrimal apparatus
02. Neck - Deep fascia of neck, posterior triangle, suboccipital triangle, anterior triangle, anterior median region of the neck, deep structures in the neck.
03. Cranial cavity - Meninges, parts of brain, ventricles of brain, dural venous sinuses, cranial nerves attached to the brain, pituitary gland.
04. Cranial nerves - III, IV, V, VI, VII, IX, XII in detail.
05. Orbital cavity – Muscles of the eye ball, supports of the eye ball, nerves and vessels in the orbit.
06. Parotid gland.
07. Temporo mandibular joint, muscles of mastication, infratemporal fossa, pterygo - palatine fossa.
08. Submandibular region
09. Walls of the nasal cavity, paranasal air sinuses
10. Palate
11. Oral cavity, Tongue
12. Pharynx (palatine tonsil and the auditory tube) Larynx.
02. OSTEOLOGY – Foetal skull, adult skull, individual bones of the skull, hyoid bone and cervical vertebrae

III. THORAX : Demonstration on a dissected specimen of

1. Thoracic wall
2. Heart chambers
3. Coronary arteries
4. Pericardium
5. Lungs – surfaces ; pleural cavity
6. Diaphragm

IV. ABDOMEN : Demonstration on a dissected specimen of

1. Peritoneal cavity
2. Organs in the abdominal & pelvic cavity.

V. CLINICAL PROCEDURES :

a) Intramuscular injections: Demonstration on a dissected specimen and on a living person of the following sites of injection.

1. Deltoid muscle and its relation to the axillary nerve and radial nerve.
2. Gluteal region and the relation of the sciatic nerve.
3. Vastus lateralis muscle.

b) Intravenous injections & venesection: Demonstration of veins in the dissected specimen and on a living person.



1. Median cubital vein
2. Cephalic vein
3. Basilic vein
4. Long saphenous vein

c) Arterial pulsations: Demonstration of arteries on a dissected specimen and feeling of pulsation of the following arteries on a living person.

1. Superficial temporal
2. Facial
3. Carotid
4. Axillary
5. Brachial
6. Radial
7. Ulnar
8. Femoral
9. Popliteal
10. Dorsalispedis

d) Lumbar puncture: Demonstration on a dissected specimen of the spinal cord, cauda equina & epidural space and the inter vertebral space between L4 & L5 .

VI. EMBRYOLOGY :

Oogenesis, Spermatogenesis, Fertilisation, Placenta, Primitive streak, Neural crest, Bilaminar and trilaminar embryonic disc, Intra embryonic mesoderm - formation and fate, notochord formation & fate, Pharyngeal arches, pouches & clefts, Development of face, tongue, palate, thyroid gland, pituitary gland, salivary glands, and anomalies in their development, Tooth development in brief.

VII. HISTOLOGY :

The Cell :

Basic tissues - Epithelium, Connective tissue including cartilage and bone, Muscle Tissue, Nervous tissue : Peripheral nerve, optic nerve, sensory ganglion, motor ganglion, Skin.

Classification of Glands

Salivary glands (serous, mucous and mixed gland), Blood vessels, Lymphoid tissue Tooth, lip, tongue, hard palate, oesophagus, stomach, duodenum, ileum, colon, vermiform appendix Liver, Pancreas, Lung, Trachea, Epiglottis, Thyroid gland, para thyroid gland, supra renal gland and pituitary gland, Kidney, Ureter, Urinary bladder, Ovary and testis.

VIII. MEDICAL GENETICS :

Mitosis, meiosis, Chromosomes, gene structure, Mendelism, modes of inheritance

RECOMMENDED BOOKS:

1. SNELL (Richard S.) Clinical Anatomy for Medical Students, Ed. 5, Little Brown & company, Boston.
2. RJ LAST'S Anatomy – McMinn, 9th edition.
3. ROMANES(G.J.) Cunningham Manual of Practical Anatomy : Head & Neck & Brain Ed.15.Vol.III, Oxford Medical publication.



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4. WHEATER, BURKITT & DANIELS, Functional Histology, Ed. 2, Churchill Livingstone.
5. SADLER, LANGMAN'S, Medical Embryology, Ed. 6.
6. JAMES E ANDERSON, Grant's Atlas of Anatomy. Williams & Wilkins.
7. WILLIAMS, Gray's Anatomy, Ed.38. ,Churchill Livingstone.
8. EMERY, Medical Genetics.

Course Outcomes

Year	Course Name	CO	Statement
1st BDS	Gen. Human Anatomy including Embryology & Histology	1	Osteology, muscles, nerve tissue and vascular supply of the Head, Face and Neck & Thorax.
		2	Histological basis of the anatomical structures.
		3	Growth and development of the anatomical structures including intra uterine development
		4	Identify the normal anatomical structures including normal variations and their functions
		5	Anatomical anomalies
		6	Identify the normal histological structures including normal variations
		7	Implement knowledge in clinical practice to deliver effective patient care
		8	The student shall exhibit ability to share knowledge with colleagues



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MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	P O 1	PO 2	PO 3	PO 4	PO 5	PO6	PO7	PO8	PO9	PO1 0	PO1 1	PO1 2
1st BD S	<u>Gen. Human Anatom y includin g Embryol ogy & Histology</u>	BD- 101.1	03	03	03	02	0 3	03	03	03	02	02	02	02
		1	03	03	03	02	0 2	03	02	03	02	02	02	02
		2	03	03	03	02	0 2	02	02	03	02	02	02	02
		3	03	03	03	02	0 3	03	03	03	02	02	02	02
		4	03	03	03	02	0 3	03	03	03	02	02	02	02
		5	03	03	03	03	0 3	03	03	03	02	02	02	02
		6	03	03	03	03	0 3	03	03	03	03	02	03	03
		7	03	03	03	02	0 1	02	03	03	03	02	02	03
	Average		03	03	03	2.25	2.5	2.75	2.75	03	2.25	02	2.12	2.25

2. General human physiology and biochemistry

Course code	Course name	Number of hours	Total marks
2115	general human physiology and biochemistry	310	200



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1.General Human Physiology

A) GOAL

The broad goal of the teaching undergraduate students in Human Physiology aims at providing the student comprehensive knowledge of the normal functions of the organ systems of the body to facilitate an understanding of the physiological basis of health and disease.

B) OBJECTIVES

a) KNOWLEDGE

At the end of the course, the student will be able to:

1. Explain the normal functioning of all the organ systems and their interactions for well co-ordinated total body function.
2. Assess the relative contribution of each organ system towards the maintenance of the milieu interior.
 2. List the physiological principles underlying the pathogenesis and treatment of disease.

b) SKILLS

At the end of the course, the student shall be able to :

1. Conduct experiments designed for the study of physiological phenomena.
2. Interpret experimental and investigative data
3. Distinguish between normal and abnormal data derived as a result of tests which he/she has performed and observed in the laboratory.

c) INTEGRATION

At the end of the integrated teaching the student shall acquire an integrated knowledge of organ structure and function and its regulatory mechanisms.

B) COURSE CONTENTS THEORY

1. GENERAL PHYSIOLOGY

1. Homeostasis: Basic concept, Feed back mechanisms
2. Structure of cell membrane, transport across cell membrane
3. Membrane potentials

2. BLOOD:

Composition & functions of blood.

Specific gravity, Packed cell volume, factors affecting & methods of determination.

Plasma proteins - Types, concentration, functions & variations.

Erythrocyte - Morphology, functions & variations. Erythropoiesis & factors affecting erythropoiesis.

ESR- Methods of estimation, factors affecting, variations & significance.

Haemoglobin - Normal concentration, method of determination & variation in concentration.

Blood Indices - MCV, MCH, MCHC - definition, normal values, variation.



Anaemia - Definition, classification, life span of RBC's destruction of RBC's , formation & fate of bile pigments, Jaundice - types.

Leucocytes : Classification, number, percentage, distribution morphology, properties, functions & variation. Role of lymphocytes in immunity , leucopoiesis life span & fate of leucocytes.

Thrombocytes - Morphology, , number, variations, function & thrombopoiesis.

Haemostasis - Role of vasoconstriction, platelet plug formation in haemostasis, coagulation factors, intrinsic & extrinsic pathways of coagulation, clot retraction.

Tests of haemostatic function, platelet count, clotting time, bleeding time, prothrombin time - normal values, method & variations. Anticoagulants - mechanism of action. Bleeding disorders.

Blood groups: ABO & Rh system, method of determination, importance, indications & dangers of blood transfusion, blood substitutes.

Blood volume: Normal values, variations.

Body fluids : distribution of total body water, intracellular & extracellular compartments, major anions & cations in intra and extra cellular fluid.

Tissue fluids & lymph : Formation of tissue fluid, composition, circulation & functions of lymph. Oedema - causes.

Functions of reticulo endothelial system.

3. MUSCLE AND NERVE

Classification of nerves, structure of skeletal muscle - Molecular mechanism of muscle contraction, neuromuscular transmission. Properties of skeletal muscle. Structure and properties of cardiac muscle & smooth muscle.

4. DIGESTIVE SYSTEM :

Introduction to digestion : General structure of G.I. tract, Innervation.

Salivary glands: Structure of salivary glands, composition , regulation of secretion & functions of saliva.

Stomach: Composition and functions of gastric juice, mechanism and regulation of gastric secretion.

Exocrine Pancreas - Structure, composition of pancreatic juice, functions of each component, regulation of pancreatic secretion.

Liver : structure , composition of bile, functions of bile, regulation of secretion –

Gall bladder : structure, functions.

Small intestine - Composition, functions & regulation of secretion of intestinal juice.

Large intestine - Functions.

Motor functions of GIT: Mastication, deglutition, gastric filling & emptying, movements of small and large intestine, defecation.



5. EXCRETORY SYSTEM :

Structure & functions of kidney, functional unit of kidney & functions of different parts.

Juxta glomerular apparatus, renal blood flow.

Formation of Urine : Glomerular filtration rate - definition, determination , normal values, factors influencing G.F.R. Tubular reabsorption - Reabsorption of sodium, glucose, water & other substances.

Tubular secretion - secretion of urea, hydrogen and other substances.

Mechanism of concentration & dilution of urine.

Role of kidney in the regulation of pH of the blood.

Micturition : anatomy & innervation of Urinary bladder, mechanism of micturition & abnormalities.

6. BODY TEMPERATURE & FUNCTIONS OF SKIN

7. ENDOCRINOLOGY

General endocrinology - Enumeration of endocrine glands & hormones - General functions of endocrine system, chemistry, mechanism of secretion, transport, metabolism, regulation of secretion of hormones.

Hormones of anterior pituitary & their actions, hypothalamic regulation of anterior pituitary function.

Disorders of secretion of anterior pituitary hormones.

Posterior pituitary : Functions, regulation & disorders of secretion.

Thyroid: Histology, synthesis, secretion & transport of hormones, actions of hormones, regulation of secretion & disorders, Thyroid function tests.

Adrenal cortex & Medulla -synthesis, secretion, action, metabolism, regulation of secretion of hormones & disorders.

Other hormones - Angiotensin, A.N.F.

8. REPRODUCTION

Sex differentiation, Physiological anatomy of male and female sex organs,

Female reproductive system : Menstrual cycle, functions of ovary, actions of oestrogen & Progesterone, control of secretion of ovarian hormones, tests for ovulation, fertilisation, implantation, maternal changes during pregnancy, pregnancy tests & parturition.

Lactation, composition of milk, factors controlling lactation, milk ejection, reflex, Male reproductive system :spermatogenesis, semen and contraception.

9. CARDIO VASCULAR SYSTEM

Functional anatomy and innervation of heart Properties of cardiac muscle

Origin & propagation of cardiac impulse and heart block.

Electrocardiogram - Normal electrocardiogram. Two changes in ECG in myocardial infarction.

Cardiac cycle - Phases, Pressure changes in atria, ventricles & aorta.

Volume changes in ventricles. Jugular venous pulse, arterial pulse.

Heart sounds: Mention of murmurs.



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Heart rate: Normal value, variation & regulation.

Cardiac output: Definition, normal values, one method of determination, variation, factors affecting heart rate and stroke volume.

Arterial blood pressure: Definition, normal values & variations, determinants, regulation & measurement of blood pressure.

Coronary circulation.

Cardio vascular homeostasis - Exercise & posture.

10. RESPIRATORY SYSTEM

Physiology of Respiration : External & internal respiration.

Functional anatomy of respiratory passage & lungs.

Respiratory movements: Muscles of respiration, Mechanism of inflation & deflation of lungs.

Intra pleural & intra pulmonary pressures & their changes during the phases of respiration.

Mechanics of breathing - surfactant, compliance & work of breathing.

Spirometry: Lung volumes & capacities definition, normal values, significance, factors affecting vital capacity, variations in vital capacity, FEV & its variations.

Pulmonary ventilation - alveolar ventilation & dead space – ventilation.

Composition of inspired air, alveolar air and expired air.

Exchange of gases: Diffusing capacity, factors affecting it.

Transport of Oxygen & carbon dioxide in the blood.

Regulation of respiration – neural & chemical.

Hypoxia, cyanosis, dyspnoea, periodic breathing.

Artificial respiration, pulmonary function tests.

11. CENTRAL NERVOUS SYSTEM

1. Organisation of central nervous system

2. Neuronal organisation at spinal cord level

3. Synapse receptors, reflexes, sensations and tracts

4. Physiology of pain

5. Functions of cerebellum, thalamus, hypothalamus and cerebral cortex.

6. Formation and functions of CSF

7. Autonomic nervous system

12. SPECIAL SENSES

Fundamental knowledge of vision, hearing, taste and smell.

PRACTICALS

The following list of practical is minimum and essential. All the practical have been categorised as procedures and demonstrations. The procedures are to be performed by the students during practical classes to acquire skills. All the procedures are to be included in the University practical examination. Those categorised as demonstrations are to be shown to the students during practical classes. However these demonstrations would not be included in the University examinations but question based on this would be given in the form of charts, graphs and calculations for interpretation by the students.



PROCEDURES

1. Enumeration of Red Blood Cells
2. Enumeration of White Blood Cells
3. Differential leucocyte counts
4. Determination of Haemoglobin
5. Determination of blood group
6. Determination of bleeding time and clotting time
7. Examination of pulse
8. Recording of blood pressure.

DEMONSTRATION:

1. Determination of packed cell volume and erythrocyte sedimentation rate
2. Determination of specific gravity of blood
3. Determination of erythrocyte fragility
4. Determination of vital capacity and timed vital capacity
5. Skeletal muscle experiments.

Study of laboratory appliances in experimental physiology. Frog's gastrocnemius sciatic preparation. Simple muscle curve, effects of two successive stimuli, effects of increasing strength of stimuli, effects of temperature, genesis of fatigue and tetanus. Effect of after load and free load on muscle contraction, calculation of work done.

6. Electrocardiography: Demonstration of recording of normal Electro cardiogram
7. Clinical examination of cardiovascular and respiratory system.

TEXT BOOKS:

Guyton; Text book of Physiology, 9th edition.
Ganong; Review of Medical Physiology, 19th edition
Vander; Human physiology, 5th edition
Choudhari; Concise Medical Physiology, 2nd edition
Chaterjee; Human Physiology, 10th edition
A.K. Jain; Human Physiology for BDS students, 1st edition

BOOKS FOR REFERENCE:

- i) Berne & Levey; Physiology, 2nd edition
- ii) West-Best & Taylor's, Physiological basis of Medical Practise, 11th edition

EXPERIMENTAL PHYSIOLOGY:

- i) Rannade; Practical Physiology, 4th edition
- ii) Ghai; a text book of practical physiology
- iii) Hutchison's; Clinical Methods, 20th edition

Course Outcomes



Year	Course Name	CO	Statement
1st BDS	Physiology & Biochemistry	1	The student should understand the unique role of each organ and organ system in maintaining health.
		2	Should be able to describe the functions of the distinctive cells that comprise each major organ and when appropriate define the role of physiological functional limits
		3	The student should learn to recognize and explain the basic concepts that govern each organ and organ system and their integration to maintain homeostasis, as well as some clinical aspects of failure of these systems.
		4	The student should learn to identify bodily processes, which enables them to recognize impairments thereof.
		5	Nomenclature, classification and basic structure of essential nutrients and their metabolism and interaction with human body.



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MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO CO	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
1st	Gen. Human Physiology & Biochemistry	1	03	03	03	03	03	03	03	02	02	03	03	03
		2	03	03	03	03	03	03	03	02	02	03	03	03
		3	03	03	03	03	03	03	03	02	02	03	03	03
		4	03	03	03	03	03	03	03	02	02	03	03	03
		5	03	03	03	03	03	03	03	02	02	03	03	03
		6	03	03	03	03	03	03	03	02	02	03	03	03
		7	03	03	03	03	03	03	03	02	02	03	03	03
		8	03	03	03	03	03	03	03	02	02	03	03	03
		9	03	03	03	03	03	03	03	02	02	03	03	03
		10	03	03	03	03	03	03	03	02	02	03	03	03

2. BIOCHEMISTRY

AIMS AND SCOPE OF THE COURSE IN BIOCHEMISTRY

The major aim is to provide a sound but crisp knowledge on the biochemical basis of the life processes relevant to the human system and to dental/medical practice. The contents should be organised to build on the already existing information available to the students in the pre-university stage and reorienting. A mere rehash should be avoided.

The chemistry portion should strive towards providing information on the functional groups, hydrophobic and hydrophilic moieties and weak valence forces that organise macromolecules. Details on structure need not be emphasised.

Discussion on metabolic processes should put emphasis on the overall change, interdependence and molecular turnover. While details of the steps may be given, the student should not be expected to memorise them. An introduction to biochemical genetics and molecular biology is a must but details should be avoided. The exposure to antivitamins, antimetabolites and enzyme inhibitors at this stage, will provide a basis for the future study of medical subjects. An overview of metabolic regulation is to be taught by covering hormonal action, second messengers and regulation of enzyme activities. Medical aspects of biochemistry should avoid describing innumerable functional tests, most of which are not in vogue. Cataloguing genetic disorders under each head of metabolism is unnecessary. A few examples which correlate genotype change to functional changes should be adequate. At the end of the course the student would be able to acquire a useful core of information, which can be retained for a long time. Typical acid tests can be used to determine what is to be taught or what is to be learnt. A few examples are given below.

1. Need not know the structure of cholesterol. Should know why it cannot be carried free in plasma.



2. Mutarotation should not be taught. Student should know why amylase will not hydrolyse cellulose.
3. Need not know the details of alpha - helix and beta - pleats in proteins.
Should know why haemoglobin is globular and keratin is fibrous.
4. Need not know mechanism of oxidative phosphorylation.
Should know more than 90 % of ATP is formed by this process.
5. Need not know details of the conversion of pepsinogen to pepsin.
Should know hydrochloric acid cannot break a peptide bond at room temperature.
6. Need not remember the steps of glycogenesis.
Should know that excess intake of carbohydrate will not increase glycogen level in liver or muscle.
7. Need not know about urea or creatinine clearance tests.
Should know the basis of increase of urea and creatinine in blood in renal insufficiency.
8. Need not know the structure of insulin.
Should know why insulin level in circulation is normal in most cases of maturity onset diabetes.
9. Need not know the structural details of ATP.
Should know why about 10 g of ATP in the body at any given time meets all the energy needs.
10. Need not know the mechanism of action of prolylhydroxylase.
Should know why the gum bleeds in scurvy.
11. Need not know the structure of Vitamin K.
Should know the basis of internal bleeding arising due to its deficiency.
12. Need not remember the structure of HMGCoA.
Should know why it does not lead to increased cholesterol synthesis in starvation.

BIOCHEMISTRY AND NUTRITION

1. CHEMISTRY OF BIOORGANIC MOLECULES

Carbohydrates: Definition, biological importance and classification. Monosaccharides - Isomerism, anomerism. Sugar derivatives, Disaccharides. Polysaccharides. Structures of starch and glycogen. Lipids : Definition, biological importance and classification. Fats and fatty acids. Introduction to compound lipids. Hydrophobic and hydrophilic groups. Cholesterol. Bile salts. Micelle. Bimolecular leaflet. Proteins: Biological importance. Aminoacids: Classification. Introduction to peptides. Proteins : Simple and conjugated; globular and fibrous. Charge properties. Buffer action . Introduction to protein conformation . Denaturation. Nucleic acids: Building units . Nucleotides. Outline structure of DNA and RNA.



High energy compounds: ATP , Phosphorylamidines, Thiolesters, Enol phosphates.

2. MACRONUTRIENTS AND DIGESTION

Energy needs: Basal metabolic rate. Dietary carbohydrates, fibres. Dietary lipids, essential fatty acids. Nitrogen balance. Essential amino acids. Protein quality and requirement (methods for evaluation of protein quality to be excluded). Protein calorie malnutrition. Balanced diet. Enzymatic hydrolysis of dietary carbohydrates. Mechanism of uptake of monosaccharides. Digestion and absorption of triacylglycerols. Enzymatic hydrolysis of dietary proteins and uptake of amino acids.

3. MICRONUTRIENTS

Vitamins: Definition, classification, daily requirement, sources and deficiency symptoms. Brief account of water-soluble vitamins with biochemical functions. Vitamins A functions including visual process. Vitamin D and its role in calcium metabolism. Vitamin E. Vitamin K and gamma carboxylation. Introduction to antivitamins and hypervitaminosis. Minerals :Classification, daily requirement. Calcium and phosphate: sources, uptake, excretion, function. Serum calcium regulation. Iron: sources, uptake and transport. Heme and nonheme iron functions; deficiency. Iodine: Brief introduction to thyroxine synthesis. General functions of thyroxine. Fluoride: function, deficiency and excess. Indications of role of other minerals.

4. ENERGY METABOLISM

Overview: Outlines of glycolysis, pyruvate oxidation and citric acid cycle. Beta oxidation of fatty acids. Electron transport chain and oxidative phosphorylation. Ketone body formation and utilisation. Introduction to glycogenesis, glycogenolysis, fatty acid synthesis, lipogenesis and lipolysis. Gluconeogenesis. Lactate metabolism . Protein utilisation for energy. Glucogenic and ketogenic amino acids. Integration of metabolism.

5. SPECIAL ASPECTS OF METABOLISM

Importance of pentose phosphate pathway. Formation of glucuronic acid. Outlines of cholesterol synthesis and breakdown. Ammonia metabolism. Urea formation. Phosphocreatine formation. Transmethylation. Amines. Introduction to other functions of amino acids including one carbon transfer. Detoxication : Typical reactions. Examples of toxic compounds. Oxygen toxicity

6. BIOCHEMICAL GENETICS AND PROTEIN SYNTHESIS

Introduction to nucleotides; formation and degradation. DNA as genetic material. Introduction to replication and transcription. Forms and functions of RNA. Genetic code and mutation. Outline of translation process. Antimetabolites and antibiotics interfering in replication, transcription and translation. Introduction to cancer, viruses and oncogenes.



7. ENZYME AND METABOLIC REGULATION

Enzymes: Definition, classification, specificity and active site. Cofactors. Effect of pH, temperature and substrate concentration. Introduction to enzyme inhibitors, proenzymes and isoenzymes. Introduction to allosteric regulation, covalent modification and regulation by induction/repression. Overview of hormones. Introduction to second messengers, cyclic AMP, calcium ion, inositol triphosphate. Mechanism of action of steroid hormones, epinephrine, glucagon and insulin in brief. Acid base regulation. Electrolyte balance.

8. STRUCTURAL COMPONENTS AND BLOOD PROTEINS

Connective tissue: Collagen and elastin. Glycosaminoglycans. Bone structure. Structure of membranes. Membrane associated processes in brief. Exocytosis and endocytosis. Introduction to cytoskeleton. Myofibril and muscle contraction in brief. Haemoglobin: functions. Introduction to heme synthesis and degradation. Plasma proteins: classification and separation. Functions of albumin. A brief account of immunoglobulins. Plasma lipoproteins: Formation, function and turnover.

9. MEDICAL BIOCHEMISTRY

Regulation of blood glucose. Diabetes mellitus and related disorders. Evaluation of glycemic status. Hyperthyroidism and hypothyroidism: Biochemical evaluation. Hyperlipoproteinemias and atherosclerosis, Approaches to treatment. Jaundice: Classification and evaluation. Liver function tests: Plasma protein pattern, serum enzymes levels. Brief introduction to kidney function tests and gastric function tests. Acid base imbalance. Electrolyte imbalance: evaluation. Gout. Examples of genetic disorders including lysosomal storage disorders, glycogen storage disorders, glucose 6- phosphate dehydrogenase deficiency, hemoglobinopathies, inborn errors of amino acid metabolism and muscular dystrophy (one or two examples with biochemical basis will be adequate). Serum enzymes in diagnosis.

