



**Clinical Dentistry 01: Basic
Diagnosis and Treatment Planning
Module
3rd Year BDS**

Teaching Hour Allocation

S. No	Subject	Hours
1.	Periodontology	10
2.	Oral Pathology	9
3.	Oral Medicine	3
4.	General Medicine	7
5.	General Surgery	8
6.	Operative Dentistry	3
7.	Prosthodontics	8
8.	Oral & Maxillofacial Surgery	4
Total		52

S#	Theme	Duration in Hours/Days/Weeks
1.	Normal & Its Deviation (Normal Vs Abnormal)	22 hrs
2.	Clinical approach to patient	30 hrs
Total		52 hrs

Learning Objectives

By the end of this Module, 3rd year BDS students will be able to:

1. Describe the structure and normal functions of oral mucosa and epithelium.
2. Identify the cellular components of oral epithelium and explain their roles.
3. Define oral medicine and explain its scope in dental practice.
4. Classify the infections and conditions of oral cavity.
5. Explain the importance of consent taking before history taking and examination.
6. Outline the steps and importance of detailed history taking.
7. Characterize chief complaint (Pain, Swelling, or Ulcer) using Open-Ended Questions
8. Explain the principles and sequence of extra oral and intraoral examination.
9. Explain the Red flag signs and referral criteria.
10. Elicit a complete patient history.
11. Describe the parts and functions of a microscope.
12. Identify the abnormal histopathological structures. (deviation from normal)
13. Demonstrate slide set up on the microscope for histopathology evaluation.
14. Apply infection control and prophylactic measures for patients with systemic illnesses.
15. Describe diverse anatomical features of periodontium.
16. Describe physiology of saliva and Gingival crevicular fluid.
17. Describe the function of JE & role of salivary antibodies.
18. Discuss Radiographic aid in periodontal diagnosis.

Theme 1: Normal Vs Abnormal		
Topic	Hours	Learning Objectives
Oral Pathology		
Review of normal histology & Basic pathological terms.	1	<ol style="list-style-type: none"> 1. Define normal oral mucosa. 2. Describe normal blood cells in peripheral film. 3. Identify normal bone, cartilage & tooth structure under the microscope 4. Define basic pathological terms with examples. 5. Differentiate among the basic pathological terms.
General Medicine		
Introduction to General Medicine	1	<ol style="list-style-type: none"> 6. Discuss subject of General Medicine and its scope in dentistry 7. Describe the normal ranges and physiological basis of vital signs (temperature, pulse, respiratory rate, blood pressure, oxygen saturation). 8. Explain the clinical significance of deviations in vital signs (e.g., tachycardia, fever, tachypnea, and hypotension).
General Surgery		
Normal homeostasis vs response to injury	1	<ol style="list-style-type: none"> 9. Define homeostasis. 10. Explain the mediators of the metabolic response to injury (surgery) 11. Explain the key catabolic elements of the metabolic/surgical stress response 12. Explain the concept and components of ERAS.
Wounds and Ulcers	1	<ol style="list-style-type: none"> 13. Describe normal wound healing after surgery. 14. Explain the factors influencing the healing of a wound. 15. Differentiate between healing by primary, secondary and tertiary intention. 16. Define scars and contractures. Differentiate between hypertrophic scars and keloids. Explain their management. 17. Differentiate between tidy & untidy wounds. Explain the management for each. 18. Differentiate between acute and chronic wound. 19. Describe the management of an acute wound.
Sepsis & Asepsis: The principals involved	2	<ol style="list-style-type: none"> 20. Classify surgical site infections (SSIs). Describe their clinical presentation. 21. Describe the classification of wounds based on surgical site infections. 22. Differentiate between bacteremia, SIRS and sepsis & their implication in a surgical patient. 23. Explain the principles of prevention of surgical site infections.

		24. Describe the etiology, pathogenesis and management of surgically important infections and infestations
Periodontology		
Healthy Periodontium	2	25. Describe diverse anatomical features of periodontium. 26. Describe physiology of saliva and gingival crevicular fluid. 27. Explain the protective role of gingiva. 28. Describe blood supply, nerve supply and lymphatic drainage of periodontium of each tooth.
Classification Of Periodontal Diseases	2	29. Define periodontal health and disease, recognizing the continuum from health to disease. 30. Explain the differences between the 2018 classification of periodontal and peri-implant diseases and the 1999 AAP classification. 31. Classify periodontal diseases into: 32. Periodontal health and gingival health 33. Gingivitis 34. Periodontitis 35. Other conditions affecting the periodontium (e.g., systemic diseases, developmental conditions) 36. Stage periodontitis based on severity and extent, and grade based on progression rate and risk factors. 37. Enumerate and manage risk factors for periodontal diseases, including systemic factors and local factors. 38. Classify peri-implant diseases, including: <ul style="list-style-type: none"> • Peri-implant health • Peri-implant mucositis • Peri-implantitis
Defense mechanism of Gingiva	1	39. Describe the function of JE & role of salivary antibodies.
Aetiology of periodontal diseases	2	40. Define Plaque. 41. Describe composition, chemical and microbial structure of Plaque. 42. Recall role of plaque accumulation in aetiology of periodontal disease. 43. Define calculus, formation, types & role as plaque retaining factors.
Prosthodontics		
Partial Edentulism: RPDs	1	44. Define key terminologies used in RPD 45. Differentiate tooth-supported vs. tooth-tissue supported RPDs. 46. Discuss the role of retention, support, and stability in RPD success.
OMFS		

Clinical Actions of specific local anesthetic agents	1	<p>47. Enlist commonly used anesthetic solutions in dentistry (e.g., Lidocaine, Articaine, Bupivacaine, Prilocaine, Mepivacaine).</p> <p>48. Compare onset, duration, potency, and toxicity of these agents.</p> <p>49. Select appropriate agents based on clinical needs (short vs. long procedures).</p> <p>50. Calculate maximum recommended doses and adjust according to patient weight/age.</p> <p>51. Discuss precautions in special populations (pregnant, cardiac, pediatric, geriatric patients)</p>
Operative Dentistry		
Normal Vs Abnormal	1	52. Differentiate normal anatomy & morphology of the tooth structure and abnormal findings (caries, discoloration) on clinical examination.
Lab Work		
Oral Pathology		
Microscope	2	<p>53. Describe the parts and functions of a microscope.</p> <p>54. Enumerate the other devices of magnification</p> <p>55. Demonstrate slide set up on the microscope for histopathology evaluation.</p>
General history and examination form	2	56. Record basic medical and dental history
Infection Control in oral pathology diagnostic laboratory.	2	<p>57. Describe standard precautions, post exposure prevention, post exposure prophylaxis, management and work-related restriction as advised by CDC.</p> <p>58. Demonstrate optimum infection control in oral pathology diagnostic laboratory.</p>
Theme 2: Clinical approach to patient		
Oral Medicine		
Principles of oral Medicine: Consent, Principles of patient management Laboratory investigation Management plan and referral.	1	<p>59. Define oral medicine.</p> <p>60. Discuss the scope and practice of oral medicine.</p> <p>61. Define consent in dental practice.</p> <p>62. Enumerate different types of consent (e.g., informed, implied, express).</p> <p>63. Discuss the steps required to form a diagnosis and management plan in oral medicine</p> <ul style="list-style-type: none"> • History • Examination • Laboratory investigations • Imaging • Diagnosis (provisional/definitive) • Management plan

		<p>64. Discuss in detail the lab investigations used in dental practice, and discuss their importance (CBC, culture and sensitivity, etc.)</p> <p>65. Explain the referral criteria in dentistry.</p> <p>66. Explain the principles of therapy.</p>
Patient assessment: History Examination	1	<p>67. Discuss in detail the components of history for a dental patient and its importance</p> <p>68. Discuss general and specific extra- and intra oral examination and its importance</p>
Imaging techniques	1	<p>69. Discuss the different types of imaging techniques used in dentistry, their terminology, benefits, indications, and contraindications.</p> <ul style="list-style-type: none"> • Periapical radiograph • Occlusal view • Bitewing • Lateral ceph • OPG • CT scan • CBCT • MRI • Ultrasound
General Surgery		
Surgical Informed Consent	1	<p>70. Define consent taking in surgical practice.</p> <p>71. Explain the types and components of surgical informed consent</p>
Perioperative & Post Operative Care	1	<p>72. Discuss the immediate postoperative complications (nausea, vomiting, pain) and their management.</p> <p>73. Identify perioperative risk factors (e.g., diabetes, bleeding disorders) and tailor surgical treatment according to guidelines.</p>
Principles of Anesthesia.	2	<p>74. Discuss the principles of anesthesia</p> <p>75. List the various types of Anesthesia</p> <p>76. Discuss the indications and contraindications of anesthesia in surgery</p> <p>77. Discuss the pathophysiology and the management of pain in the surgical patient</p>
General Medicine		
Principles of History taking Counselling & Communication	1	<p>78. Describe the purpose and importance of thorough history taking in medical diagnosis and patient care.</p> <p>79. Enumerate the key components of a complete medical history: presenting complaint, history of</p>

		<p>presenting illness, past medical and surgical history, drug and allergy history, family and social history, and systemic review.</p> <p>80. Discuss the importance of effective communication, empathy, and confidentiality during history taking.</p> <p>81. Explain the principles of effective patient counselling— empathy, active listening, clarity, honesty, and shared decision-making.</p> <p>82. Discuss the ability to communicate diagnosis, treatment plans, prognosis and breaking bad news in an understandable and sensitive manner.</p> <p>83. Explain the importance of patient education and informed consent in medical management.</p>
Symptomatology	1	<p>84. Discuss common medical symptoms such as fever, cough, chest pain, dyspnea, edema, jaundice, cyanosis, and fatigue.</p> <p>85. Correlate specific symptom patterns with likely underlying diseases.</p> <p>86. Formulate a differential diagnosis based on presenting symptoms and clinical context.</p> <p>87. Explain the red flag symptoms that require urgent evaluation or intervention.</p>
Medical Conditions	1	<p>88. List common systemic diseases encountered in general medicine, including Diabetes Mellitus, Hypertension.</p> <p>89. Enlist important points in history taking about common medical conditions.</p> <p>90. Discuss appropriate drug history and the impact of these drugs in clinical practice.</p> <p>91. Explain the impact of comorbidities on diagnosis, treatment, and prognosis.</p>
Clinical signs	1	<p>92. Describe the principles and purpose of general physical examination.</p> <p>93. Explain the proper scheme of taking vital signs and GPE</p> <p>94. Discuss the abnormalities in vital signs and GPE</p>
Investigations in medicine	1	<p>95. Discuss appropriate general investigations based on history and physical findings.</p>

		<p>96. Describe the role of general/basic investigations in diagnosis and monitoring of disease.</p> <p>97. Describe common labs (Blood CP, blood sugars, RFTS, Electrolytes, Urine R/E, and LFTs) with their significance.</p> <p>98. Interpret common lab investigations (Blood CP, blood sugars, RFTS, Electrolytes, Urine R/E, and LFTs)</p> <p>99. Explain abnormal values and correlate with systemic illness.</p>
Management levels in medicine	1	<p>100. Describe the concept of evidence-based medicine and standard treatment protocols.</p> <p>101. Explain the role of lifestyle modification, patient education, and preventive strategies in treatment.</p>
Periodontology		
Clinical Diagnosis and Treatment planning	2	<p>102. Categorize treatment plans according to phases of periodontal therapy following correct sequence of therapies.</p> <p>103. Outline clearly and succinctly the impact of proposed treatment on quality of life to the patient.</p> <p>104. Discuss possible and probable outcomes of treatment options as well as the need for future supportive care, prevention and maintenance.</p>
Determination of Prognosis	1	<p>105. Discuss types of prognosis and factors involved in determination of prognosis</p> <p>106. Discuss treatment plan considering prognosis considering examination, diagnosis, risks involved and Clinical findings</p>
Prosthodontics		
Considerations for Managing Tooth Loss	1	<p>107. Discuss the indications and contraindications for removable partial denture provision</p> <p>108. Discuss different types of removable partial dentures.</p> <p>109. Identify the main components of cast partial denture.</p>
Classification of Partially Edentulous Arches (Lecture)	1	<p>110. Describe partially edentulous arches using Kennedy's Classification.</p> <p>111. Discuss Applegate's rules in classification.</p> <p>112. Compare different classifications and justify their clinical relevance.</p>
Surveying	2	<p>113. Define the dental surveyor and its primary role in removable prosthodontics.</p> <p>114. Discuss the key components of a dental surveyor List the three main types of surveyors (Ney, Jelenko, Williams) and state their basic differences.</p> <p>115. Explain the fundamental purposes of surveying</p>

		116. Define key terminologies: path of insertion, path of dislodgement, guide plane, height of contour, survey line, undercut, tripodization.
Diagnosis and Treatment Planning	1	117. Describe the role of history taking and examination in diagnosis. 118. Enlist steps in treatment planning for partially edentulous patients.
Preparation of the Mouth for Removable Partial Dentures	2	119. Differentiate between surgical and non-surgical pre-prosthetic procedures. 120. Explain the selection of suitable mouth preparations for successful RPD fabrication.
OMFS		
Preoperative Health Status Evaluation	2	121. Outline the essential elements of a comprehensive history. 122. Discuss a systematic approach to patient health status evaluation including chief complaint, history of present illness, and past medical, dental, and social histories. 123. Explain red flag symptoms in maxillofacial history (e.g., trismus, paresthesia, progressive swelling). 124. Differentiate between pain characteristics related to odontogenic and non-odontogenic causes. 125. Explain the relevance of systemic diseases, medications, and allergies in surgical patient assessment. 126. Describe significance of extra oral and intraoral examination to reach a diagnosis. 127. Define the purpose and principles of investigations in oral and maxillofacial surgical practice. 128. Differentiate between general i.e. baseline and specific i.e., diagnostic or confirmatory investigations. 129. List common general & specific investigations to reach definitive diagnosis.
Radiography	1	130. Define plain radiography and its role in the diagnostic process in oral and maxillofacial surgery. 131. Explain the indications, advantages, and limitations of: <ul style="list-style-type: none"> • Intraoral periapical radiograph (IOPA) • Occlusal radiograph • Orthopantomogram OPG
Oral Pathology		
Fundamentals of histopathological evaluation.	1	132. Describe tissue processing for histopathological evaluation. 133. Explain tissue embedding and section cutting on a microtome and slide preparation and staining. 134. Define Biopsy 135. Enumerate indications of biopsy

Diagnostic imaging relevant to dentistry.	1	136. Enlist uses of Ultra sound in dentistry. 137. Enlist indication, and contraindication of CT scan. 138. Define CBCT. 139. Enlist indication of CBCT.
Operative Dentistry		
Radiography	2	140. Identify the normal structures visible on periapical radiograph. 141. Differentiate about Normal vs abnormal periapical findings (apices, roots, periapical pathology, endodontics) 142. Describe the indication and use of periapical xray in operative & endodontics. 143. Describe the guidelines for prescribing periapical and bitewing xray 144. Enumerate the indications of bitewing xrays

Learning Resources	
Oral Pathology	<ol style="list-style-type: none"> 1. Oral and Maxillofacial Pathology, 3rd Edition by: Brad Neville, Douglas D. Damm, Carl M. Allen, & Jerry Bouquot. 2. Cawson's Essentials of Oral Pathology and Oral Medicine (2008), edition 8, ISBN: 978-0443101250. 3. Oral radiology- Principles and Interpretation. 6th edition By: White and Pharoah. 4. Oral Diagnosis, Oral Medicine and Treatment Planning (2001), edition 2, ISBN: 978-1550092066 5. Color Atlas of Oral Diseases, Clinical and Pathologic Correlations. By Cawson RA, Binnie WH and Eveson JW. Second Edition, 1995.
Oral Medicine	<ol style="list-style-type: none"> 1. Tyldesley's Oral Medicine 2. Cawson's Essentials of Oral Pathology and Oral Medicine 3. Oral Medicine by Lester W. Burket 4. Clinical Oral Medicine by Crispian Scully
General Medicine	<ol style="list-style-type: none"> 1. Davidson's Principles and Practice of Medicine 2. Macleod's Clinical Examination 3. Hutchison's Clinical Methods
General Surgery	<ol style="list-style-type: none"> 1. Bailey & Love Short Practice of surgery 27th edition 2. Norman Browse Introduction to the Symptoms & Signs of Surgical Disease 5th edition 3. Kirk's General Surgical Operations 7th edition
Periodontology	<ol style="list-style-type: none"> 1. Carranza book of clinical periodontology, Edition (12th, 13th, 14th) 2. Clinical periodontology and implantology by Jan Lindhe Edition (7th, 8th)

	<ol style="list-style-type: none"> 3. Color Atlas of periodontology by J.D Strahan & I.M.Wate 4. Fundamental of Periodontics by T.G. Wilson. JR 5. Text book of periodontology and Oral Implantology by Nayak, Upoor and Mahesh CP 2nd Edition
Prosthodontics	<ol style="list-style-type: none"> 1. Carr AB, Brown DT. McCracken's Removable Partial Prosthodontics. 15th ed. Philadelphia: Elsevier; 2020. 2. Winstanley RB. A colour atlas of removable partial dentures: JC Davenport, RM Basker, JR Heath and JP Ralph. Pp. 199. 1987. London
Oral & Maxillofacial Surgery	<ol style="list-style-type: none"> 1. Handbook of Local Anaesthesia. Stanely F. Malamed. Fifth edition 2. Contemporary Oral & Maxillofacial Surgery. James R Hupp, Edward Elis III, Myron R Tucker



Blood & Immunology-II Module

3rd Year BDS

Teaching Hours Allocation

Hour's allocation for different subjects

S. No	Subject	Hours
1.	General Pathology	4
2.	Periodontology	10
3.	Oral Pathology	27
4.	Oral Medicine	16
5.	General Medicine	10
6.	General Surgery	8
7.	Operative Dentistry	2
8.	Prosthodontics	7
9.	Oral & Maxillofacial Surgery	3
10.	Pediatric Dentistry	4
	Total	91

Themes

S#	Theme	Duration in Hours
1.	The pale patient	21
2.	Red and blue spots	28
3.	Neck Swelling I	11
4.	Burning Mouth	31
	Total	91

Learning Objectives

By the end of this Module, 3rd year BDS students will be able to:

1. Explain fundamental hematological and immunological principles relevant to dentistry and general health.
2. Describe the classification, mechanism and systemic as well as oral manifestations of hematological and immune mediated disorders.
3. Discuss clinical signs such as pallor, petechiae, ecchymosis, ulcers, rashes, and other oral or systemic features suggestive of underlying blood or immune disorders.
4. Interpret relevant laboratory and diagnostic tests (CBC, coagulation profile, biopsy, immunofluorescence, serology).
5. Demonstrate awareness of bleeding risks, anticoagulant use immunosuppression, and transfusion safety, and implement appropriate dental precautions.
6. Manage dental emergencies related to blood and immune disorders, including bleeding episodes and anaphylaxis.
7. Develop safe, evidence-based dental treatment plans for patients with hematological and immunological disorders.
8. Collaborate effectively with medical and surgical specialists to ensure integrated care for complex cases.
9. Integrate knowledge of blood and immunology into dental procedures (restorative, surgical, prosthodontic) to ensure patient safety and optimal outcomes.
10. Differentiate common benign and malignant swellings of the oral cavity, jaws, and head-and-neck region, and outline their diagnostic approach.
11. Correlate systemic diseases (hematological, vascular, autoimmune) with their surgical and medical management and their impact on dental treatment.
12. Manage oral manifestations of immunological and hypersensitivity reactions, including allergies, autoimmune diseases, and mucocutaneous disorders.
13. Evaluate patients with vascular disorders (e.g., varicose veins, coagulopathies, disseminated intravascular coagulation).
14. Explain their role in bleeding risks relevant to surgery and dentistry.

Theme 1: The pale patient

Topic	Hours	Learning Objective
General Medicine		
Anemia: Hemolytic anemia	1	<ol style="list-style-type: none"> 1. Define anemia 2. Enlist common causes of anemia. 3. Enlist and interpret relevant investigations to diagnose anemia. 4. Differentiate different morphological types of anemia and enlist their possible etiologies. 5. Define hemolytic anemia. 6. Classify hemolytic anemia according to etiology 7. Identify clinical features of hemolytic anemia 8. Describe the diagnostic workup for diagnosis of hemolytic anemia 9. Outline the treatment plan for hemolytic anemia
Nutritional deficiency anemia	1	<ol style="list-style-type: none"> 10. Enlist the causes of iron deficiency anemia 11. Describe clinical features of IDA. 12. Enlist and Interpret relevant investigations to diagnose IDA and reach its cause. 13. Discuss management with iron deficiency anemia. 14. Define megaloblastic anemia. 15. Enlist causes of megaloblastic anemia 16. Identify systemic manifestations of vit B12 deficiency anemia 17. Enlist and Interpret relevant investigations to diagnose b12 deficiency anemia and reach its cause. 18. Outline the treatment plan for b12 deficiency anemia
Leukemia	1	<ol style="list-style-type: none"> 19. Define leukemia and differentiate between acute and chronic, myeloid and lymphoid types. 20. Describe FAB classification of AML and ALL 21. Identify clinical features of leukemia 22. Analyze blood counts, peripheral smears, and bone marrow biopsy

		<p>results for diagnosing leukemias and their subtypes.</p> <p>23. Outline principles of management in acute and chronic leukemia according to their subtypes.</p> <p>24. Enlist complications of disease and its treatment.</p> <p>25. Explain the risk of infection and hemorrhage while opting for any dental procedure.</p>
Oral Pathology		
Anemia	1	<p>26. Classify Anemia and its oral manifestations Of iron deficiency hereditary anemia, hemolytic anemia, sickle cell anemia, pernicious anemia and thalassemia.</p> <p>27. Discuss histopathology of different forms of anemia.</p> <p>28. Identify key oral manifestations associated with thrombocytopenia and hemophilia</p>
Leukemia	1	<p>29. Classify Leukemia</p> <p>30. Discuss oral manifestations of acute and chronic Leukemia</p>
Fordyce's Granules	1	<p>31. Define the common clinical presentation</p> <p>32. Differentiate Fordyce granules from other oral lesions</p> <p>33. Explain the pathogenesis and anatomical basis,</p> <p>34. Discuss the benign nature and clinical significance of Fordyce's Granules</p> <p>35. Communicate effectively with patients to reassure them about the harmless nature of the condition.</p> <p>36. Apply knowledge in clinical practice to avoid misdiagnosis and unnecessary interventions.</p>
Oral Medicine		
Oral manifestation of hematological disorders and their managements	2	<p>37. Classify common hematological disorders.</p> <p>38. Describe anemias and leukemias.</p>

		<p>39. Identify key oral manifestations associated with hematological diseases such as:</p> <ul style="list-style-type: none"> • Iron deficiency anemia • Pernicious anemia • Leukemia • Thrombocytopenia • Hemophilia <p>40. Discuss diagnostic approaches for suspected hematological disorders in dental patients, including relevant laboratory investigations (e.g., CBC, peripheral smear).</p> <p>41. Discuss oral management of these conditions with emphasis on oral cavity and dental care of such patients.</p> <p>42. Discuss the Plummer Vinson syndrome.</p>
Pediatric Dentistry		
Oral manifestation of anemia and its managements in Children	1	<p>43. Discuss clinical signs of anemia in the oral cavity of pediatric patients during routine dental exams.</p> <p>44. Describe the preparation of thalassemic patients with anemia prior to dental treatment considering hematological optimization, infection control and stress reduction ensuring intraoperative, preventive and post operative care.</p> <p>45. Explain dental treatment formulation considering the child's hematologic status and medical management.</p>
Periodontology		
Periodontal Disease Pathogenesis	3	<p>46. Discuss microbiology of plaque associated periodontal disease.</p> <p>47. Describe the histopathogenesis of Plaque associated Periodontal disease.</p> <p>48. State the role of Host response in Periodontal Disease.</p>

		<p>49. Discuss Hypersensitivity reaction cell mediated and Humoral immunity.</p> <p>50. Appraise the clinical significance of Dental Plaque in the initiation of gingivitis.</p> <p>51. Explain in detail the four stages of gingival Inflammation.</p> <p>52. Interpret the role of bacteria in the pathogenesis of periodontal tissue destruction.</p>
Calculus & Plaque retentive factors	2	<p>53. Define dental calculus.</p> <p>54. Classify dental calculus.</p> <p>55. Discuss its Origin, composition, mode of attachment, theories of Mineralization and Clinical significance.</p> <p>56. Differentiate between dental stains, materia alba, dental pellicle.</p> <p>57. Explain the role of calculus and other predisposing factors in Periodontal disease.</p>
Periodontal pockets	2	<p>58. Define and Classify Periodontal Pocket.</p> <p>59. Explain the clinical features, pathogenesis and pocket contents.</p> <p>60. Discuss Histopathology of Soft and hard tissue wall of the periodontal pocket.</p> <p>61. Manage periodontal pockets according to multiple treatment options.</p>
Ageing & Periodontium	1	<p>62. Enlist the general features of aging found in different body tissues.</p> <p>63. Discuss the age dependent changes in periodontal tissues.</p> <p>64. Differentiate the pathological changes from age-dependent physiological changes in a patient.</p>
Prosthodontics		
Biomechanics of Removable partial denture	1	<p>65. Define the term biomechanics and explain its application in removable partial denture (RPD) design.</p> <p>66. Describe the forces acting on an RPD during function</p> <p>67. Identify the types of stresses transmitted to abutment teeth and edentulous ridges.</p> <p>68. Classify and explain the possible movements of an RPD (vertical, horizontal, rotational, and torsional).</p>

		<p>69. Discuss the role of different components of RPD (direct retainers, indirect retainers, connectors, rests, and denture base) in controlling or minimizing movement.</p> <p>70. Explain biomechanical considerations in different Kennedy classifications (tooth-supported vs. tooth-tissue-supported RPDs).</p>
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Oral and Maxillofacial Surgery

Approach to patient with leukemia requiring dental extraction	1	<p>71. Describe leukemia and its oral manifestations relevant to dental practice.</p> <p>72. Explain the effects of leukemia and chemotherapy on hemostasis, immunity, and wound healing.</p> <p>73. Describe indications and contraindications for dental extraction in leukemic patients.</p> <p>74. Describe pre-extraction investigations in a leukemic patient, e.g., hemoglobin, total leukocyte count, absolute neutrophil count, and platelet count.</p> <p>75. Discuss the significance of perioperative precautions, including antibiotic prophylaxis and local hemostatic measures, i.e., pressure application, suturing, and use of hemostatic agents.</p> <p>76. Discuss post-extraction complications and their prevention.</p> <p>77. Discuss the importance of interprofessional collaboration with a hematologist and a physician.</p>
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Lab Work

General pathology

Peripheral Smear	2	<p>78. To prepare peripheral smear slide from blood Sample.</p> <p>79. To learn all steps of staining peripheral smear slide.</p> <p>80. To identify normal cell lines on the smear and recognize common abnormalities like anemia and thrombocytopenia.</p>
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Theme 2: Red and blue spots

General Medicine

<p>Approach to patient with bleeding</p>	<p>1</p>	<p>81. Enumerate the different types of bleeding disorders according to their etiology.</p> <p>82. Enlist common coagulation disorders</p> <p>83. Discuss Clinical features of thrombocytopenia and coagulation defect with special focus on ITP and hemophilia & VWB disease.</p> <p>84. Explain the principles of management in ITP, hemophilia & VWB disease.</p> <p>85. Discuss the safe ranges of lab parameters for dental treatment</p>
<p>Shock and Hypersensitivity reactions (angioedema, anaphylaxis transfusion reaction,)</p>	<p>1</p>	<p>86. Define shock and describe its pathophysiology</p> <p>87. Classify shock as per its etiology</p> <p>88. Identify clinical features of each shock type</p> <p>89. Describe principles of management:</p> <p>90. Define and classify hypersensitivity reactions</p> <p>91. Describe mechanisms and mediators involved in each type.</p> <p>92. Enlist clinical examples and key features of each type.</p> <p>93. Classify the different types of transfusion reactions</p> <p>94. Recognize the clinical features of transfusion reaction</p> <p>95. Outline management strategies of common transfusion reaction</p>
<p>Venous thromboembolism (VTE)</p>	<p>1</p>	<p>96. Define DVT and PE as types of venous thromboembolism (VTE).</p> <p>97. Describe Virchow's triad.</p> <p>98. Enumerate the risk factors for VTE.</p> <p>99. Explain the clinical features of DVT and PE.</p> <p>100. Describe diagnostic work up for diagnosis of VTE.</p> <p>101. Describe wells criteria</p> <p>102. Explain management principles for VTE</p>

		103. Describe prevention of VTE
General Surgery		
Blood Transfusion and their implications	2	<p>104. Define blood transfusion.</p> <p>105. List the indications for blood transfusion in surgical patients.</p> <p>106. Discuss the types of blood transfusion.</p> <p>107. Explain Blood and blood products.</p> <p>108. Discuss the Preparation of blood products and transfusion.</p> <p>109. Explain the equipment's use to transfuse the blood.</p> <p>110. Enumerate the complications of blood transfusion.</p> <p>111. Describe the perioperative red blood cell transfusion criteria.</p>
Hemorrhage & Shock	1	<p>112. Define hemorrhage</p> <p>113. Discuss the degree and classification of hemorrhage</p> <p>114. Differentiate between surgical and non-surgical hemorrhage.</p> <p>115. Define shock. Discuss its various types.</p> <p>116. Describe management of hemorrhagic shock. Also describe damage control resuscitation.</p>
Varicose veins	1	<p>117. Define varicose veins. Discuss the causes and clinical presentation of varicose veins.</p> <p>118. List the investigations for diagnosis.</p> <p>119. Discuss the various modalities for the management of varicose veins.</p> <p>120. Describe the signs & symptoms of thrombophlebitis associated with venous disease.</p> <p>121. Discuss management of thrombophlebitis associated with venous disease.</p>
Deep venous thrombosis & pulmonary embolism	1	<p>122. Define Deep Venous Thrombosis (DVT)</p> <p>123. Discuss the causes and risk factors in a surgical patient.</p> <p>124. Describe the complications of DVT (pulmonary embolism)</p> <p>125. Discuss the clinical presentation of DVT and pulmonary embolism</p>

		126. Discuss the investigations, management principles & prevention strategies of DVT & pulmonary embolism.
Petechiae, purpura, ecchymosis	1	127. Define pressure sores. 128. Discuss the etiology, staging and management of pressure sores. 129. Discuss venous leg ulcers, its diagnosis, clinical presentation and management.
Gangrene	1	130. Define gangrene. List the specific types of gangrene with special reference to diabetic foot. 131. Classify ulcers. 132. Discuss the clinical presentation of various ulcers including diabetic foot ulcer. 133. Discuss the diagnosis and management plan of ulcers including diabetic foot.
Periodontology		
Periodontitis	2	134. Explain the Clinical and histopathological features of Periodontitis (Chronic, aggressive, recurrent, refractory). 135. Correlate the Clinical and histopathological features of Periodontitis (Chronic, aggressive, recurrent, refractory) 136. Explain the periodontal disease distribution 137. Discuss Management of Periodontitis 138. Enumerate risk factors for chronic periodontal disease
Oral Medicine		
Oral melanotic pigmentation	1	139. Classify oral pigmentations (physiological vs pathological; endogenous vs exogenous). 140. Describe the causes of pigmentation in the oral cavity. 141. Explain systemic diseases and hematological abnormalities associated with oral pigmentations

		142. Describe management plan for pigmented lesions.
Red/blue lesions	1	143. Enlist Red/blue lesions of the oral cavity 144. Discuss pyogenic granuloma in detail. 145. Describe in detail Erythroplakia with emphasis on diagnosis and treatment.
Oral Pathology		
Epulides	1	146. Define epulides. 147. Classify epulides. 148. Explain clinical feature and histopathology of epulides.
Nevi	1	149. Define nevi. 150. Classify nevi. 151. Explain clinical feature and histopathology of nevi.
Smoker melanosis		152. Explain clinical and histopathological features of smokers melanosis.
Leuko-erythroplakia	1	153. Explain clinical and histopathological features of leuko-erythroplakia
Melanoma Hemangioma Lymphangioma	2	154. Define Melanotic macule 155. Discuss the clinical and histopathological features of Melanotic macule 156. Define Melonoma 157. Discuss the clinical features, sub types, and diagnostic criteria of Melanoma. 158. Discuss hemangioma and lymphangioma. 159. Discuss the clinical types and features of hemangioma and lymphangioma.
Pediatric Dentistry		
Dental management of hemophilic children	1	160. Describe the pathophysiology, classification and clinical presentation of hemophilia in Pediatric patient. 161. Discuss hematological investigations and calculate the deficiency of factors IIIV and IX in hemophilic patient.

		162. Discuss the formulation of dental treatment plans (preventive/restorative/extraction) with appropriate modifications and medical consultation to minimize bleeding risk.
Oral & Maxillofacial Surgery		
Management of patient with bleeding disorders and on anticoagulants in dentistry	1	163. Discuss different bleeding disorders (hemophilia, thalassemia, drug induced, etc) 164. Discuss role of CBC, bleeding time, clotting time, INR/PT in pre-operative assessment and management 165. Explain the Role of various hemostatic agents in management
Operative Dentistry		
Hemostasis	1	166. Describe hemostasis and its clinical importance during cavity preparation, gingival retraction, and restorative procedures.
Prosthodontics		
Principles of Removable partial denture	3	167. Explain the functions of a removable partial denture and how they differ from complete dentures. 168. Describe how prosthesis function influences the design of an RPD (mastication, esthetics, phonetics, preservation of tissues). 169. Differentiate between the two main types of RPDs with regards to difference in support, impression registration and clasp design: <ul style="list-style-type: none"> • Tooth-supported RPD (bounded edentulous spaces). • Tooth-tissue supported RPD (distal extension / free-end saddle). 170. Discuss the biomechanical implications of each type on abutment teeth and supporting structures. 171. Explain the key requisites of partial denture design: <ul style="list-style-type: none"> • Support • Retention • Stability

		<ul style="list-style-type: none"> • Bracing • Reciprocation • Indirect retention • Major and minor connectors • Rests and rest seats <p>172. Discuss systematic approach to designing Removable partial dentures for different Kennedy classes.</p>
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Lab Work

Oral Pathology

Melanoma	1	173. Identify the histopathological features of Melanoma
Epulides	1	174. Identify the histopathological features of Epulides.
Leuko/erythroplakia	1	175. Identify the histopathological features of leuko/erythroplakia.

Theme 3: Neck swelling 1

General medicine

Lymphoma	1	<p>176. Discuss the pathophysiology of lymphomas</p> <p>177. Classify lymphomas</p> <p>178. Discuss the clinical manifestations of lymphoma</p> <p>179. Describe the clinical staging of lymphoma</p> <p>180. Outline diagnostic workup plan for lymphoma</p> <p>181. Enumerate the basic principles of management of lymphoma</p> <p>182. Enlist the complication of lymphoma</p>
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Oral Pathology

Non-Hodgkin lymphoma	1	<p>183. Classify NHL</p> <p>184. Describe histopathology of Non-Hodgkin lymphoma.</p> <p>185. Describe the histopathology of Burkitt lymphoma</p> <p>186. Describe the histopathology of MALT lymphoma</p>
Hodgkin lymphoma	1	187. Classify lymphomas.