PRACTICALS: Contact hours 50

1. Qualitative analysis of carbohydrates 4
2. Color reactions of proteins and amino acids 4
3. Identification of nonprotein nitrogen substance 4
4. Normal constituents of urine 4
5. Abnormal constituents of urine 4
6. Analysis of saliva including amylase 2
7. Analysis of milk Quantitative estimations 2
8. Titrable acidity and ammonia in urine 2



9. Free and total acidity in gastric juice 2
10. Blood glucose estimation 2
11. Serum total protein estimation 2
12. Urine creatinine estimation Demonstration 2
13. Paper electrophoresis charts/clinical data evaluation 2
14. Glucose tolerance test profiles 2
15. Serum lipid profiles 1
16. Profiles of hypothyroidism and hyperthyroidism 1
17. Profiles of hyper and hypoparathyroidism 1
18. Profiles of liver function 1
19. Urea, uric acid creatinine profile in kidney disorders 1
20. Blood gas profile in acidosis/ alkalosis 1

RECOMMENDED BOOKS:

1. Concise text book of Biochemistry (3rd edition) 2001, T.N. Pattabiraman
2. Nutritional Biochemistry 1995, S. Ramakrishnan and S.V. Rao
3. lecture notes in Biochemistry 1984, J.K. Kandlish

Reference books:

1. Text book of Biochemistry with clinical correlations 1997, T.N. Devlin
2. Harper's Biochemistry, 1996., R.K. Murray et.al
3. Basic and applied Dental Biochemistry, 1979, R.A.D. Williams & J.C.Elliot

Course Outcomes

Year	Course Name	CO	Statement
1st BDS	Physiology & Biochemistry	1	The student should understand the unique role of each organ and organ system in maintaining health.



		2	Should be able to describe the functions of the distinctive cells that comprise each major organ and when appropriate define the role of physiological functional limits
		3	The student should learn to recognize and explain the basic concepts that govern each organ and organ system and their integration to maintain homeostasis, as well as some clinical aspects of failure of these systems.
		4	The student should learn to identify bodily processes, which enables them to recognize impairments thereof.
		5	Nomenclature, classification and basic structure of essential nutrients and their metabolism and interaction with human body.

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO CO	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
Ist	Gen. Human Physiology & Biochemistry	1	03	03	03	03	03	03	03	02	02	03	03	03
		2	03	03	03	03	03	03	03	02	02	03	03	03
		3	03	03	03	03	03	03	03	02	02	03	03	03
		4	03	03	03	03	03	03	03	02	02	03	03	03
		5	03	03	03	03	03	03	03	02	02	03	03	03
		6	03	03	03	03	03	03	03	02	02	03	03	03
		7	03	03	03	03	03	03	03	02	02	03	03	03
		8	03	03	03	03	03	03	03	02	02	03	03	03
		9	03	03	03	03	03	03	03	02	02	03	03	03
		10	03	03	03	03	03	03	03	02	02	03	03	03



3. DENTAL ANATOMY, EMBRYOLOGY AND ORAL HISTOLOGY

Course code	Course name	Number of hours	Total marks
2116	dental anatomy, embryology and oral histology	355	200

Dental Anatomy including Embryology and Oral Histology – a composite of basic Dental Sciences & their clinical applications.

SKILLS

The student should acquire basic skills in :

1. Carving of crowns of permanent teeth in wax.
2. Microscopic study of Oral tissues.
3. Identification of Deciduous & Permanent teeth.
4. Age estimation by patterns of teeth eruption from plaster casts of different age groups.

OBJECTIVES

After a course on Dental Anatomy including Embryology and Oral Histology,

1. The student is expected to appreciate the normal development, morphology, structure & functions of oral tissues & variations in different pathological/non-pathological states.
2. The student should understand the histological basis of various dental treatment procedures and physiologic ageing process in the dental tissues.
3. The students must know the basic knowledge of various research methodologies.

I. TOOTH MORPHOLOGY

1. Introduction to tooth morphology:

Human dentition, types of teeth, & functions, Palmer's & Binomial notation systems, tooth surfaces, their junctions - line angles & point angles, definition of terms used in dental morphology, geometric concepts in tooth morphology, contact areas & embrasures - Clinical significance.

2. Morphology of permanent teeth :

- Description of individual teeth, along with their endodontic anatomy & including a note on their chronology of development, differences between similar class of teeth & identification of individual teeth.
- Variations & Anomalies commonly seen in individual teeth.



3. Morphology of Deciduous teeth :

- Generalized differences between Deciduous & Permanent teeth.
- Description of individual deciduous teeth, including their chronology of development, endodontic anatomy, differences between similar class of teeth & identification of individual teeth.

4. Occlusion :

- Definition, factors influencing occlusion - basal bone, arch, individual teeth, external & internal forces & sequence of eruption.
- Inclination of individual teeth - compensatory curves.
- Centric relation & Centric occlusion - protrusive, retrusive & lateral occlusion.
- Clinical significance of normal occlusion.
- Introduction to & Classification of Malocclusion.

II. ORAL EMBRYOLOGY

1. Brief review of development of face, jaws, lip, palate & tongue, with applied aspects.

2. Development of teeth :

- Epithelial mesenchymal interaction, detailed study of different stages of development of crown, root & supporting tissues of tooth & detailed study of formation of calcified tissues.
- Applied aspects of disorders in development of teeth.

3. Eruption of deciduous & Permanent teeth :

- Mechanisms in tooth eruption, different theories & histology of eruption, formation of dentogingival junction, role of gubernacular cord in eruption of permanent teeth.
- Clinical or Applied aspects of disorders of eruption.

4. Shedding of teeth :

- Factors & mechanisms of shedding of deciduous teeth.
- Complications of shedding.

III. ORAL HISTOLOGY

1. Detailed microscopic study of Enamel, Dentine, Cementum & Pulp tissue. Age changes & Applied aspects (Clinical and forensic significance) of histological considerations - Fluoride applications, transparent dentine, dentine hypersensitivity, reaction of pulp tissue to varying insults to exposed dentine ; Pulp calcifications & Hypercementosis.

2. Detailed microscopic study of Periodontal ligament & alveolar bone, age changes, histological changes in periodontal ligament & bone in normal & orthodontic tooth movement, applied aspects of alveolar bone resorption.

3. Detailed microscopic study of Oral Mucosa, variation in structure in relation to functional requirements, mechanisms of keratinization, clinical parts of gingiva, Dentogingival & Mucocutaneous junctions & lingual papillae. Age changes & clinical considerations.

4. Salivary Glands :

- Detailed microscopic study of acini & ductal system.



Cey

Age changes & clinical considerations.

5. TM Joint :

Review of basic anatomical aspects & microscopic study & clinical considerations.

6. Maxillary Sinus :

Microscopic study, anatomical variations, functions & clinical relevance of maxillary sinus in dental practice.

7. Processing of Hard & soft tissues for microscopic study :

Ground sections, decalcified sections & routine staining procedures.

8. Basic histochemical staining patterns of oral tissues.

IV. ORAL PHYSIOLOGY

1. Saliva :

Composition of saliva - variations, formation of saliva & mechanisms of secretion, salivary reflexes, brief review of secretomotor pathway, functions, role of saliva in dental caries & applied aspects of hyper & hypo salivation.

2. Mastication :

Masticatory force & its measurement - need for mastication, peculiarities of masticatory muscles, masticatory cycle, masticatory reflexes & neural control of mastication.

3. Deglutition :

Review of the steps in deglutition, swallowing in infants, neural control of deglutition & dysphagia.

4. Calcium, Phosphorous & fluoride metabolism :

Source, requirements, absorption, distribution, functions & excretion, clinical considerations, hypo & hypercalcemia & hyper & hypo phosphatemia & fluorosis.

5. Theories of Mineralization :

Definition, mechanisms, theories & their drawbacks.

Applied aspects of physiology of mineralization, pathological considerations - calculus formation.

6. Physiology of Taste :

Innervation of taste buds & taste pathway, physiologic basis of taste sensation, age changes & applied aspects - taste disorders.

7. Physiology of Speech :

Review of basic anatomy of larynx & vocal cords.

Voice production, resonators, production of vowels & different consonants - Role of palate, teeth & tongue.

Effects of dental prosthesis & appliances on speech & basic speech disorders.



Clary

RECOMMENDED TEXT BOOKS

1. Orban's Oral Histology & Embryology - S.N.Bhaskar
2. Oral Development & Histology - James & Avery
3. Wheeler's Dental Anatomy, Physiology & Occlusion - Major.M.Ash
4. Dental Anatomy - its relevance to dentistry - Woelfel & Scheid
5. Applied Physiology of the mouth - Lavelle
6. Physiology & Biochemistry of the mouth – Jenkins

Course Course

Year	Course Name	CO	Statement Student is able to:
1st BDS	Dental Anatomy, Histology & Embryology	1	Define, describe and classify morphologic features of oro-facial structures.
		2	Describe the histogenesis of oro-facial structures.
		3	Categorize the orofacial structures.
		4	Diagnose the slides based on the microscopic structures
		5	Identify and distinguish normal from abnormal structures
		6	Categorize ground section, HE stained slides and slides stained with special stains.
		7	Student is able to handle the tissue specimen properly



MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO CO	PO 1	PO 2	PO 3	PO 4	PO 5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
1st	Dental Anatomy, Histology & Embryology	1	03	03	03	03	03	03	03	02	03	02	03	03
		2	03	03	03	03	03	03	03	02	03	02	03	03
		3	03	03	03	03	03	03	03	02	03	02	03	03
		4	03	03	03	03	03	03	03	02	03	02	03	03
		5	03	03	03	03	03	03	03	02	03	02	03	03
		6	03	03	03	03	03	03	03	02	03	02	03	03
		7	03	03	03	03	03	03	03	02	03	03	03	03
	Average		03	03	03	03	03	03	03	02	03	2.14	03	03



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4. General pathology and Microbiology

Course code	Course name	Number of hours	Total marks
2124	general pathology and microbiology	225	200

1. GENERAL PATHOLOGY

AIM:

At the end of the course the student should be competent to:

Apply the scientific study of disease processes, which result in morphological and functional alterations in cells, tissues and organs to the study of pathology and the practice of dentistry.

OBJECTIVES:

Enabling the student

1. To demonstrate and apply basic facts, concepts and theories in the field of Pathology.
2. To recognize and analyze pathological changes at macroscopically and microscopical levels and explain their observations in terms of disease processes.
3. To Integrate knowledge from the basic sciences, clinical medicine and dentistry in the study of Pathology.
4. To demonstrate understanding of the capabilities and limitations of morphological Pathology in its contribution to medicine, dentistry and biological research.
5. To demonstrate ability to consult resource materials outside lectures, laboratory and tutorial classes.

COURSE CONTENT

A. General Pathology –

1. Introduction to Pathology

Terminologies

The cell in health

The normal cell structure

The cellular functions



2. Etiology and Pathogenesis of Disease

Cell Injury

Types – congenital

Acquired

Mainly Acquired causes of disease

(Hypoxic injury, chemical injury, physical injury, immunological injury)

3. Degenerations

Amyloidosis

Fatty change

Cloudy swelling

Hyaline change, mucoid degeneration

4. Cell death & Necrosis

Apoptosis

Def, causes, features and types of necrosis

Gangrene - Dry, wet, gas

Pathological Calcifications

(Dystrophic and metastatic)

5. Inflammation

- Definition, causes types, and features

- Acute inflammation

a. The vascular response

b. The cellular response

c. Chemical mediators

d. The inflammatory cells

e. Fate

- Chronic inflammation

Granulomatous inflammation

6. Healing

- Regeneration

- Repair

a. Mechanisms

b. Healing by primary intention

c. Healing by secondary intention

d. Fracture healing

e. Factors influencing healing process

f. Complications

7. Tuberculosis

- Epidemiology

- Pathogenesis (Formation of tubercle)

- Pathological features of Primary and secondary TB

- Complications and Fate



8. Syphilis

- Epidemiology
- Types and stages of syphilis
- Pathological features
- Diagnostic criterias
- Oral lesions

9. Typhoid

- Epidemiology
- Pathogenesis
- Pathological features
- Diagnostic criterias

10. Thrombosis

- Definition, Pathophysiology
- Formation, complications & Fate of a thrombus

11. Embolism

- Definition
- Types
- Effects

12. Ischaemia and Infraction

- Definition, etiology, types
- Infraction of various organs

13. Derangements of body fluids

- Oedema – pathogenesis
- Different types

14. Disorders of circulation

- Hyperaemia
- Shock

15. Nutritional Disorders

- Common Vitamin Deficiencies

16. Immunological mechanisms in disease

- Humoral & cellular immunity
- Hypersensitivity & autommunity

17. AIDS and Hepatitis.

18. Hypertension

- Definition, classification



- Pathophysiology
- Effects in various organs

19. Diabetes Mellitus

- Def, Classification, Pathogenesis, Pathology in different organs

20. Adaptive disorders of growth

- Atrophy & Hypertrophy, Hyperplasia, Metaplasia and Dysplasia

21. General Aspects of neoplasia

- a. Definition, terminology, classification
- b. Differences between benign and malignant neoplasms
- c. The neoplastic cell
- d. Metastasis
- e. Etiology and pathogenesis of neoplasia, Carcinogenesis
- f. Tumour biology
- g. Oncogenes and anti-oncogenes
- h. Diagnosis
- i. Precancerous lesions
- j. Common specific tumours, Sq papilloma & Ca, Basal cell Ca, Adenoma & Adenoca, Fibroma & Fibrosarcoma, Lipoma and liposarcoma

B. Systemic Pathology –

22 Anaemias

- Iron Deficiency anaemia, Megaloblastic anaemia

23. Leukaemias

- Acute and chronic leukaemias, Diagnosis and clinical features

24. Diseases of Lymph nodes

- Hodgkin's disease, Non Hodgkins lymphoma, Metastatic carcinoma

25. Diseases of oral cavity

- Lichen planus, Stomatitis, Leukoplakia, Sq cell Ca, Dental caries, Dentigerous cyst, Ameloblastoma



26. Diseases of salivary glands

- Normal structure, Sialadenitis, Tumours

27. Common diseases of Bones

- Osteomyelitis, Metabolic bone diseases, Bone Tumours, Osteosarcoma, Osteocalstoma, Giant cell Tumour, Ewing's sarcoma, Fibrous dysplasia, Aneurysmal bone cyst

28. Diseases of Cardiovascular system

- Cardiac failuare
- Congenital heart disease – ASD, VSD, PDA
- Falot's Tetrolgy
- Infective Endocarditis
- Atherosclerosis
- Ischaemic heart Disease

29. Haemorrhagic Disorders

- Coagulation cascade
- Coagulation disorders
- Platelet funtion
- Platelet disorders

Practicals

1. Urine – Abnormal constitutients
- Sugar, albumin, ketone bodies

2. Urine – Abnormal consittuents
- Blood, bile salts, bile pigments

3. Haemoglobin (Hb) estimation

4. Total WBC count

5. Differential WBC Count

6. Packed cell volume(PCV,) rythrocyte sedimentation Rate (ESR)

7. Bleeding Time & clotting Time

8. Histopathology
- Tissue Processing
- Staining

9. Histopathology slides
- Acute appendicitis, Granulation tissue, fatty liver



10. Histopathology slides
CVC lung, CVC liver, Kidney amyloidosis

11. Histopathology slides
Tuberculosis, Actinomycosis, Rhinosporidiosis

12. Histopathology slides
Papilloma, Basal cell Ca, Sq cell Ca

13. Histopathology slides
Osteosarcoma, osteoclastoma, fibrosarcoma

14. Histopathology slides
Malignant melanoma, Ameloblastoma, Adenoma

15. Histopathology slides
Mixed parotid tumour, metastatic carcinoma in lymph node

List of Textbooks

1. Robbins – Pathologic Basis of Disease Cotran, Kumar, Robbins
2. Anderson's Pathology Vol 1 & 2 Editors – Ivan Damjanov & James Linder
3. Wintrobe's clinical Haematology Lee, Bithell, Foerster, Athens, Lukens

MICROBIOLOGY

AIM:

To introduce the students to the exciting world of microbes. To make the students aware of various branches of microbiology, importance, significance and contribution of each branch to mankind and other fields of medicine. The objectives of teaching microbiology can be achieved by various teaching techniques such as :

- a) Lectures
- b) Lecture Demonstrations
- c) Practical exercises
- d) Audio visual aids
- e) Small group discussions with regular feed back from the students.

OBJECTIVES:

A. KNOWLEDGE AND UNDERSTANDING

At the end of the Microbiology course the student is expected to :



1. Understand the basics of various branches of microbiology and able to apply the knowledge relevantly.
2. Apply the knowledge gained in related medical subjects like General Medicine and General Surgery and Dental subjects like Oral Pathology, Community Dentistry, Periodontics, Oral Surgery, Pedodontics, Conservative Dentistry and Oral medicine in higher classes.
3. Understand and practice various methods of Sterilisation and disinfection in dental clinics.
4. Have a sound understanding of various infectious diseases and lesions in the oral cavity.

A. SKILLS

1. Student should have acquired the skill to diagnose, differentiate various oral lesions.
2. Should be able to select, collect and transport clinical specimens to the laboratory.
3. Should be able to carry out proper aseptic procedures in the dental clinic.

A brief syllabus of Microbiology is given as follows:

A. GENERAL MICROBIOLOGY:

1. History, Introduction, Scope, Aims and Objectives.
2. Morphology and Physiology of bacteria.
3. Detail account of Sterilisation and Disinfection.
4. Brief account of Culture media and Culture techniques.
5. Basic knowledge of selection, collection, transport, processing of clinical Specimens and identification of bacteria.
6. Bacterial Genetics and Drug Resistance in bacteria.

B. IMMUNOLOGY:

1. Infection - Definition, Classification, Source, Mode of transmission and types of Infectious disease.
2. Immunity
3. Structure and functions of Immune system
4. The Complement System
5. Antigen
6. Immunoglobulins - Antibodies - General structure and the role played in defense mechanism of the body.
7. Immune response
8. Antigen - Antibody reactions - with reference to clinical utility.
9. Immuno deficiency disorders - a brief knowledge of various types of immuno deficiency disorders - A sound knowledge of immuno deficiency disorders relevant to dentistry.
10. Hypersensitivity reactions
11. Autoimmune disorders - Basic knowledge of various types - sound knowledge of autoimmune disorders of oral cavity and related structures.
12. Immunology of Transplantation and Malignancy
13. Immunehaematology



C. SYSTEMATIC BACTERIOLOGY:

1. Pyogenic cocci - Staphylococcus, Streptococcus, Pneumococcus, Gonococcus, Meningococcus – brief account of each coccus - detailed account of mode of spread, laboratory diagnosis, Chemo therapy and prevention - Detailed account of Cariogenic Streptococci.
2. Corynebacterium diphtheriae - mode of spread, important clinical feature, Laboratory diagnosis, Chemotherapy and Active immunisation.
3. Mycobacteria - Tuberculosis and Leprosy
4. Clostridium - Gas gangrene, food poisoning and tetanus.
5. Non-sporing Anaerobes - in brief about classification and morphology, in detail about dental pathogens - mechanism of disease production and prevention.
6. Spirochaetes - Treponema pallidum - detailed account of Oral Lesions of syphilis, Borrelia vincentii.
7. Actinomycetes.

D. VIROLOGY:

1. Introduction
2. General properties, cultivation, host - virus interaction with special reference to Interferon.
3. Brief account of Laboratory diagnosis, Chemotherapy and immuno prophylaxis in general.
4. A few viruses of relevance to dentistry.
 - Herpes Virus
 - Hepatitis B Virus - brief about other types
 - Human Immunodeficiency Virus (HIV)
 - Mumps Virus
 - Brief - Measles and Rubella Virus
5. Bacteriophage - structure and Significance

E. MYCOLOGY

1. Brief Introduction
2. Candidosis - in detail
3. Briefly on oral lesions of systemic mycoses.



F. PARASITOLOGY:

1. Brief introduction - protozoans and helminths
2. Brief knowledge about the mode of transmission and prevention of commonly seen parasitic infection in the region.

RECOMMENDED BOOKS FOR REGULAR READING:

1. Text book of Microbiology – R.Ananthanarayan & C.K.Jayaram Paniker.
2. Medical Microbiology – David Greenwood etal.

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BOOKS FOR FURTHER READING/REFERENCE.

- i) Microbiology – Prescott, etal.
- ii) Microbiology – Bernard D. Davis , etal.
- iii) Clinical & Pathogenic Microbiology – Barbara J Howard, etal.
- iv) Mechanisms of Microbial diseases – Moselio Schaechter, etal.
- v) Immunology an Introduction – Tizard
- vi) Immunology 3rd edition – Evan Roitt , etal.

COURSE OUTCOMES

Year	Course Name	C O	Statement Student is able to:
3rd BD S	Oral Patho logy & Microbio- logy	1	Describe and identify various orofacial pathologies.
		2	Know about etiopathogenesis of various oral pathologies.
		3	Enumerate and describe different detection and diagnostic methods and treatment options for oral pathologies.
		4	Define, classify and describe various aspects of forensic odontology and its applied aspects.
		5	Detect and diagnose various oral pathologies.
		6	Diagnose various microscopic slides using light microscope.
		7	Diagnose various oral pathologies and syndromes using casts and specimens.
		8	Classify and apply various techniques of identification.
		9	Handle the tissue specimens and casts properly.
		10	Develop right aptitude to apply knowledge in clinical set up.



MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
3rd	Oral Pathology & Microbiology	1	03	03	03	03	03	03	03	03	03	03	03	03
BD		2	03	03	03	03	03	03	03	03	03	03	03	03
S		3	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03
		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03

5. General and dental pharmacology and therapeutics

Course code	Course name	Number of hours	Total marks
2125	General and dental pharmacology and therapeutics	90	200



5. GENERAL AND DENTAL PHARMACOLOGY AND THERAPEUTICS

GOAL:

The broad goal of teaching under graduate students in pharmacology is to inculcate rational and scientific basis of therapeutics keeping in view of dental curriculum and Profession.

OBJECTIVES:

At the end of the course the student shall be able to:

- i) Describe the pharmacokinetics and pharmacodynamics of essential and commonly used drugs in general and in dentistry in particular.
- ii) List the indications, contraindications; interactions, and adverse reactions of commonly used drugs with reason.
- iii) Tailor the use of appropriate drugs in disease with consideration to its cost, efficacy, safety for individual and mass therapy needs.
- iv) Indicate special care in prescribing common and essential drugs in special medical situations such as pregnancy, lactation, old age, renal, hepatic damage and immuno compromised patients.
- v) Integrate the rational drug therapy in clinical pharmacology.
- vi) Indicate the principles underlying the concepts of "Essential drugs".

SKILLS:

At the end of the course the student shall be able to:

- 1) Prescribe drugs for common dental and medical ailments.
- 2) To appreciate adverse reactions and drug interactions of commonly used drugs.
- 3) Observe experiments designed for study of effects of drugs.
- 4) Critically evaluate drug formulations and be able to interpret the clinical pharmacology of marketed preparations commonly used in dentistry.
- 5) INTEGRATION: Practical knowledge of use of drugs in clinical practice will be acquired through integrated teaching with clinical departments.

LECTURE:

I. GENERAL PHARMACOLOGY:

1. General principles of pharmacology; sources and nature of drugs dosage forms; prescription writing; pharmacokinetics (absorption, distribution, metabolism and excretion of drugs), mode of action of drugs, combined effects of drugs, receptor mechanism of drug action, factors modifying drug response, adverse drug reactions; drug interactions, Implications of General Principles in clinical dentistry.



2. CNS drugs; General anaesthetics, hypnotics, analgesics psychotropic drugs, anti – epileptics, muscle relaxants, local anaesthetics, Implications of these drugs in clinical dentistry.
3. Autonomic drugs; sympathomimetics, antiadrenergic drugs parasympathomimetics and parasympatholytics, Implications of Autonomic drugs in clinical dentistry.
4. Cardiovascular drugs; Cardiac stimulants ; antihypertensive drugs, vasopressor agents, treatment of shock, Antianginal agents and diuretics, Implications of these drugs in clinical dentistry.
5. Autocoids:
Histamine, antihistamines, prostaglandins, leukotriens and bronchodilators, Implications of Autocoids in clinical dentistry.
6. Drugs acting on blood : coagulants and anticoagulants, hematinics, Implications of these drugs in clinical dentistry.
7. G.I.T. Drugs, Purgatives, anti-diarrhoeal, antacids, anti-emetics, Implications of these drugs in clinical dentistry.
8. Endocrines; Emphasis on treatment of diabetes and glucocorticoids, thyroid and antithyroid agents, drugs affecting calcium balance and anabolic steroids, Implications of these drugs in clinical dentistry.
9. Chemotherapy: Antimicrobial agents (against bacteria, anaerobic infections, fungi, virus and broad spectrum). Infection management in dentistry. Pharmacotherapy of Tuberculosis, leprosy and chemotherapy of malignancy in general. Implications of Chemotherapy in clinical dentistry.
10. Vitamins : Water soluble vitamins, Vit. D, Vit.K. and Vit. E, Implications of Vitamins in clinical dentistry.
11. Pharmacotherapy of emergencies in dental office and emergency drugs tray Implications of Pharmacotherapy in clinical dentistry.
12. Chelating agents – BAL, EDTA and desferrioxamine,

II. DENTAL PHARMACOLOGY

1. Anti - septics, astrigents, obtundents, mummifying agents, bleaching agents, styptics, disclosing agents, dentifrices, mouth washes, caries and fluorides.
2. Pharmacotherapy of common oral conditions in dentistry.
Practicals and Demonstrations :
To familiarise the student with the methodology: prescription writing and dispensing. Rationale of drug combinations of marketed drugs.



LIST OF BOOKS RECOMMENDED FOR READING AND REFERENCE

1. R.S.Satoskar, Kale Bhandarkar's Pharmacology and Pharmacolherapentics, 10th Edition, Bombay Popular Prakashan 1991.
2. Bertam G Katzung, Basic and Clinical pharmacology 6th ed. Appleton & Lange 1997.
3. Lauerence D.R. Clinical Pharmacology 8th ed. Churchill Livingstone 1997.
4. Satoskar R.S. & Bhandarkar S.D., Pharmacology and Pharmacotherapeutics part I & part ii, 13th Popular Prakashan Bombay 1993.
5. Tripathi K.D., Essentials of Medical Pharmacology 4th ed Jaypee Brothers 1999.

COURSE OUTCOME

Year	Course Name	CO	Statement The student now knows:
2nd BD S	General & Dental Pharmacolog y & Therapeutics	1	The pharmacokinetics and pharmacodynamics of essential and commonly used drugs in general and in dentistry in particular.
		2	The indications, contraindications; interactions, and adverse reactions of commonly used drugs with reason
		3	The use of appropriate drugs in disease with consideration to its cost, efficacy, safety for individual and mass therapy needs.
		4	Special care in prescribing common and essential drugs in special medical situations such as pregnancy, lactation, old age, renal, hepatic damage and immuno-compromised patients.
		5	The rational drug therapy in clinical pharmacology.
		6	Indicate the principles underlying the concepts of "Essential drugs.
		7	Prescribe drugs for common dental and medical ailments.
		8	To appreciate adverse reactions and drug interactions of commonly used drugs.
		9	Observe experiments designed for study of effects of drugs.
		10	Seek to update his knowledge to contemporary practices in Pharmacology as applied to the practice of dentistry.
		11	Critically evaluate drug formulations and be able to interpret the clinical pharmacology of marketed preparations commonly used in dentistry.



		12	Follow prescribing rationale as advised by regulatory bodies from time to time
		13	Maintain high standard of professional ethics.



MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
2nd BD S	General & Dental Pharmacology & Therapeutics	1	03	03	03	03	03	03	03	03	03	03	03	03
		2	03	03	03	03	02	03	02	03	03	03	03	03
		3	03	03	03	03	02	02	02	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03



6. Dental materials

Course code	Course name	Number of hours	Total marks
2126	Dental materials	320	200

6. DENTAL MATERIALS

The science of Dental Material has undergone tremendous changes over the years. Continued research has led to new material systems and changing concepts in the dental field. Interlinked with various specialised branches of chemistry, practically all engineering applied sciences and biological characteristics, the science of dental material emerged as a basic sciences in itself with its own values and principles.

INTRODUCTION

AIMS:

Aim of the course is to present basic chemical and physical properties of Dental materials as they are related to its manipulation to give a sound educational background so that the practice of the dentistry emerged from art to empirical status of science as more information through further research becomes available. It is also the aim of the course of Dental materials to provide with certain criteria of selection and which will enable to discriminate between facts and propaganda with regards to claims of manufactures.

OBJECTIVES:

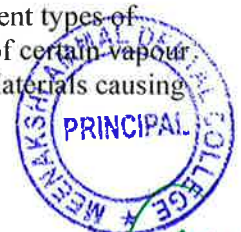
To understand the evolution and development of science of dental material.

To explain purpose of course in dental materials to personnels concerned with the profession of the dentistry. Knowledge of physical and chemical properties. Knowledge of biomechanical requirements of particular restorative procedure. An intelligent compromise of the conflicting as well as co-ordinating factors into the desired Ernest. Laying down standards or specifications of various materials to guide to manufacturers as well as to help professionals.

Search for newer and better materials which may answer our requirements with greater satisfaction. To understand and evaluate the claims made by manufactures of dental materials

NEEDS FOR THE COURSE:

The profession has to rise from an art to a science, , the need for the dentist to possess adequate knowledge of materials to exercises his best through knowledge of properties of different types of materials. The growing concern of health hazards due to mercury toxicity, inhalation of certain vapour or dust materials, irritations and allergic reaction to skin due to contact of materials. Materials causing



irritation of oral tissues, pH of restorative materials causing inflammation and necrosis of pulp which is a cause for the dentist to possess wider knowledge of physical, chemical and biological properties of materials being used. For the protection for the patient and his own protection certain criteria of selection are provided that will enable the dentist to discriminate between facts and propaganda, which will make a material biologically accept.

SCOPE:

The dental materials is employed in mechanical procedures including restorative dentistry such as Prosthodontics, endodontics, periodontal, orthodontics and restorative materials. There is scarcely a dental procedure that does not make use of dental materials in one form or another and therefore the application of dental material is not limited to any one branch of dentistry. Branches such as minor surgery and periodontics require less use of materials but the physical and chemical characters of materials are important in these fields.

The toxic and tissue reaction of dental materials and their durability in the oral cavity where the temperature is between 32 & 37 degree centigrade, and the ingestion of hot or cold food ranges from 0-70 degree centigrade. The acid an alkalinity of fluids shown pH varies from 4 to 8.5. The load on 1 sq. mm of tooth or restorative materials can reach to a level as high as many kilograms. Thus the biological properties of dental materials cannot be separated from their physical and chemical properties.

2). STRUCTURE OF MATTER AND PRINCIPLES OF ADHESION.

Change of state, inter atomic primary bonds, inter atomic secondary bonds, inter atomic bond distance and bonding energy, thermal energy, crystalline structure, non crystalline structures, diffusion, adhesion and bonding and adhesion to tooth structures.

3). IMPORTANT PHYSICAL PROPERTIES APPLICABLE TO DENTAL MATERIALS

Physical properties are based on laws of mechanics, acoustics, optics, thermodynamics, electricity, magnetism, radiation, atomic structure or nuclear phenomena. Hue, value, chroma and translucency physical properties based on laws of optics, dealing with phenomena of light, vision and sight. Thermal conductivity & coefficient of thermal expansion are physical properties based on laws of thermodynamics. Stress, strain, proportional limit, elastic limit yield strength, modulus of elasticity, flexibility, resilience, impact, impact strength, permanent deformation, strength, flexure strength fatigue, static fatigue, toughness, brittleness, ductility & malleability, hardness, abrasion resistance, relaxation, rheology, Thixotropic, creep, static creep, dynamic creep, flow, colour, three dimensional colour – hue, values, chroma, Munsell system, metamersim, fluorescence, physical properties of tooth, stress during mastication

4). BIOLOGICAL CONSIDERATIONS IN USE OF DENTAL MATERIALS.

Materials used are with the knowledge of appreciation of certain biological considerations for use in oral cavity. Requirement of materials with biological compatibility. Classification of materials from perspective of biological compatibility. eg. contact with soft tissues, affecting vitality of pulp, used for root canal fillings, affecting hard tissues of teeth, laboratory materials that could be accidentally be inhaled or ingested during handling. Hazards associated with materials: pH-affecting pulp, polymers causing chemical irritation, mercury toxicity, etc. Microleakage, Thermal changes, Galvanism, toxic effect of materials. Biological evaluation for systemic toxicity, skin irritation, mutagenicity and



carcinogenicity. Disinfection of dental materials for infection control.

5). GYPSUM & GYPSUM PRODUCTS.

Gypsum – its origin, chemical formula, Products manufactured from gypsum.

Dental plaster, Dental stone, Die stone, high strength, high expansion stone.

Application and manufacturing procedure of each, macroscopic and microscopic structure of each .

Supplied as and Commercial names.

Chemistry of setting, setting reaction, theories of setting, gauging water, Microscopic structure of set material.

Setting time: working time and setting time, Measurement of setting time and factors controlling setting time..

Setting expansion, Hygroscopic setting expansion – factors affecting each

Strength :wet strength, dry strength, factors affecting strength, tensile strength

Slurry – need and use.

Care of cast.

ADA classification of gypsum products

Description of impression plaster and dental investment

Manipulation including recent methods or advanced methods.

Disinfection : infection control, liquids, sprays, radiation

Method of use of disinfectants

Storage of material – shelf life

6) IMPRESSION MATERIALS USED IN DENTISTRY

Impression plaster, Impression compound, Zinc oxide eugenol impression paste & bite registration paste incl., non eugenol paste, Hydrocolloids, reversible and irreversible, Elastomeric impression materials. Polysulphide, Condensation silicones, Addition silicones, Polyether, Visible light cure polyether urethane dimethacrylate, Historical background & development of each impression material, Definition of impression , Purpose of making impression, Ideal properties required and application of material, Classification as per ADA specification, general & individual impression material. Application and their uses in different disciplines, Marketed as and their commercial names, Mode of supply & mode of application bulk/wash impression. Composition, chemistry of setting ,Control of setting time , Type of impression trays required, Adhesion to tray, manipulation, instruments & equipments required. Techniques of impression, storage of impression, (Compatibility with cast and die material). Any recent advancements in material and mixing devices. Study of properties: Working time, setting time, flow, accuracy, strength, flexibility, tear strength, dimensional stability, compatibility with cast & die materials incl., electroplating Biological properties: tissue reaction , Shelf life & storage of material, Infection control – disinfection, Advantages & disadvantages of each material.

7). SYNTHETIC RESINS USED IN DENTISTRY.

Historical background and development of material, Denture base materials and their classification and requirement



Classification of resins

Dental resins – requirements of dental resins, applications, polymerisation, polymerisation mechanism stages in addition polymerisation, inhibition of polymerisation, co polymerization, molecular weight, crosslinking, plastixizers, Physical properties of polymers, polymer structures types of resins.

ACRYLIC RESINS:

Mode of polymerisation: Heat activated, Chemically activated, Light activated, Mode of supply, application, composition, polymerisation reaction of each. Technical considerations: Methods of manipulation for each type of resin. Physical properties of denture base resin. Miscellaneous resins & techniques: Repair resins, Relining and rebasing. Short term and long-term soft-liners, temporary crown

52 and bridge resins, Resin impression trays, Tray materials, Resin teeth, materials in maxillofacial prosthesis, Denture cleansers, Infection control in detail, Biological properties and allergic reactions.

RESTORATIVE RESINS:

Historical background, Resin based restorative materials, Unfilled & filled, Composite restorative materials, Mode of supply, Composition, Polymerisation mechanisms: Chemically activated, Light activated, Dual cure: Degree of conversion, Polymerisation shrinkage Classification of Composites: Application, composition and properties of each Composites of posterior teeth, Prosthodontics resins for veneering. Biocompatibility – microleakage, pulpal reaction, pulpal protection Manipulation of composites: Techniques of insertion of Chemically activated, light activated, dual cure Polymerisation, Finishing and polishing of restoration, Repair of composites Direct bonding Bonding: Need for bonding, Acid - etch technique, Enamel bonding, Dentin bonding agents. Mode of bonding, Bond strength, Sandwich technique its indication and procedure. Extended application for composites: Resins for restoring eroded teeth, Pit and fissure sealing, Resin inlays system – Indirect & direct, Core build up, Orthodontic applications.

8). METAL AND ALLOYS:

Structure and behaviour of metals, Solidification of metals, mechanism of crystallisation amorphous & crystalline. Classification of alloys, Solid solutions, Constitutes or equilibrium phase diagrams: Electric alloys, Physical properties, Peritectic alloys, Solid state reaction other binary systems: Metallography & Heat treatment. Tarnish and corrosion. Definition: causes of corrosion, protection against corrosion., Corrosion of dental restorations, clinical significance of galvanic current. Dental Amalgam.

History:

Definition of dental amalgam, application, Alloy classification, manufacture of alloy powder composition - available as.

Amalgamation : setting reaction & resulting structure , properties , Microleakage

Dimensional stability, Strength, Creep, Clinical performance

Manipulation: Selection of alloy, proportioning, mechanism of trituration, condensation, carving & finishing. Effect of dimensional changes, Marginal deterioration., Repair of amalgam, mercury toxicity, mercury hygiene.

DIRECT FILLING GOLD:

Properties of pure gold, mode of adhesion of gold for restoration forms of direct filling gold for using as



restorative material

Classification : Gold Foil, Electrolytic precipitate, powdered gold.

Manipulation: Removal of surface impurities and compaction of direct filling gold.

Physical properties of compacted gold, Clinical performance.

DENTAL CASTING ALLOYS:

Historical background, desirable properties of casting alloys.

Alternatives to cast metal technology: direct filling gold, amalgam, mercury free condensable intermetallic compound - an alternative to metal casting process. CAD-CAM process for metal & ceramic inlays - without need of impression of teeth or casting procedure, pure titanium, most bio compatible metal which are difficult to cast can be made into crowns with the aid of CAD- CAM technology . Another method of making copings - by copy milling (without casting procedures).

Classification of casting alloys: By function & description.

Recent classification , High noble (HN), Noble (N) and predominantly base metal (PB)

Alloys for crown & bridge, metal ceramic & removable partial denture. Composition, function, constituents and application, each alloy both noble and base metal. Properties of alloys: Melting range, mechanical properties, hardness, elongation, modulus of elasticity, tarnish and corrosion.

Casting shrinkage and compensation of casting shrinkage. Biocompatibility - Handling hazards & precautions of base metal alloys, casting investments used. Heat treatment : Softening & hardening heat treatment. Recycling of metals. Titanium alloys & their application , properties & advantages. Technical considerations In casting . Heat source, furnaces.

9). DENTAL WAXES INCLUDING INLAY CASTING WAX

Introduction and importance of waxes. Sources of natural waxes and their chemical nature.

Classification of Waxes:

Properties: melting range, thermal expansion, mechanical properties, flow & residual stresses, ductility. Dental Wax: Inlay wax: Mode of supply : Classification & composition, Ideal requirements: Properties of inlay wax: Flow, thermal properties Wax distortion & its causes.

Manipulation of inlay wax: Instruments & equipment required, including electrically heated instruments metal tips and thermostatically controlled wax baths.

Other waxes: Applications, mode of supply & properties.

Casting Wax, Base plate wax, Processing wax, Boxing wax, Utility wax, Sticky wax, Impression wax for corrective impressions, Bite registration wax.

10). DENTAL CASTING INVESTMENTS.

Definition, requirements, classification

Gypsum bonded - classification. Phosphate bonded, Silica bonded

Mode of Supply: Composition, application , setting mechanism, setting time & factors controlling.

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Expansions :Setting expansion, Hygroscopic Setting expansion, & thermal expansion : factors affecting. Properties : Strength, porosity, and fineness & storage. Technical considerations: For Casting procedure, Preparation of die, Wax pattern, spruing, investing, control of shrinkage compensation, wax burnout, and heating the invested ring, casting. Casting machines, source of heat for melting the alloy. Defects in casting.



11). SOLDERING, BRAZING AND WELDING

Need of joining dental appliances, Terms & Definition

Solders: Definition, ideal requirement, types of solders – Soft & hard and their fusion temperature, application. Mode of supply of solders, Composition and selection, Properties. Tarnish & corrosion resistance mechanical properties, microstructure of soldered joint. Fluxes & Anti fluxes: Definition, Function, Types, commonly used fluxes & their selection Technique of Soldering & Brazing : free hand soldering and investment, steps and procedure. Welding,: Definition, application, requirements, procedure, weld decay - causes and how to avoid it. Laser welding.

WROUGHT BASE METAL ALLOYS

Applications and different alloys used mainly for orthodontics purpose

1. Stainless steel
2. Cobalt chromium nickel
3. Nickel titanium
4. Beta titanium

Properties required for orthodontic wires, working range, springiness, stiffness, resilience, Formability, ductility, ease of joining, corrosion resistance, stability in oral environment, bio compatibility

Stainless steels: Description, type, composition & properties of each type. Sensitisation & stabilisation , Mechanical properties – strength, tensile, yield strength, KHN. Braided & twisted wires their need , Solders for stainless steel, Fluxes, Welding

1. Wrought cobalt chromium nickel alloys, composition, allocation, properties, heat treatment, physical properties
2. Nickel – Titanium alloys, shape, memory & super elastic
3. Titanium alloys, application, composition, properties, welding, Corrosion resistance

12). DENTAL CEMENTS

Definition & Ideal requirements:

Cements: Silicate, Glass ionomer, metal modified glass ionomer, resin modified glass ionomer, zinc oxide eugenol, modified zinc oxide eugenol, zinc phosphate, zinc silico phosphate, zinc poly carboxylate, Cavity liners and cement bases, Varnishes Calcium hydroxide, Gutta percha

Application, classification (general and individual), setting mechanism, mode of supply, Properties, factors affecting setting, special emphasis on critical procedures of manipulation and protection of cement, mode of adhesion, biomechanism of caries inhibition.

Agents for pulpal protection., Modifications and recent advances, Principles of cementation. Special emphasis on cavity liners and cement bases and luting agents.

13). DENTAL CERAMICS

Historical background & General applications.

Dental ceramics : definition, classification, application, mode of supply, manufacturing procedure, methods of strengthening. Properties of fused ceramic: Strength and factors affecting, modulus of elasticity, surface hardness, wear resistance, thermal properties, specific gravity, chemical stability, esthetic properties, biocompatibility, technical considerations.

Metal Ceramics (PFM): Alloys - Types and composition of alloys. Ceramic - Type and Composition.

Metal Ceramic Bond - Nature of bond. Bonding using electro deposition, foil copings, bonded platinum



foil, swaged gold alloy foil coping. Technical considerations for porcelain and porcelain fused metal restorations. Recent advances - all porcelain restorations, Manganese core, injection moulded, castable ceramics, glass infiltrated alumina core ceramic (In ceram), ceramic veneers, inlays and onlays, and CAD - CAM ceramic. Chemical attack of ceramic by fluoride. Porcelain furnaces.

14). ABRASION & POLISHING AGENTS

Definition of abrasion and polishing. Need of abrasion and polishing. Types of abrasives: Finishing, polishing & cleaning. Types of abrasives: Diamond, Emery, aluminium oxides garnet, pumice, Kieselgurh, tripoli, rouge, tin oxide, chalk, chromic oxide, sand, carbides, diamond, zirconium silicate Zinc oxide

ABRASIVE ACTION :

Desirable characteristics of an abrasive, Rate of abrasion, Size of particle, pressure and speed. Grading of abrasive & polishing agents. Binder, Polishing materials & procedures used. Technical consideration - Material and procedure used for abrasion and polishin Electrolytic polishing and burnishing.

15). DIE AND COUNTER DIE MATERIALS INCLUDING ELECTROFORMING AND ELECTROPOLISHING.

Types – Gypsum products, Electroforming, Epoxy resin, Amalgam.
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16). DENTAL IMPLANTS : Evolution of dental implants, types and materials.

17). MECHANICS OF CUTTING : Burs and points.

At the end of the course the student should have the knowledge about the composition, properties, manipulative techniques and their various commercial names. The student should also acquire skills to select and use the materials appropriately for laboratory and clinical use.

RECOMMENDED BOOKS:

1. Phillips Science of Dental Materials – 10th edn.- Kenneth J. Anusavice
2. Restorative Dental Materials – 10 edn. Robert G.Craig
3. Notes on Dental Materials – E.C. Combe

COURSE OUTCOME

Year	Course Name	CO	Statement
2nd BDS	Dental materials	1	The student has knowledge about the use and properties of all dental materials.
		2	The student has knowledge about the biocompatibility of dental materials and their clinical applications.
		3	The student shall choose, manipulate and use appropriate dental materials in a given clinical scenario and laboratory procedures.



		4	The student is now able to use dental material without causing injury to the patient and use the material without wastage.
		5	The student is now able to adopt ethical principles in all dental practice.
		6	The student now has Professional honesty and integrity.
		7	The student now delivers treatment irrespective of social status, caste, creed or religion of patient.
		8	The student is now willing to share the knowledge and clinical experience with professional colleagues.
		9	The student is now willing to adopt new methods and techniques in prosthodontics from time to time based on scientific research which is in the patient's best interest.
		10	The student is now willing to respect the patient's rights and privileges including patient's right to information and right to seek second opinion.

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
2nd	<u>Dental</u> BDS <u>Materials</u>	1	03	03	03	03	03	03	03	03	03	03	03	03
		2	03	03	03	02	02	03	02	03	03	03	03	03
		3	03	03	03	02	02	02	02	03	03	03	03	03
		4	03	03	02	02	02	02	02	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03



		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	2.9	2.7	2.7	2.8	2.7	03	03	03	03	03

7. Pre clinical prosthodontics

Course code	Course name	Number of hours	Total marks
2127	Pre clinical prosthodontics	225	100

7. Pre clinical prosthodontics:

The science of Dental Material has undergone tremendous changes over the years. Continued research has led to new material systems and changing concepts in the dental field. Interlinked with various specialised branches of chemistry, practically all engineering applied sciences and biological characteristics, the science of dental material emerged as a basic sciences in itself with its own values and principles.

INTRODUCTION

AIMS:

Aim of the course is to present basic chemical and physical properties of Dental materials as they are related to its manipulation to give a sound educational background so that the practice of the dentistry emerged from art to empirical status of science as more information through further research becomes available. It is also the aim of the course of Dental materials to provide with certain criteria of selection and which will enable to discriminate between facts and propaganda with regards to claims of manufactures.

OBJECTIVES:

To understand the evolution and development of science of dental material.

To explain purpose of course in dental materials to personnels concerned with the profession of the dentistry. Knowledge of physical and chemical properties. Knowledge of biomechanical requirements of particular restorative procedure. An intelligent compromise of the conflicting as well as co-ordinating factors into the desired Ernest. Laying down standards or specifications of various materials to guide to manufacturers as well as to help professionals.

Search for newer and better materials which may answer our requirements with greater satisfaction. To understand and evaluate the claims made by manufactures of dental materials



NEEDS FOR THE COURSE:

The profession has to rise from an art to a science, , the need for the dentist to possess adequate knowledge of materials to exercises his best through knowledge of properties of different types of materials. The growing concern of health hazards due to mercury toxicity, inhalation of certain vapour or dust materials, irritations and allergic reaction to skin due to contact of materials. Materials causing irritation of oral tissues, pH of restorative materials causing inflammation and necrosis of pulp which is a cause for the dentist to posses wider knowledge of physical, chemical and biological properties of materials being used. For the protection for the patient and his own protection certain criteria of selection are provided that will enable the dentist to discriminate between facts and propaganda, which will make a material biologically accept.

SCOPE:

The dental materials is employed in mechanical procedures including restorative dentistry such as Prosthodontics, endodontics, periodontal, orthodontics and restorative materials. There is scarcely a dental procedure that does not make use of dental materials in one form or another and therefore the application of dental material is not limited to any one branch of dentistry. Branches such as minor surgery and periodontics require less use of materials but the physical and chemical characters of materials are important in these fields.

The toxic and tissue reaction of dental materials and their durability in the oral cavity where the temperature is between 32 & 37 degree centigrade, and the ingestion of hot or cold food ranges from 0-70 degree centigrade. The acid an alkalinity of fluids shown pH varies from 4 to 8.5. The load on 1 sq. mm of tooth or restorative materials can reach to a level as high as many kilograms. Thus the biological properties of dental materials cannot be separated from their physical and chemical properties.

2). STRUCTURE OF MATTER AND PRINCIPLES OF ADHESION.

Change of state, inter atomic primary bonds, inter atomic secondary bonds, inter atomic bond distance and bonding energy, thermal energy, crystalline structure, non crystalline structures, diffusion, adhesion and bonding and adhesion to tooth structures.

3). IMPORTANT PHYSICAL PROPERTIES APPLICABLE TO DENTAL MATERIALS

Physical properties are based on laws of mechanics, acoustics, optics, thermodynamics, electricity, magnetism, radiation, atomic structure or nuclear phenomena. Hue, value, chroma and translucency physical properties based on laws of optics, dealing with phenomena of light, vision and sight. Thermal conductivity & coefficient of thermal expansion are physical properties based on laws of thermodynamics. Stress, strain, proportional limit, elastic limit yield strength, modulus of elasticity, flexibility, resilience, impact, impact strength, permanent deformation, strength, flexure strength fatigue, static fatigue, toughness, brittleness, ductility & malleability, hardness, abrasion resistance, relaxation, rheology, Thixotropic, creep, static creep, dynamic creep, flow, colour, three dimensional colour – hue, values, chroma, Munsell system, metamersim, fluorescence, physical properties of tooth, stress during mastication

4). BIOLOGICAL CONSIDERATIONS IN USE OF DENTAL MATERIALS.

Materials used are with the knowledge of appreciation of certain biological considerations for use in oral cavity. Requirement of materials with biological compatibility. Classification of materials from



perspective of biological compatibility. eg. contact with soft tissues, affecting vitality of pulp, used for root canal fillings, affecting hard tissues of teeth, laboratory materials that could be accidentally be inhaled or ingested during handling. Hazards associated with materials: pH-affecting pulp, polymers causing chemical irritation, mercury toxicity, etc. Microleakage, Thermal changes, Galvanism, toxic effect of materials. Biological evaluation for systemic toxicity, skin irritation, mutagenicity and carcinogenicity. Disinfection of dental materials for infection control.

5). GYPSUM & GYPSUM PRODUCTS.

Gypsum – its origin, chemical formula, Products manufactured from gypsum.

Dental plaster, Dental stone, Die stone, high strength, high expansion stone.

Application and manufacturing procedure of each, macroscopic and microscopic structure of each .

Supplied as and Commercial names.

Chemistry of setting, setting reaction, theories of setting, gauging water, Microscopic structure of set material.

Setting time: working time and setting time, Measurement of setting time and factors controlling setting time .

Setting expansion, Hygroscopic setting expansion – factors affecting each

Strength :wet strength, dry strength, factors affecting strength, tensile strength

Slurry – need and use.

Care of cast.

ADA classification of gypsum products

Description of impression plaster and dental investment

Manipulation including recent methods or advanced methods.