		188. Describe the histopathology of Hodgkin lymphoma.
Multiple myeloma	1	189. Describe histopathology and diagnosis of multiple myeloma
Granulomatous diseases	1	190. Describe chronic granulomatous diseases like sarcoidosis, Wegener's granulomatosis, orofacial granulomatosis and its oral manifestations.
General Surgery		
Cervical lymphadenopathy	1	191. Classify diseases of the cervical lymph nodes (inflammatory & neoplastic) 192. Describe their etiology and clinical presentation. 193. Discuss the diagnosis and management of cervical lymphadenopathy.
Oral & Maxillofacial Surgery		
Cervical Lymphadenopathy	1	194. Describe the anatomical classification of cervical lymph nodes. 195. Explain the lymphatic drainage of the oral cavity and its clinical relevance to diseases of the oral and maxillofacial region. 196. Discuss the common causes of cervical lymphadenopathy associated with odontogenic, salivary, and oral mucosal pathologies. 197. Differentiate between reactive, infective, and neoplastic lymphadenopathy based on clinical and radiological features. 198. Explain the early detection of lymph node involvement as part of comprehensive oral cancer screening.

		199. Outline the diagnostic workup for cervical lymphadenopathy.
Prosthodontics		
Major connectors	2	200. Define a major connector and explain its role in a cast partial denture. 201. List the basic characteristics of a major connector. 202. Discuss the Identification of different types of major connectors: <ul style="list-style-type: none"> • Maxillary major connectors. • Mandibular major connectors
Oral Pathology		
Lymphoma	2	203. Draw and identify the abnormal histopathological sections of Hodgkin lymphoma and Non-Hodgkin lymphoma.
Theme 4: Burning Mouth		
Oral Pathology		
Vesiculo bullous disorders	4	204. Classify Vesiculo Bullous Disorder 205. Explain pathogenesis of autoimmune blistering disorders. 206. Differentiate clinical and histologic features of pemphigus vs. pemphigoid. 207. Discuss oral and skin lesions of Erythema Multiforme. 208. Differentiate Erythema Multiforme from other ulcerative lesions. 209. Discuss precipitating factors of Erythema Multiforme 210. Enumerate diagnostic aids (biopsy, immunofluorescence).
Allergic Reactions: Contact stomatitis Angioedema	1	211. Classify oral allergic reactions. 212. Describe clinical features of contact stomatitis and angioedema.
Recurrent aphthous stomatitis Systemic lupus erythematosus	2	213. Describe clinical features of RAS in detail. 214. Discuss histopathogenesis of RAS in detail. 215. Describe Bechet's syndrome and its oral manifestations

		<p>216. Explain the clinical features of patients with Glossitis, Burning mouth syndrome, Geographic tongue</p> <p>217. Describe Systemic lupus erythematosus and its oral manifestations.</p>
Lichen Planus	1	218. Discuss pathogenesis of lichen planus.
Pediatric Dentistry		
Apthous ulcer and its management in Children	1	<p>219. Describe apthous ulcers and differentiate them from other oral ulcerative conditions.</p> <p>220. Enumerate common triggers and discuss systemic associations and immunological disorders.</p> <p>221. Describe the typical appearance, location, and progression of apthous ulcers in children.</p> <p>222. Enlist symptomatic relief measures and advise on dietary modifications and oral hygiene practices to reduce recurrence.</p>
Acute herpetic Gingivostomatitis	1	<p>223. Define acute herpetic gingivostomatitis</p> <p>224. Describe its etiology and pathogenesis of HSV-1 infection, including viral replication, latency in the trigeminal ganglion, and reactivation.</p> <p>225. Discuss the clinical presentation highlighting prodromal symptoms, oral findings and associated sign</p> <p>226. Explain the principles of management including supportive care, antiviral therapy, nutritional support and oral hygiene measures.</p> <p>227. Discuss effective Communication effectively with parents about the nature of the disease, expected course, and treatment plan, recurrence and prevention of transmission.</p>
General Medicine		

Systemic Lupus Erythematosus	2	<p>228. Explain the pathophysiological mechanisms underlying systemic lupus erythematosus.</p> <p>229. Describe the diagnostic criteria for SLE (ACR/EULAR).</p> <p>230. Discuss the different systemic presentations of SLE.</p> <p>231. Enlist and interpret the relevant laboratory investigations in the context of SLE.</p> <p>232. Discuss the management plan according to the disease severity.</p> <p>233. Describe common side effects of drugs used in the management of SLE.</p>
Oral Medicine		
Immunologically mediated oral lesions: Apthous ulcers, Behcets syndrome & Traumatic ulcers	1	<p>234. Describe the causes & clinical features of Aphthous ulcers, Behcets syndrome & Traumatic ulcers.</p> <p>235. Discuss the diagnosis and management plan for common ulcerative conditions (aphthous, traumatic ulcers etc)</p> <p>236. Enlist the diagnostic tests for Aphthous ulcers, Behcets syndrome & Traumatic ulcers</p>
Immunologically mediated oral lesions: <ul style="list-style-type: none"> • Erythema multiforme (types) • Pemphigus vulgaris • Mucous membrane pemphigoid • Systemic lupus erythematosus • Lichen Planus 	2	<p>237. Describe the causes & clinical features of all these conditions.</p> <p>238. Discuss the diagnosis and treatment plan for these conditions.</p> <p>239. Enlist the diagnostic tests needed in these conditions.</p>
Immunologically mediated oral lesions: <ul style="list-style-type: none"> • Systemic lupus erythematosus 	2	<p>240. Describe the causes & clinical features of all these conditions.</p> <p>241. Discuss the diagnosis and treatment plan for these conditions.</p>

<ul style="list-style-type: none"> • Lichen Planus 		<p>242. Enlist the diagnostic tests needed in these conditions.</p>
<p>Viral infections</p> <ul style="list-style-type: none"> • Herpes simplex virus • Herpes zoster • Epstein bar virus • Measles • Mumps • Herpangina • Hand foot and mouth disease • HIV 	<p>4</p>	<p>243. Describe the aetiology & spread of common oral viral infections. 244. Explain the clinical features & diagnostic modalities of common oral viral infections. 245. Discuss the management plan of common oral viral infections. 246. Enumerate the complications and prevention of common oral viral infections.</p>
<p>Bacterial infections</p> <ul style="list-style-type: none"> • Tuberculosis • Syphilis • Gonorrhoea 	<p>1</p>	<p>247. Describe the aetiology & spread of common oral bacterial infections. 248. Explain the clinical features & diagnostic modalities of common oral bacterial infections. 249. Discuss the management plan of common oral bacterial infections. 250. Enumerate the complications and prevention of common oral bacterial infections.</p>
<p>Fungal infections</p> <ul style="list-style-type: none"> • Oral Candidiasis • Primary & Secondary oral candidiasis • Oral manifestations of systemic candidiasis • Candida-associated lesions • Candida associated denture induced stomatitis • Angular cheilitis • Median rhomboid glossitis 	<p>2</p>	<p>251. Describe the aetiology & spread of common oral fungal infections. 252. Explain the clinical features & diagnostic modalities of common oral fungal infections. 253. Discuss the management plan of common oral fungal infections.</p> <p>Enumerate the complications and prevention of common oral fungal infections.</p>

General Medicine		
Hypersensitivity reactions (angioedema, anaphylaxis transfusion reaction,)	1	<p>254. Define and classify hypersensitivity reactions</p> <p>255. Classify hypersensitivity reactions</p> <p>256. Describe mechanisms and mediators involved in each type.</p> <p>257. Enlist clinical examples and key features of each type.</p> <p>258. Classify the different types of transfusion reactions</p> <p>259. Discuss the clinical features of transfusion reaction</p> <p>260. Describe management strategies of common transfusion reaction</p>
Prosthodontics		
Minor connectors	1 hr	<p>261. Define minor connectors and explain their role in a cast partial denture.</p> <p>262. Explain the form and dimensions of minor connectors.</p> <p>263. Discuss the ideal location of minor connectors on the cast.</p> <p>264. Describe tissue stops used with minor connectors.</p> <p>265. Explain finishing lines around the minor connector-denture base junction</p>
Operative Dentistry		
Allergic reaction to restorative materials	1	<p>266. Discuss allergic reactions to dental restorative materials (amalgam, resin, latex, eugenol).</p>
Lab Work		
General Pathology		
Immunofluorescence staining	2	<p>267. Identify specific Immunofluorescence stains.</p> <p>268. Identify different steps in specimen collection and slide preparation</p>
Oral Pathology		
Lichen Planus	2	<p>269. Identify the histopathological features of lichen planus on slide.</p>



CRANIOFACIAL-II MODULE

3rd Year BDS

TABLE 1: THEMES

S#	Theme	Duration in Hours/Weeks
1	Orofacial pain and Headache	28 hours
2	Orofacial swellings	29 hours
3	Orofacial deformity/asymmetry/aesthetic imbalance/functional difficulty	30 hours
4	Non healing lesions	38 hours
		Total: 125 hours

Teaching Hours Allocation

Table 2: Hours allocation for different subjects

S. No	Subject	Hours
1	Oral pathology	53 hours
2	Oral medicine diagnosis and treatment	16 hours
3	Periodontology	19 hours
4	General Medicine	8 hours
5	General Surgery	8 hours
7	Oral and Maxillofacial Surgery	14 hours
8	Pre-Clinical Prosthodontics	7 hours
	Total	125

General Learning Objectives

By the end of this Module, 3rd year BDS students will be able to:

1. Describe the etiology, pathogenesis, clinical, radiographic, and histopathological features of inflammatory disorders of bone such as alveolar osteitis and osteomyelitis.
2. Define, classify, and describe odontogenic and non-odontogenic cysts and discuss their clinical, radiographic and histopathological presentations.
3. Classify odontogenic tumors (epithelial, mesenchymal, and mixed) and describe their pathogenesis, clinical, radiological, and histopathological features.
4. Explain the classification, etiopathogenesis, clinical-radiographic-histopathological features, and syndromic associations of benign and malignant bone tumors of the jaws, including tori, osteoma, chondroma, osteosarcoma, chondrosarcoma, and Ewing's sarcoma.
5. Define and classify fibro-osseous lesions and describe features of fibrous dysplasia, ossifying fibroma, cemento-osseous dysplasias, and cherubism.
6. Enlist and describe developmental anomalies of teeth (number, size, shape, structure, and eruption) and relate them to craniofacial syndromes.
7. List the developmental, metabolic, and endocrine disorders of bone (Paget's disease, rickets, hyperparathyroidism, osteomalacia) and describe their clinical, radiographical and histopathological features.
8. Recall the salient features of Oral Potentially Malignant Disorders (OPMDs).

9. Define epithelial dysplasia, list its architectural and cytological features, and describe its histopathological grading while distinguishing carcinoma in situ from invasive squamous cell carcinoma.
10. Distinguish various white lesions—including frictional keratosis, nicotinic stomatitis, chemical burn-related keratosis, leukoedema, and white sponge nevus—based on etiopathogenesis and diagnostic characteristics.
11. Explain the etiological factors, risk determinants, molecular basis (oncogenes and tumor suppressor genes), clinical presentation, prognostic indicators, and histopathological grading/staging of oral squamous cell carcinoma.
12. Describe the clinical, radiographic, and histopathological features of major variants of oral and cutaneous carcinomas, including verrucous carcinoma, spindle cell carcinoma, and basal cell carcinoma.

Table 1: Learning Objectives Theme-wise

Theme I: OROFACIAL PAIN AND HEADACHE			
S.No	Topic	Hours	Learning objectives
Oral Pathology			
1.	Tooth wear	1	<ol style="list-style-type: none"> 1. Define tooth wear 2. Describe the main types of tooth wear such as attrition, abrasion, erosion, and abfraction. 3. Distinguish etiological factors contributing to each type of tooth wear. 4. Describe clinical features of tooth wear, including hypersensitivity, loss of vertical dimension, and associated pain. 5. Describe systemic and local causes (e.g., bruxism, GERD, dietary acids) associated with patterns of wear. 6. Discuss consequences of advanced wear (pulpal inflammation, periapical lesions, cracked tooth syndrome).
2.	Inflammatory disorders of bone	2	<ol style="list-style-type: none"> 7. Enumerate inflammatory disorders of bone. 8. Describe etiology and pathogenesis of alveolar osteitis and osteomyelitis. 9. Discuss clinical features of alveolar osteitis (dry socket) and list different types of osteomyelitis. 10. Describe acute and chronic osteomyelitis clinically and radiographically. 11. Explain histopathological features of osteomyelitis. 12. Distinguish osteomyelitis from other radiolucent lesions of the jaw (such as central giant cell granuloma and cystic lesions). 13. Define osteoradionecrosis and MRONJ. 14. Explain their pathogenesis. 15. Discuss salient features of osteoradionecrosis and MRONJ.

General Medicine

3.	Trigeminal Neuralgia and Giant cell arteritis	1	16. Describe the pathophysiology of trigeminal neuralgia and GCA. 17. Differentiate between the two pathologies on clinical grounds 18. Develop an effective clinical approach to these symptoms. 19. Outline the treatment plan for TN and GCA
4.	Headache syndrome	1	20. Enlist different types of headaches. 21. Discuss the diagnosis of Headache Syndrome. 22. Enumerate red flags and plan investigations accordingly. 23. Discuss the treatment plan.
5.	Facial nerve weakness	1	24. Discuss the etiological factors behind Facial nerve weakness 25. Discuss the main clinical features in the history and examination of Bell's palsy 26. Differentiate between upper and lower neuron types of facial weakness 27. Outline the treatment plan for Bell's palsy.
6.	Seizures (Epilepsy)	1	28. Define epilepsy and seizures. 29. List the common types and causes of epilepsy. 30. Differentiate between epileptic seizures and other causes of transient loss of consciousness. 31. Enlist the investigations to reach the cause of seizures. 32. Discuss the management of epilepsy. 33. Enlist the side effects of common antiepileptic drugs.
7.	Cerebro-vascular Accident (CVA)	1	34. Define cerebrovascular accident. 35. Enlist different types of stroke. 36. Describe the risk factors of Stroke. 37. Discuss the main clinical features of stroke. 38. Outline investigation plan for stroke. 39. Describe treatment options for stroke. 40. Enlist complications and the preventive strategies of Stroke
8.	Gullain-Barré Syndrome (GBS)	1	41. Define Guillain-Barré Syndrome 42. Enlist main clinical variants of GBS.

			<p>43. Enlist the infectious agents and immune mechanisms commonly associated with the development of GBS.</p> <p>44. Differentiate between various subtypes of GBS based on their clinical features.</p> <p>45. Discuss the role of molecular mimicry in the immunopathogenesis of GBS.</p> <p>46. Outline the diagnostic approach to a patient with suspected GBS.</p> <p>47. Enumerate the principles of management and prognostic factors in GBS.</p>
Oral Medicine			
9.	Orofacial pain	3	<p>48. Define orofacial pain</p> <p>49. Classify different types of pains affecting the head and neck</p> <ul style="list-style-type: none"> • Somatic pain (odontogenic, maxillary sinus etc.) • Neurogenic pain • Pain from Vascular origin • Psychogenic pain <p>50. Describe in detail the clinical features, pathophysiology, diagnosis and management plan of the following conditions affecting the head and neck</p> <ul style="list-style-type: none"> • Trigeminal neuralgia • Pre-trigeminal neuralgia • Post herpetic neuralgia • Glossopharyngeal neuralgia • Ramsay hunt syndrome • Neuropathic pain secondary to other conditions • Giant cell arteritis • Migraine • Cluster headache • Tension headache
10.	<p>Neurological disorders</p> <ol style="list-style-type: none"> 1. Multiple sclerosis 2. Frey's syndrome 	1	<p>51. Describe the clinical features, pathophysiology, diagnosis and management plan of</p> <ul style="list-style-type: none"> • Frey's syndrome • Multiple sclerosis\ • Facial nerve paralysis

	3. Facial nerve paralysis		
11.	Psychogenic oro facial problems Atypical facial pain Atypical odontalgia Oral dysesthesia Burning mouth syndrome Delusional symptoms Self-injurious behavior Dysmorphophobia Drugs and alcohol	2	52. Discuss in detail the clinical features, causes, diagnosis and management for patient with <ul style="list-style-type: none"> • Atypical facial pain • Atypical odontalgia • Oral dysesthesia • Burning mouth syndrome • Self-injurious behavior • Dysmorphophobia • Drugs and alcohol
12.	Medical emergencies in dentistry Prevention of medical emergencies	1	53. Discuss the principles of clinical risk management for a patient undergoing dental treatment. 54. Discuss the significance of ASA (American society of Anesthesiologist) classification 55. Enlist the common drugs used in emergency along with necessary equipment in dentistry. 56. Discuss the indication and protocols of emergency drugs in dentistry. 57. Discuss the ABCDE protocol for emergency management in dentistry. 58. Discuss the significance of CPR
13.	Syncope	1	59. Discuss in detail the causes, clinical features, diagnosis, prevention, management and complications of a patient with syncope undergoing dental treatment.