Disinfection : infection control, liquids, sprays, radiation

Method of use of disinfectants

Storage of material – shelf life

6) IMPRESSION MATERIALS USED IN DENTISTRY

Impression plaster, Impression compound, Zinc oxide eugenol impression paste & bite registration paste incl., non eugenol paste, Hydrocolloids, reversible and irreversible, Elastomeric impression materials. Polysulphide, Condensation silicones, Addition silicones, Polyether, Visible light cure polyether urethane dimethacrylate, Historical background & development of each impression material, Definition of impression , Purpose of making impression, Ideal properties required and application of material, Classification as per ADA specification, general & individual impression material.

Application and their uses in different disciplines, Marketed as and their commercial names, Mode of supply & mode of application bulk/wash impression. Composition, chemistry of setting ,Control of setting time , Type of impression trays required, Adhesion to tray, manipulation, instruments & equipments required. Techniques of impression, storage of impression, (Compatibility with cast and die material). Any recent advancements in material and mixing devices. Study of properties: Working time, setting time, flow, accuracy, strength, flexibility, tear strength, dimensional stability, compatibility with cast & die materials incl., electroplating Biological properties: tissue reaction , Shelf life & storage of material, Infection control – disinfection, Advantages & disadvantages of each material.

7). SYNTHETIC RESINS USED IN DENTISTRY.

Historical background and development of material, Denture base materials and their classification and requirement



Classification of resins

Dental resins – requirements of dental resins, applications, polymerisation, polymerisation mechanism stages in addition polymerisation, inhibition of polymerisation, co polymerization, molecular weight, crosslinking, plastixizers, Physical properties of polymers, polymer structures types of resins.

ACRYLIC RESINS:

Mode of polymerisation: Heat activated, Chemically activated, Light activated, Mode of supply, application, composition, polymerisation reaction of each. Technical considerations: Methods of manipulation for each type of resin. Physical properties of denture base resin. Miscellaneous resins & techniques: Repair resins, Relining and rebasing. Short term and long-term soft-liners, temporary crown and bridge resins, Resin impression trays, Tray materials, Resin teeth, materials in maxillofacial prosthesis, Denture cleansers, Infection control in detail, Biological properties and allergic reactions.

RESTORATIVE RESINS:

Historical background, Resin based restorative materials, Unfilled & filled, Composite restorative materials, Mode of supply, Composition, Polymerisation mechanisms: Chemically activated, Light activated, Dual cure: Degree of conversion, Polymerisation shrinkage Classification of Composites: Application, composition and properties of each Composites of posterior teeth, Prosthodontics resins for veneering. Biocompatibility – microleakage, pulpal reaction, pulpal protection Manipulation of composites: Techniques of insertion of Chemically activated, light activated, dual cure Polymerisation, Finishing and polishing of restoration, Repair of composites Direct bonding Bonding: Need for bonding, Acid - etch technique, Enamel bonding, Dentin bonding agents. Mode of bonding, Bond strength, Sandwich technique its indication and procedure. Extended application for composites: Resins for restoring eroded teeth, Pit and fissure sealing, Resin inlays system – Indirect & direct, Core build up, Orthodontic applications.

8). METAL AND ALLOYS:

Structure and behaviour of metals, Solidification of metals, mechanism of crystallisation amorphous & crystalline. Classification of alloys, Solid solutions, Constitutes or equilibrium phase diagrams: Electric alloys, Physical properties, Peritectic alloys, Solid state reaction other binary systems: Metallography & Heat treatment. Tarnish and corrosion. Definition: causes of corrosion, protection against corrosion., Corrosion of dental restorations, clinical significance of galvanic current. Dental Amalgam.

History:

Definition of dental amalgam, application, Alloy classification, manufacture of alloy powder composition - available as.

Amalgamation : setting reaction & resulting structure , properties , Microleakage

Dimensional stability, Strength, Creep, Clinical performance

Manipulation: Selection of alloy, proportioning, mechanism of trituration, condensation, carving & finishing. Effect of dimensional changes, Marginal deterioration., Repair of amalgam, mercury toxicity, mercury hygiene.

DIRECT FILLING GOLD:

Properties of pure gold, mode of adhesion of gold for restoration forms of direct filling gold for using as restorative material

Classification : Gold Foil, Electrolytic precipitate, powdered gold.



Manipulation: Removal of surface impurities and compaction of direct filling gold.
Physical properties of compacted gold, Clinical performance.

DENTAL CASTING ALLOYS:

Historical background, desirable properties of casting alloys.

Alternatives to cast metal technology: direct filling gold, amalgam, mercury free condensable intermetallic compound - an alternative to metal casting process. CAD-CAM process for metal & ceramic inlays - without need of impression of teeth or casting procedure, pure titanium, most bio compatible metal which are difficult to cast can be made into crowns with the aid of CAD- CAM technology . Another method of making copings - by copy milling (without casting procedures).

Classification of casting alloys: By function & description.

Recent classification , High noble (HN), Noble (N) and predominantly base metal (PB)

Alloys for crown & bridge, metal ceramic & removable partial denture. Composition, function, constituents and application, each alloy both noble and base metal. Properties of alloys: Melting range, mechanical properties, hardness, elongation, modulus of elasticity, tarnish and corrosion. Casting shrinkage and compensation of casting shrinkage. Biocompatibility - Handling hazards & precautions of base metal alloys, casting investments used. Heat treatment : Softening & hardening heat treatment. Recycling of metals. Titanium alloys & their application , properties & advantages. Technical considerations In casting . Heat source, furnaces.

9). DENTAL WAXES INCLUDING INLAY CASTING WAX

Introduction and importance of waxes. Sources of natural waxes and their chemical nature.

Classification of Waxes:

Properties: melting range, thermal expansion, mechanical properties, flow & residual stresses, ductility. Dental Wax: Inlay wax: Mode of supply : Classification & composition, Ideal requirements:

Properties of inlay wax: Flow, thermal properties Wax distortion & its causes.

Manipulation of inlay wax: Instruments & equipment required, including electrically heated instruments metal tips and thermostatically controlled wax baths.

Other waxes: Applications, mode of supply & properties.

Casting Wax, Base plate wax, Processing wax, Boxing wax, Utility wax, Sticky wax, Impression wax for corrective impressions, Bite registration wax.

10). DENTAL CASTING INVESTMENTS.

Definition, requirements, classification

Gypsum bonded - classification. Phosphate bonded, Silica bonded

Mode of Supply: Composition, application , setting mechanism, setting time & factors controlling.

Expansions :Setting expansion, Hygroscopic Setting expansion, & thermal expansion : factors affecting. Properties : Strength, porosity, and fineness & storage. Technical considerations: For Casting procedure, Preparation of die, Wax pattern, spruing, investing, control of shrinkage compensation, wax burnout, and heating the invested ring, casting. Casting machines, source of heat for melting the alloy. Defects in casting.



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Need of joining dental appliances, Terms & Definition

Solders: Definition, ideal requirement, types of solders – Soft & hard and their fusion temperature, application. Mode of supply of solders, Composition and selection, Properties. Tarnish & corrosion resistance mechanical properties, microstructure of soldered joint. Fluxes & Anti fluxes: Definition, Function, Types, commonly used fluxes & their selection Technique of Soldering & Brazing : free hand soldering and investment, steps and procedure. Welding,: Definition, application, requirements, procedure, weld decay - causes and how to avoid it. Laser welding.

WROUGHT BASE METAL ALLOYS

Applications and different alloys used mainly for orthodontics purpose

1. Stainless steel
2. Cobalt chromium nickel
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4. Beta titanium

Properties required for orthodontic wires, working range, springiness, stiffness, resilience, Formability, ductility, ease of joining, corrosion resistance, stability in oral environment, bio compatibility

Stainless steels: Description, type, composition & properties of each type. Sensitisation & stabilisation ,

Mechanical properties – strength, tensile, yield strength, KHN. Braided & twisted wires their need , Solders for stainless steel, Fluxes, Welding

1. Wrought cobalt chromium nickel alloys, composition, allocation, properties, heat treatment, physical properties
2. Nickel – Titanium alloys, shape, memory & super elastic
3. Titanium alloys, application, composition, properties, welding, Corrosion resistance

12). DENTAL CEMENTS

Definition & Ideal requirements:

Cements: Silicate, Glass ionomer, metal modified glass ionomer, resin modified glass ionomer, zinc oxide eugenol, modified zinc oxide eugenol, zinc phosphate, zinc silico phosphate, zinc poly carboxylate, Cavity liners and cement bases, Varnishes Calcium hydroxide, Gutta percha

Application, classification (general and individual), setting mechanism, mode of supply, Properties, factors affecting setting, special emphasis on critical procedures of manipulation and protection of cement, mode of adhesion, biomechanism of caries inhibition.

Agents for pulpal protection., Modifications and recent advances, Principles of cementation. Special emphasis on cavity liners and cement bases and luting agents.

13). DENTAL CERAMICS

Historical background & General applications.

Dental ceramics : definition, classification, application, mode of supply, manufacturing procedure, methods of strengthening. Properties of fused ceramic: Strength and factors affecting, modulus of elasticity, surface hardness, wear resistance, thermal properties, specific gravity, chemical stability, esthetic properties, biocompatibility, technical considerations.

Metal Ceramics (PFM): Alloys - Types and composition of alloys. Ceramic - Type and Composition.

Metal Ceramic Bond - Nature of bond. Bonding using electro deposition, foil copings, bonded platinum



foil, swaged gold alloy foil coping. Technical considerations for porcelain and porcelain fused metal restorations. Recent advances - all porcelain restorations, Manganese core, injection moulded, castable ceramics, glass infiltrated alumina core ceramic (In ceram), ceramic veneers, inlays and onlays, and CAD - CAM ceramic. Chemical attack of ceramic by fluoride. Porcelain furnaces.

14). ABRASION & POLISHING AGENTS

Definition of abrasion and polishing. Need of abrasion and polishing. Types of abrasives: Finishing, polishing & cleaning. Types of abrasives: Diamond, Emery, aluminium oxides garnet, pumice, Kieselgurh, tripoli, rouge, tin oxide, chalk, chromic oxide, sand, carbides, diamond, zirconium silicate Zinc oxide

ABRASIVE ACTION :

Desirable characteristics of an abrasive, Rate of abrasion, Size of particle, pressure and speed. Grading of abrasive & polishing agents. Binder, Polishing materials & procedures used. Technical consideration - Material and procedure used for abrasion and polishin Electrolytic polishing and burnishing.

15). DIE AND COUNTER DIE MATERIALS INCLUDING ELECTROFORMING AND ELECTROPOLISHING.

Types – Gypsum products, Electroforming, Epoxy resin, Amalgam.
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16). DENTAL IMPLANTS : Evolution of dental implants, types and materials.

17). MECHANICS OF CUTTING : Burs and points.

At the end of the course the student should have the knowledge about the composition, properties, manipulative techniques and their various commercial names. The student should also acquire skills to select and use the materials appropriately for laboratory and clinical use.

RECOMMENDED BOOKS:

1. Phillips Science of Dental Materials – 10th edn.- Kenneth J. Anusavice
2. Restorative Dental Materials – 10 edn. Robert G.Craig
3. Notes on Dental Materials – E.C. Combe



COURSE OUTCOME

Pre- Clinical Prosthodontics (Course Code: 2127)

Year	Course Name	CO	Statement
2nd BD S	Pre- Clinical Prosthodontics	1	The student now has the knowledge about applied medical subjects related to the field of prosthodontics.
		2	Properties and use of various materials used in fabricating complete and removable partial dentures.
		3	The student has acquired skills pertaining to diagnosis and treatment planning for patients requiring Prosthodontic therapy.

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
2nd BD S	Pre- Clinical Prosthodontics	1	03	03	03	02	02	02	03	02	03	03	03	03
		2	03	03	03	02	02	02	02	02	03	03	03	03
		3	03	03	03	02	02	02	02	02	03	03	03	03
		4	03	03	02	02	02	02	02	02	03	03	03	03
		5	03	03	03	02	02	02	03	02	03	03	03	03
		6	03	03	03	02	02	02	03	02	03	03	03	03
	Average		03	03	2.83	2.0	2.0	2.0	2.5	02	03	03	03	03



8. Pre clinical conservative dentistry

Course code	Course name	Number of hours	Total marks
2128	Pre clinical conservative dentistry	225	100

8. Pre clinical conservative dentistry:

PRE CLINICAL CONSERVATIVE DENTISTRY LABORATORY EXERCISES

1. Identification and study of handcutting instruments chisels, gingival margin trimmers, excavators and hatchet.
2. Identification and use of rotary cutting instruments in contra angle hand pieces burs (Micromotor)
3. Preparation class I and extended class I and class II and MOD's and class V amounting to 10 exercises in plaster models.
4. 10 exercises in mounted extracted teeth of following class I, 4 in number class I extended cavities 2, class II 4 in number and Class V 2 in number. Cavity preparation base application matrix and wedge placement restoration with amalgam.
5. Exercises on phantom head models which includes cavity preparation base and varnish application matrix and wedge placement followed by amalgam restoration.
Class I 5
Class I with extension 2
Class II 10
Class II Mods 2
Class V and III for glass ionomers 4
Class V for amalgam 2
6. Polishing of above restorations.
7. Demonstration of Class III and Class V cavity preparation. For composites on extracted tooth completing the restoration.
8. Polishing and finishing of the restoration of composites.
9. Identification and manipulation of varnish bases like Zinc Phosphate, Poly carboxylate, Glass Ionomers, Zinc Oxide, Eugenol cements.
10. Identification and manipulation of various matrices, tooth separators and materials like composites and modified glass ionomer cements.



11. Cast Restoration

1. Preparation of Class II inlay cavity
2. Fabrication of wax pattern
3. Sprue for inner attachment investing
4. Investing of wax pattern
5. Finishing and cementing of class II inlay in extracted tooth.

12. Endodontics

1. Identification of basic endodontic instruments
2. Coronal access cavity preparation on extracted. Upper central incisors
3. Determination of working length.
4. Biomechanical preparation of root canal space of central incisor
5. Obfuration of root canal spaces. Absens of coronal access cavity.
6. Closure of acess cavity

COURSE OUTCOME

Year	Course Name	C O	Statement
2nd BD S	Pre- Clinical Conserv a-tive Dentistry	1	Students are now able to make Cavity outlines on Plaster Models.
		2	Students now understand the usage of Silver Amalgam in Dentistry.
		3	Students now understand the importance of Pulp Protection in Restorative Dentistry.
		4	Students now understand the importance of Pulp- Dentin Complex in Restorative Dentistry.
		5	Students now understand the importance of Proper Position for both Patients and Doctors in Restorative Dentistry.
		6	Students are now able to prepare and restore all categories of teeth on the Plaster Models.
		7	Students are now able to prepare and restore all categories of cavity on Extracted Teeth.
		8	Students are now able to prepare and restore all categories of cavity on Ivorine Teeth.
		9	Students are now able to dispense and manipulate materials for restorative work.
		10	Students are now able to assist seniors in procedures



		11	Students now are able to plan and execute various indirect restorations.
		12	Students are now able to transition successfully to the Clinics.

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
2nd	General & Dental Pharmacology & Therapeutics	1	03	03	03	03	03	02	02	03	03	03	03	03
BD		2	03	03	03	03	03	02	02	03	03	03	03	03
S		3	03	03	03	03	03	02	02	03	03	03	03	03
		4	03	03	03	03	03	02	02	03	03	03	03	03
		5	03	03	03	03	03	02	02	03	03	03	03	03
		6	03	03	03	03	03	02	02	03	03	03	03	03
		7	03	03	03	03	03	02	02	03	03	03	03	03
		8	03	03	03	03	03	02	02	03	03	03	03	03
		9	03	03	03	03	03	02	02	03	03	03	03	03
		10	03	03	03	03	03	02	02	03	03	03	03	03
		11	03	03	03	03	03	02	02	03	03	03	03	03
		12	03	03	03	03	03	02	02	03	03	03	03	03
		Average		03	03	03	03	03	02	02	03	03	03	03



9. General medicine

Course code	Course name	Number of hours	Total marks
2136	General medicine	150	200

9. General medicine:

GENERAL MEDICINE

GUIDELINES:

Special emphasis should be given throughout on the importance of various diseases as applicable to dentistry.

1. Special precautions/ contraindication of anaesthesia and various dental procedures in different systemic diseases.
2. Oral manifestations of systemic diseases.
3. Medical emergencies in dental practice.

A dental student should be taught in such a manner he/she is able to record the arterial pulse, blood pressure and be capable of suspecting by sight and superficial examination of the body – diseases of the heart, lungs, kidneys, blood etc. He should be capable of handling medical emergencies encountered in dental practice.

THEORY SYLLABUS

CORE TOPICS

(Must Know)

1. Aims of medicine Definitions of signs, symptoms, diagnosis, differential diagnosis treatment & prognosis.

COLLATERAL TOPICS

(Desirable to Know)

2. Infections.

Enteric fever, AIDS, herpes simplex, herpes zoster, syphilis diphtheria. Infectious mononucleosis mumps, measles, rubella, malaria.

3. G.I.T.

Stomatitis, gingival hyperplasia, dysphagia, acid peptic disease, jaundice, acute and chronic hepatitis, cirrhosis

of liver ascites.

Diarrhea

Dysentery

Amoebiasis

Malabsorption



4. CVS

Acute rheumatic fever rheumatic valvular heart disease, hypertension, ischemic heart disease, infective endocarditis, common arrhythmias, congenital heart disease, congestive cardiac failure.

5. RS

Pneumonia, COPD, Pulmonary TB, Bronchial asthma
Lung Abscess
Pleural effusion
Pneumothorax
Bronchiectasis
Lung cancers.

6. Hematology

Anemias, bleeding & clotting disorders, leukemias, lymphomas, agranulocytosis, splenomegaly, oral manifestations of hematologic disorders, generalized Lymphadenopathy.

7. Renal System

Acute nephritis
Nephrotic syndrome
Renal failure

8. Nutrition

Avitaminosis
Balanced diet
PEM
Avitaminosis

9. CNS

Facial palsy, facial pain including trigeminal neuralgia, epilepsy, headache including migraine.
- Meningitis
- Examination of comatose patient
- Examination of cranial nerves.

10. Endocrines

Diabetes Mellitus Acromegaly, Hypothyroidism, Thyrotoxicosis, Calcium metabolism and parathyroids. Addison's disease, Cushing's syndrome.

11. Critical care

Syncope, cardiac arrest, CPR, shock
Ac LVF



ARDS

CLINICAL TRAINING:

The student must be able to take history, do general physical examination (including build, nourishment, pulse, BP, respiration, clubbing, cyanosis, jaundice, lymphadenopathy, oral cavity) and be able to examine CVS, RS and abdomen and facial nerve.

General Medicine (Course Code: 2136)

Year	Course Name	C O	Statement The student now:
3rd BDS	General Medicine	1	Has basic knowledge about signs and symptoms of various diseases.
		2	Has basic Knowledge about recording a general case history of medical cases.
		3	Has basic Knowledge about general investigations like blood pressure recording, inspection, palpation of medical cases.
		4	Has basic knowledge about the dental management of medically compromised cases.
		5	Is able to record a detail case history of medical cases.
		6	Is able to identify oral manifestation of medically compromised cases.
		7	Is able to record blood pressure and other basic investigation required.
		8	Is able to Identify sign and symptoms of various diseases.
		9	Is willing to apply current knowledge of General medicine in the best interest of patients and community.
		10	Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.



MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
3rd BD S	<u>General Medicine</u>	1	03	03	03	03	03	03	03	03	03	03	03	03
		2	03	03	03	03	03	03	03	03	03	03	03	03
		3	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03
		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03

10. General Surgery

Course code	Course name	Number of hours	Total marks
2137	General Surgery	150	200



10. GENERAL SURGERY:

AIMS:

To acquaint the student with various diseases, which may require surgical expertise and to train the student to analyze the history and be able to do a thorough physical examination of the patient. The diseases as related to head and neck region are to be given due importance, at the same time other relevant surgical problems are also to be addressed. At the end of one year of study the student should have a good theoretical knowledge of various ailments, and be practically trained to differentiate benign and malignant diseases and be able to decide which patient requires further evaluation.

1. HISTORY OF SURGERY:

The development of surgery as a speciality over the years, will give the students an opportunity to know the contributions made by various scientists, teachers and investigators. It will also enable the student to understand the relations of various specialities in the practice of modern surgery.

2. GENERAL PRINCIPLES OF SURGERY:

Introduction to various aspects of surgical principles as related to orodental diseases. Classification of diseases in general. This will help the student to understand the various diseases, their relevance to routine dental practice.

3. WOUNDS:

Their classification, wound healing, repair, treatment of wounds, medico-legal aspects of accidental wounds and complications of wounds.

4. INFLAMMATION:

Of soft and hard tissues. Causes of inflammation, varieties, treatment and sequelae.

5. INFECTIONS:

Acute and chronic abscess skin infections, cellulitis, carbuncle, and erysepelas. Specific infections such as tetanus, gangrene, syphilis, gonorrhoea, tuberculosis, Actinomycosis, Vincents angina, cancrum oris. Pyaemia, toxaemia and septicaemia.

6. TRNSMISSABLE VIRAL INFECTIONS:

HIV and Hepatitis B with special reference to their prevention and precautions to be taken in treating patients in a carrier state.

7. SHOCK AND HAEMORRHAGE:

Classification, causes, clinical features and management of various types of shock. Syncope, Circulatory collapse. Haemorrhage – different types, causes, clinical features and management. Blood groups, blood transfusion, precautions and complications of blood and their products. Hemophilia's, their transmission, clinical features and management especially in relation to minor



dental procedures.

8. TUMOURS, ULCERS, CYSTS, SINUS AND FISTULAE:

Classification, clinical examination and treatment principles in various types of benign and malignant tumours, ulcers, cysts, sinus and fistulae.

9. DISEASES OF LYMPHATIC SYSTEM:

Especially those occurring in head and neck region. Special emphasis on identifying diseases such as tubercular infection, lymphomas, leukaemias, metastatic lymph node diseases.

10. DISEASES OF THE ORAL CAVITY:

Infective and malignant diseases of the oral cavity and oropharynx including salivary glands with special emphasis on preventive aspects of premalignant and malignant diseases of the oral cavity.

11. DISEASES OF LARYNX, NASOPHARYNX:

Infections and tumours affecting these sites. Indications, procedure and complications of tracheostomy.

12. NERVOUS SYSTEM:

Surgical problems associated with nervous system with special reference to the principles of peripheral nerve injuries, their regeneration and principles of treatment. Detailed description of affections of facial nerve and its management. Trigeminal neuralgia, its presentation and treatment.

13. FRACTURES:

General principles of fractures, clinical presentation and treatment with additional reference to newer methods of fracture treatment. Special emphasis on fracture healing and rehabilitation.

14. PRINCIPLES OF OPERATIVE SURGERY:

Principles as applicable to minor surgical procedures including detailed description of asepsis, antiseptics, sterilisation, principles of anaesthesia and principles of tissue replacement. Knowledge of sutures, drains, diathermy, cryosurgery and use of Laser in surgery.

15. ANOMOLIES OF DEVELOPMENT OF FACE:

Surgical anatomy and development of face. Cleft lip and cleft palate—principles of management.

16. DISEASES OF THYROID AND PARATHYROID:

Surgical anatomy, pathogenesis, clinical features and management of dysfunction of thyroid and parathyroid glands. Malignant diseases of the thyroid—classification, clinical features and management.

17. SWELLINGS OF THE JAW:

Differential diagnosis and management of different types of swellings of the jaw.

18. BIOPSY:

Different types of biopsies routinely used in surgical practice.



Skills to be developed by the end of teaching is to examine a routine swelling, ulcer and other related diseases and to perform minor surgical procedures such as draining an abscess, taking a biopsy etc.

Year	Course Name	CO	Statement
3rd BDS	General Surgery	1	Student now has knowledge of General Surgical Principles pertaining to Acute & Chronic Infections.
		2	Student now has knowledge of General Surgical Principles pertaining to Inflammation.
		3	Student now has knowledge of General Surgical Principles pertaining to wound Healing.
		4	Student now has knowledge of General Surgical Principles pertaining to Blood, Blood transfusion and management of blood loss.
		5	Student now has knowledge of General Surgical Principles pertaining to Cysts & Benign & Malignant Tumors.



MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
3rd	General	1	03	03	03	03	03	03	03	03	03	03	03	03
BDS	Surgery	2	03	03	03	03	03	03	03	03	03	03	03	03
		3	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03
		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03
		11	03	03	03	03	03	03	03	03	03	03	03	03
		12	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03

11. Oral pathology and oral microbiology

Course code	Course name	Number of hours	Total marks
2138	Oral pathology and oral microbiology	275	200



11. Oral pathology and oral microbiology:

OBJECTIVES:

At the end of Oral Pathology & Oral Microbiology course, the student should be able to comprehend -

1. The different types of pathological processes, that involve the oral cavity.
2. The manifestations of common diseases, their diagnosis & correlation with clinical pathological processes.
3. An understanding of the oral manifestations of systemic diseases should help in correlating with the systemic physical signs & laboratory findings.
4. The student should understand the underlying biological principles governing treatment of oral diseases.
5. The principles of certain basic aspects of Forensic Odontology.

SKILLS:

1. Microscopic study of common lesions affecting oral tissues through microscopic slides & projection slides.
2. Study of the disease process by surgical specimens.
3. Study of teeth anomalies/polymorphisms through tooth specimens & plaster casts.
4. Microscopic study of plaque pathogens.
5. Study of haematological preparations (blood films) of anaemias & leukemias.
6. Basic exercises in Forensic Odontology such as histological methods of age estimation and appearance of teeth in injuries.

1. INTRODUCTION:

A bird's eye view of the different pathological processes involving the oral cavity & oral cavity involvement in systemic diseases to be brought out. Interrelationship between General Medicine & General Surgery & Oral pathology to be emphasized.

2. Developmental disturbances of teeth, jaws and soft tissues of oral & paraoral region :

Introduction to developmental disturbances - Hereditary, Familial mutation, Hormonal etc. causes to be highlighted.

Developmental disturbances of teeth - Etiopathogenesis, clinical features, radiological features & histopathological features as appropriate :-

The size, shape, number, structure & eruption of teeth & clinical significance of the anomalies to be emphasized.

Forensic Odontology.

Developmental disturbances of jaws - size & shape of the jaws.

Developmental disturbances of oral & paraoral soft tissues - lip & palate - clefts, tongue, gingiva, mouth, salivary glands & face.

3. Dental Caries :

Etiopathogenesis, microbiology, clinical features, diagnosis, histopathology, immunology, prevention of dental caries & its sequelae.

4. Pulp & Periapical Pathology & Osteomyelitis.



- Etiopathogenesis & interrelationship, clinical features, microbiology, histopathology & radiological features (as appropriate) of pulp & periapical lesions & osteomyelitis.
- Sequelae of periapical abscess - summary of space infections, systemic complications & significance.

5. Periodontal Diseases :

- Etiopathogenesis, microbiology, clinical features, histopathology & radiological features (as appropriate) of gingivitis, gingival enlargements & periodontitis. Basic immunological mechanisms of periodontal disease to be highlighted.

6. Microbial infections of oral soft tissues :

- Microbiology, defence mechanisms including immunological aspects, oral manifestations, histopathology and laboratory diagnosis of common bacterial, viral & fungal infections namely :-
 Bacterial : Tuberculosis, Syphilis, ANUG & its complications - Cancrum Oris.
 Viral : Herpes Simplex, Varicella zoster, Measles, Mumps & HIV infection.
 Fungal : Candidal infection. Aphthous Ulcers.

7. Common non- inflammatory diseases involving the jaws :

- Etiopathogenesis, clinical features, radiological & laboratory values in diagnosis of :
 Fibrous dysplasia, Cherubism, Osteogenesis Imperfecta, Paget's disease, Cleidocranial dysplasia, Rickets, Achondroplasia, Marfan's syndrome & Down's syndrome.

8. Diseases of TM Joint :

- Ankylosis, summary of different types of arthritis & other developmental malformations, traumatic injuries & myofascial pain dysfunction syndrome.

9. Cysts of the Oral & Paraoral region :

- Classification, etiopathogenesis, clinical features, histopathology, laboratory & radiological features (as appropriate) of Odontogenic cysts, Non-Odontogenic cysts, Pseudocysts of jaws & soft tissue cysts of oral & paraoral region.

9. Tumours of the Oral Cavity :

- Classification of Odontogenic, Non-Odontogenic & Salivary Gland Tumours. Etiopathogenesis, clinical features, histopathology, radiological features & laboratory diagnosis (as appropriate) of the following common tumours :-

a) Odontogenic - all lesions.

b) Non-odontogenic

- Benign Epithelial - Papilloma, Keratoacanthoma & Naevi.
- Benign Mesenchymal - Fibroma, Aggressive fibrous lesions, Lipoma, Haemangioma, Lymphangioma, Neurofibroma, Schwannoma, Chondroma, Osteoma & Tori.
- Malignant Epithelial - Basal Cell Carcinoma, Verrucous Carcinoma,



Squamous Cell carcinoma & Malignant Melanoma.

- Malignant Mesenchymal - Fibrosarcoma, Osteosarcoma, Giant cell tumour, Chondrosarcoma, Angiosarcoma, Kaposi's sarcoma, Lymphomas, Ewing's sarcoma & Other Reticuloendothelial tumours.

c) Salivary Gland

- Benign Epithelial neoplasms - Pleomorphic Adenoma, Warthin's tumour, & Oncocytoma.

- Malignant Epithelial neoplasms - Adenoid Cystic Carcinoma, Mucoepidermoid Carcinoma, Acinic Cell Carcinoma & Adenocarcinomas.

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d) Tumours of Disputed Origin - Congenital Epulis & Granular Cell Myoblastoma.

e) Metastatic tumours - Tumors metastasizing to & from oral cavity & the routes of metastasis.

11. Traumatic, Reactive & Regressive lesions of Oral Cavity :

Pyogenic & Giant cell granuloma, exostoses Fibrous Hyperplasia, Traumatic Ulcer & Traumatic Neuroma.

Attrition, Abrasion, Erosion, Bruxism, Hypercementosis, Dentinal changes, Pulp calcifications & Resorption of teeth.

Radiation effects of oral cavity, summary of Physical & Chemical injuries including allergic reactions of the oral cavity.

Healing of Oral wounds & complications - Dry socket.

12. Non neoplastic Salivary Gland Diseases :

Sialolithiasis, Sialosis, Sialadenitis, Xerostomia & Ptyalism.

13. Systemic Diseases involving Oral cavity :

Brief review & oral manifestations, diagnosis & significance of common Blood, Nutritional, Hormonal & Metabolic diseases of Oral cavity.

14. Mucocutaneous Lesions :

Etiopathogenesis, clinical features & histopathology of the following common lesions.

Lichen Planus, Lupus Erythematosus, Pemphigus & Pemphigoid lesions, Erythema Multiforme, Psoriasis, Scleroderma, Ectodermal Dysplasia, Epidermolysis bullosa & White sponge nevus..

15. Diseases of the Nerves :

Facial neuralgias - Trigeminal & Glossopharyngeal. VII nerve paralysis, Causalgia.

Psychogenic facial pain & Burning mouth syndrome.

16. Pigmentation of Oral & Paraoral region & Discolouration of teeth :



causes & clinical manifestations.

17. Diseases of Maxillary Sinus :

Traumatic injuries to sinus, Sinusitis, Cysts & Tumours involving antrum.

18. a) ORAL PRECANCER – CANCER; Epidemiology, aetiology, clinical and histopathological features, TNM classification. Recent advances in diagnosis, management and prevention.

b) Biopsy : Types of biopsy, value of biopsy, cytology, histo chemistry & frozen sections in diagnosis of oral diseases.

19. Principles of Basic Forensic Odontology (Pre-clinical Forensic Odontology):

Introduction, definition, aims & scope.

Sex and ethnic (racial) differences in tooth morphology and histological age estimation

Determination of sex & blood groups from buccal mucosa / saliva.

Dental DNA methods

Bite marks, rugae patterns & lip prints.

Dental importance of poisons and corrosives.

Overview of forensic medicine and toxicology

RECOMMENDED BOOKS

1. A Text Book of Oral Pathology - Shafer, Hine & Levy.

2. Oral Pathology - Clinical Pathologic correlations - Regezi & Sciubba.

3. Oral Pathology - Soames & Southam.

4. Oral Pathology in the Tropics - Prabhu, Wilson, Johnson & Daftary

Course Outcome

Year	Course Name	C O	Statement Student is able to:
3rd BD S	Oral Patho- logy & Microbio- logy	1	Describe and identify various orofacial pathologies.
		2	Know about etiopathogenesis of various oral pathologies.
		3	Enumerate and describe different detection and diagnostic methods and treatment options for oral pathologies.
		4	Define, classify and describe various aspects of forensic odontology and its applied aspects.
		5	Detect and diagnose various oral pathologies.
		6	Diagnose various microscopic slides using light microscope.
		7	Diagnose various oral pathologies and syndromes using casts and



			specimens.
		8	Classify and apply various techniques of identification.
		9	Handle the tissue specimens and casts properly.
		10	Develop right aptitude to apply knowledge in clinical set up.

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
3rd	<u>Oral Pathology & Microbiology</u>	1	03	03	03	03	03	03	03	03	03	03	03	03
BD		2	03	03	03	03	03	03	03	03	03	03	03	03
S		3	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03
		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03



12.Public health dentistry

Course code	Course name	Number of hours	Total marks
2171	Public health dentistry	260	200

12.Public health dentistry

GOAL:

To prevent and control oral diseases and promote oral health through organized community efforts

OBJECTIVES:

Knowledge:

At the conclusion of the course the student shall have a knowledge of the basis of public health, preventive dentistry, public health problems in India, Nutrition, Environment and their role in health, basics of dental statistics, epidemiological methods, National oral health policy with emphasis on oral health policy.

Skill and Attitude:

At the conclusion of the course the students shall have require at the skill of identifying health problems affecting the society, conducting health surveys, conducting health education classes and deciding health strategies. Students should develop a positive attitude towards the problems of the society and must take responsibilities in providing health.

Communication abilities:

At the conclusions of the course the student should be able to communicate the needs of the community efficiently, inform the society of all the recent methodologies in preventing oral disease
Syllabus:

1. Introduction to Dentistry: Definition of Dentistry, History of dentistry, Scope, aims and objectives of Dentistry.

2. Public Health:

i. Health & Disease: - Concepts, Philosophy, Definition and Characteristics

ii. Public Health: - Definition & Concepts, History of public health

iii. General Epidemiology: - Definition, objectives, methods

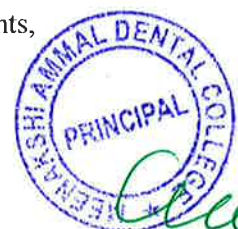
iv. Environmental Health: - Concepts, principles, protection, sources, purification

environmental sanitation of water disposal of waste sanitation, then role in mass disorder

v. Health Education: - Definition, concepts, principles, methods, and health education aids

vi. Public Health Administration: - Priority, establishment, manpower, private practice management, hospital management.

vii. Ethics and Jurisprudence: Professional liabilities, negligence, malpractice, consents, evidence, contracts, and methods of identification in forensic dentistry.



viii. Nutrition in oral diseases

ix. Behavioral science: Definition of sociology, anthropology and psychology and their in dental practice and community.

x. Health care delivery system: Center and state, oral health policy, primary health care, national programmes, health organizations.

Dental Public Health:

1. Definition and difference between community and clinical health.
2. Epidemiology of dental diseases-dental caries, periodontal diseases, malocclusion, dental fluorosis and oral cancer.
3. Survey procedures: Planning, implementation and evaluation, WHO oral health survey methods 1997, indices for dental diseases.
4. Delivery of dental care: Dental auxiliaries, operational and non-operational, incremental and comprehensive health care, school dental health.
5. Payments of dental care: Methods of payments and dental insurance, government plans
6. Preventive Dentistry- definition, Levels, role of individual , community and profession, fluorides in dentistry, plaque control programmes.

Research Methodology and Dental Statistics

1. Health Information: - Basic knowledge of Computers, MS Office, Window 2000, Statistical Programmes
2. Research Methodology: -Definition, types of research, designing a written protocol
3. Bio-Statistics: - Introduction, collection of data, presentation of data, Measures of Central tendency, measures of dispersion, Tests of significance, Sampling and sampling techniques, errors, bias, blind trails and calibration.

Practice Management

1. Place and locality
2. Premises & layout
3. Selection of equipments
4. Maintenance of records/accounts/audit.

Dentist Act 1948 with amendment.

Dental Council of India and State Dental Councils Composition and responsibilities.

Indian Dental Association

Head Office, State, local and branches.

PRACTICALS/CLINICALS/FIELD PROGEAMME IN COMMUNITY DENTISTRY:

These exercises designed to help the student in IV year students:

1. Understand the community aspects of dentistry
2. To take up leadership role in solving community oral health programme

Exercises:

- a) Collection of statistical data (demographic) on population in India, birth rates, morbidity and mortality, literacy, per capita income
- b) Incidence and prevalence of common oral diseases like dental caries, periodontal disease, oral cancer, fluorosis at national and international levels
- c) Preparation of oral health education material posters, models, slides, lectures, play acting



skits etc.

d) Oral health status assessment of the community using indices and WHO basic oral health survey methods

e) Exploring and planning setting of private dental clinics in rural, semi urban and urban locations, availment of finances for dental practices-preparing project report.

f) Visit to primary health center-to acquaint with activities and primary health care delivery

g) Visit to water purification plant/public health laboratory/ center for treatment of western and sewage water

h) Visit to schools-to assess the oral health status of school children, emergency treatment and health education including possible preventive care at school (tooth brushing technique demonstration and oral rinse programme etc.)

i) Visit to institution for the care of handicapped, physically, mentally, or medically compromised patients

j) Preventive dentistry: in the department application of pit and fissure sealants, fluoride gel application procedure, A. R. T., Comprehensive health for 5 pts at least 2 patients

The colleges are encouraged to involve in the N.S.S. programme for college students for carrying out social work in rural areas

SUGGESTED INTERNSHIP PROGRAMME IN COMMUNITY DENTISTRY:

I. AT THE COLLEGE:

Students are posted to the department to get training in dental practice management.

(a) Total oral health care approach- in order to prepare the new graduates in their approach to diagnosis, treatment planning, cost of treatment, prevention of treatment on schedule, recall maintenance of records etc. at least 10 patients (both children and adults of all types posting for at least one month).

(b) The practice of chair side preventive dentistry including oral health education

II. AT THE COMMUNITY ORAL HEALTH CARE CENTRE (ADOPTED BY THE DENTAL COLLEGE IN RURAL AREAS)

Graduates posted for at least on month to familiarize in:

(a) Survey methods, analysis and presentation of oral health assessment of school children and community independently using WHO basic oral health survey methods.

(b) Participation in rural oral health education programmes

(c) Stay in the village to understand the problems and life in rural areas

III. DESIRABLE: Learning use of computers-at least basic programme.

Examination Pattern

I. Index: Case History

b) Oral hygiene indices simplified- Green and Vermilion

c) Silness and Loe index for Plaque

d) Loe and Silness index for gingival

e) CPI

f) DMF: T and S, df:t and s

g) Deans fluoride index



II. Health Education

1. Make one - Audio visual aid
2. Make a health talk

III. Practical work

1. Pit and fissure sealant
2. Topical fluoride application

BOOKS RECOMMENDED & REFERENCE:

1. Dentistry Dental Practice and Community by David F. Striffler and Brain A. Burt, Edn. –1983, W. B. Saunders Company
2. Principles of Dental Public Health by James Morse Dunning, IVth Edition, 1986, Harward University Press.
3. Dental Public Health and Community Dentistry Ed by Anthony Jong Publication by The C. V. Mosby Company 1981
4. Community Oral Health-A system approach by Patricia P. Cormier and Joyce I. Levy published by Appleton-Century-Crofts/New York, 1981
5. Community Dentistry-A problem oriented approach by P. C. Dental Hand book series Vol.8 by Stephen L. Silverman and Ames F. Tryon, Series editor-Alvin F. Gardner, PSG Publishing company Inc. Littleton Massachuselts, 1980.
6. Dental Public Health- An Introduction to Community Dentistry. Edition by Geoffrey L. Slack and Brain Burt, Published by John Wright and sons Bristol, 1980
7. Oral Health Surveys- Basic Methods, 4th edition, 1997, published by W. H. O. Geneva available at the regional office New Delhi.
8. Preventive Medicine and Hygiene-By Maxcy and Rosenau, published by Appleton Century Crofts, 1986.
9. Preventive Dentistry-by J. O. Forrest published by John Wright and sons Bristoli, 1980.
10. Preventive Dentistry by Murray, 1997.
11. Text Book of Preventive and Social Medicine by Park and park, 14th edition.
12. Community Dentistry by Dr. Soben Peter.
13. Introduction to Bio-statistics by B. K. Mahajan
14. Research methodology and Bio-statistics by
15. Introduction to Statistical Methods by Grewal

COURSE OUTCOME

Year	Course Name	CO	Statement
4th yr B.D.S	Public Health Dentistry	I	The student now knows about the concept of health, various health indicators and history of Dental Public Health, its definition and the basic concept of dental public health.



		2	The student now is able to understand various types of epidemiological studies and knows the epidemiology of various oral diseases.
		3	The student now knows regarding the Planning of a survey and Indices for dental diseases and conditions.
		4	The student now knows regarding the influence of nutrition and diet on general and oral health.
			The student now knows the principles, methods of identification, evaluation and control of health hazards.
		6	The student now knows the basic principles of law in respect to health sciences and should know the recent laws regarding patient doctor relationship and its legal implications.
		7	The student now knows the definitions, types of research, designing of the written protocol, objectivity, methodology, quantification of records and analysis.
		8	The student now knows regarding the payment for dental care and health insurance.
		9	The student is now able to take history, conduct clinical examination to arrive at diagnosis at individual level and conduct survey at community level to arrive at community diagnosis. The student is now able to plan and perform all necessary treatment, prevention and promotion of oral health at individual and community level.
		10	The student is now able to plan appropriate community oral health program.
		11	The student makes use of knowledge of epidemiology to identify causes and plan appropriate preventive and control measures.
		12	The student is able to develop ways of helping community toward easy payment plan, and followed by evaluation for their oral health care needs.



		13	The student adopts ethical principles in all aspects of community oral health activities.
		14	The student is able to apply ethical and moral standards while carrying out epidemiological research.
		15	The student is able to develop communication skills, in particular to explain the causes and prevention of oral diseases to the patient.
		16	The student respects patient's rights and privilege including patients right to information and right to seek a second opinion.

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
4th	Public Health Dentistry	1	03	03	03	03	03	03	03	03	03	03	03	03
		2	03	03	03	03	03	03	03	03	03	03	03	03
		3	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03
		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03
		11	03	03	03	03	03	03	03	03	03	03	03	03



		12	03	03	03	03	03	03	03	03	03	03	03	03
		13	03	03	03	03	03	03	03	03	03	03	03	03
		14	03	03	03	03	03	03	03	03	03	03	03	03
		15	03	03	03	03	03	03	03	03	03	03	03	03
		16	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03

13.Periodontology

Course code	Course name	Number of hours	Total marks
2172	Periodontology	250	200

13.Periodontology:

OBJECTIVES:

The student shall acquire the skill to perform dental scaling ,diagnostic tests of periodontal diseases; to use the instruments for periodontal therapy and maintenance of the same.

The student shall develop attitude to impart the preventive measures namely, the prevention of periodontal diseases and prevention of the progress of the disease. The student shall also develop an attitude to perform the treatment with full aseptic precautions; shall develop an attitude to prevent iatrogenic diseases; to conserve the tooth to the maximum possible time by maintaining periodontal health and to refer the patients who require specialist's care.

1. Introduction: Definition of Periodontology, Periodontics, Periodontia, Brief historical background, Scope of Periodontics

2. Development of perio-dontal tissues, micro-structural anatomy and biology of periodontal tissues in detail Gingiva. Junctional epithelium in detail, Epithelial-Mesenchymal interaction,Periodontal, ligament Cementum, Alveolar bone.

3. Defensive mechanisms in the oral cavity: Role of-Epithelium,Gingival fluid, Saliva and other defensive mechanisms in the oral environment.

4. Age changes in periodontal structures and their significance in Geriatric dentistry Age changes in teeth and periodontal structures and their association with periodontal diseases.



5. Classification of periodontal diseases Need for classification, Scientific basis of classification
Classification of gingival and periodontal diseases as described in World Workshop 1989 Gingivitis: Plaque associated, ANUG, steroid hormone influenced, Medication influenced, Desquamative gingivitis, other forms of gingivitis as in nutritional deficiency, bacterial and viral infections etc.

Periodontitis:

Adult periodontitis, Rapidly progressive periodontitis A&B, Juvenile periodontitis (localized, generalized, and post-juvenile), Prepubertal periodontitis, Refractory periodontitis

6. Gingival diseases Localized and generalized gingivitis, Papillary, marginal and diffuse gingivitis
Etiology, pathogenesis, clinical signs, symptoms and management of

i) Plaque associated gingivitis

ii) Systemically aggravated gingivitis (sex hormones, drugs and systemic diseases)

iii) ANUG

iv) Desquamative gingivitis-Gingivitis associated with lichen planus, pemphigoid, pemphigus, and other vesiculobullous lesions

v) Allergic gingivitis

vi) Infective gingivitis-Herpetic, bacterial and candidial

vii) Pericoronitis

viii) Gingival enlargement (classification and differential diagnosis)

7 Epidemiology of periodontal diseases

- Definition of index, incidence, prevalence, epidemiology, endemic, epidemic, and pandemic

- Classification of indices (Irreversible and reversible)

- Deficiencies of earlier indices used in Periodontics

- Detailed understanding of Silness & Loe Plaque Index, Loe & Silness Gingival Index, CPITN & CPI.

- Prevalence of periodontal diseases in India and other countries.

- Public health significance (All these topics are covered at length under community dentistry. Hence, the topics may be discussed briefly. However, questions may be asked from the topics for examination)

8. Extension of inflammation from gingiva

Mechanism of spread of inflammation from gingival area to deeper periodontal structures

Factors that modify the spread

9. Pocket Definition, signs and symptoms, classification, pathogenesis, histopathology, root surface changes and contents of the pocket



10. Etiology - Dental Plaque (Biofilm)

- Definition, New concept of biofilm
- Types, composition, bacterial colonization, growth, maturation & disclosing agents
- Role of dental plaque in periodontal diseases
- Plaque microorganisms in detail and bacteria associated with periodontal diseases
- Plaque retentive factors
- Materia alba
- Food debris
- Calculus
- Definition
- Types, composition, attachment, theories of formation
- Role of calculus in disease

Food Impaction

- Definition
- Types, Etiology
- Hirschfelds' classification
- Signs, symptoms & sequelae of treatment

Trauma from occlusion

- Definition, Types
- Histopathological changes
- Role in periodontal disease
- Measures of management in brief

Habits

- Their periodontal significance
- Bruxism & parafunctional habits, tongue thrusting, lip biting, occupational habits

IATROGENIC FACTORS

Conservative Dentistry

- Restorations
- Contact point, marginal ridge, surface roughness, overhanging restorations, interface between restoration and teeth

Prosthodontics

- Interrelationship
- Bridges and other prosthesis, pontics (types), surface contour, relationships of margins to the periodontium, Gingival protection theory, muscle action theory & theory of access to oral hygiene.

Orthodontics



- Interrelationship, removable appliances & fixed appliances
- Retention of plaque, bacterial changes

Systemic diseases

- Diabetes, sex hormones, nutrition (Vit.C & proteins)
- AIDS & periodontium
- Hemorrhagic diseases, Leukemia, clotting factor disorders, PMN disorders

11. Risk factors Definition. Risk factors for periodontal diseases 1

12. Host response - Mechanism of initiation and progression of periodontal diseases

- Basic concepts about cells, Mast cells, neutrophils, macrophages, lymphocytes, immunoglobulins, complement system, immune mechanisms & cytokines in brief
- Stages in gingivitis-Initial, early, established & advanced
- Periodontal disease activity, continuous paradigm, random burst & asynchronous multiple burst hypothesis

13. Periodontitis - Etiology, histopathology, clinical signs & symptoms, diagnosis and treatment of adult periodontitis

- Periodontal abscess; definition, classification, pathogenesis, differential diagnosis and treatment
- Furcation involvement, Glickmans' classification, prognosis and management
- Rapidly progressive periodontitis
- Juvenile periodontitis: Localized and generalized
- Post-juvenile periodontitis
- Periodontitis associated with systemic diseases
- Refractory periodontitis

14. Diagnosis - Routine procedures, methods of probing, types of probes, (According to case history)

- Halitosis: Etiology and treatment. Mention advanced diagnostic aids and their role in brief.

15. Prognosis - Definition, types, purpose and factors to be taken into consideration

16. Treatment plan - Factors to be considered 1

17. Periodontal therapy A. General principles of periodontal therapy. Phase I, II, III, IV therapy.

Definition of periodontal regeneration, repair, new attachment and reattachment.

B. Plaque control

- Mechanical tooth brushes, interdental cleaning aids, dentifrices
- Chemical; classification and mechanism of action of each & pocket irrigation

18. Pocket eradication procedures

- Scaling and root planing:
- Indications
- Aims & objectives



- Healing following root planning
- Hand instruments, sonic, ultrasonic & piezo-electric scalers
- Curettage & present concepts
- Definition
- Indications
- Aims & objectives
- Procedures & healing response
- Flap surgery
- Definition
- Types of flaps, Design of flaps, papilla preservation
- Indications & contraindications
- Armamentarium
- Surgical procedure & healing response

9. Osseous Surgery Osseous defects in periodontal disease

- Definition
- Classification
- Surgery: resective, additive osseous surgery (osseous grafts with classification of grafts)
- Healing responses
- Other regenerative procedures; root conditioning
- Guided tissue regeneration

20. Mucogingival surgery & periodontal plastic surgeries

Definition

Mucogingival problems: etiology, classification of gingival recession (P.D. Miller Jr. and Sullivan and Atkins)

Indications & objectives

Gingival extension procedures: lateral pedicle graft, frenectomy, frenotomy

Crown lengthening procedures

Periodontal microsurgery in brief

21. Splints - Periodontal splints

- Purpose & classification
- Principles of splinting

22. Hypersensitivity Causes, Theories & management I

23. Implants Definition, types, scope & biomaterials used.

Periodontal considerations: such as implant-bone interface, implant-gingiva interface, implant failure, peri-implantitis & management

24. Maintenance phase

(SPT)

- Aims, objectives, and principles
- Importance



- Procedures
- Maintenance of implants

25. Pharmaco-therapy - Periodontal dressings

- Antibiotics & anti-inflammatory drugs
- Local drug delivery systems

26. Periodontal management of medically compromised patients

Topics concerning periodontal management of medically compromised patients

27. Inter-disciplinary care - Pulpo-periodontal involvement

- Routes of spread of infection
- Simons' classification
- Management

28. Systemic effects of periodontal diseases in brief

Cardiovascular diseases, Low birth weight babies etc.