14.	Epileptic seizures and CVA stroke)	1	60. Discuss in detail the causes, clinical features, diagnosis, prevention, management and complications of a patient with epilepsy and status epilepticus undergoing dental treatment. 61. Discuss in detail the causes, clinical features, diagnosis, prevention, management and complications of a patient with stroke undergoing dental treatment. 62.
Periodontology			
15.	Bone loss Patterns in Periodontology and Trauma from Occlusion	2	63. Differentiate between different Bone destruction patterns in periodontal disease 64. Describe Bone destruction caused by trauma from occlusion and systemic disorders 65. Discuss the factors determining bone morphology in periodontal disease 66. Differentiate between <ul style="list-style-type: none"> • Acute & Chronic trauma from occlusion • Primary & Secondary trauma from occlusion 67. Describe consequences of trauma from occlusion. 68. Discuss tissue response of trauma from occlusion. 69. Explain the role of occlusal adjustment and splinting in management of TFO
General Surgery			
16.	Trigeminal Neuralgia	1	70. Describe the etiology & pathophysiology of Trigeminal neuralgia 71. List the clinical features and investigations for diagnosis of trigeminal neuralgia. 72. Describe briefly the surgical techniques used in the management of this disease.
17.	Head Injury	2	73. Classify Head Injury. Describe the Glasgow Coma scale. 74. Discuss the clinical presentation and radiological features of head injury. 75. List the indications for CT scan in head injury. 76. Explain the ABCDE approach and the definitive surgical management of head injury.

Oral and Maxillofacial Surgery			
18.	Introduction to Maxillofacial Trauma	1	77. Enumerate causes of maxillofacial trauma. 78. Discuss primary and secondary survey. 79. Explain clinical features of a patient with maxillofacial trauma.
19.	Anatomic Considerations for LA	1	80. Describe the main anatomical features of the maxilla and mandible in relation to local anesthesia. 81. Discuss the clinical importance of key landmarks, e.g., infraorbital foramen, maxillary tuberosity, mental foramen, and mandibular foramen. 82. Explain the bone structure, i.e., cortical vs. cancellous, in relation to the effectiveness of local anesthesia in the maxilla and mandible. 83. Explain the course and significance of major neurovascular structures, e.g., infraorbital, inferior alveolar, and mental nerve, in relation to dental procedures. 84. Describe anatomical variations of the maxilla and mandible to their clinical implications in oral surgery and anesthesia techniques.
20.	Trigeminal Nerve	1	85. Describe the origin, course, and distribution of each division of trigeminal nerve, i.e., ophthalmic, maxillary, and mandibular. 86. Explain the sensory and motor functions of the trigeminal nerve. 87. Recall the sensory areas of the face supplied by each division. 88. Discuss the clinical relevance of the trigeminal nerve, including neuralgia, anesthesia, and nerve injuries.
Prosthodontics			
21.	Direct retainers	2	89. Define a direct retainer. 90. Discuss the function of direct retainer in a removable cast partial denture. 91. Discuss basic principles of clasp design. 92. Classify direct retainers based on location. 93. Explain the components of a clasp assembly. 94. Compare commonly used clasp designs.

			95. Explain the concept of reciprocation and bracing. 96. Describe the factors affecting the effectiveness of direct retainers.
Theme-II: Orofacial Swellings			
Oral Pathology			
22.	Odontogenic cysts	4	97. Define cyst 98. Define odontogenic and non-odontogenic cysts 99. Classify cyst of jaw according to etiology and tissue of origin 100. Define radicular cyst 101. Describe clinical, radiographical and histopathological features of radicular cyst 102. Explain pathogenesis of radicular cyst 103. Explain expansions of cyst 104. Define Dentigerous cyst and keratocyst 105. Describe clinical features of Dentigerous cyst and keratocyst 106. Describe radiographic features of Dentigerous cyst and keratocyst 107. Explain histopathological features of Dentigerous cyst Dentigerous cyst and keratocyst 108. Explain pathogenesis of Dentigerous cyst and keratocyst 109. Explain Gorlin Goltz syndrome associated with keratocyst 110. Describe other odontogenic cysts including lateral periodontal cyst, paradental cyst, gingival cyst, eruption cyst and glandular odontogenic cyst.
23.	Non- odontogenic cysts	1	111. Enumerate non odontogenic cyst 112. Describe clinical, radiographical and histopathological features of Non odontogenic cysts.

24.	Non-epithelial primary bone cysts	1	<p>113. List non epithelial primary bone cysts.</p> <p>114. Describe clinical, radiographical and histopathological features of non-epithelial primary bone cysts.</p> <p>115. Enumerate unilocular and multilocular lesions of jaw.</p>
25.	Epithelial odontogenic tumors	4	<p>116. Classify tumours of odontogenic origin.</p> <p>117. Define Ameloblastoma.</p> <p>118. List types of Ameloblastoma clinically, radio graphically and histopathologically.</p> <p>119. Describe clinical and radiographic features of Ameloblastoma with emphasis on follicular and plexiform pattern.</p> <p>120. Explain pathogenesis and behaviour of Ameloblastoma.</p> <p>121. Describe briefly unicystic Ameloblastoma.</p> <p>122. Describe clinical, radiographical and histopathological features of AOT and CEOT.</p> <p>123. Describe remaining epithelial odontogenic tumours including squamous odontogenic cyst and calcifying odontogenic cyst.</p>
26.	Mesenchymal odontogenic tumors	2	<p>124. Enumerate mesenchymal odontogenic tumors (odontogenic fibroma, odontogenic myxoma, cementoblastoma, others).</p> <p>125. Explain the pathogenesis and tissue of origin for each tumor type.</p> <p>126. Describe their clinical features and their radiographic features.</p> <p>127. Describe histopathological characteristics of each tumor.</p>

27.	Mixed odontogenic tumors	2	<p>128. Enlist different odontomes occurring in oral cavity.</p> <p>129. Define complex and compound odontomes.</p> <p>130. Discuss clinical, radiographical and histopathological features of complex and compound odontomes.</p> <p>131. Describes pathogenesis, clinical, radiographic, and histopathological features of invaginated odontomes.</p> <p>132. Explain briefly evaginated odontome and enamel pearl.</p> <p>133. Summarize the clinical, radiological, and histological features of remaining mixed odontogenic tumors (e.g., ameloblastic fibroma, ameloblastic fibro-odontoma).</p> <p>134. Describe malignant mixed odontogenic tumors (e.g., ameloblastic fibrosarcoma) in a tabulated form for classification, clinical, radiographic, and histological features.</p>
28.	Tumours of bone	2	<p>135. Define and classify benign and malignant bone tumors of the jaws.</p> <p>136. Enumerate types of tori and describe clinical and radiographical features of tori.</p> <p>137. Describe etiology, clinical, radiographic, and histopathological features of benign jaw tumors such as osteoma and chondroma and Correlate syndromic associations, with emphasis on Gardner syndrome.</p> <p>138. Describe etiology, pathogenesis, clinical presentation, radiographic and histopathological features of osteosarcoma, chondrosarcoma, and Ewing's sarcoma.</p>
29.	Central giant cell granuloma (CGCG)	1	<p>139. Define CGCG</p> <p>140. Discuss clinical, radiographical and histopathological features of CGCG</p>

Periodontology

30.	Gingival Enlargement	2	<p>141. Recall the classification of gingival enlargement</p> <p>142. Describe clinical and histopathological features of different types of gingival enlargement</p> <p>143. Discuss the management strategies of gingival enlargement according to the periodontal treatment plan</p>
31.	Periodontal Health in Children	1	<p>144. Describe age-specific periodontal conditions</p> <p>145. Discuss syndromic associations (e.g., Down syndrome).</p> <p>146. Outline preventive and therapeutic strategies-</p>
32.	Osseus defects	2	<p>147. Define and explain the concept of osseous deformities and their significance in periodontal disease progression.</p> <p>148. Classify and describe the different types of osseous defects – horizontal, vertical, craters, fenestrations, and dehiscence.</p> <p>149. Discuss the etiologic factors and pathogenesis leading to the development of osseous deformities.</p> <p>150. Explain the diagnostic methods used to detect and evaluate osseous defects clinically and radiographically.</p> <p>151. Differentiate and compare one-wall, two-wall, and three-wall defects based on morphology and regenerative potential.</p> <p>152. Describe and illustrate the surgical approaches used for the correction of osseous deformities, including osteoplasty and ostectomy.</p>

Pre-clinical Prosthodontics

33.	Indirect retainers	1	153. Define an indirect retainer. 154. Describe the role of indirect retainers in distal extension cases. 155. Explain the factors influencing the effectiveness of an indirect retainer. 156. Describe the common forms of indirect retainers.
Oral and Maxillofacial Surgery			
34.	Armamentarium for Local Anesthesia & Maxillary Injection Techniques	2	157. Discuss Armamentarium for Local Anesthesia 158. Describe indications, contraindications, advantages, disadvantages, technique and complications of supraperiosteal injection, Posterior Superior Alveolar nerve block, Middle Superior Alveolar nerve block, Anterior Superior Alveolar nerve block, Greater Palatine nerve block, Nasopalatine nerve block, Maxillary nerve block.
Lab Work			
Oral pathology			
35.	Histopathological interpretation of common Cysts and odontogenic tumors	2	159. Interpret the histopathology & radiography of radicular, dentigerous cyst and OKC under microscope. 160. Interpret the histopathology & radiography of ameloblastoma, complex and compound odontomes under microscope. 161. Interpret the histopathology & radiography of osteosarcoma and multiple myeloma under microscope.
36.	CGCG	2	162. Interpret the histopathology & radiography of giant cell granuloma under microscope.
Theme III: Facial Deformity/Asymmetry			
Oral Pathology			

37.	Disturbance in number, shape and size of teeth.	3	<p>163. Enumerate the abnormalities of morphodifferentiation and histodifferentiation.</p> <p>164. Classify and describe developmental anomalies related to size, number, eruption, and shedding of teeth.</p> <p>165. Describe salient features of hypodontia, anodontia, hyperdontia, microdontia, and macrodontia.</p> <p>166. Define and discuss conditions such as dilaceration, taurodontism, double teeth, and concrescence.</p> <p>167. Correlate these anomalies with syndromes (e.g., cleidocranial dysplasia, Down syndrome, ectodermal dysplasia).</p>
38.	Syndromes with oral manifestations	1	<p>168. Enumerate craniofacial syndromes and explain their genetic and developmental basis.</p> <p>169. Describe the etiology, inheritance pattern, and pathogenesis of Down syndrome, Treacher Collins syndrome, and Crouzon syndrome.</p> <p>170. Explain the characteristic craniofacial and oral manifestations of each syndrome, including facial deformities, dental anomalies, and skeletal abnormalities.</p> <p>171. Describe radiographic and, where relevant, histopathological features associated with craniofacial deformities.</p>
39.	Disturbance in the structure of enamel	1	<p>172. Explain the disturbances in enamel structure occurring in different stages of amelogenesis.</p> <p>173. List the local and systemic causes of enamel developmental anomalies.</p> <p>174. Describe in detail enamel opacities, chronological hypoplasia, congenital syphilis-related enamel defects, and dental fluorosis.</p> <p>175. Recall salient features of amelogenesis imperfecta.</p>

40.	Disturbance in the structure of dentine	1	<p>176. Enumerate the different dentine developmental disorders.</p> <p>177. Define dentinal dysplasia, classify and describe its different types.</p> <p>178. Correlate systemic and metabolic disturbances (e.g., rickets, osteogenesis imperfecta) with dentine anomalies.</p> <p>179. Recall salient features of dentinogenesis imperfecta.</p> <p>180. Outline the role of genetics and molecular mechanisms in dentine developmental anomalies.</p>
41.	Fibro-osseous lesions	3	<p>181. Define and Classify fibro-osseous lesions (fibrous dysplasia, cemento-osseous dysplasias, ossifying fibroma, cherubism).</p> <p>182. Explain the role of genetic mutations in the development of fibro-osseous lesions, with special reference to fibrous dysplasia.</p> <p>183. Describe the clinical, radiographic, and histopathological features of Fibrous dysplasia, Cemento-osseous dysplasias (focal, periapical, florid), Ossifying fibroma (juvenile and conventional types) and Cherubism</p> <p>184. Compare ossifying fibroma with fibrous dysplasia and cemento-osseous dysplasias in terms of clinical, radiological, and histopathological features.</p>
42.	Developmental disorders of bone (osteogenesis imperfecta, osteopetrosis, achondroplasia and cleidocranial dysplasia)	01	<p>185. List various developmental bone disorders</p> <p>186. Describe clinical features of inherited and developmental disorders of bone.</p> <p>187. Describe radiographical features of inherited and developmental disorders of bone.</p> <p>188. Explain the histopathology of inherited and developmental disorders of bone.</p>
43.	Metabolic and endocrine disorders	3	<p>189. Enumerate various metabolic and endocrine disorder of the bone</p>

	(Paget's disease, hyperparathyroidism, Rickets and Osteomalacia)		190. Describe clinical manifestations and etiological factors of Paget's disease, Rickets, Hyperparathyroidism, Osteomalacia and acromegaly 191. Describe the radiographic and histopathological features of metabolic and endocrine disorders.
Oral Medicine			
44.	Diseases of lips	1	192. Enlist the diseases of lips. 193. Differentiate between different causes of lip swellings and their treatment. 194. Describe in detail the aetiology, clinical features, diagnosis and treatment plan for the diseases of lips including: <ul style="list-style-type: none"> • Lip fissures • Angular cheilitis • Allergic cheilitis • Actinic cheilitis • Exfoliative cheilitis • Perioral dermatitis • Lick eczema • Cheilocandidosis
45.	Diseases of tongue	2	195. Describe in detail the aetiology, clinical features, diagnosis and treatment plan for the diseases of tongue including: <ul style="list-style-type: none"> • Developmental anomalies • Morphological anomalies • Tongue fissures • Coated tongue • Hairy tongue • Lingual epithelial atrophy • Traumatic irritation of tongue

			<ul style="list-style-type: none"> • Enlargement of foliate papillae • Geographic tongue • Median rhomboid glossitis • Explain the association of systemic diseases with tongue. Identify the tongue manifestations of systemic diseases and its treatment. <p>196. Enlist the causes of altered/bad taste and its treatment.</p> <p>197. Define halitosis and explain its causes, pathogenesis, diagnosis and treatment</p>
Oral and Maxillofacial Surgery			
46.	Principles of hard tissue biopsy	2	<p>198. Define biopsy</p> <p>199. Enumerate clinical indications of biopsy</p> <p>200. Discuss principles of hard tissue biopsy</p> <p>201. Describe the technique of taking intra osseus biopsy</p>
47.	Management of bony disorders	1	<p>202. Enumerate the indications, merits and demerits of enucleation, marsupialization and curettage</p> <p>203. Enlist the different types of jaw resection</p>
48.	Mandibular Injection Techniques	1	<p>204. Describe indications, contraindications, advantages, disadvantages, technique and complications of the following:</p> <ul style="list-style-type: none"> • Inferior Alveolar nerve block. • Buccal nerve block • The Gow Gates Technique • Vazirani-Akinosi Closed-Mouth Mandibular Block • Mental nerve block. • Incisive nerve block.
Periodontology			
49.	Furcation	2	<p>205. Explain the anatomy of tooth furcation.</p> <p>206. Discuss the etiology of furcation involvement.</p>

			<p>207. Explain various anatomical considerations in furcation management.</p> <p>208. Classify furcation involvement according to Miller & Hamp's classification.</p> <p>209. Discuss management options and prognosis for each class (regeneration/GTR).</p>
50.	Recession	3	<p>210. Define gingival recession and its clinical relevance.</p> <p>211. Discuss etiologic and predisposing factors of gingival recession</p> <p>212. Classify gingival recession according to Miller's classification</p> <p>213. Describe clinical features and diagnosis of gingival recession</p> <p>214. Explain clinical consequences such as sensitivity and esthetic issues.</p> <p>215. Outline preventive and patient education measures.</p>
General Medicine			
51.	Metabolic bone disorder	1	<p>216. Define vitamin D deficiency, osteopenia, and osteoporosis.</p> <p>217. Describe the role of vitamin D and calcium in bone metabolism.</p> <p>218. Explain the pathophysiology of decreased bone mineral density.</p> <p>219. Explain the risk factors, clinical features, and complications of each condition.</p> <p>220. Outline the diagnostic criteria for osteopenia and osteoporosis.</p> <p>221. Discuss the management and prevention, including supplementation, lifestyle changes, and pharmacologic therapy</p>
52.	Acromegaly	1	<p>222. Define Acromegaly and describe its pathophysiology.</p> <p>223. Enlist the clinical features of Acromegaly in adults.</p> <p>224. Outline workup to reach the diagnosis of acromegaly and its etiology.</p> <p>225. Describe the management approach to Acromegaly.</p> <p>226. Enlist complications of acromegaly.</p>
Preclinical Prosthodontics			

53.	Indirect Retainers according to Kennedy classification	1	227. Discuss the auxiliary functions of indirect retainers. 228. Discuss the placement of indirect retainers in: <ul style="list-style-type: none"> • Kennedy Class I distal extension • Kennedy Class II unilateral distal extension • Kennedy Class IV anterior edentulous situations
LAB WORK			
Oral Pathology			
54.	Fibrous dysplasia and ossifying fibroma	2	229. Interpret the histopathology of fibrous dysplasia and ossifying fibroma under microscope.
Theme IV: Non healing lesions			
Oral Pathology			
55.	OPMDs and Epithelial dysplasia	2	230. Enumerate OPMDs and recall their salient features. 231. Define epithelial dysplasia. 232. Enumerate the architectural and cellular features of epithelial dysplasia. 233. Describe histopathological grading of epithelial dysplasia. 234. Distinguish between carcinoma in situ and squamous cell carcinoma.
56.	Keratosis	1	235. Define keratosis 236. Classify white lesions of the oral mucosa according to the aetiology 237. Describe different white lesions of the oral cavity with focus on frictional keratosis, nicotinic stomatitis, Chemical burn-related keratosis, leukoedema and white sponge nevus. 238. Distinguish between different white lesions.
57.	OSCC		239. Define oral squamous cell cancer and describe its various aetiological factors 240. Describe risk factors responsible for causing OSCC