29. Infection control protocol Sterilization and various aseptic procedures

30. Ethics

TUTORIALS DURING CLINICAL POSTING;

1. Infection control
2. Periodontal instruments
3. Chair position and principles of instrumentation
4. Maintenance of instruments (sharpening)
5. Ultrasonic, Piezoelectric and sonic scaling – demonstration of technique
6. Diagnosis of periodontal disease and determination of prognosis
7. Radiographic interpretation and lab investigations
8. Motivation of patients- oral hygiene instructions

Students should be able to record a detailed periodontal case history, determine diagnosis, prognosis and plan treatment. Student should perform scaling, root planning local drug delivery and SPT. Shall be given demonstration of all periodontal surgical procedures.

DEMONSTRATIONS:

1. History taking and clinical examination of the patients
2. Recording different indices
3. Methods of using various scaling and surgical instruments
4. Polishing the teeth
5. Bacterial smear taking
6. Demonstration to patients about different oral hygiene aids
7. Surgical procedures- gingivectomy, gingivoplasty, and flap operations
8. Follow up procedures, post operative care and supervision

REQUIREMENTS:

1. Diagnosis, treatment planning and discussion and total periodontal treatment – 25 cases



2. Dental scaling, oral hygiene instructions – 50 complete cases/ equivalent
 3. Assistance in periodontal surgery – 5 cases
 4. A work record should be maintained by all the students and should be submitted at the time of examination after due certification from the head of the department.
- Students should have to complete the work prescribed by the concerned department from time to time and submit a certified record for evaluation.

PRESCRIBED BOOK:

1. Glickman's Clinical Periodontology — Carranza

REFERENCE BOOKS

1. Essentials of Periodontology and periodontics- Torquil MacPhee
2. Contemporary periodontics- Cohen
3. Periodontal therapy- Goldman
4. Orbans' periodontics- Orban
5. Oral Health Survey- W.H.O.
6. Preventive Periodontics- Young and Stiffler
7. Public Health Dentistry- Slack
8. Advanced Periodontal Disease- John Prichard
9. Preventive Dentistry- Forrest
10. Clinical Periodontology- Jan Lindhe
11. Periodontics- Baer & Morris.

- 1- Periodontology (Course Code: 2172)
- 2- Periodontology (Course Code: 2172)

COURSE OUTCOME

Year	Course Name	CO	Statement
4 th yr B.D. S	Period- ontolog y	1	The student now knows the normal anatomy of Oral mucosa, Gingiva and supporting structures of the teeth & differentiation between the normal and diseased structures of periodontium.
		2	The student is now able to classify Gingival and Periodontal diseases according to Etiology.
		3	The student can analyze and understand the epidemiology and statistics related to Periodontal disease.
		4	The student knows the pathogenesis of periodontal disease and role of microorganisms and their interaction with the host in Etiology of Periodontal Disease.
		5	The student knows potential predisposing factors of periodontal disease and methods to manage them.



		6	The student knows the effects of smoking and parafunctional habits in pathogenesis of periodontal disease.
		7	The student knows the dynamics related to interdisciplinary periodontics and management of cases involving periodontal tissues.
		8	The student knows the periodontal conditions that could be manifestations of systemic conditions in the body and knowledge to refer patients to Specialists and Physicians whenever needed.
		9	The student can now take Case history records of patients with periodontal disease, formulate provisional diagnosis, advise appropriate investigations to come to a final diagnosis.
		10	The student can now formulate statistical analysis of the common and rare conditions occurring in the given populations.
		11	The student can now undertake preventive programs in the community.
		12	The student now diagnoses periodontal conditions based on risk factors and formulate treatment plan to eliminate those risk factors.



		13	The student can perform treatment procedures like Scaling, Root Planing, Prescribe patients antimicrobial and host modulation therapy and Motivate patient for plaque control.
		14	The student understands the interdisciplinary association with other specialties of dentistry and correlate diagnosis and treatment parameters in proper management of dental conditions.
		15	The student can diagnose periodontal disease in the society and maintain the privacy regarding patient diagnosis and investigations.
		16	The student is able to understand the need to reach the common public regarding the prevention and control of periodontal disease.
		17	The student is able to understand the importance of motivation and education in society to improve the overall periodontal status in general populations.
		18	The student can identify social, economic, environmental and emotional determinants in periodontal health and disease conditions and take them into account for planned treatment.
		19	The student is able to understand ill effects of various deleterious habits on periodontium and take adequate methods to prevent them.
		20	The student is able to understand ethical and moral values in managing any periodontal conditions and treating the individual as a whole, rather than the specific condition.

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
4th BDS	Periodontology	1	03	03	03	03	03	03	03	03	03	03	03	03
		2	03	03	03	03	03	03	03	03	03	03	03	03
		3	03	03	03	03	03	03	03	03	03	03	03	03



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		8	03	03	03	03	03	03	03	03	03	03	03	03



		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03
		11	03	03	03	03	03	03	03	03	03	03	03	03
		12	03	03	03	03	03	03	03	03	03	03	03	03
		13	03	03	03	03	03	03	03	03	03	03	03	03
		14	03	03	03	03	03	03	03	03	03	03	03	03
		15	03	03	03	03	03	03	03	03	03	03	03	03
		16	03	03	03	03	03	03	03	03	03	03	03	03
		17	03	03	03	03	03	03	03	03	03	03	03	03
		18	03	03	03	03	03	03	03	03	03	03	03	03
		19	03	03	03	03	03	03	03	03	03	03	03	03
		20	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03



14. Orthodontics and dentofacial orthopaedics

Course code	Course name	Number of hours	Total marks
2173	Orthodontics and dentofacial orthopaedics	220	200

14. Orthodontics and dentofacial orthopaedics

COURSE OBJECTIVE:

Undergraduate programme in Orthodontics is designed to enable the qualifying dental surgeon to diagnose, analyse and treat common orthodontic problems by preventive, interceptive and corrective orthodontic procedures. The following basic instructional procedures will be adapted to achieve the above objectives.

1. Introduction, Definition, Historical Background, Aims And Objectives Of Orthodontics And Need For Orthodontics Care.

2. Growth And Development: In General

- a. Definition
- b. Growth spurts and Differential growth
- c. Factors influencing growth and Development
- d. Methods of measuring growth
- e. Growth theories (Genetic, Sicher's, Scott's, Moss's, Petrovics, Multifactorial)
- f. Genetic and epigenetic factors in growth
- g. Cephalocaudal gradient in growth.

3. Morphologic Development Of Craniofacial Structures

- a. Methods of bone growth
- b. Prenatal growth of craniofacial structures
- c. Postnatal growth and development of: cranial base, maxilla, mandible, dental arches and occlusion.

4. Functional Development Of Dental Arches And Occlusion

- a. Factors influencing functional development of dental arches and occlusion.
- b. Forces of occlusion
- c. Wolfe's law of transformation of bone
- d. Trajectories of forces

5. Clinical Application Of Growth And Development

6. Malocclusion - In General

- a. Concept of normal occlusion
- b. Definition of malocclusion



c. Description of different types of dental, skeletal and functional malocclusion.

7. Classification of Malocclusion

Principle, description, advantages and disadvantages of classification of malocclusion by Angle's, Simon's, Lischer's and Ackerman and Proffit's.

8. Normal And Abnormal Function Of Stomatognathic System

9. Etiology Of Malocclusion

a. Definition, importance, classification, local and general etiological factors.

b. Etiology of following different types of malocclusion:

1) Midline diastema

2) Spacing

3) Crowding

4) Cross-Bite: Anterior/Posterior

5) Class III Malocclusion

6) Class II Malocclusion

7) Deep Bite

8) Open bite

10. Diagnosis And Diagnostic Aids

a. Definition, Importance and classification of diagnostic aids

b. Importance of case history and clinical examination in orthodontics

c. Study Models: - Importance and uses - Preparation and preservation of study models

d. Importance of intraoral X-rays in orthodontics

e. Panoramic radiographs: - Principles, Advantages, disadvantages and uses

f. Cephalometrics: Its advantages, disadvantages

1. Definition

2. Description and use of cephalostat

3. Description and uses of anatomical landmarks lines and angles used in cephalometric analysis

4. Analysis- Steiner's, Down's, Tweed's, Ricket's-E- line

g. Electromyography and its uses in orthodontics

h. Wrist X-rays and its importance in orthodontics

11. General Principles In Orthodontic Treatment Planning Of Dental And Skeletal Malocclusions

12. Anchorage In Orthodontics - Definition, Classification, Types and Stability Of Anchorage

13. Biomechanical Principles In Orthodontic Tooth Movement

a. Different types of tooth movements

b. Tissue response to orthodontic force application

c. Age factor in orthodontic tooth movement



14. Preventive Orthodontics

- a. Definition
- b. Different procedures undertaken in preventive orthodontics and their limitations.

15. Interceptive Orthodontics

- a. Definition
- b. Different procedures undertaken in interceptive orthodontics
- c. Serial extractions: Definition, indications, contra-indication, technique, advantages and disadvantages.
- d. Role of muscle exercises as an interceptive procedure

16. Corrective Orthodontics

- a. Definition; factors to be considered during treatment planning.
- b. Model analysis: Pont's, Ashley Howe's, Bolton, Careys, Moyer's Mixed Dentition Analysis
- c. Methods of gaining space in the arch:- Indications, relative merits and demerits of proximal stripping, arch expansion and extractions
- d. Extractions in Orthodontics - indications and selection of teeth for extraction.

17. Orthodontic Appliances: General

- a. Requisites for orthodontic appliances
- b. Classification, indications of Removable and Functional Appliances
- c. Methods of force application
- d. Materials used in construction of various orthodontic appliances - uses of stainless steel, technical considerations in curing of acrylic, Principles of welding and soldering, fluxes and antfluxes.
- e. Preliminary knowledge of acid etching and direct bonding.

18. Ethics

REMOVABLE ORTHODONTIC APPLIANCES

- 1) Components of removable appliances
- 2) Different types of clasps and their uses
- 3) Different types of labial bows and their uses
- 4) Different types of springs and their uses
- 5) Expansion appliances in orthodontics:
 - i) Principles
 - ii) Indications for arch expansion
 - iii) Description of expansion appliances and different types of expansion devices and their uses.
 - iv) Rapid maxillary expansion

FIXED ORTHODONTIC APPLIANCES

1. Definition, Indications & Contraindications



2. Component parts and their uses
3. Basic principles of different techniques: Edgewise, Begg's, straight wire.

EXTRAORAL APPLIANCES

1. Headgears
2. chin cup
3. reverse pull headgears

MYOFUNCTIONAL APPLIANCES

1. Definition and principles
2. Muscle exercises and their uses in orthodontics
3. Functional appliances:
 - i) Activator, Oral screens, Frankels function regulator, bionator twin blocks, lip bumper
 - ii) Inclined planes - upper and lower

18. Orthodontic Management Of Cleft Lip And Palate

19. Principles Of Surgical Orthodontics

Brief knowledge of correction of:

- a. Mandibular Prognathism and Retrognathism
- b. Maxillary Prognathism and Retrognathism
- c. Anterior open bite and deep bite
- d. Cross bite

20. Principle, Differential Diagnosis & Methods Of Treatment Of:

1. Midline diastema
2. Cross bite
3. Open bite
4. Deep bite
5. Spacing
6. Crowding
7. Class II - Division 1, Division 2
8. Class III Malocclusion - True and Pseudo Class III

21. Retention And Relapse

Definition, Need for retention, Causes of relapse, Methods of retention, Different types of retention devices, Duration of retention, Theories of retention.

CLINICALS AND PRACTICALS IN ORTHODONTICS

PRACTICAL TRAINING DURING II YEAR B.D.S.

- I. Basic wire bending exercises Gauge 22 or 0.7mm
 1. Straightening of wires (4 Nos.)
 2. Bending of a equilateral triangle
 3. Bending of a rectangle
 4. Bending of a square



5. Bending of a circle
6. Bending of U.V.

II. Construction of Clasps (Both sides upper/lower) Gauge 22 or 0.7mm

1. 3/4 Clasp (C-Clasp)
2. Full Clasp (Jackson's Crib)
3. Adam's Clasp
4. Triangular Clasp

III. Construction of Springs (on upper both sides) Gauge 24 or 0.5mm

1. Finger Spring
2. Single Cantelever Spring
3. Double Cantelever Spring (Z-Spring)
4. T-Springs on premolars

IV. Construction of Canine retractors Gauge 23 or 0.6mm

1. U - Loop canine retractor
(Both sides on upper & lower)
2. Helical canine retractor
(Both sides on upper & lower)
3. Buccal canine retractor:
- Self supported buccal canine retractor
with
 - a) Sleeve - 5mm wire or 24 gauge
 - b) Sleeve - 19 gauge needle on any one side.
4. Palatal canine retractor on upper both sides
Gauge 23 or 0.6mm

V. Labial Bow

Gauge 22 or 0.7mm
One on both upper and lower

CLINICAL TRAINING DURING III YEAR B.D.S.

NO. EXERCISE

01. Making upper Alginate impression
02. Making lower Alginate impression
03. Study Model preparation
04. Model Analysis
 - a. Pont's Analysis
 - b. Ashley Howe's Analysis
 - c. Carey's Analysis
 - d. Bolton's Analysis
 - e. Moyer's Mixed Dentition Analysis

CLINICAL TRAINING DURING FINAL YEAR B.D.S.



NO. EXERCISE

01. Case History taking
02. Case discussion
03. Discussion on the given topic
04. Cephalometric tracings
 - a. Down's Analysis
 - b. Steiner's Analysis
 - c. Tweed's Analysis

PRACTICAL TRAINING DURING FINAL 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. High Labial bow with Apron spring on upper arch
(Gauge of Labial bow - 0.9mm, Apron spring - 0.3mm)
4. Coffin spring on upper arch Gauge 1mm

Appliance Construction in Acrylic

1. Upper & Lower Hawley's Appliance
2. Upper Hawley's with Anterior bite plane
3. Upper Habit breaking Appliance
4. Upper Hawley's with Posterior bite plane with 'Z' Spring
5. Construction of Activator
6. Lower inclined plane/Catalan's Appliance
7. Upper Expansion plate with Expansion Screw

RECOMMENDED AND REFERENCE BOOKS

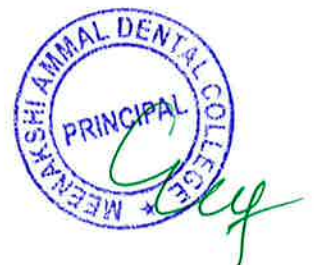
1. CONTEMPORARY ORTHODONTICS WILLIAM R. PROFFIT
2. ORTHODONTICS FOR DENTAL STUDENTS WHITE and GARDINER
3. HANDBOOK OF ORTHODONTICS MOYERS
4. ORTHODONTICS - PRINCIPLES AND PRACTICE GRABER
5. DESIGN, CONSTRUCTION AND USE OF REMOVABLE
6. ORTHODONTIC APPLIANCES C. PHILIP ADAMS
7. CLINICAL ORTHODONTICS: VOL1 & 2 SALZMANN

COURSE OUTCOME

Year	Course Name	CO	Statement
4 th yr B.D.S	Orthodontics & Dento-facial Orthopaedics	1	The student now knows about normal growth and development of facial skeleton and dentition.
		2	The student now knows about the various diseases or conditions affecting normal growth process.



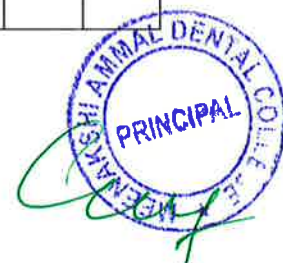
		3	The student can now diagnose the various malocclusion categories.
		4	The undergraduate Student will be able to pinpoint aberrations in the growth process of both dental and skeletal structures and plan necessary treatment.
		5	The student is able to motivate and explain to the patient (and parent) about the necessity of treatment.
		6	The student can plan and execute preventive orthodontics (space maintainers or space retainers).



		7	The student can plan and execute interceptive orthodontics (habit breaking appliances).
		8	The student is able to manage treatment of simple malocclusion such as anterior spacing using removable appliances.
		9	The student is able to handle delivery and activation of removable orthodontic appliances
		10	The student can diagnose and appropriately refer patients with complex malocclusion to the specialist.
		11	The student will have highest regard for professional ethics and strive to deliver best possible treatment to patients.
		12	The student will continuously seek to update his knowledge with new advances in diagnosis and treatment procedures.

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
4th BD S	<u>Orthodontics</u> & <u>Dentofacial</u> <u>Orthopedics</u>	1	03	03	03	03	03	03	03	03	03	03	03	03
		2	03	03	03	03	03	03	03	03	03	03	03	03
		3	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03



		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03
		11	03	03	03	03	03	03	03	03	03	03	03	03
		12	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03



15. Oral medicine and radiology

Course code	Course name	Number of hours	Total marks
2174	Oral medicine and radiology	235	200

15.Oral medicine and radiology

AIMS:

- (1) To train the students to diagnose the common disorders of Orofacial region by clinical examination and with the help of such investigations as may be required and medical management of oro-facial disorders with drugs and physical agents.
 - (2) To train the students about the importance, role, use and techniques of radiographs/digital radiograph and other imaging methods in diagnosis.
 - (3) The principles of the clinical and radiographic aspects of Forensic Odontology.
- The syllabus in ORAL MEDICINE & RADIOLOGY is divided into two main parts.
- (I) Diagnosis, Diagnostic methods and Oral Medicine (II) Oral Radiology. Again the part ONE is subdivided into three sections. (A) Diagnostic methods (B) Diagnosis and differential diagnosis (C) Oral Medicine & Therapeutics.

COURSE CONTENT

- (1) Emphasis should be laid on oral manifestations of systemic diseases and ill-effects of oral sepsis on general health.
- (2) To avoid confusion regarding which lesion and to what extent the student should learn and know, this elaborate syllabus is prepared. As certain lesions come under more than one group, there is repetition.

Part-I ORAL MEDICINE AND DIAGNOSTIC AIDS

SECTION (A) – DIAGNOSTIC METHODS.

- (1) Definition and importance of Diagnosis and various types of diagnosis
- (2) Method of clinical examinations.
 - (a) General Physical examination by inspection.
 - (b) Oro-facial region by inspection, palpation and other means
- (c) To train the students about the importance, role, use of saliva and techniques of diagnosis of saliva as part of oral disease
- (d) Examination of lesions like swellings, ulcers, erosions, sinus, fistula, growths, pigmented lesions, white and red patches



- (e) Examination of lymph nodes
- (f) Forensic examination – Procedures for post-mortem dental examination; maintaining dental records and their use in dental practice and post-mortem identification; jurisprudence and ethics.
- (3) Investigations
 - (a) Biopsy and exfoliative cytology
 - (b) Hematological, Microbiological and other tests and investigations necessary for diagnosis and prognosis

SECTION (B) – DIAGNOSIS, DIFFERENTIAL DIAGNOSIS

While learning the following chapters, emphasis shall be given only on diagnostic aspects including differential diagnosis

- (1) Teeth: Developmental abnormalities, causes of destruction of teeth and their sequelae and discoloration of teeth
- (2) Diseases of bone and Osteodystrophies: Development disorders: Anomalies, Exostosis and tori, infantile cortical hyperostosis, osteogenesis imperfecta, Marfans syndrome, osteopetrosis.
Inflamation – Injury, infection and sperad of infection, fascial space infections, osteoradionecrosis.
Metabolic disorders – Histiocytosis
Endocrine – Acro-megaly and hyperparathyroidism
Miscellaneous – Paget’s disease, Mono and polyostotic fibrous dysplasia, Cherubism.
- (3) Temporomandibular joint: Developmental abnormalities of the condyle. Rheumatoid arthritis, Osteoarthritis, Sub-luxation and luxation.
- (4) Common cysts and Tumors:

CYSTS: Cysts of soft tissue: Mucocele and Ranula

Cysts of bone: Odontogenic and nonodontogenic.

TUMORS:

Soft Tissue:

Epithelial: Papilloma, Carcinoma, Melanoma

Connective tissue: Fibroma, Lipoma, Fibrosarcoma

Vascular: Haemangioma, Lymphangioma

Nerve Tissue: Neurofibroma, Traumatic Neuroma, Neurofibromatosis

Salivary Glands: Pleomorphic adenoma, Adenocarcinoma, Warthin’s Tumor, Adenoid cystic carcinoma.

Hard Tissue:

Non Odontogenic: Osteoma, Osteosarcoma, Osteoclastoma, Chondroma, Chandrosarcoma, Central giant cell tumor, and Central haemangioma

Odontogenic: Enameloma, Ameloblastoma, Calcifying Epithelial Odontogenic tumor, Adenomatoid

Odontogenic tumor, Periapical cemental dysphasia and odontomas

(5) Periodontal diseases: Gingival hyperplasia, gingivitis, periodontitis, pyogenic granuloma

(6) Granulomatous diseases: Tuberculosis, Sarcoidosis, Midline lethal granuloma, Crohn’s Disease and Histiocytosis X

(7) Miscellaneous Disorders: Burkitt lymphoma, sturge – Weber syndrome, CREST syndrome, renduosler-weber disease

SECTION (C): ORAL MEDICINE AND THERAPEUTICS.

The following chapters shall be studied in detail including the eiology, pathogenesis, clinical features, investigations, differential diagnosis, management and prevention



(1) Infections of oral and paraoral structures:

Bacterial: Streptococcal, tuberculosis, syphilis, Vincent's, leprosy, actinomycosis, diphtheria and tetanus

Fungal: Candida albicans

Virus: Herpes simplex, herpes zoster, Ramsay Hunt syndrome, measles, herpangina, mumps, infectious mononucleosis, AIDS and hepatitis-B

(2) Important common mucosal lesions:

White lesions: Chemical burns, leukoedema, leukoplakia, Fordyce spots, stomatitis nicotina palatinus, white sponge nevus, candidiasis, lichen planus, discoid lupus erythematosus

Vesiculo-bullous lesions: Herpes simplex, herpes zoster, herpangina, bullous lichen planus, pemphigus, cicatricial pemphigoid erythema multiforme.

Ulcers: Acute and chronic ulcers

Pigmented lesions: Exogenous and endogenous

Red lesions: Erythroplakia, stomatitis venenata and medicamentosa, erosive lesions and denture sore mouth.

(3) Cervico-facial lymphadenopathy

(4) Facial pain:

(i) Organic pain: Pain arising from the diseases of orofacial tissues like teeth, pulp, gingival, periodontal tissue, mucosa, tongue, muscles, blood vessels, lymph tissue, bone, paranasal sinus, salivary glands etc.,

(ii) Pain arising due to C.N.S. diseases:

(a) Pain due to intracranial and extracranial involvement of cranial nerves. (Multiple sclerosis, cerebrovascular diseases, Trotter's syndrome etc.)

(b) 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 like heart, spine etc.,

(5) Altered sensations: Cacogeusia, halitosis

(6) Tongue in local and systemic disorders: (Aglossia, ankyloglossia, bifid tongue, fissured tongue, scrotal tongue, macroglossia, microglossia, geographic tongue, median rhomboid glossitis, depapillation of tongue, hairy tongue, atrophic tongue, reactive lymphoid hyperplasia, glossodynia, glossopyrosis, ulcers, white and red patches etc.)

(7) Oral manifestations of:

(i) Metabolic disorders:

(a) Porphyria

(b) Haemochromatosis

(c) Histocytosis X diseases

(ii) Endocrine disorders:



- (a) Pituitary: Gigantism, acromegaly, hypopituitarism
- (b) Adrenal cortex: Addison's disease (Hypofuntion)
Cushing's syndrome (Hyperfunction)
- (c) Parathyroid glands: Hyperparathyroidism.
- (d) Thyroid gland: (Hypothyroidism) Cretinism, myxedema
- (e) Pancreas: Diabetes

(iii) Nutritional deficiency: Vitamins: riboflavin, nicotinic acid, folic acid Vitamin B12, Vitamin C (Scurvy)

(iv) Blood disorders:

(a) Red blood cell diseases

Defficiency anemias: (Iron deficiency, plummer – vinson syndrome, pernicious anemia)

Haemolytic anemias: (Thalassemia, sickle cell anemia, erythroblastosis fetalis)

Aplastic anemia

Polycythemia

(b) White Blood cell diseases

Neutropenia, cyclic neutropenia, agranulocytosis, infectious mononeucleosis and leukemias

(c) Haemorrhagic disorders:

Thrombocytopenia, purpura, hemophillia, christmas disease and von willebrand's disease

(8) Disease of salivary glands:

(i)Development distrubances: Aplasia, atresia and aberration

(ii) Functional disturbances: Xerostomia, ptyalism

(iii) Inflammatory conditions: Nonspecific sialadenitis, mumps, sarcoidosis heerdfort's syndrome (Uveoparotid fever), Necrotising sialometaplasia

(iv) Cysts and tumors: Mucocele, ranula, pleomorphic adenoma, mucoepidermoid carcinoma

(v) Miscellaneous: Sialolithiasis, sjogren's syndrome, mikuliez's disease and sialosis

(9) Dermatological diseases with oral manifestations:

(a) Ectodermal dysplasia (b) Hyperkerotosis palmarplantaris with periodontopathy (c)

Scleroderma (d) Lichen planus including ginspan's syndrome (e) Lupus erythematosus (f)

Pemphigus (g) Erythema multiforme (h) Psoriasis

(10) Immunological diseases with oral manifestations

(a) Leukemia (b) Lymphomas (c) Multiple mycloma (d) AIDS clinical manifestations, opportunistic infections, neoplasms (e) Thrombocytopenia (f) Lupus erythematosus (g) Scleroderma

(h) dermatomyositis (I) Submucous fibrosis (j) Rhemtoid arthritis (k) Recurrent oral ulcerations including behcet's syndrome and reiter's syndrome

(11) Allergy: Local allergic reactions, anaphylaxis, serum sickness (local and systemic allergic manifestations to food drugs and chemicals)

(12) Foci of oral infection and their ill effects on general health

(13) Management of dental problems in medically compromised persons:



- (i) Physiological changes: Puberty, pregnancy and menopause
- (ii) The patients suffering with cardiac, respiratory, liver, kidney and bleeding disorders, hypertension, diabetes and AIDS. Post-irradiated patients.