			<p>241. Recall normal cell cycle and describe the role of oncogenes and tumor suppressor genes in cell cycle.</p> <p>242. Describe the factors responsible for good or bad prognosis of OSCC.</p> <p>243. Describe clinical presentation of an early and late lesion for OSCC.</p> <p>244. Explain the patterns and clinical significance of cervical lymph node involvement in oral squamous cell carcinoma, and discuss how nodal status influences staging, prognosis, and treatment planning.</p> <p>245. Describe histopathological grading of OSCC and clinical staging of OSCC</p> <p>246. Enumerate variants of OSCC and briefly describe them.</p> <p>247. Explain the clinical and histopathological features of Verrucous carcinoma, spindle cell carcinoma</p>
58.	Basal cell carcinoma	1	<p>248. Define basal cell carcinoma.</p> <p>249. Describe variants of basal cell carcinoma.</p> <p>250. Describe the clinical features and radiographic features of BCC.</p> <p>251. Discuss various histopathological features basal cell carcinoma.</p>
Oral Medicine			
59.	Pre- malignant lesions and conditions	3	<ul style="list-style-type: none"> ● Define and classify oral pre-malignant lesions and condition. ● Discuss in detail the risk factors and mechanism of transformation of premalignant lesion and conditions into malignancy. <p>Describe in detail the etiology, clinical features, diagnosis and treatment plan for the OPMDs such as</p> <p>Leukoplakia Speckled Leukoplakia Candidal Leukoplakia Erythroplakia Oral submucous fibrosis Sideropenic dysphagia Lichen planus Discoïd lupus erythematosus Tertiary syphilis</p>

			252.
60.	Oral squamous cell carcinoma	1	<p>253. Define oral squamous cell carcinoma and explain its epidemiology.</p> <p>254. Describe etiopathogenesis including tobacco, betel nut, alcohol, viral infections (HPV), and genetic factors.</p> <p>255. Discuss clinical features and common sites of occurrence.</p> <p>256. Classify OSCC based on TNM staging.</p> <p>257. Outline diagnostic approach: history, examination, adjunctive tools, biopsy, and imaging.</p> <p>258. Correlate clinical presentation with histopathological findings and discuss grading of tumour.</p> <p>259. Explain prognosis and complications (recurrence, metastasis).</p> <p>260. Discuss prevention, patient education, and early detection.</p>
Oral and Maxillofacial Surgery			
61.	Supplemental Injection Techniques	1	<p>261. Describe indications, contraindications, advantages, disadvantages, technique and complications of the following:</p> <ul style="list-style-type: none"> • Periodontal ligament injection. • Intraseptal injection. • Intraosseous injection. • Intrapulpal injection.
62.	Soft Tissue Biopsy	1	<p>262. Discuss suspicious indicators of potentially malignant and malignant lesions</p> <p>263. Describe technique and principles of soft tissue biopsy</p>
63.	Management of malignancy	1	<p>264. Enumerate malignancies of head and neck region</p> <p>265. Discuss different modalities, for treatment of squamous cell carcinoma of head and neck region</p> <p>266. Discuss the different techniques of radiotherapy used in management of oral squamous cell carcinoma</p> <p>267. Enumerate different chemotherapeutic agents in use for management of oral squamous cell carcinoma</p>

64.	Management of patients undergoing radiotherapy	1	268. Discuss oral problems of patients undergoing radiotherapy 269. Describe evaluation of dentition before radiotherapy 270. Discuss method of performing pre radiation extractions 271. Describe management of third molar in a patient of radiotherapy 272. Define ORN 273. Discuss mechanism of ORN 274. Enumerate treatment options of managing ORN
65.	Management of patients undergoing chemotherapy	1	275. Describe the oral problems of patient undergoing chemotherapy 276. Discuss extraction of teeth in patients undergoing chemotherapy
Periodontology			
66.	Chemical & Mechanical means of plaque removal	2	277. Discuss the use of manual and Powered Toothbrushes in plaque control 278. Explain the role of different constituents and active ingredients in dentifrices prescribed to the patients 279. Explain and demonstrate various Toothbrushing Methods according to the patients' clinical conditions 280. Describe indications of different Interdental Cleaning Aids. 281. Recall Chemical Plaque Biofilm and its Control using Oral Rinses and Disclosing Agents 282. Discuss the role of Patient Motivation and Education in plaque biofilm control
67.	PHASE I/ Non-Surgical Periodontal Therapy	2	283. Discuss the rationale and considerations in the of Phase1 periodontal therapy 284. Describe the sequence of Procedures carried out during Phase 1 therapy 285. Explain periodontal healing and referral protocol after phase 1 therapy 286. Compare the advantages and disadvantages of different debridement procedures
68.	Host Modulation Therapy Shift to blood	1	287. Define and explain the concept and rationale of host modulation in the management of periodontal diseases. 288. Correlate the similarities between periodontal diseases and other chronic inflammatory conditions.

			<p>289. Explain the host immune-inflammatory response and identify potential targets for host modulation.</p> <p>290. Describe and discuss the pharmacologic agents used for host modulation, including their mechanisms of action.</p> <p>291. Explain the clinical features, diagnosis, and progression of HIV-related gingival and periodontal lesions.</p> <p>292. Discuss the management and treatment modifications required for HIV-positive patients.</p>
69.	Chemotherapeutic Agents	2	<p>293. Define and explain the rationale behind the use of chemotherapeutic agents in periodontology.</p> <p>294. Describe and discuss the clinical indications of systemic antibiotics in various periodontal conditions.</p> <p>295. Outline the commonly used antibiotic regimens in periodontal therapy, including their mechanisms, dosages, and combinations.</p> <p>296. Describe and evaluate the role and application of local drug delivery systems in the management of periodontal diseases.</p> <p>297. Differentiate between systemic and local antimicrobial approaches with respect to site specificity, concentration, and side effects.</p> <p>298. Discuss the clinical evidence supporting adjunctive antimicrobial use alongside conventional mechanical therapy.</p>
General Surgery			
70.	Malignancies of Oral cavity	2	<p>299. Describe the premalignant lesions of the oral cavity.</p> <p>300. Discuss the causes, risk factors and complications of tongue cancer.</p> <p>301. Describe the clinical features and investigations for the diagnosis and staging of the disease.</p> <p>302. Describe the principles of surgical management palliative care and multidisciplinary approach.</p>
71.	Skin & sub-cutaneous lesions of the face	1	<p>303. Discuss the various premalignant and benign lesions (warts, papilloma, nevi) of the skin, their clinical presentation, diagnosis and treatment.</p>
72.	Non-healing wounds	2	<p>304. List the common skin cancers of the face (BCC, SCC, malignant melanoma).</p> <p>305. Describe their individual types, risk factors and clinical features</p> <p>306. Differentiate between SCC, BCC and Malignant melanoma.</p>

			<p>307. Describe the Staging and classification systems for SCC, BCC and Malignant melanoma.</p> <p>308. Discuss the investigations done for diagnosis and staging</p> <p>309. Describe the principles of surgical management.</p> <p>310. Discuss the role of Moh's Micrographic surgery in the surgical management of facial skin cancers.</p>
Preclinical Prosthodontics			
73.	Denture base	1	<p>311. Discuss function of denture bases in control of prosthesis movement.</p> <p>312. Discuss the methods of attaching denture bases to framework.</p> <p>313. Discuss and compare the different denture base material.</p> <p>314. Describe the methods of attaching artificial teeth to denture bases.</p>
74.	Preparation of abutment teeth	2	<p>315. Describe the sequence of abutment preparation for cast partial denture.</p> <p>316. Explain indications and techniques for abutment preparation using conservative e restorations (inlays, onlays, resin restorations).</p> <p>317. Discuss abutment preparation using full coverage surveyed crowns</p> <p>318. Describe the principles and rationale of splinting abutment teeth to distribute occlusal loads.</p> <p>319. Identify the considerations for using isolated teeth as abutments and their biomechanical limitations.</p> <p>320. Discuss management of cases with missing anterior teeth and their influence on RPD design.</p>
Lab Work			
Oral Pathology			
75.	OED/ CIS	2	<p>321. Interpret the histopathology of epithelial dysplasia & Carcinoma in Situ under microscope</p>

76.	OSCC	2	322. Interpret the histopathology of OSCC under microscope.
77.	BCC	2	323. Interpret the histopathology of basal cell carcinoma under microscope
Learning Resources			
	Oral pathology	<ul style="list-style-type: none"> • Textbook of Soams and Southam's Oral Pathology • Contemporary Oral and Maxillofacial Pathology • Oral and Maxillofacial Pathologies by Neville 	
	Oral medicine	<ul style="list-style-type: none"> • Tyldesley's Oral Medicine Textbook • Burket's Oral Medicine Diagnosis and Treatment Textbook 	
	Periodontology	<ul style="list-style-type: none"> • Newman and Caranza's Clinical Periodontology and Implantology, 14th edition • Lindh's Clinical Periodontology and Implantology Dentistry, 7th Edition 	
	General medicine	<ul style="list-style-type: none"> • Davidson's Principles and Practice of Medicine 	
	General surgery	<ul style="list-style-type: none"> • Bailey & Love's Short Practice of Surgery 	



CERVICO FACIAL-II MODULE

3rd Year BDS

TABLE 1: THEMES

S.no	Themes	Duration in hrs
1.	Swellings of the Neck	35
2.	Neck pain	14
4.	Difficulty in chewing	22
	Total	63

Teaching Hours Allocation

Table 2: Hours allocation for different subjects

S. No	Subject	Hours
1	Oral pathology	21 hours
2	Oral medicine diagnosis and treatment	07 hours
3	Periodontology	12 hours
4	General Medicine	8 hours
5	General Surgery	9 hours
8	Pre-Clinical Prosthodontics	6 hours
	Total	63 hrs

General Learning Objectives

By the end of this Module, 3rd year BDS students will be able to:

1. Define, classify, and describe the etiology, pathogenesis, and clinicopathological features of cysts and tumors involving the cervicofacial region.
2. Describe benign and malignant salivary gland tumors and describe their clinical, histopathological, and radiographic characteristics.
3. Classify and differentiate benign and malignant mesenchymal tumors including vascular, fibrous, muscular, adipose, and neural tissue tumors.
4. Describe the etiology, pathogenesis, and microscopic features of vascular tumors (hemangioma, lymphangioma) and distinguish them from vascular malformations.
5. Describe and describe inflammatory, obstructive, and immune-mediated disorders of the salivary glands including sialadenitis, mucocele, sialolithiasis, and Sjögren's syndrome.
6. Explain the developmental and congenital disorders of salivary glands, including their embryologic basis and clinical implications.
7. Describe hyperplastic lesions of the oral mucosa and connective tissue and distinguish them from neoplastic conditions.
8. Correlate the histopathological and clinical findings to formulate differential diagnoses of cervicofacial swellings.
9. Integrate the knowledge of developmental, inflammatory, neoplastic, and reactive processes to understand pathogenesis of cervicofacial deformities and swellings.
10. Describe and describe inflammatory, obstructive, and immune-mediated salivary gland disorders such as sialadenitis, mucocele, sialolithiasis, and Sjögren's syndrome.
11. Correlate clinical findings of xerostomia, altered salivary flow, or swelling with systemic and local causes.
12. Emphasize interdisciplinary management and referral when systemic diseases present with cervicofacial or salivary manifestations.
13. Discuss preventive and therapeutic strategies for maintaining periodontal health in medically compromised individuals.

14. Recognize neurological, endocrine, and rheumatological disorders presenting with facial or neck pain and swelling.
15. Outline emergency management principles for anaphylaxis, airway obstruction, and bleeding in cervicofacial surgeries.
16. Describe impressions in cast partial dentures.
17. Differentiate between the support mechanisms for different types of Removable partial dentures.
18. Analyze jaw relationships and occlusal contacts in cast partial dentures.

Table 1: Learning Objectives Theme-wise

Theme I: Swellings of the Neck			
S.No	Topic	Hours	Learning objectives
Oral Pathology			
1.	Cysts of cervicofacial region	01	<ol style="list-style-type: none"> 1. Define and enumerate cervicofacial cysts (branchial cleft cyst, thyroglossal duct cyst, dermoid cyst, epidermoid cyst). 2. Describe their clinical features and anatomical locations. 3. Describe the histopathological features of common cervicofacial cysts.
2.	Tumors of muscle, fibrous and adipose tissue	02	<ol style="list-style-type: none"> 4. Enumerate benign and malignant tumors of muscle, fibrous and adipose tissue. 5. Describe their clinical features and histopathological features
3.	Nervous tissue tumors	01	<ol style="list-style-type: none"> 6. Classify benign and malignant tumors of nervous tissue affecting the oral and maxillofacial region (schwannoma, neurofibroma, traumatic neuroma, granular cell tumor). 7. Describe their clinical features. 8. Describe histopathological features characteristic of each tumor.
4.	Benign tumors of salivary gland	02	<ol style="list-style-type: none"> 9. Classify various Benign and malignant salivary gland tumors

			10. Describe the clinical features, histopathology and treatment protocol of monomorphic adenoma, pleomorphic Adenoma, Warthin's Tumor and oncocytoma.
5.	Malignant tumors of salivary glands	02	11. Describe clinical and histopathological features of Mucoepidermoid carcinoma, adenoid cystic carcinoma, acinic cell carcinoma, clear cell carcinoma and polymorphous low-grade adenocarcinoma.
General Medicine			
6.	Thyroid disorders	2 hrs	12. Define hypothyroidism and hyperthyroidism. 13. Enlist the common causes of thyroid disorders. 14. Describe the clinical features of hypothyroidism and hyperthyroidism. 15. Differentiate between hypo- and hyperthyroidism based upon history and clinical examination. 16. Interpret basic laboratory findings (TSH, T3, T4) relevant to thyroid disease. 17. Formulate a treatment plan for hypo and hyperthyroidism
Oral Medicine			
7.	Foreign body aspiration	1	18. Discuss in detail the causes, clinical features, diagnosis, prevention, management and complications of a patient with foreign body aspiration undergoing dental treatment.
	Neck Swellings	1	19. Enlist the causes of neck swelling. 20. Discuss the modalities used to diagnose neck swellings.
Periodontology			

8.	Maintenance phase	1 hr	<p>21. Describe the Rationale for Supportive Periodontal Treatment Discuss different steps of Maintenance Program</p> <p>22. Classify the post-treatment patients according to risk-assessment</p> <p>23. Determine the Recall Intervals for Various Classes of Recall Patients</p>
General Surgery			
9.	Congenital Neck swellings	2 hrs	<p>24. Classify neck swellings (congenital, traumatic, inflammatory, neoplastic)</p> <p>25. List the different types of congenital neck swellings.</p> <p>26. List the clinical features of each.</p> <p>27. List the diagnostic investigations.</p> <p>28. Discuss the surgical management.</p>
10.	Thyroid gland	4 hrs.	<p>29. Discuss the surgical anatomy & physiology of the thyroid gland.</p> <p>30. List the investigations done for goiter (thyroid swelling).</p> <p>31. Classify thyroid swellings (euthyroid, toxic, neoplastic & inflammatory)</p> <p>32. Describe the pathophysiology and management of solitary thyroid nodule.</p> <p>33. Describe the pathophysiology and management of multinodular goiter.</p> <p>34. Discuss different types of thyroid cancer.</p> <p>35. Outline the management plan for malignancies of the thyroid gland.</p> <p>36. List the indications for thyroidectomy.</p> <p>37. Discuss the steps of thyroidectomy, patient positioning and incision used.</p> <p>38. Discuss the postoperative complications of thyroidectomy and their management.</p>
11.	Salivary gland tumors	2 hrs	<p>39. Classify salivary gland tumours. (Minor & major salivary glands)</p> <p>40. Discuss the diagnostic investigations done for salivary gland tumours.</p> <p>41. Discuss the pathophysiology and management of parotid gland tumours (pleomorphic adenoma).</p> <p>42. Explain the steps of superficial parotidectomy.</p> <p>43. 5. List the complications of surgery & the management of each.</p>
Prosthodontics			
12.	Impressions in RPD	2 hr	<p>44. Describe various materials used for the impressions of partially dentate patients.</p>

			<p>45. Describe the steps involved in impression making of partially dentate patients.</p> <p>46. Explain possible causes of an inaccurate or a weak cast of a dental arch.</p> <p>47. Differentiate between anatomic and functional impression techniques.</p> <p>48. Classify different types of final impression techniques in fabrication of cast partial denture, including:</p> <p>49. McLeans technique</p> <p>50. Hindles modification of McLeans technique</p> <p>51. Functional relining method</p> <p>52. Fluid wax technique</p> <p>53. Explain altered cast technique for pouring master cast</p>
Lab Work Oral Pathology			
13	Pleomorphic Adenoma	1	54. Interpret the histopathology of Pleomorphic Adenoma
14	Warthin Tumor	1	55. Interpret the histopathology of Warthin Tumor
15	Mucoepidermoid Carcinoma		56. Interpret the histopathology of Mucoepidermoid Carcinoma
16	Adenoid Cystic Carcinoma		57. Interpret the histopathology of Adenoid Cystic Carcinoma
Theme-II: Neck Pain			
Oral Pathology			