(14) Precancerous lesions and conditions

(15) Nerve and muscle diseases:

- (i) Nerves: (a) Neuropraxia (b) Neurotmesis (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) Myofascial pain dysfunction syndrome (c) Trismus

(16) Forensic odontology:

- (a) Medicolegal aspects of orofacial injuries
- (b) Identification of bite marks
- (c) Determination of age and sex
- (d) Identification of cadavers by dental appliances, Restorations and tissue remnants

(17) Therapeutics: General therapeutic measures – drugs commonly used in oral medicine viz., antibiotics, chemotherapeutic agents, anti-inflammatory and analgesic drugs, astringents, mouth washes, styptics, demulcents, local surface anaesthetic, sialogogues, antisialogogues and drugs used in the treatment of malignancy

Part – II BEHAVIOURAL SCIENCES AND ETHICS.

Part – III ORAL RADIOLOGY

- (1) Scope of the subject and history of origin
- (2) Physics of radiation: (a) Nature and types of radiations (b) Source of radiations (c) Production of X-rays
- (d) Properties of X-rays (e) Compton effect (f) Photoelectric effect (g) Radiation measuring units
- (3) Biological effects of radiation
- (4) Radiation safety and protection measures
- (5) Principles of image production
- (6) Radiographic techniques:
 - (i) Intra-Oral: (a) Periapical radiographs (Bisecting and parallel techniques) (b) Bite wing radiographs
 - (c) Occlusal radiographs
 - (ii) Extra-oral: (a) Lateral projections of skull and jaw bones and paranasal sinuses (c) Cephalograms (d) Orthopantomograph (e) Projections of temporomandibular joint and condyle of mandible (f) Projections for Zygomatic arches
 - (iii) Specialised techniques: (a) Sialography (b) Xeroradiography (c) Tomography
- (7) Factors in production of good radiographs:
 - (a) K.V.P. and mA. of X-ray machine (b) Filters (c) Collimations (d) Intensifying screens (e) Grids (f) X-ray films (g) Exposure time (h) Techniques (i) Dark room (j) Developer and fixer solutions (k) Film processing
- (8) Radiographic normal anatomical landmarks



- (9) Faculty radiographs and artefacts in radiographs
- (10) Interpretation of radiographs in various abnormalities of teeth, bones and other orofacial tissues
- (11) Principles of radiotherapy of oro-facial malignancies and complications of radiotherapy
- (12) Contrast radiography and basic knowledge of radio-active isotopes
- (13) Radiography in Forensic Odontology - Radiographic age estimation and post-mortem radiographic methods

PRACTICALS / CLINICALS:

1. Student is trained to arrive at proper diagnosis by following a scientific and systematic procedure of history taking and examination of the orofacial region. Training is also imparted in management wherever possible. Training also shall be imparted on saliva diagnostic procedures. Training also shall be imparted in various radiographic procedures and interpretation of radiographs.

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

3. The following is the minimum of prescribed work for recording

- (a) Recording of detailed case histories of interesting cases 10
- (b) Intra-oral radiographs (Periapical, bitewing, occlusal) 25
- (c) Saliva diagnostic check as routine procedure

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. Oral Pathology – Shafers
 - 9. Sonis.S.T., Fazio.R.C. and Fang.L - Principles and practice of Oral Medicine

- b) Oral Radiology
 - 1. White & Goaz – Oral Radiology – Mosby year Book
 - 2. Weahrman – Dental Radiology – C.V. Mosby Company
 - 3. Stafne – Oral Roentgenographic Diagnosis – W.B.Saunders Co.,

- c) Forensic Odontology



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

COURSE OUTCOME

Year	Course Name	C O	Statement
4 th yr B.D. S	Oral Medicine ,and Radiolog y	1	The student has the knowledge about differentiating normal oral mucosa with diseased mucosa in oral lesions.
		2	The student can identify Precancerous and cancerous lesions of oral cavity and knows about its medical and surgical management.
		3	The student educates patients with common dental problem like dental caries and periodontal diseases and their sequelae.
		4	The student can advise common and advanced laboratory investigations and interpret their results.
		5	The student knows about medical complications that can arise while treating systemically compromised patients and takes prior precaution/consent from concerned medical specialist.
		6	The student knows about basic radiation physics and knows about radiation health hazards, radiation safety and protection.
		7	The student knows about intraoral and extraoral radiography techniques and knows about their application in oral lesions and trauma management.
		8	The student knows about the importance of oral radiographs in forensic identification and age estimation.
		9	The student knows infection control protocols in hospital dentistry and knows its ill effects if not followed.
		10	The student is able to identify normal oral mucosa and can differentiate it from diseased mucosa in oral lesions.



		11	The student can record a detailed case history and perform clinical examination of patients to arrive at a provisional diagnosis.
		12	The student can identify a pre malignant and malignant lesions and conditions and observe a chair side investigation done by a postgraduate student.
		13	The student can perform intraoral radiography and observe and assess a post graduate in extraoral and advance radiographic techniques like CBCT, Sialography to formulate a final diagnosis and differential diagnosis.
		14	The student can write a radiographic interpretation report for intraoral radiographs.
		15	The student can refer the cases to concerned specialties.
		16	The student is willing to apply current knowledge of Oral medicine and Radiology in the best interest of patients and community.
		17	The student is able to handle patients with great compassion, explain them the required treatment options and also to educate about the preventive aspects of oral diseases.
		18	The student maintains a high standard of professional ethics and conduct and apply these in all aspects of professional life.
		19	The student can maintain meticulous dental records.



MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12	
4th	Oral Medicine & Radiology	1	03	03	03	03	03	03	03	03	03	03	03	03	
BD		2	03	03	03	03	03	03	03	03	03	03	03	03	03
S		3	03	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03	03
		9	03	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03	03
		11	03	03	03	03	03	03	03	03	03	03	03	03	03
		12	03	03	03	03	03	03	03	03	03	03	03	03	03
		13	03	03	03	03	03	03	03	03	03	03	03	03	03
		14	03	03	03	03	03	03	03	03	03	03	03	03	03
		15	03	03	03	03	03	03	03	03	03	03	03	03	03
		16	03	03	03	03	03	03	03	03	03	03	03	03	03



				3				3						
		17	03	03	03	03	03	03	03	03	03	03	03	03
		18	03	03	03	03	03	03	03	03	03	03	03	03
		19	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03



16.Oral and maxillofacial surgery

Course code	Course name	Number of hours	Total marks
2175	Oral and maxillofacial surgery	340	200

AIMS:

To produce a graduate who is competent in performing extraction of teeth under both local and general anaesthesia, prevent and manage related complications, acquire a reasonable knowledge and understanding of the various diseases, injuries, infections occurring in the Oral & Maxillofacial region and offer solutions to such of those common conditions and has an exposure in to the in-patient management of maxillofacial problems.

OBJECTIVES:

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.

b) Skills:

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 anaesthesia.
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.

DETAILED SYLLABUS

1. Introduction, definition, scope, aims and objectives.



2. Diagnosis in oral surgery:

- (A) History taking
- (B) Clinical examination
- (C) Investigations.

3. Principles of infection control and cross-infection control with particular reference to HIV/AIDS and Hepatitis.

4. Principles of Oral Surgery -

a) Asepsis: Definition, measures to prevent introduction of infection during surgery.

- 1. Preparation of the patient
- 2. Measures to be taken by operator
- 3. Sterilisation of instruments - various methods of sterilisation etc.
- 4. Surgery set up.

b) Painless Surgery:

- 1. Pre-anaesthetic considerations. Pre-medication: purpose, drugs used
- 2. Anaesthetic considerations -
 - a) Local b) Local with IV sedations
- 3. Use of general anaesthetic

c) Access:

Intra-oral: Mucoperiosteal flaps, principles, commonly used intra oral incisions.

Bone Removal: Methods of bone removal.

Use of Burs: Advantages & precautions

Bone cutting instruments: Principles of using chisel & osteotome.

Extra-oral: Skin incisions - principles, various extra-oral incision to expose facial skeleton.

a) Submandibular

b) Pre auricular

c) Incision to expose maxilla & orbit

d) Bicoronal incision

d) Control of haemorrhage during surgery

Normal Haemostasis

Local measures available to control bleeding

Hypotensive anaesthesia etc.

e) Drainage & Debridement

Purpose of drainage in surgical wounds

Types of drains used

Debridement: purpose, soft tissue & bone debridement.

f) Closure of wounds

Suturing: Principles, suture material, classification, body response to various materials etc.

g) Post operative care

Post operative instructions

Physiology of cold and heat



Control of pain - analgesics
Control of infection - antibiotics
Control of swelling - anti-inflammatory drugs
Long term post operative follow up - significance.

5. Exodontia: General considerations

Ideal Extraction.

Indications for extraction of teeth

Extractions in medically compromised patients.

Methods of extraction -

(a) Forceps or intra-alveolar or closed method.

Principles, types of movement, force etc.

(b) Trans-alveolar, surgical or open method, Indications, surgical procedure.

Dental elevators: uses, classification, principles in the use of elevators, commonly used elevators.

Complications of Exodontia -

Complications during exodontia

Common to both maxilla and mandible.

Post-operative complications -

Prevention and management of complications.

6. Impacted teeth:

Incidence, definition, aetiology.

(a) Impacted mandibular third molar.

Classification, reasons for removal,

Assessment - both clinical & radiological

Surgical procedures for removal.

Complications during and after removal,

Prevention and management.

(b) Maxillary third molar,

Indications for removal, classification,

Surgical procedure for removal.

(c) Impacted maxillary canine

Reasons for canine impaction,

Localization, indications for removal,

Methods of management, labial and palatal approach,

Surgical exposure, transplantation, removal etc.

7. Pre-prosthetic Surgery:

Definition, classification of procedures

(a) Corrective procedures: Alveoloplasty,

Reduction of maxillary tuberosities,



Frenectomies and removal of tori.

(b) Ridge extension or Sulcus extension procedures
Indications and various surgical procedures

(c) Ridge augmentation and reconstruction.
Indications, use of bone grafts, Hydroxyapatite
Implants - concept of osseointegration
Knowledge of various types of implants and
surgical procedure to place implants.

8. Diseases of the maxillary sinus
Surgical anatomy of the sinus.
Sinusitis both acute and chronic
Surgical approach of sinus - Caldwell-Luc procedure
Removal of root from the sinus.
Oro-antral fistula - aetiology, clinical features and various surgical
methods for closure.

9. Disorders of T.M. Joint
Applied surgical anatomy of the joint.
Dislocation - Types, aetiology, clinical features and management.
Ankylosis - Definition, aetiology, clinical features and management
Myo-facial pain dysfunction syndrome, aetiology, clinical features, management-
Non surgical and surgical.

Internal derangement of the joint.
Arthritis of T.M. Joint.

10. Infections of the Oral cavity
Introduction, factors responsible for infection, course of odontogenic
infections, spread of odontogenic infections through various facial spaces.
Dento-alveolar abscess - aetiology, clinical features and management.
Osteomyelitis of the jaws - definition, aetiology, pre-disposing factors,
classification, clinical features and management.
Ludwigs angina - definition, aetiology, clinical features, management and
complications.

11. Benign cystic lesions of the jaws -
Definition, classification, pathogenesis.
Diagnosis - Clinical features, radiological, aspiration biopsy, use of contrast
media and histopathology.
Management - Types of surgical procedures, Rationale of the techniques,
indications, procedures, complications etc.

12. Tumours of the Oral cavity -



General considerations

Non odontogenic benign tumours occurring in oral cavity - fibroma, papilloma, lipoma, ossifying fibroma, myxoma etc.

Ameloblastoma - Clinical features, radiological appearance and methods of management.

Carcinoma of the oral cavity -

Biopsy - types

TNM classification.

Outline of management of squamous

Cell carcinoma: surgery, radiation and chemotherapy

Role of dental surgeons in the prevention and early detection of oral cancer.

13. Fractures of the jaws -

General considerations, types of fractures, aetiology, clinical features and general principles of management.

mandibular fractures - Applied anatomy, classification.

Diagnosis - Clinical and radiological

Management - Reduction closed and open

Fixation and immobilisation methods

Outline of rigid and semi-rigid internal fixation.

Fractures of the condyle - aetiology, classification, clinical features, principles of management.

Fractures of the middle third of the face.

Definition of the mid face, applied surgical anatomy, classification, clinical features and outline of management.

Alveolar fractures - methods of management

Fractures of the Zygomatic complex

Classification, clinical features, indications for treatment, various methods of reduction and fixation.

Complications of fractures - delayed union, non-union and malunion.

14. Salivary gland diseases -

Diagnosis of salivary gland diseases'

Sialography, contrast media, procedure.

Infections of the salivary glands

Sialolithiasis - Sub mandibular duct and gland and parotid duct.

Clinical features, management.

Salivary fistulae

Common tumours of salivary glands like Pleomorphic adenoma including minor salivary glands.

15. Jaw deformities -

Basic forms - Prognathism, Retrognathism and open bite.

Reasons for correction.

Outline of surgical methods carried out on mandible and maxilla.



16. Neurological disorders -

Trigeminal neuralgia - definition, aetiology, clinical features and methods of management including surgical.

Facial paralysis - Aetiology, clinical features.

Nerve injuries - Classification, neurohaphy etc.

17. Cleft Lip and Palate -

Aetiology of the clefts, incidence, classification, role of dental surgeon in the management of cleft patients. Outline of the closure procedures.

18. Medical Emergencies in dental practice –

Primary care of medical emergencies in dental practice particularly -

(a) Cardio vascular (b) Respiratory (c) Endocrine

(d) Anaphylactic reaction (e) Epilepsy (f) Epilepsy

19. Emergency drugs & Intra muscular I.V. Injections -

Applied anatomy, Ideal location for giving these injections, techniques etc.

20. Oral Implantology

21. Ethics

LOCAL ANAESTHESIA:

Introduction, concept of L.A., classification of local anaesthetic agents, ideal requirements, mode of action, types of local anaesthesia, complications.

Use of Vaso constrictors in local anaesthetic solution -

Advantages, contra-indications, various vaso constrictors used.

Anaesthesia of the mandible -

Pterygomandibular space - boundaries, contents etc.

Inferior Dental Nerve Block - various techniques

Complications

Mental foramen nerve block

Anaesthesia of Maxilla -

Intra - orbital nerve block.

Posterior superior alveolar nerve block

Maxillary nerve block - techniques.

GENERAL ANAESTHESIA –

Concept of general anaesthesia.

Indications of general anaesthesia in dentistry.

Pre-anaesthetic evaluation of the patient.

Pre-anaesthetic medication - advantages, drugs used.

Commonly used anaesthetic agents.

Complication during and after G.A.

I.V. sedation with Diazepam and Medazolam.

Indications, mode of action, technique etc.



Cardiopulmonary resuscitation
 Use of oxygen and emergency drugs.
 Tracheostomy.

RECOMMENDED BOOKS:

1. Impacted teeth; Alling John F & etal.
2. Principles of oral and maxillofacial surgery; Vol.1,2 & 3 Peterson LJ & etal.
3. Text book of oral and maxillofacial surgery; Srinivasan B.
4. Handbook of medical emergencies in the dental office, Malamed SF.
5. Killeys Fractures of the mandible; Banks P.
6. Killeys fractures of the middle 3rd of the facial skeleton; Banks P.
7. The maxillary sinus and its dental implications; McGovanda
8. Killey and Kays outline of oral surgery – Part-1; Seward GR & etal
9. Essentials of safe dentistry for the medically compromised patients; Mc Carthy FM
10. Oral & maxillofacial surgery, Vol 2; Laskin DM
11. Extraction of teeth;Howe, GL
12. Minor Oral Surgery; Howe.GL
13. Contemporary oral and maxillofacial surgery; Peterson I.J.& EA
14. Oral and maxillofacial infections; Topazian RG & Goldberg MH

COURSE OUTCOME

Year	Course Name	CO	Statement
4th yr BDS	Oral & Maxillofacial Surgery	1	The student is able to understand the indications, contraindications, advantages, disadvantages, composition, techniques and complications of local anaesthesia & general anaesthesia.
		2	The student is able to understand the indications, contraindications, principles, techniques and complications of dental extractions.
		3	The student is able to do minor oral surgical procedures such as alveoloplasty, surgical extraction of impacted teeth, dentoalveolar infections and Apicectomy.
		4	The student is able to complex Oral & Maxillofacial surgical procedures.
		5	The student is able to demonstrate and apply principles of administration of various local anaesthesia techniques, extraction of teeth and simple minor surgical procedures in dentistry.
		6	The student can diagnose and manage various medical emergencies and dental management of medically compromised



			patients.
		7	The student is able to develop good rapport with patients.
		8	Student is able to follow High Professional ethics.
		9	The student can serve the community.
		10	The student can serve in best interest of the patients.
		11	The student can refer complex surgical cases to specialist.
		12	The student continuously upgrades knowledge.

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
4th BD S	<u>Oral & Maxillo facial Surgery</u>	1	03	03	03	03	03	03	03	03	03	03	03	03
		2	03	03	03	03	03	03	03	03	03	03	03	03
		3	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03
		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03
		11	03	03	03	03	03	03	03	03	03	03	03	03
		12	03	03	03	03	03	03	03	03	03	03	03	03



				3				3						
	Average		03	03	03	03	03	03	03	03	03	03	03	03

17. Conservative dentistry and endodontics

Course code	Course name	Number of hours	Total marks
2176	Conservative dentistry and endodontics	705	200

OBJECTIVES:

- A. Knowledge and understanding
- B. Skills and
- C. Attitudes

A). Knowledge and under standing:

The graduate should acquire the following knowledge during the period of training.

- i. To diagnose and treat simple restorative work for teeth.
- ii. To gain knowledge about aesthetic restorative material and to translate the same to patients needs.
- iii. To gain the knowledge about endodontic treatment on the basis of scientific foundation.
- iv. To carry out simple endodontic treatment.
- v. To carry out simple luxation of tooth and its treatment and to provide emergency endodontic treatment.

SKILLS:

He should attain following skills necessary for practice of dentistry

- i) To use medium and high speed hand pieces to carry out restorative work.
- ii) Poses the skills to use and familiarise endodontic instruments and materials needed for carrying out simple endodontic treatment.
- iii) To achieve the skills to translate patients esthetic needs along with function.

ATTITUDES:

- i). Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.
- ii). Willingness to participate in CDE programme to update the knowledge and professional skill from time to time.
- iii). To help and participate in the implementation of the national oral health policy.
- iv). He should be able to motivate the patient for proper dental treatment at the same time proper maintenance of oral hygiene should be emphasise which will help to maintain the restorative work and prevent future damage.

INTRODUCTION :

Definition aims objectives of Conservative Dentistry scope and future of Conservative Dentistry.



1. Nomenclature Of Dentition:

Tooth numbering systems A.D.A. Zsigmondy Palmer and F.D.I. systems.

2. Principles Of Cavity Preparation :

Steps and nomenclature of cavity preparation classification of cavities, nomenclature of floors angles of cavities.

3. Dental Caries :

Aetiology, classification clinical features, morphological features, microscopic features, clinical diagnosis and sequel of dental caries.

4. Treatment Planning For Operative Dentistry:

Detailed clinical examination , radiographic examination, tooth vitality tests, diagnosis and treatment planning, preparation of the case sheet.

5. Gnathological Concepts Of Restoration:

Physiology of occlusion, normal occlusion, Ideal occlusion, mandibular movements and occlusal analysis. Occlusal rehabilitation and restoration.

6. Armamentarium For Cavity Preparation:

General classification of operative instruments, Hand cutting instruments design formula and sharpening of instruments. Rotary cutting instruments dental bur, mechanism of cutting, evaluation of hand piece and speed current concepts of rotary cutting procedures. Sterilisation and maintenance of instruments. Basic instrument tray set up.

7. Control of Operating Field:

Light source sterilisation field of operation control of moisture, rubber dam in detail, cotton rolls and anti sialogogues.

8. Amalgam Restoration :

Indication contra indication, physical and mechanical properties , clinical behaviour. Cavity preparation for Class I , II, V and III. Step wise procedure for cavity preparation and restoration. Failure of amalgam restoration.

9. Pulp Protection :

Liners, varnishes and bases, Zinc phosphate, zinc polycarboxylate, zinc oxide eugenol and glass ionomer cements.

10. Anterior Restorations :

Selection of cases, selection of material, step wise procedures for using restorations , silicate (theory only) glass ionomers, composites, including sandwich restorations and bevels of the same with a note on status of the dentine bonding agents.

11. Direct Filling Gold Restorations :

Types of direct filling gold indications and limitations of cohesive gold. Annealing of gold foil cavity preparation and condensation of gold foils.

12. Preventive Measures In Restorative Practice :

Plaque Control, Pit and fissure sealants dietary measures restorative procedure and periodontal health. Contact and contour of teeth and restorations matrices tooth separation and wedges.

13. Temporisation or Interim Restoration.

14. Pin Amalgam Restoration Indication Contra Indication :

Advantages disadvantages of each types of pin methods of placement use of auto matrix. Failure of pin amalgam restoration.

15. Management Of Deep Carious Lesions Indirect And Direct Pulp Capping.

16. Non Carious Destruction's Tooth Structures Diagnosis and Clinical Management

17. Hyper Sensitive Dentine And Its Management.



18. Cast Restorations

Indications, contra indications, advantages and disadvantages and materials used for same Class II and Class I cavity preparation for inlays fabrication of wax pattern spurring inverting and casting procedures & casting defects.

19. Die Materials And Preparation Of Dies.

20. Gingival Tissue Management For Cast Restoration And Impression Procedures

21. Recent Cavity Modification Amalgam Restoration.

22. Differences between Amalgam And Inlay Cavity preparation with note on all the types of Bewels used for Cast Restoration.

23. Control Of Pain During Operative Procedures.

24. Treatment Planning For Operative Dentistry Detailed Clinical Examination Radiographic Examination

25. Vitality Tests, Diagnosis And Treatment Planning And Preparation Of Case Sheet.

26. Applied Dental Materials.

1. Biological Considerations.

Evaluation, clinical application and adverse effects of the following materials. Dental cements, Zinc oxide eugenol cements zinc phosphate cements, polycarboxylates glass ionomer cements, silicate cement calcium hydroxides varnishes.

2. Dental amalgam, technical considerations mercury toxicity mercury hygiene.

3. Composite, Dentine bonding agents, chemical and light curing composites

4. Rubber base Imp. Materials

5. Nobel metal alloys & non noble metal alloys

6. Investment and die materials

7. Inlay casting waxes

8. Dental porcelain

9. Aesthetic Dentistry

27. Endodontics: introduction definition scope and future of endodontics

28. Clinical diagnostic methods

29. Emergency endodontic procedures

30. Pulpal diseases causes, types and treatment .

31. Periapical diseases: acute periapical abscess, acute periodontal abscess phoeix abscess, chronic alveolar abscess granuloma cysts condensing osteitis, external resorption.

32. Vital pulp therapy: indirect and direct pulp capping pulpotomy different types and medicaments used.

33. Apexogenesis and apexification or problems of open apex.

34. Rationale of endodontic treatment case selection indication and contraindications for root canal treatments.

35. Principles of root canal treatment mouth preparation root canal instruments, hand instruments, power driven instruments, standardisation color coding principle of using endodontic instruments. Sterilisation of root canal instruments and materials rubber dam application.

36. Anatomy of the pulp cavity: root canals apical foramen. Anomalies of pulp cavities access cavity preparation of anterior and premolar teeth.

37. Preparation of root canal space . Determination of working length, cleaning and shaping of root canals, irrigating solution chemical aids to instrumentation.

38. Disinfection of root canal space intracanal medicaments, poly antibiotic paste ross mans paste, mummifying agents. Out line of root canal treatment, bacteriological examinations, culture



methods.