21.	Inflammatory disorders of salivary gland	02	<p>58. Classify inflammatory disorders of salivary glands.</p> <p>59. Explain the etiology of acute and chronic sialadenitis (bacterial, viral, post-radiation, auto immune).</p> <p>60. Describe clinical features of acute and chronic sialadenitis</p> <p>61. Describe histopathological features of acute, chronic sialadenitis.</p> <p>62. Describe the clinical and histopathological features of necrotizing sialometaplasia and differentiate it from salivary malignancy.</p>
22.	Obstructive disorders of salivary gland	02	<p>63. Define and classify obstructive/reactive disorders of salivary glands.</p> <p>64. Explain the pathogenesis of mucoceles (extravasation vs retention type) and ranula.</p> <p>65. Describe the clinical and histopathological features of mucoceles and ranulas.</p> <p>66. Describe the etiology, clinical presentation, radiographic and histopathological features of sialolithiasis.</p> <p>67. Differentiate obstructive lesions from neoplastic and inflammatory salivary gland disorders.</p>
Oral Medicine			
23.	Salivary Gland Disorders		68. Recall the functions of saliva

		02	<p>69. Discuss the important points in history and examination for salivary gland disorders.</p> <p>70. Discuss sialometry and its clinical significance.</p> <p>71. Discuss the types of salivary gland imaging and their importance in diagnosis.</p> <p>72. Discuss sialo chemistry and its clinical significance.</p> <p>73. Discuss in detail the causes, clinical features, diagnosis and treatment of Sialadenitis, Sialosis, excessive salivation and necrotizing sialometaplasia.</p> <p>74. Define xerostomia</p> <p>75. Discuss the causes, clinical features, investigations and management of xerostomia</p> <p>76. Define Sjogren's syndrome</p> <p>77. Discuss the types of Sjogren's syndrome</p> <p>78. Discuss in detail the etiology, clinical features, diagnosis, management and complications of Sjogren's syndrome.</p>
Periodontology			
24.	PHASE II/ Surgical Periodontal Therapy, General Principals Of Periodontal Surgery	1 hr	<p>79. Define and explain the purpose of Phase II (surgical) periodontal therapy.</p> <p>80. Identify and describe the main objectives of periodontal surgery.</p> <p>81. List and discuss the indications and contraindications for surgical intervention.</p> <p>82. Identify various armamentarium used in periodontal surgeries</p> <p>83. Evaluate the factors influencing the selection of surgical techniques.</p> <p>84. Discuss the general principles governing all periodontal surgical procedures.</p>

			<p>85. Describe the various surgical techniques used in periodontal therapy.</p> <p>86. Assess prognosis and limitations of surgical outcomes.</p> <p>87. Plan and implement appropriate postoperative care and maintenance protocols.</p>
25.	Gingival Incisions	1 hr	<p>88. Define the purpose and principles of incisions in periodontal surgery.</p> <p>89. Classify the types of incisions –</p> <p>90. Differentiate internal bevel, crevicular, and interdental incisions.</p> <p>91. Identify indications and ideal locations for each incision type.</p> <p>92. Describe the technique for precise and atraumatic incision making.</p> <p>93. Explain factors influencing incision design and healing.</p>
26.	Gingivectomy	1 hr	<p>94. Explain the concept and objectives of gingivectomy in periodontal therapy.</p> <p>95. Discuss the indications and contraindications for performing a gingivectomy.</p> <p>96. Identify and outline the instruments, armamentarium, and techniques used for gingivectomy.</p> <p>97. Explain the step-by-step surgical procedure, including incision design and wound management.</p> <p>98. Discuss and evaluate the healing process and possible postoperative complications.</p> <p>99. Describe the importance of plaque control and maintenance following gingivectomy to ensure long-term success.</p>
Pre-clinical Prosthodontics			

27.	Support for distal extension RPDs	1 hr	<p>100. Differentiate between tooth-supported and distal extension removable partial dentures in terms of support mechanisms.</p> <p>101. Explain the factors influencing support of a distal extension denture base, including:</p> <ul style="list-style-type: none"> • Residual ridge contour and quality • Extent of denture base coverage • Impression type and accuracy • Denture base fit • Framework design • Total occlusal load applied
General Medicine			
28.	Meningitis	1 hr	<p>102. Define meningitis, and encephalitis</p> <p>103. Classify Meningitis based on etiology</p> <p>104. Enlist the common causative organisms of meningitis in different age groups.</p> <p>105. Discuss the predisposing factors and risks leading to meningitis.</p> <p>106. Identify clinical features of meningoencephalitis</p> <p>107. Differentiate between different etiologies of meningitis based on history, clinical examination, and laboratory investigations.</p> <p>108. Outline the diagnostic approach and laboratory investigations used to identify the causative organism.</p> <p>109. Describe the principles of management and prophylaxis according to the etiological type of meningitis.</p> <p>110. Enlist the complications and prognosis in relation to the underlying etiology</p>
29.	Ankylosing spondylitis (AS)	1	<p>111. Discuss the Pathophysiology of AS</p> <p>112. Recognize the main clinical features through history and clinical examination</p>

			<p>113. Enlist the extra-articular manifestations of AS</p> <p>114. Formulate a diagnostic workup for AS</p> <p>115. Formulate a stepwise plan for the management of AS</p> <p>116. Identify the common side effects of drugs used in AS.</p>
General Surgery			
30.	Inflammatory & obstructive disorders of the Salivary glands.	1	<p>117. Classify salivary gland disorders (cysts, inflammatory, obstructive, neoplastic).</p> <p>118. Discuss the etiology of sialadenitis.</p> <p>119. List the clinical features and diagnostic investigations for submandibular gland stones (sialolithiasis).</p> <p>120. Describe the various surgical techniques employed in the management of salivary gland stones.</p>
Lab Work Oral Pathology			
31.	Mucocele	1	121. Interpret the histopathology of Mucocele
Theme III: Difficulty in Chewing			
Oral Pathology			
31.	Developmental disorders of salivary glands	01	<p>122. Describe the etiology and embryological basis of developmental salivary gland anomalies.</p> <p>123. Describe the clinical features of salivary gland agenesis/hypoplasia.</p> <p>124. Explain the functional implications of developmental salivary disorders on mastication, swallowing, and speech</p>

32.	Hyperplastic disorders of oral mucosa excluding epulides	01	<p>125. Define inflammatory fibrous hyperplasia and papillary hyperplasia of palate and traumatic neuroma.</p> <p>126. Describe clinical features of inflammatory fibrous hyperplasia, papillary hyperplasia of palate and traumatic neuroma</p> <p>127. Interpret histopathological features of inflammatory fibrous hyperplasia, papillary hyperplasia of palate and traumatic neuroma</p> <p>128. Briefly describe remaining hyperplastic disorders of connective tissue</p>
33.	Immune mediated salivary gland disorders	02	<p>129. Define Sjogren syndrome, lymphoepithelial sialadenitis and sialadenosis.</p> <p>130. Discuss the diagnostic findings, clinical Features, and histopathological features of Sjogren Syndrome.</p> <p>131. Discuss the diagnostic criteria, including serological tests (anti-Ro/SSA, anti-La/SSB), salivary gland biopsy, Sialography, sialometry and Schirmer's test.</p> <p>132. Briefly describe sialadenosis.</p>
Oral Medicine			
34.	Trismus	1 hr	<p>133. Define trismus</p> <p>134. Enlist the common causes of trismus</p> <p>135. Describe the clinical examination of a patient with trismus</p> <p>136. Discuss the investigations used in evaluating trismus</p>

			<p>137. Establish differential diagnosis of restricted mouth opening</p> <p>138. Discuss management options for trismus</p>
35.	Tmj disorders	2	<p>139. Discuss in detail the relevant points in history and examination for patients with TMJ disorders.</p> <p>140. Discuss the imaging techniques (arthroscopy) used to diagnose TMJ disorders</p> <p>141. Define TMPDS</p> <p>142. Outline the causes of TMPDS</p> <p>143. Discuss the clinical features of TMPDS</p> <p>144. Explain the management of TMPDS</p> <p>145. Define internal derangement of disc</p> <p>146. Classify internal derangement of disc</p> <p>147. Differentiate between disc displacement with and without reduction</p> <p>148. Discuss the management of each type of displacement</p> <p>149. Discuss the causes, clinical features, and management option of masseteric hypertrophy</p>
Periodontology			
36.	Resective Periodontal Surgery	1	<p>150. Define and explain the concept, objectives, and rationale of resective periodontal surgery.</p> <p>151. Describe and differentiate the various types of resective procedures, including gingivectomy, apically positioned flap, and osseous resective surgery</p>

37.	Flaps	1	<p>152. Define and describe the concept and purpose of different types of periodontal flap surgery.</p> <p>153. Classify and differentiate various types of periodontal flaps based on design, placement, and purpose (e.g., <i>full thickness, partial thickness, displaced, non-displaced, papilla preservation</i>)</p> <p>154. Explain the biologic and surgical principles underlying flap reflection and repositioning.</p> <p>155. Describe and illustrate the steps involved in flap surgery – incisions, reflection, debridement, closure, and suturing.</p> <p>156. Identify and discuss the indications, advantages, and limitations of different flap techniques.</p> <p>157. Evaluate healing responses and clinical outcomes following flap surgery.</p> <p>158. Discuss the role of asepsis, tissue management, and postoperative care in successful flap outcomes.</p>
38.	Regenerative surgeries	3 hrs.	<p>159. Define and explain the concept and biological basis of periodontal regeneration.</p> <p>160. Differentiate between regeneration, new attachment, and repair.</p> <p>161. Identify and discuss the clinical indications and objectives of regenerative therapy.</p> <p>162. Evaluate the factors influencing regenerative success, including defect morphology, patient factors, and surgical technique.</p> <p>163. Appraise the clinical outcomes, limitations, and evidence supporting regenerative procedures.</p>
39.	Bone Grafts	1 hr.	<p>164. Define and classify the types of bone grafts used in periodontics – autografts, allografts, xenografts, and alloplasts.</p>

			<p>165. Explain the biological mechanisms of bone grafting – osteogenesis, osteoinduction, and osteoconduction.</p> <p>166. Describe the indications, advantages, and limitations of each graft material.</p> <p>167. Illustrate the surgical steps for graft placement and stabilization within the defect.</p> <p>168. Evaluate healing patterns and outcomes following bone graft procedures.</p>
40.	Guided Tissue Regeneration (GTR)	2hrs	<p>169. Define and explain the concept and principle of guided tissue regeneration.</p> <p>170. Describe the role of barrier membranes in selective cell repopulation.</p> <p>171. Classify the types of barrier membranes – non-resorbable and resorbable – and discuss their characteristics.</p> <p>172. Identify the indications, advantages, and limitations of GTR in periodontal therapy.</p> <p>173. Outline the surgical steps of GTR, including flap design, membrane placement, and closure.</p> <p>174. Evaluate clinical outcomes and possible complications such as membrane exposure or infection.</p>
General Medicine			
41.	Rheumatoid Arthritis	1 hr	<p>175. Define rheumatoid arthritis</p> <p>176. Differentiate arthritis from arthralgia.</p> <p>177. Describe the pathophysiology of Rheumatoid Arthritis</p> <p>178. Describe the diagnostic criteria and their clinical implications</p> <p>179. Identify articular and extra-articular manifestations of RA</p> <p>180. Recognize the complications of RA.</p> <p>181. Formulate treatment plan for RA</p>
42.	Seronegative arthritis	1 hr	<p>182. Enlist seronegative arthritis.</p> <p>183. Describe clinical manifestations of reactive arthritis, psoriatic arthritis, and enteropathic arthritis.</p>

			<p>184. Formulate a diagnostic plan for reactive arthritis, psoriatic arthritis, and enteropathic arthritis.</p> <p>185. Differentiate among different types of arthritis based on clinical, radiological, and laboratory features.</p> <p>186. Formulate the treatment plan for reactive arthritis, psoriatic arthritis, and enteropathic arthritis.</p>
43.	Parkinsons disease (PD)	1 hr	<p>187. Define Parkinsonism and list its types</p> <p>188. Take an appropriate history and and clinical examination to reach the diagnosis of PD</p> <p>189. Identify clinical features of PD</p> <p>190. Discuss the differential diagnosis of PD.</p> <p>191. Formulate a treatment plan for PD.</p> <p>192. Enlist the drugs used for PD with their side effects</p> <p>193. Enlist complications of PD.</p>
44.	Tetanus	1 hr	<p>194. Define tetanus</p> <p>195. Describe its pathophysiology</p> <p>196. Enlist the types of tetanus</p> <p>197. Recognize the clinical features of tetanus</p> <p>198. Describe the principles of management of Tetanus</p> <p>199. Summarize the prevention of tetanus</p>
Preclinical Prosthodontics			
45.	Occlusal Relationships for RPD	3 hrs	<p>200. Define occlusal relationship for RPD.</p> <p>201. Describe the different methods of establishing occlusal relationships for removable partial dentures, including:</p> <ul style="list-style-type: none"> • Direct apposition of casts

			<ul style="list-style-type: none"> • Interocclusal records with posterior teeth present • Occlusion rims on record bases • Jaw relation records made entirely on occlusion rims • Recording of occlusal pathways <p>202. Discuss the desirable occlusal contact relationships for various Kennedy classifications of removable partial dentures.</p> <p>203. Discuss the use of face bow and articulators in partially dentate patient</p> <p>204. Discuss teeth selection for RPD patients.</p>
Learning Resources			
	Oral pathology	Textbook of Soams and Southam's Oral Pathology Contemporary Oral and Maxillofacial Pathology Oral and Maxillofacial Pathologies by Neville	
	Oral medicine	Tyldesley's Oral Medicine Textbook Burket's Oral Medicine Diagnosis and Treatment Textbook	
	Periodontology	Newman and Caranza's Clinical Periodontology and Implantology, 14 th edition Lindh's Clinical Periodontology and Implantology Dentistry, 7 th Edition	
	General medicine	Davidson's Principles and Practice of Medicine	
	General surgery	Bailey & Love's Short Practice of Surgery	
	Preclinical Prosthodontics	McCracken's Removable Partial Prosthodontics Stewart's Clinical Removable Partial Prosthodontics	



MODULE- 05

CARDIO-PULMONARY II

3rd Year BDS

Themes

Table 1: Themes

S. No	Theme	Duration in hours
1	Chest Pain	16
2	Blood Pressure and Palpitations	5
3	Cough and Breathlessness	19
	Total in hours	40
	Total in weeks	2.6 weeks

***3 Hours per day for 5 days (Monday to Friday) = 15 hours/ week**

Teaching Hours Allocation

Table 2: Hour's allocation for different subjects

S. No	Subject	Hours
1	General Medicine	16
2	General Surgery	4
3	Oral Medicine	3
4	Oral & Maxillofacial Surgery	8
5	Periodontology	2
7	Prosthodontics	5
9	General Pathology	2
	Total	40

LEARNING OBJECTIVES

By the end of this module the students of 3rd year BDS will be able to:

1. Explain the pathophysiology, etiology, and complications of major cardiovascular and respiratory diseases.
2. Describe the clinical features and diagnostic criteria of ischemic heart disease, heart failure, arrhythmias, asthma, COPD, and tuberculosis.
3. Differentiate between obstructive and restrictive lung diseases based on pathophysiology and presentation.
4. Discuss the pathogenesis and complications of atherosclerosis, thrombosis, and vascular disorders.
5. Describe key surgical conditions and cardiopulmonary emergencies, including thoracic trauma, pulmonary embolism, and aortic dissection.
6. Outline immediate assessment and stabilization steps for acute cardiac and respiratory emergencies.
7. Perform focused history-taking and physical examinations for patients with chest pain, breathlessness, cough, palpitations, or fever.
8. Interpret essential diagnostic investigations relevant to cardiopulmonary diseases.
9. Discuss pharmacological management including antihypertensives, anticoagulants, antiplatelet agents, bronchodilators, and oxygen therapy.
10. Explain the role and indications of antibiotic prophylaxis in dental patients at risk of infective endocarditis.
11. Identify oral manifestations and drug-induced changes associated with systemic cardiopulmonary diseases.
12. Recognize the impact of respiratory diseases and medications on oral health and dental treatment planning.
13. Modify dental and surgical treatment plans for patients with limited respiratory reserve or significant cardiovascular disease.
14. Apply principles of local hemostasis and perioperative care for patients on antiplatelet or anticoagulant therapy.
15. Explain when continuation of combination antiplatelet therapy is appropriate during minor oral surgery.
16. Recognize and manage common medical emergencies such as vasovagal syncope, angina, myocardial infarction, and hyperventilation.
17. Demonstrate basic life support (BLS) and emergency oxygen administration in simulated dental settings.
18. Discuss infection control protocols and preventive strategies for tuberculosis and infective endocarditis.
19. Explain the dentist's role in smoking cessation and preventive strategies for respiratory diseases.
20. Provide patient education and collaborate effectively with medical professionals for comprehensive cardiopulmonary care.