39. Problems during cleaning and shaping of root canal spaces. Perforation and its management. Broken instruments and its management, management of single and double curved root canals.
40. Methods of cleaning and shaping like step back crown down and conventional methods.
41. Obturation of the root canal system. Requirements of an ideal root canal filling material obturation methods using gutta percha healing after endodontic treatment. Failures in endodontics.
42. Root canal sealers. Ideal properties classification. Manipulation of root canal sealers.
43. post endodontic restoration fabrication and components of post core preparation.
44. smear layer and its importance in endodontics and conservative treatment.
45. discoloured teeth and its management. Bleaching agents, vital and non vital bleaching methods.
46. traumatised teeth classification of fractured teeth. Management of fractured tooth and root. Luxated teeth and its management.
47. endodontic surgeries indication contraindications, pre operative preparation. Pre medication surgical instruments and techniques apicectomy, retrograde filling, post operative sequale terphination hemisection, radiscetomy techniques of tooth reimplantation (both intentional and accidental) endodontic implants.
48. root resorption.
49. emergency endodontic procedures.
50. lasers in conservative endodontics (introduction only) practice management
51. professional association dentist act 1948 and its amendment 1993.
52. duties towards the govt. Like payments of professional tax, income tax.
53. financial management of practice
54. dental material and basic equipment management.
55. Ethics



COURSE OUTCOME

4 th yr B.D. S	Conserv ative Dentistr y	I	Students are now capable of identifying the Carious process.
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	& Endo ntics		
		2	Students are now capable of diagnosing various pulpal diseases.
		3	Students are now able to prepare Class -1 cavities in human teeth and restore them.
		4	Students are able to differentiate between various disease processes.
		5	Students are now able to interpret radiographs.
		6	Students are able to make treatment plans.
		7	Students are now able to prepare Class -2 cavities in human teeth and restore them.
		8	Students are now able to prepare Class -3 and Class 5, cavities in human teeth and restore them.
		9	Students are now able to use Glass Ionomer Cements and Composite Resins to restore teeth.
		10	Students are able to test teeth for vitality.
		11	Students are now able to perform pulp protection procedures, in order to preserve the vitality of the teeth.
		12	Students are able to discuss disease prevention with the patients.
			Students are able to advise appropriate anti-caries measure for the patients.
		13	Students are now able to perform Root Canal Therapy in the Anterior Teeth.
		14	Students are now able to perform Root Canal Therapy in Posterior Teeth.
		15	Students are able to allay the concerns of the patients.
		16	Students are able to effectively understand the symptoms of the patients.
		17	Students are able to communicate the treatment plans to the patients effectively
		18	Students are now able to refer patients as per the need of the particular case.
		19	Students are able to obtain consent from the patient or an accompanying care-taker for all the procedures to be carried out
		20	Students are able to develop a rapport with the patient, teaching and non-teaching staff and the auxiliary staff.
		21	Students are able to create Social Awareness about the Disease Process in the Society.



1- Conservative Dentistry & Endodontics (Course Code: 2176)

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
4th BD S	<u>Conser vative Dentist ry & Endodo ntics</u>	1	03	03	03	03	03	03	03	03	03	03	03	03
		2	03	03	03	03	03	03	03	03	03	03	03	03
		3	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03
		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03



		11	03	03	03	03	03	03	03	03	03	03	03	03
		12	03	03	03	03	03	03	03	03	03	03	03	03
		13	03	03	03	03	03	03	03	03	03	03	03	03
		14	03	03	03	03	03	03	03	03	03	03	03	03
		15	03	03	03	03	03	03	03	03	03	03	03	03
		16	03	03	03	03	03	03	03	03	03	03	03	03
		17	03	03	03	03	03	03	03	03	03	03	03	03
		18	03	03	03	03	03	03	03	03	03	03	03	03
		19	03	03	03	03	03	03	03	03	03	03	03	03
		20	03	03	03	03	03	03	03	03	03	03	03	03
		21	03	03	03	03	03	03	03	03	03	03	03	03
		22	03	03	03	03	03	03	03	03	03	03	03	03
		23	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03

18. Prosthodontics and crown and bridge

Course code	Course name	Number of hours	Total marks
2177	Prosthodontics and crown and bridge	805	200

18. Prosthodontics and crown and bridge

Complete Dentures

A. Applied Anatomy and Physiology.

1. Introduction
2. Biomechanics of the edentulous state.
3. Residual ridge resorption.

B. Communicating with the patient

1. Understanding the patients.
 - Mental attitude.
2. Instructing the patient.

C. Diagnosis and treatment planning for patients-

1. With some teeth remaining.
2. With no teeth remaining.
 - a) Systemic status.
 - b) Local factor.
 - c) The geriatric patient.
 - d) Diagnostic procedures.



D. Articulators- discussion

E. Improving the patient's denture foundation and ridge relation -an overview,

- a) Pre-operative examination.
- b) Initial hard tissue & soft tissue procedure.
- c) Secondary hard & soft tissue procedure.
- d) Implant procedure.
- e) Congenital deformities.
- f) Postoperative procedure.

F. Principles of Retention, Support and Stability

G. Impressions - detail.

- a) Muscles of facial expression.
- b) Biologic considerations for maxillary and mandibular impression including anatomy landmark and their interpretation.
- c) Impression objectives.
- d) Impression materials.
- e) Impression techniques.
- f) Maxillary and mandibular impression procedures.
 - i. Preliminary impressions.
 - ii. Final impressions.
- g) Laboratory procedures involved with impression making (Beading & Boxing, and cast preparation).

H. Record bases and occlusion rims- in detail.

- a) Materials & techniques.
- b) Useful guidelines and ideal parameters.
- c) Recording and transferring bases and occlusal rims.

I. Biological consideration in jaw relation & jaw movements - craniomandibular relations.

- a) Mandibular movements.
- b) Maxillo -mandibular relation including vertical and horizontal jaw relations.
- c) Concept of occlusion- discuss in brief.

J. Relating the patient to the articulator.

- a) Face bow types & uses- discuss in brief.
- b) Face bow transfer procedure - discuss in brief.

K. Recording maxillo mandibular relation.

- a) Vertical relations.
- b) Centric relation records.
- c) Eccentric relation records.
- d) Lateral relation records.



L. Tooth selection and arrangement.

- a) Anterior teeth.
- b) Posterior teeth.
- c) Esthetic and functional harmony.

M. Relating inclination of teeth to concept of occlusion- in brief.

- a) Neurocentric concept.
- b) Balanced occlusal concept.

N. Trial dentures.

O. Laboratory procedures.

- a) Wax contouring.
- b) Investing of dentures.
- c) Preparing of mold.
- d) Preparing & packing acrylic resin.
- e) Processing of dentures.
- f) Recovery of dentures.
- g) Lab remount procedures.
- h) Recovering the complete denture from the cast.
- i) Finishing and polishing the complete denture.
- j) Plaster cast for clinical denture remount procedure.

P. Denture insertion.

- a) Insertion procedures.
- b) Clinical errors.
- c) Correcting occlusal disharmony.
- d) Selective grinding procedures.

R. Treating problems with associated denture use – discuss in brief (tabulation/flow-chart form).

S. Treating abused tissues - discuss in brief.

T. Relining and rebasing of dentures- discuss in brief.

V. Immediate complete dentures construction procedure- discuss in brief.

W. The single complete denture- discuss in brief.

X. Overdentures denture- discuss in brief.

Y. Dental implants in complete denture - discuss in brief.

Note : It is suggested that the above mentioned topics be dealt with wherever appropriate in the following order so as to cover –

1. Definition
2. Diagnosis (of the particular situation/patient selection/treatment planning)



-
3. Types / Classification
 4. Materials
 5. Methodology – Lab /Clinical
 6. Advantages & disadvantages
 7. Indications, contraindications
 8. Maintenance Phase
 9. Oral Implantology
 10. Ethics

Removable Flexible Dentures

1. Introduction
 - Terminologies and scope
2. Classification.
3. Examination, Diagnosis & Treatment planning & evaluation of diagnostic data.
4. Components of a removable partial denture.
 - Major connectors,
 - minor connectors,
 - Rest and rest seats.
5. Components of a Removable Partial Denture.
 - Direct retainers,
 - Indirect retainers,
 - Tooth replacement.
6. Principles of Removable Partial Denture Design.
7. Survey and design – in brief.
 - Surveyors.
 - Surveying.
 - Designing.
8. Mouth preparation and master cast.
9. Impression materials and procedures for removable partial dentures.
10. Preliminary jaw relation and esthetic try-in for some anterior replacement teeth.
11. Laboratory procedures for framework construction-in brief.
12. Fitting the framework - in brief.
13. Try-in of the partial denture - in brief.
14. Completion of the partial denture - in brief.
15. Inserting the Removable Partial Denture - in brief.
16. Postinsertion observations.
17. Temporary Acrylic Partial Dentures.
18. Immediate Removable Partial Denture.
19. Removable Partial Dentures opposing Complete denture.

Note : It is suggested that the above mentioned topics be dealt with wherever appropriate in the following order so as to cover –

1. Definition
2. Diagnosis (of the particular situation /patient selection /treatment planning)
3. Types / Classification
4. Materials



-
5. Methodology – Lab /Clinical
 6. Advantages & disadvantages
 7. Indications, contraindications
 8. Maintenance Phase

Fixed Partial Dentures

Topics To Be Covered In Detail -

1. Introduction
2. Fundamentals of occlusion – in brief.
3. Articulators – in brief.
4. Treatment planning for single tooth restorations.
5. Treatment planning for the replacement of missing teeth including selection and choice of abutment teeth.
6. Fixed partial denture configurations.
7. Principles of tooth preparations.
8. Preparations for full veneer crowns – in detail.
9. Preparations for partial veneer crowns – in brief.
10. Provisional Restorations
11. Fluid Control and Soft Tissue Management
12. Impressions
13. Working Casts and Dies
14. Wax Patterns
15. Pontics and Edentulous Ridges
16. Esthetic Considerations
17. Finishing and Cementation

Topics To Be Covered In Brief -

1. Solder Joints and Other Connectors
2. All - Ceramic Restorations
3. Metal - Ceramic Restorations
4. Preparations of intracoronal restorations.
5. Preparations for extensively damaged teeth.
6. Preparations for periodontally weakened teeth
7. The Functionally Generated Path Technique
8. Investing and Casting
9. Resin - Bonded Fixed Partial Denture

Note : It is suggested that the above mentioned topics be dealt with wherever appropriate in the following order so as to cover –

1. Definition
2. Diagnosis(of the particular situation /patient selection /treatment planning)
3. Types / Classification
4. Materials
5. Methodology – Lab /Clinical
6. Advantages & disadvantages
7. Indications, contraindications
8. Maintenance Phase

RECOMMENDED BOOKS:



1. Syllabus of Complete denture by - Charles M. Heartwell Jr. and Arthur O. Rahn.
2. Boucher's "Prosthodontic treatment for edentulous patients"
3. Essentials of complete denture prosthodontics by – Sheldon Winkler.
4. Maxillofacial prosthetics by – Willam R.Laney.
5. McCracken's Removable partial prosthodontics
6. Removable partial prosthodontics by – Ernest L. Miller and Joseph E. Grasso.
 - 1- Prosthodontics & Crown & Bridge (Course Code: 2177)
 - 2- Prosthodontics & Crown & Bridge (Course Code: 2177)
 - 3-

COURSE OUTCOME

Year	Course Name	C O	Statement
4 th yr B.D. S	Prosthodontics & Crown & Bridge	1	The student has knowledge about the use, properties of all dental materials.
		2	The student can now choose, manipulate and use appropriatedental materials in a given clinical scenario and laboratory procedures.
		3	The student is now able to use dental materials without causing injury to the patient and use the material without wastage.
		4	The student adopts ethical principles in all dental practice.
		5	The student fosters professional honesty and integrity and deliverstreatment irrespective of social status, caste, creed or religion of patient.
		6	The student is willing to share the knowledge and clinical experience with professional colleagues.
		7	The student is willing to adopt new methods and techniques in prosthodontics from time to time bases on scientific research which is in patient's best interest.
		8	The student respects patient's rights and privileges including patient's right to information and right to seek second opinion.
		9	The student has knowledge about physical and mechanical properties of dental materials.
		10	The student knows about Ethics, laws and Jurisprudence and forensic odontology in Prosthodontics.
		11	The student knows about Personal hygiene, infection control, prevention of cross infection and safe disposal of waste keeping in view the risks of transmission of Hepatitis and HIV.



		12	The student knows about the applications of pharmacology and effects of drugs on oral tissue and system of a body and for medically compromised patients.
		13	The student can diagnose and plan treatment for patients requiring simple Prosthodontic therapy.
		14	The student can read and interpret a radiograph and other investigations for the purpose of diagnosis and treatment plan.
		15	The student can diagnose failed restorations and provide Prosthodontic therapy and after care.
		16	The student can refer complex cases to specialist.



MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12	
4th	<u>Prosthodontics & Crown & Bridge</u>	1	03	03	03	03	03	03	03	03	03	03	03	03	
BD		2	03	03	03	03	03	03	03	03	03	03	03	03	03
S		3	03	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03	03
		9	03	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03	03
		11	03	03	03	03	03	03	03	03	03	03	03	03	03
		12	03	03	03	03	03	03	03	03	03	03	03	03	03
		13	03	03	03	03	03	03	03	03	03	03	03	03	03
		14	03	03	03	03	03	03	03	03	03	03	03	03	03
		15	03	03	03	03	03	03	03	03	03	03	03	03	03
		16	03	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03	



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19. AESTHETIC DENTISTRY

Aesthetic Dentistry is gaining more popularity since last decade. It is better that undergraduate students should understand the philosophy and scientific knowledge of the esthetic dentistry.

1. Introduction and scope of esthetic dentistry
2. Anatomy & physiology of smile
3. Role of the colour in esthetic dentistry
4. Simple procedures (roundening of central incisors to enhance esthetic appearance)
5. Bleaching of teeth
6. Veneers with various materials
7. Preventive and interceptive esthetics
8. Ceramics
9. Simple gingival contouring to enhance the appearance
10. Simple clinical procedures for BDS students

Recommended books:

1. Esthetic guidelines for restorative dentistry; Scharer & others
2. Esthetics of anterior fixed prosthodontics; Chiche (GJ) & Pinault (Alain)
3. Esthetic & the treatment of facial form, Vol 28; Mc Namara (JA)

19. Paediatric and preventive dentistry

Course code	Course name	Number of hours	Total marks
2178	Paediatric and preventive dentistry	235	200

19. Paediatric and preventive dentistry

THEORY:

1. INTRODUCTION TO PEDODONTICS & PREVENTIVE DENTISTRY.

- Definition, Scope, Objectives and Importance.

2. GROWTH & DEVELOPMENT:

- Importance of study of growth and development in Pedodontics.
- Prenatal and Postnatal factors in growth & development.
- Theories of growth & development.
- Development of maxilla and mandible and related age changes.

3. DEVELOPMENT OF OCCLUSION FROM BIRTH THROUGH ADOLESCENCE.

- Study of variations and abnormalities.



4. DENTAL ANATOMY AND HISTOLOGY:

- Development of teeth and associated structures.
- Eruption and shedding of teeth.
- Teething disorders and their management.
- Chronology of eruption of teeth.
- Differences between deciduous and permanent teeth.
- Development of dentition from birth to adolescence.
- Importance of first permanent molar.

5. DENTAL RADIOLOGY RELATED TO PEDODONTICS.

6. ORAL SURGICAL PROCEDURES IN CHILDREN.

- Indications and contraindications of extractions of primary and permanent teeth in children.
- Knowledge of Local and General Anesthesia.
- Minor surgical procedures in children.

7. DENTAL CARIES:

- Historical background.
- Definition, aetiology & pathogenesis.
- Caries pattern in primary, young permanent and permanent teeth in children.
- Rampant caries, early childhood caries and extensive caries:
 - Definition, aetiology, Pathogenesis, Clinical features, Complications & Management
- Role of diet and nutrition in Dental Caries.
- Dietary modifications & Diet counseling.
- Caries activity, tests, caries prediction, caries susceptibility & their clinical application.

8. GINGIVAL & PERIODONTAL DISEASES IN CHILDREN.

- Normal gingiva & periodontium in children.
- Definition, aetiology & Pathogenesis.
- Prevention & Management of gingival & Periodontal diseases.

9. CHILD PSYCHOLOGY:

- Definition.
- Theories of child psychology.
- Psychological development of children with age.
- Principles of psychological growth & development while managing child patient.
- Dental fear and its management.
- Factors affecting child's reaction to dental treatment.

10. BEHAVIOUR MANAGEMENT:

- Definitions.
- Types of behaviour encountered in the dental clinic.
- Non-pharmacological & pharmacological methods of Behaviour Management.

11. PEDIATRIC OPERATIVE DENTISTRY:

- Principles of Pediatric Operative Dentistry.
- Modifications required for cavity preparation in primary and young permanent teeth.
- Various Isolation Techniques.
- Restorations of decayed primary, young permanent and permanent teeth in children using various restorative materials like Glass Ionomer, Composites & Silver Amalgam. Stainless steel, Polycarbonate & Resin Crowns.



12. PEDIATRIC ENDODONTICS

- Principles & Diagnostics.
- Classification of Pulpal Pathology in primary, young permanent & permanent teeth.
- Management of Pulpally involved primary, young permanent & permanent teeth.
 - Pulp capping – direct & indirect.
 - Pulpotomy
 - Pulpectomy
 - Apexogenesis
 - Apexification
- Obturation Techniques & material used for primary, young permanent & Permanent teeth in children.

13. TRAUMATIC INJURIES IN CHILDREN:

- Classifications & Importance.
- Sequelae & reaction of teeth to trauma.
- Management of Traumatized teeth.

14. PREVENTIVE & INTERCEPTIVE ORTHODONTICS:

- Definitions.
- Problems encountered during primary and mixed dentition phases & their management.
- Serial extractions.
- Space management.

15. ORAL HABITS IN CHILDREN:

- Definition, Aetiology & Classification.
- Clinical features of digit sucking, tongue thrusting, mouth breathing & various other secondary habits.
- Management of oral habits in children.

16. DENTAL CARE OF CHILDREN WITH SPECIAL NEEDS:

- Definition, Aetiology, Classification, Behavioural and Clinical features & Management of children with:
 - Physically handicapping conditions.
 - Mentally compromising conditions.
 - Medically compromising conditions.
 - Genetic disorders.

17. CONGENITAL ABNORMALITIES IN CHILDREN:

- Definition, Classification, Clinical features & Management.

18. DENTAL EMERGENCIES IN CHILDREN & THEIR MANAGEMENT.

19. DENTAL MATERIALS USED IN PEDIATRIC DENTISTRY.

20. PREVENTIVE DENTISTRY:

- Definition.
- Principles & Scope.
- Types of prevention.
- Different preventive measures used in Pediatric Dentistry including pit and fissure sealants and caries vaccine.



21. DENTAL HEALTH EDUCATION & SCHOOL DENTAL HEALTH PROGRAMMES.

22. FLUORIDES:

- Historical background.
- Systemic & Topical fluorides.
- Mechanism of action.
- Toxicity & Management.
- Defluoridation techniques.

23. CASE HISTORY RECORDING:

- Outline of principles of examination, diagnosis & treatment planning.

24. SETTING UP OF PEDODONTIC CLINIC.

25. ETHICS.

B. PRACTICALS:

Following is the recommended clinical quota for under-graduate students in the subject of pediatric & preventive dentistry.

1. Restorations – Class I & II only : 45
2. Preventive measures e.g. Oral Prophylaxis – 20.
3. Fluoride applications – 10
4. Extractions – 25
5. Case History Recording & Treatment Planning – 10
6. Education & motivation of the patients using disclosing agents. Educating patients about oral hygiene measures like tooth brushing, flossing etc.

BOOKS RECOMMENDED & REFERENCE:

1. Pediatric Dentistry (Infancy through Adolescence) – Pinkham.
2. Kennedy's Pediatric Operative Dentistry – Kennedy & Curzon.
3. Occlusal guidance in Pediatric Dentistry – Stephen H. Wei.
4. Clinical Use of Fluorides – Stephen H. Wei.
5. Pediatric Oral & Maxillofacial Surgery – Kaban.
6. Pediatric Medical Emergencies – P. S. Whatt.
7. Understanding of Dental Caries – Niki Foruk.
8. An Atlas of Glass Ionomer cements – G. J. Mount.
9. Clinical Pedodontics – Finn.
10. Textbook of Pediatric Dentistry – Braham Morris.
11. Primary Preventive Dentistry – Norman O. Harris.
12. Handbook of Clinical Pedodontics – Kenneth. D.
13. Preventive Dentistry – Forrester.
14. The Metabolism and Toxicity of Fluoride – Garry M. Whitford.
15. Dentistry for the Child and Adolescence – Mc. Donald.
16. Pediatric Dentistry – Damle S. G.
17. Behaviour Management – Wright
18. Pediatric Dentistry – Mathewson.
19. Traumatic Injuries – andreason.
20. Occlusal guidance in Pediatric Dentistry – Nakata, 156
21. Pediatric Drug Therapy – Tomare



22. Contemporary Orthodontics – Proffit..
23. Preventive Dentistry – Depaola.
24. Metabolism & Toxicity of Fluoride – Whitford. G. M.
25. Endodontic Practice – Grossman.
26. Principles of Endodontics – Munford.
27. Endodontics – Ingle.
28. Pathways of Pulp – Cohen.
29. Management of Traumatized anterior Teeth – Hargreaves.

Course Outcomes

Year	Course Name	C O	Statement
4 th yr B.D. S	Pedodontics & Preventive Dentistry	1	Students now know the development, structure and function of the teeth, mouth and jaws and associated tissues both in health and disease and their relationship and effect on general-state of health and also the bearing on physical and social well-being of the patient.
		2	Students now know the principles of prevention and preventive dentistry right from birth to adolescence.
		3	Students now have adequate experience required for pedodontic dental practice.
		4	The students now have the skills necessary for practice of pediatric dentistry. Students are now able to obtain clinical history, methodological examination of the child patient, perform essential diagnostic procedures and interpret them and arrive at a reasonable diagnosis and treat appropriately.
		5	Students are now able to treat dental diseases which are occurring in child patient.
		6	Students are now able to repair and restore the lost or fractured tooth structures so as to maintain harmony between both hard and soft tissues of the oral cavity.
		7	Students are now able to acquire skills in managing efficiently life-threatening condition with emphasis on basic life support measures.
		8	Students are now able to adopt ethical principles in all aspects of pedodontic practice.
		9	Students are now able to foster honesty and integrity in clinical practice.
		10	Students are now able to deliver quality care service irrespective of a person's religion, caste, creed and ethnicity.
		11	Students are now able to share the knowledge and clinical experience with professional colleagues.



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		12	Students are now able to adopt, after a critical assessment, new methods and techniques of pedodontic management
			time to time.
		13	Students are now able to develop alliances with other areas of health profession.

MAPPING COURSE OUTCOMES WITH PROGRAM OUTCOMES AND PROGRAM SPECIFIC OUTCOMES

Year	Course Name	PO → CO ↓	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
4th	<u>Pedodontics & Preventive Dentistry</u>	1	03	03	03	03	03	03	03	03	03	03	03	03
BD		2	03	03	03	03	03	03	03	03	03	03	03	03
S		3	03	03	03	03	03	03	03	03	03	03	03	03
		4	03	03	03	03	03	03	03	03	03	03	03	03
		5	03	03	03	03	03	03	03	03	03	03	03	03
		6	03	03	03	03	03	03	03	03	03	03	03	03
		7	03	03	03	03	03	03	03	03	03	03	03	03
		8	03	03	03	03	03	03	03	03	03	03	03	03
		9	03	03	03	03	03	03	03	03	03	03	03	03
		10	03	03	03	03	03	03	03	03	03	03	03	03
		11	03	03	03	03	03	03	03	03	03	03	03	03
		12	03	03	03	03	03	03	03	03	03	03	03	03
		13	03	03	03	03	03	03	03	03	03	03	03	03
	Average		03	03	03	03	03	03	03	03	03	03	03	03



MATRIX OF ALL COURSES

Year	Course code	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
1st BDS	2114	03	03	03	2.25	2.5	2.75	2.75	03	2.25	2	2.12	2.25
	2115	03	03	03	03	03	03	03	02	02	03	03	03
	2116	03	03	03	03	03	03	03	02	03	2.14	03	03

Year	Course code	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
2nd BDS	2124	03	03	03	03	2.83	2.91	2.83	03	03	03	03	03
	2125	03	03	03	03	2.84	2.92	2.84	03	03	03	03	03
	2126	03	03	2.9	2.7	2.7	2.8	2.7	03	03	03	03	03
	2127	03	03	2.83	2.0	2.0	2.0	2.5	02	03	03	03	03
	2128	03	03	03	03	03	02	02	02	03	03	03	03

Year	Course code	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
3rd BDS	2136	03	03	03	03	03	03	03	03	03	03	03	03
	2137	03	03	03	03	03	03	03	03	03	03	03	03
	2138	03	03	03	03	03	03	03	03	03	03	03	03

Year	Course code	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12
4th BDS	2171	03	03	03	03	03	03	03	03	03	03	03	03
	2172	03	03	03	03	03	03	03	03	03	03	03	03
	2173	03	03	03	03	03	03	03	03	03	03	03	03
	2174	03	03	03	03	03	03	03	03	03	03	03	03
	2175	03	03	03	03	03	03	03	03	03	03	03	03
							155						
	2176	03	03	03	03	03	03	03	03	03	03	03	03



	2177	03	03	03	03	03	03	03	03	03	03	03	03
	2188	03	03	03	03	03	03	03	03	03	03	03	03
	Average	03	03	03	03	03	03	03	03	03	03	03	03