TABLE OF SPECIFICATION

Theme 1: Chest Pain

S.no	Topic	Hours	Learning Objectives
General Pathology			
1	Over view of hemodynamic disorders	2	Relate the (basic hemodynamic concepts) pathophysiology of edema, thrombosis/ deep venous thrombosis, embolism, infarction, and shock to their common clinical presentations.
General Medicine			
2	Ischemic Heart Disease/Acute Coronary Syndrome	1	<ol style="list-style-type: none"> 1. Describe spectrum of Ischemic Heart Disease (IHD) and Acute Coronary Syndrome (ACS). 2. Differentiate stable angina, unstable angina, NSTEMI, and STEMI. 3. List modifiable and non-modifiable risk factors for IHD/ACS. 4. Identify typical and atypical clinical presentations of ACS and differentiate it from noncardiac pain. 5. Enlist the investigations used in ACS (ECG, biomarkers, imaging). 6. Interpret ECG changes in STEMI, NSTEMI, and unstable angina. 7. Outline emergency management of ACS. 8. Explain long-term secondary prevention and lifestyle modification. 9. Enlist short-term and long-term complications of ACS. 10. Recognize dental implications of ACS/IHD in patient care. 11. Assess cardiovascular risk before dental procedures.
3	Vascular Heart Diseases	1 hr	<ol style="list-style-type: none"> 12. Identify the common types of VHD 13. Describe the pathophysiology of stenosis and regurgitation. 14. Enlist common causes of VHD. 15. Recognize clinical features of different valvular lesions 16. Identify complications of VHD 17. Describe investigations to diagnose VHD 18. Explain pharmacological management of VHD . 19. Enlist interventional and surgical management used in VHD 20. Discuss dental implications: risk of infective endocarditis, need for prophylactic antibiotics in high-risk patients, bleeding risk assessment etc
4	Infective Endocarditis	1 hr	<ol style="list-style-type: none"> 21. Define infective endocarditis and differentiate acute vs subacute forms. 22. List common causative organisms 23. Identify risk factors for IE 24. Recognize clinical features of IE

			<p>25. Describe diagnostic investigations for IE diagnosis</p> <p>26. Outline management protocol for IE</p> <p>27. Identify complications of IE</p> <p>28. Discuss Antibiotic prophylaxis in high risk patients</p>
5	Rheumatic Fever	1 hr	<p>29. Define rheumatic fever and describe its link to Group A Streptococcus infection.</p> <p>30. Identify clinical features of RF.</p> <p>31. Describe diagnostic criteria for RF</p> <p>32. Outline investigations for diagnosing RF</p> <p>33. Formulate a treatment plan for acute RF.</p> <p>34. Describe long term prophylaxis for RF</p> <p>35. Recognize complications of RF.</p> <p>36. Assess dental implications in terms of prophylactic antibiotics for high-risk patients</p>
6	Heart failure	1 hr	<p>37. Define heart failure</p> <p>38. Enlist its types</p> <p>39. Differentiate among different types of heart failure.</p> <p>40. Identify common causes and risk factors of heart failure.</p> <p>41. Discuss Clinical features of heart failure</p> <p>42. Enlist NYHA classification</p> <p>43. Describe investigations used in HF</p> <p>44. Outline management of heart failure</p> <p>45. Recognize complications of HF.</p> <p>46. Assess and manage risks in heart failure patient in dental clinic. (Risk of fluid overload, orthopnea during procedures, bleeding with anticoagulants, infective endocarditis prophylaxis if indicated)</p>
General Surgery			
7	Thoracic Trauma	2	<p>47. Classify thoracic trauma (blunt and penetrating injuries)</p> <p>48. Discuss the clinical features, investigations and management of different types of thoracic trauma.</p> <p>49. Describe the primary and secondary survey while approaching a patient with thoracic trauma.</p>
Oral & Maxillofacial Surgery (OMFS)			
8	Dental Management of patient with cardiac diseases	1	<p>50. Identify cardiovascular conditions that require modification of oral surgical care Including IHD, arrhythmias, heart failure.</p> <p>51. Describe the pre-operative assessment steps for a patient with ischemic heart disease undergoing surgical treatment.</p>

			52. Explain the steps for managing acute chest pain during dental treatment.
9	Infective Endocarditis	1	53. Identify dental procedures associated with increased infective endocarditis risk. 54. Explain the role and importance of antibiotic prophylaxis in oral surgery. 55. Outline essential preoperative infection prevention measures. 56. Discuss key surgical and post-operative modifications for at-risk patients. 57. Recognize the need for coordination with physicians or cardiologists.
Periodontology			
10	Atherosclerosis & Coronary Heart Disease	1	58. Explain the pathobiological mechanisms (systemic inflammation, bacteremia) linking periodontitis to atherosclerosis and stroke 59. Describe the evidence associating periodontitis with an increased risk for coronary heart disease and cerebrovascular events
Oral Medicine			
11	Chest Pain in dental chair	1	1. Discuss the clinical features, diagnosis & emergency management of a patient with acute chest pain (including angina and MI) undergoing a dental procedure. 60.
12	Cardiac arrest	1	1. Discuss the causes, diagnosis and management of cardiac arrest in a patient undergoing dental treatment. 61. Discuss the protocol, procedure and significance of CPR in a patient with cardiac arrest in a dental chair.
Prosthodontics			
12	Denture base considerations	1	62. Discuss duplicating materials and duplicating procedures. 63. Discuss Waxing partial denture framework. 64. Discuss Waxing and flasking the RPD before acrylic resin processing.
13	Lab Processing of CPD	1	65. Discuss the processing the denture. 66. Discuss the Remounting for occlusal correction. 67. Discuss Polishing the denture 68.

Theme 2: Blood Pressure and Palpitations			
S.no	Topic	Hours	Learning Objectives
General Medicine			

14	Hypertension	1 hrs	<p>69. Define hypertension and differentiate primary (essential) vs secondary hypertension.</p> <p>70. Classify HTN into stages by AHA/NICE</p> <p>71. List common causes and risk factors for HTN</p> <p>72. Recognize clinical features of HTN</p> <p>73. Identify complications of uncontrolled HTN</p> <p>74. Describe investigations carried out in patient with HTN</p> <p>75. Explain non-pharmacological and pharmacological management for HTN.(according to guidelines AHA/NICE)</p> <p>76. Differentiate between hypertensive emergency and urgency and their management.</p> <p>77. Assess dental implications of HTN</p>
15	Cardiac Arrhythmia	1 hr	<p>78. Define cardiac arrhythmia and differentiate between tachyarrhythmias,</p> <p>79. Identify common types of arrhythmias:</p> <ol style="list-style-type: none"> Atrial fibrillation (AF) Atrial flutter Supraventricular tachycardia (SVT) Ventricular tachycardia (VT) Ventricular fibrillation (VF) <p>80. List common causes/risk factors for arrhythmias</p> <p>81. Recognize clinical features and ECG findings of arrhythmias</p> <p>82. Outline management strategies for Arrhythmias (medical including anticoagulation and interventional)</p> <p>83. Identify emergency arrhythmias requiring immediate intervention: VT, VF</p> <p>84. Discuss dental implications of Arrhythmias</p>
OMFS			
16	Dental Management of patient with HTN	1 hr	85. Discuss dental management of a patient with hypertension
17	Vasovagal Syncope	1	<p>86. Define vasovagal syncope and describe its common causes in the dental setting.</p> <p>87. Identify early signs and symptoms of vasovagal syncope during dental procedures.</p> <p>88. Discuss preventive strategies to reduce the risk of syncope in anxious or medically compromised patients.</p> <p>89. Differentiate between syncope, angina, MI, and hyperventilation based on signs and symptoms</p>

Prosthodontics			
18	Insertion of removable partial denture	1	90. Discuss Adjustment to denture bearing area. 91. Discuss Occlusal interferences from denture framework. 92. Discuss Evaluation of occlusal interference. 93. Discuss Instructions to patient pertinent to RPD insertion and maintenance.

Theme 3: Cough and Shortness of Breath			
	Topic	Hours	Learning Objectives
General Medicine			
19	Pneumothorax and pleural effusion	1 hr	94. Define and classify pneumothorax 95. Recognize risk factors and common causes 96. Identify clinical features of pneumothorax 97. Describe investigations in Pneumothorax. 98. Explain management principles of Pneumothorax 99. Define pleural effusion and classify it as transudate vs exudate. 100. List common causes of Pleural effusion 101. Identify clinical features of pleural effusion 102. Describe investigations required for diagnosis of pleural effusion and its etiology 103. Outline management plan according to etiology of pleural effusion 104. Discuss dental implications of pleural effusion and Pneumothorax.
20	Obstructive Airway Disease (asthma, COPD)	2 hrs	105. Define asthma and differentiate it from other obstructive airway diseases. 106. Describe the pathophysiology of Asthma. 107. List common risk factors of Asthma 108. Identify clinical features of Asthma 109. Recognize triggers for acute exacerbation of Asthma 110. Classify asthma according to severity 111. Describe investigations for diagnosis of Asthma 112. Explain guideline based pharmacological management of Asthma according to severity 113. Outline non-pharmacological management: trigger avoidance, patient education, vaccination. 114. Recognize complications of Asthma

			<p>115. Assess dental considerations and their management in Asthmatic patient</p> <p>116. Define COPD and differentiate it from asthma and other obstructive airway diseases.</p> <p>117. Describe the pathophysiology of COPD</p> <p>118. Enlist risk factors of COPD</p> <p>119. Identify clinical features of COPD</p> <p>120. Classify severity using GOLD criteria based on FEV1 and symptom burden.</p> <p>121. Describe investigations of COPD</p> <p>122. Explain pharmacological management of COPD according to the severity</p> <p>123. Outline non-pharmacological management of COPD</p> <p>124. Recognize complications of COPD</p> <p>125. Assess dental considerations and precautions in COPD</p>
21	TB	2 hrs	<p>126. Define tuberculosis and differentiate pulmonary TB (PTB) from extrapulmonary TB (EPTB).</p> <p>127. Describe the etiology and risk factors for TB.</p> <p>128. Explain the pathophysiology of TB infection, latent TB, and reactivation.</p> <p>129. Identify clinical features of pulmonary TB.</p> <p>130. Recognize clinical features of extrapulmonary TB.</p> <p>131. Describe investigations for pulmonary and extra pulmonary TB</p> <p>132. Understand the role of Mantoux test and IGRA in latent TB detection.</p> <p>133. Enlist first-line anti-TB drugs and their common side effects</p> <p>134. Describe drug regimens for pulmonary and extrapulmonary TB.</p> <p>135. Recognize multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB).</p> <p>136. Identify complications of pulmonary TB and extrapulmonary TB</p> <p>137. Recognize TB transmission risk in dental practice and infection control measures.</p> <p>138. Enlist oral manifestations of TB.</p>

22	Bronchiectasis	1hr	<p>139. Define bronchiectasis and differentiate it from other chronic respiratory diseases.</p> <p>140. Describe the pathophysiology of bronchiectasis</p> <p>141. List common causes/risk factors of bronchiectasis</p> <p>142. Identify clinical features of bronchiectasis.</p> <p>143. Recognize complications of bronchiectasis</p> <p>144. Describe investigations for bronchiectasis.</p> <p>145. Explain principles of management in bronchiectasis</p> <p>146. Recognize its dental implications</p>
23	Pneumonia	1 hr	<p>147. Define pneumonia and differentiate community-acquired pneumonia (CAP) vs hospital-acquired pneumonia (HAP).</p> <p>148. Enlist causative organisms for Pneumonia</p> <p>149. Identify risk factors for Pneumonia</p> <p>150. Recognize clinical features of pneumonia</p> <p>151. Identify complications of pneumonia</p> <p>152. Describe investigations carried out for Pneumonia</p> <p>153. Outline its management principles</p> <p>154. Recognize prevention strategies</p>
24	COVID	1 hr	<p>155. Define COVID-19 and describe the causative agent (SARS-CoV-2).</p> <p>156. List transmission routes</p> <p>157. Recognize risk factors for severe disease</p> <p>158. Identify Clinical features of Covid</p> <p>159. Describe diagnostic investigations</p> <p>160. Formulate management plan for COVID</p> <p>161. Identify complications</p> <p>162. Describe infection control, pre-procedure screening</p>
25	Bronchogenic Carcinoma	1hr	<p>163. Define bronchogenic carcinoma and differentiate small-cell lung cancer (SCLC) and non-small-cell lung cancer (NSCLC).</p> <p>164. Enlist its risk factors</p> <p>165. Identify clinical features of bronchogenic carcinoma</p> <p>166. Recognize paraneoplastic syndrome</p> <p>167. Enlist common sites of metastasis: brain, liver, bones, adrenal glands.</p> <p>168. Enlist investigations carried out in diagnosing and staging Bronchogenic CA.</p> <p>169. Describe staging and its importance in treatment planning.</p> <p>170. Outline principles of management in bronchogenic CA.</p> <p>171. Enlist complications of bronchogenic CA.</p>
General Surgery			

26	Benign and malignant lung diseases	1	<p>172. List common benign lung lesions (e.g., lung abscess, bronchogenic cyst) and malignant lung tumors (primary and secondary).</p> <p>173. Discuss the clinical features, investigations and surgical management of benign lung lesions.</p> <p>174. Discuss the causes and risk factors of primary and secondary lung cancer.</p> <p>175. Describe the clinical features, investigations and management of lung cancer.</p>
27	Acute Upper Airway Obstruction And Aspiration pneumonia	1	<p>176. Define sudden upper airway obstruction.</p> <p>177. List common causes of acute upper airway obstruction (foreign body, laryngeal edema, anaphylaxis, trauma, infections).</p> <p>178. Describe the clinical features and investigations for acute upper airway obstruction.</p> <p>179. Describe the management of acute airway obstruction (including the ABCDE approach).</p> <p>180. Define definitive/surgical airway and list its different types.</p> <p>181. Discuss the causes and management of aspiration pneumonia in surgery.</p>
Oral & Maxillofacial Surgery			
28	Management of patients with respiratory compromise	1	<p>182. Identify signs of poorly controlled asthma or COPD that make outpatient oral surgery unsafe.</p> <p>183. Describe chair-positioning modifications for patients with moderate to severe COPD.</p> <p>184. Explain the steps for managing an acute asthma attack during a dental procedure.</p> <p>185. Identify clinical signs of active tuberculosis that require postponing elective oral surgical procedures.</p>
29	Emergency Management of respiratory difficulty in a dental chair	1	<p>186. Discuss Emergency Management of respiratory difficulty in a dental chair as per cause (asthma, hyperventilation, COPD, Foreign Body Aspiration, Gastric Content Aspiration)</p>
30	Local Complications of Local Anesthesia	2	<p>187. Enumerate local complications of local anaesthesia</p> <p>188. Discuss management of local complications of local anaesthesia</p>
Prosthodontics			
31	Relining and rebasing for RPD.	1	<p>189. Discuss procedure of relining and rebasing for RPD.</p>
32	Post Insertion Protocol	1	<p>190. Discuss post insertion complaints.</p> <p>191. Discuss follow up protocol.</p>
Periodontology			

33	Smoking and Periodontium	1	<p>192. Describe the effects of smoking on prevalence, severity, etiology and pathogenesis of periodontal disease.</p> <p>193. Discuss the approaches and steps of smoking cessation protocol to help patient quit smoking</p> <p>194. Outline the effects of smoking on the response to periodontal therapy and periodontal treatment outcomes.</p>
Oral Medicine			
34	Hyperventilation syndrome, asthma, status asthmaticus	1	<p>195. Discuss clinical features, diagnosis and management of hyperventilation syndrome in a dental chair.</p> <p>196. Discuss clinical features, diagnosis and management of asthma and status asthmaticus in a dental chair.</p>



MODULE- GIT & UGS II

3rd Year BDS

Teaching Hours Allocation

Hours allocation for different subjects

S.No	Subject	Hours
5	General Medicine	14
6	General Surgery	13
7	Periodontology	4
8	Prosthodontics	6
9	Oral Medicine	9
11	Oral & Maxillofacial Surgery	3
	Total	49

Themes

S. No	Theme	Duration in hours
1	Abdominal Pain	21
2	Vomiting & Diarrhea	15
3	Swelling	13
	Total in hours	49
	Total in weeks	3.5 weeks

***3 Hours per day for 5 days (Monday to Friday) = 15 hours/ week**

Learning Objectives

By the end of this module, students of 3rd year BDS will be able to;

1. Correlate the structure and function of the gastrointestinal and urinary systems with common medical and surgical disorders relevant to dentistry.
2. Identify key clinical presentations such as jaundice, abdominal pain, vomiting, bleeding, diarrhea, and swelling, and relate them to underlying pathology.
3. Interpret essential investigations including LFTs, RFTs, and imaging to support clinical diagnosis.
4. Recognize oral and maxillofacial manifestations of systemic hepatic, gastrointestinal, and renal diseases.
5. Apply principles of initial management and patient safety, including infection control and HBV vaccination protocols.
6. Differentiate medical from surgical conditions requiring urgent attention or referral.
7. Demonstrate professional communication, teamwork, and ethical conduct in clinical and community settings.
8. Reflect on clinical learning experiences to improve reasoning, diagnostic accuracy, and integration of oral systemic care.

Theme 1: Abdominal Pain

S.no	Topic	Hours	Learning Objectives
General Medicine			
1	Peptic Ulcer Disease/Gastro Esophageal Reflux Disease	1 hr	<ol style="list-style-type: none"> 1. Define PUD and GERD and differentiate between the two conditions. 2. Describe the common etiological factors of PUD. 3. Identify typical clinical features of PUD and GERD. 4. Enlist common complications of PUD and GERD 5. Describe oral and dental manifestations of GERD, 6. Outline key diagnostic approaches for PUD and GERD 7. Discuss medical management principles. 8. Identify dental precautions in patients taking anti-ulcer drugs and those with active gastrointestinal disease.
2	Hepatitis	1 hr	<ol style="list-style-type: none"> 9. Define hepatitis and classify it into viral (A-E) and non-viral causes. 10. Describe modes of transmission of viral hepatitis. 11. Outline common clinical features of acute and chronic hepatitis. 12. Identify basic investigations used to diagnose hepatitis and its etiology. 13. Explain general principles of management and prevention of viral hepatitis, including vaccination. 14. Describe standard infection control precautions and post exposure prophylaxis for hepatitis in dental settings.
3	Chronic Liver Disease	1hrs	<ol style="list-style-type: none"> 15. Define chronic liver disease and enlist its common causes. 16. Describe the pathophysiology of progression from hepatitis to cirrhosis. 17. Identify common clinical features and stigmata of CLD. 18. Recognize key laboratory abnormalities seen in CLD. 19. Outline drug metabolism impairment in CLD and its impact on commonly used dental medications. 20. Identify dental management considerations in patients with CLD

			(local anesthesia, analgesics, antibiotics, bleeding risk).
4	Complications of Chronic Liver Disease	1 hr	<ul style="list-style-type: none"> 21. Enlist major complications of CLD, 22. Describe the pathophysiology and clinical features of portal hypertension, including esophageal and gastric varices. 23. Outline management plan for GI bleed. 24. Describe pathophysiology, precipitating factors and clinical features of hepatic encephalopathy 25. Describe investigations and management of Hepatic Encephalopathy 26. Describe pathophysiology of ascites in settings of CLD. 27. Define Suppurative bacterial peritonitis 28. Differentiate etiology of Ascites based upon SAAG ratio 29. Formulate a treatment plan for CLD related Ascites and SBP
General Surgery			

5	Obstructive Jaundice	1	<p>30. List the benign & malignant causes of obstructive jaundice (choledocholithiasis, strictures, biliary & pancreatic tumours)</p> <p>31. Describe the clinical features, investigations and management of different surgical pathologies causing obstructive jaundice.</p>
6	Acute Abdomen	2	<p>32. Define acute abdomen.</p> <p>33. List the common causes of acute abdomen (appendicitis, perforation, intestinal obstruction, pancreatitis, ectopic pregnancy, volvulus).</p> <p>34. Discuss the clinical features and investigations of each.</p> <p>35. Describe the surgical management of acute abdomen.</p>
7	Appendicitis	1	<p>36. Discuss the etiology, clinical features and complications of acute appendicitis.</p> <p>37. Discuss the laboratory and radiological investigations for acute appendicitis.</p> <p>38. Describe the management of acute appendicitis, including a brief overview of the surgical steps involved in appendectomy.</p>
8	Cholecystitis	1	<p>39. Discuss the etiology, clinical features and complications of acute and chronic cholecystitis.</p> <p>40. Discuss the laboratory and radiological investigations for cholecystitis.</p> <p>41. Describe the management of cholecystitis, including a brief overview of the surgical steps involved in cholecystectomy.</p>
9	Pancreatitis	1	<p>42. Discuss the etiology, clinical features and complications of acute and chronic pancreatitis.</p> <p>43. Discuss the laboratory and radiological investigations for pancreatitis</p> <p>44. Describe the management of acute pancreatitis.</p>

10	Peptic Ulcer Disease and its Complications	1	<p>45. Discuss the etiology, clinical features and complications of peptic ulcer disease.</p> <p>46. Discuss the laboratory and radiological investigations for peptic ulcer disease.</p> <p>47. Explain the surgical management of bleeding and perforated ulcers.</p>
11	Liver Diseases (Abscess, Hydatid cyst, tumours)	1	48. Discuss the clinical features, investigations and surgical management of liver abscess, hydatid cyst & liver tumours (primary & secondary)
12	Abdominal & Pelvic Trauma	1	<p>49. Classify abdominal & pelvic trauma (blunt & penetrating injuries)</p> <p>50. Describe the clinical features, investigations and management of different intra-abdominal visceral injuries.</p> <p>51. Describe the clinical features, investigations and management of pelvic visceral injuries.</p>
Periodontology			
13	Nutritional influences on the periodontium	1	<p>52. Recognize how malnutrition affects periodontal tissues and host defense</p> <p>53. Describe the concept of the "oral-gut axis" and how the swallowing of periodontopathic bacteria could impact the gastrointestinal microbiome.</p>
14	Halitosis	1	<p>54. Diagnose the oral causes of halitosis, differentiating between tongue coating and periodontitis-related etiologies.</p> <p>55. Explain the role of specific periodontal pathogens and their metabolic byproducts (e.g., VSCs) in the pathogenesis of oral malodor.</p> <p>56. Formulate a treatment plan for halitosis that includes periodontal therapy, tongue cleaning, and patient education.</p>
Prosthodontics			
15	Relining and Rebasling:	2	<p>57. Define Relining and Rebasling</p> <p>58. Explain relining tooth supported denture bases.</p>

			<p>59. Explain relining distal extension denture bases.</p> <p>60. Elaborate the methods of reestablishing occlusion on a relined removable Partial denture</p>
OMFS			
16	Dental Management of patient with liver disease	1	61. Discuss the dental management of patient with liver disease (Jaundice, Hepatitis, Cirrhosis)
17	Systemic Complications of Local Anesthesia	1	<p>62. Enumerate systemic complications of Local Anesthesia\</p> <p>63. Discuss the management and prevention of systemic complications of local anesthesia</p>
Oral Medicine			
18	Hepatitis	1	<p>64. Discuss the oral manifestations of hepatitis.</p> <p>65. Discuss the management protocol for a patient with hepatitis undergoing dental treatment.</p> <p>66. Describe the protocol for needle stick injury.</p>
19	LA toxicity Anaphylaxis	1	<p>67. Discuss clinical features, diagnosis and management of a a patient suffering from LA toxicity in a dental chair</p> <p>68. Discuss clinical features, diagnosis and management of a patient suffering from a severe allergic reaction (anaphylaxis) in a dental chair</p>

Theme 2: Vomiting & Diarrhea

S.no	Topic	Hour	Learning Objectives
General Medicine			
20	Acute Gastro Enteritis	1 hr	69. Define acute gastroenteritis and describe its common causes.

			<p>70. Classify AGE based on etiology and stool characteristics.</p> <p>71. Identify common clinical features and danger signs of AGE.</p> <p>72. Explain the concept and assessment of dehydration.</p> <p>73. Outline basic investigations used in AGE.</p> <p>74. Describe principles of management of AGE</p> <p>75. Discuss complications of AGE</p>
21	Inflammatory Bowel Disease	1 hr	<p>76. Define inflammatory bowel disease.</p> <p>77. Differentiate between ulcerative colitis and Crohn's disease.</p> <p>78. Describe the basic pathophysiology of IBD.</p> <p>79. Identify common gastrointestinal manifestations of IBD.</p> <p>80. Enumerate extra-intestinal manifestations of IBD, including oral lesions.</p> <p>81. Differentiate IBD from IBS.</p> <p>82. Outline basic investigations used in IBD.</p> <p>83. Describe general principles of medical management of IBD.</p> <p>84. Recognize complications of IBD.</p> <p>85. Identify dental considerations in patients with IBD.</p>
22	Diabetes Mellitus	1 hr	<p>86. Define diabetes mellitus and classify its major types.</p> <p>87. Describe the basic pathophysiology of type 1 and type 2 diabetes.</p> <p>88. Identify common symptoms and signs of diabetes mellitus.</p> <p>89. Outline diagnostic criteria for diabetes.</p> <p>90. Describe principles of glycemic control and monitoring.</p> <p>91. Explain lifestyle modification in diabetes management.</p> <p>92. Enlist commonly used anti-diabetic medications with their main side effects.</p> <p>93. Recognize hypoglycemia and its immediate management.</p> <p>94. Recognize oral manifestations of Diabetes.</p>

			<p>95. Explain the impact of diabetes on wound healing and infections.</p> <p>96. Identify dental management considerations in diabetic patients.</p>
23	Complications of diabetes	1 hr	<p>97. Classify complications of diabetes mellitus into acute and chronic, macrovascular and microvascular forms.</p> <p>98. Describe clinical presentation, investigations and management of acute metabolic complications, including hypoglycemia, diabetic ketoacidosis, and hyperosmolar hyperglycemic state.</p> <p>99. Identify clinical features, treatment and complications of diabetic neuropathy.</p> <p>100. Describe the development and consequences of diabetic foot disease</p> <p>101. Explain the impact of poor glycemic control on surgical and dental outcomes.</p> <p>102. Identify situations requiring modification or postponement of dental treatment and referral.</p>
24	Addisons disease	1 hr	<p>103. Define Adrenal insufficiency.</p> <p>104. Differentiate between primary and secondary adrenal insufficiency.</p> <p>105. Describe the causes of primary adrenal insufficiency.</p> <p>106. Explain the basic pathophysiology of Addison's disease.</p> <p>107. Identify common clinical features of Addison's disease.</p> <p>108. Recognize characteristic oral manifestations of Addison's disease.</p> <p>109. Outline basic investigations used in diagnosis.</p> <p>110. Describe principles of management of Addison's disease.</p> <p>111. Explain the concept of adrenal crisis.</p> <p>112. Identify dental stress as a trigger for adrenal crisis.</p>

			113. Describe dental management and steroid coverage in Addison's disease patients.
25	Malabsorption/celiac disease	1 hr	<p>114. Define malabsorption syndrome.</p> <p>115. Describe common causes of malabsorption.</p> <p>116. Define celiac disease and explain its pathophysiology</p> <p>117. pathophysiology</p> <p>118. Identify clinical features of malabsorption and celiac disease.</p> <p>119. Identify oral manifestations of celiac disease.</p> <p>120. Outline basic investigations used to diagnose celiac disease and malabsorption.</p> <p>121. Describe principles of management of celiac disease.</p> <p>122. Explain dental considerations in patients with malabsorption disorders.</p>
Prosthodontics			
26	Repairs and additions	1	<p>123. Summarize causes of failure of cast retained cast partial denture.</p> <p>124. Explain repair of:</p> <ul style="list-style-type: none"> • Broken clasp arm • Fractured occlusal rest • Distortion or breakage of major or minor connectors • Loss of teeth • Denture base <p>125. Discuss soldering and its types.</p>
27	Special use RPDs	1 hr	126. Explain the purpose and applications of special-use RPDs such as Obturator Spoon dentures Every denture, and Overlay dentures
General Surgery			

28	Diarrhea	1	<p>127. List common causes of chronic diarrhea relevant to surgical practice (Inflammatory bowel disease, colorectal malignancy, intestinal tuberculosis, short bowel syndrome).</p> <p>128. Discuss the clinical features, investigations and surgical management of each.</p>
29	Nutrition & Fluid therapy in Surgery	1	<p>129. Discuss preoperative and postoperative malnutrition</p> <p>130. Describe the fluid and electrolyte requirement in the pre and post-surgical patient.</p> <p>131. Discuss the how to evaluate the nutritional requirement of surgical patients</p> <p>132. Discuss the different modes of nutrition in surgery (enteral nutrition, parenteral nutrition, tube feeding)</p> <p>133. Discuss indications, advantages, and limitations of enteral versus parenteral nutrition.</p>
Oral Medicine			
30	Orofacial Granulomatosis Melkerson-Rosenthal syndrome	1	<p>134. Define Orofacial Granulomatosis</p> <p>135. Enumerate conditions responsible for orofacial granulomatosis</p> <p>136. Describe clinical features, aetiology, diagnosis and treatment of Orofacial Granulomatosis</p> <p>137. Discuss in detail Melkersson-Rosenthal syndrome</p>
31	Inflammatory bowel disease Ulcerative colitis Chron's disease Pyo stomatitis vegetans GERD	1	<p>138. Define Inflammatory bowel disease</p> <p>139. Discuss types, oral manifestations, diagnosis and management of Inflammatory bowel disease.</p> <p>140. Discuss in detail Pyo stomatitis vegetans</p> <p>141. Describe GERD and its oral manifestations.</p> <p>142. Discuss management of oral manifestations of GERD.</p>
32	Diabetes	1	<p>143. Discuss the diagnosis and emergency management of a patients suffering from hypoglycaemia during a dental procedure</p> <p>144. Discuss the diagnosis and emergency management of a patients suffering</p>

			from hyperglycaemia during a dental procedure
33	Celiac disease	1	145. Define celiac disease 146. Discuss the oral manifestations, pathophysiology, aetiology, diagnosis, and management of celiac disease.
34	Endocrine disorders	1.	147. Discuss the dental implications of endocrine disorders.

Theme 3: Swelling

S.no	Topic	Hour	Learning Objectives
General Medicine			
35	Acute Kidney Injury	1 hr	148. Define acute kidney injury. 149. Classify AKI and enlist the causes of each class. 150. Describe the basic pathophysiology of AKI. 151. Identify common clinical features and laboratory findings of AKI. 152. Differentiate different forms of AKI on the basis of clinical features and investigations. 153. Outline general principles of management of AKI. 154. Identify common complications of AKI. 155. Explain the impact of AKI on fluid, electrolyte, and drug handling. 156. Recognize dental drugs that require caution in AKI. 157. Identify indications for dialysis in AKI
36	Chronic Kidney Diseases	1 hr	158. Define chronic kidney disease. 159. Describe the stages of CKD. 160. Explain the basic pathophysiology of CKD. 161. Identify common clinical features of CKD. 162. Enumerate major systemic complications of CKD. 163. Describe anemia and mineral bone disorder in CKD. 164. Outline general principles of management of CKD. 165. Enlist indications of dialysis in CKD 166. Enlist different types of renal replacement therapies. 167. Identify oral and dental manifestations of CKD. 168. Explain drug dose adjustment and bleeding risk in CKD patients. 169. Identify dental treatment considerations and indications for deferring the procedure

37	Glomerulo Nephritis (nephrotic, nephritic)	1 hr	<p>170. Define glomerulonephritis.</p> <p>171. Describe nephritic and nephrotic presentations of GN.</p> <p>172. Enlist causes of Nephrotic and Nephritic GN.</p> <p>173. Identify common clinical features of glomerulonephritis.</p> <p>174. Outline basic laboratory findings in GN.</p> <p>175. Describe general principles of management of GN.</p>
38	Cushings syndrome	1 hr	<p>176. Define Cushing's syndrome.</p> <p>177. Describe endogenous and exogenous causes of Cushing's syndrome.</p> <p>178. Explain the basic pathophysiology of hypercortisolism.</p> <p>179. Identify common clinical features of Cushing's syndrome.</p> <p>180. Recognize characteristic oral and facial manifestations.</p> <p>181. Outline basic investigations used in diagnosis.</p> <p>182. Describe principles of management of Cushing's syndrome.</p> <p>183. Identify complications associated with prolonged hypercortisolism.</p> <p>184. Explain the effect of Cushing's syndrome on wound healing and infection.</p>
General Surgery			
39	Skin and soft tissue swellings	1	<p>185. List the various skin and soft tissue swellings. Lipoma, Fibroma, Papilloma, Hemangioma, Neurofibroma, Ganglion cyst, Sebaceous cyst, Dermoid cyst, Pilar cyst)</p> <p>186. Discuss the clinical features, investigations and management of each.</p>
40	Abdominal wall herniae	1	<p>187. Classify abdominal wall herniae.</p> <p>188. Discuss the risk factors, clinical features and investigations for hernia.</p> <p>189. Describe the surgical management of hernia.</p>
Periodontology			
41	Chronic Kidney Disease	1	<p>190. Discuss the bidirectional relationship between periodontitis and chronic kidney disease.</p> <p>191. Adapt periodontal treatment and medication choices for a patient with renal compromise</p>
42	Periodontal Risk Assessment	1	<p>192. Define Risk factors for periodontal disease.</p>

			<p>193. Discuss the risk factors, risk determinants and indicators for periodontal disease.</p> <p>194. Describe the Risk determinants and risk indicators for periodontal disease.</p> <p>195. Identify the Risk markers/predictors for periodontal disease.</p> <p>196. Assess the Clinical risk for periodontal disease</p>
Oral Medicine			
43	Considerations in renal transplant and dialysis patients	1	<p>197. Describe the necessary considerations in a renal transplant and dialysis patient requiring dental treatment.</p> <p>198. Discuss the work up and modifications in dental treatment of renal transplant and dialysis patient.</p>
44	Patient on steroids	1	<p>199. Discuss the oral manifestations of a patient with long term steroid therapy.</p> <p>200. Discuss the management protocol of a patient requiring dental treatment while under steroid therapy.</p>
OMFS			
45	Dental Management of patients with renal disease	1	201. Discuss the management of dental patients with renal disease
Prosthodontics			
46	Digital Dentistry in RPD	2	<p>202. Define digital dentistry.</p> <p>203. Identify digital tools used in CPD workflows, including scanning, CAD, and CAM systems.</p> <p>204. Describe the digital workflow for designing and fabricating cast partial denture frameworks.</p> <p>205. Differentiate between conventional and digital techniques for CPD fabrication with respect to accuracy, efficiency, and limitations.</p>

Learning Resources	
Oral pathology	<p>Textbook of Soams and Southam's Oral Pathology</p> <p>Contemporary Oral and Maxillofacial Pathology</p> <p>Oral and Maxillofacial Pathologies by Neville</p>
Oral medicine	<p>Tyldesley's Oral Medicine Textbook</p> <p>Burket's Oral Medicine Diagnosis and Treatment Textbook</p>

Periodontology	Newman and Caranza's Clinical Periodontology and Implantology, 14 th edition Lindh's Clinical Periodontology and Implantology Dentistry, 7 th Edition
General medicine	Davidson's Principles and Practice of Medicine
General surgery	Bailey & Love's Short Practice of Surgery
Preclinical Prosthodontics	McCracken's Removable Partial Prosthodontics Stewart's Clinical Removable Partial Prosthodontics



PRIME MODULE
3rd YEAR BDS

Introduction

The PRIME (Professionalism, Research, Identity formation, Management and leadership, and Ethics) curriculum, devised by the Institute of Health Professions Education & Research at Khyber Medical University, is a forward-thinking approach aimed at nurturing future doctors with a profound sense of societal care and empathy. This comprehensive module spans all four years of BDS training, encompassing disciplines such as behavioral sciences, medical education, research, management, leadership, and ethics. Furthermore, it incorporates essential subjects like Islamic studies and Pakistan studies, intended to foster a strong sense of Muslim and Pakistani identity, laying a foundational groundwork before professional identity formation within medicine.

The provided document outlines the module's topics, learning objectives, their sequential placement over the course of 3rd year BDS, allocation, and assessment strategies. The initial segment of the module study guide elucidates general learning outcomes, while the subsequent portion delves into detailed learning objectives and a comprehensive table of specifications.

In addition to emphasizing professional competency, the PRIME curriculum underscores the significance of broader societal

awareness, cultural identity, and ethical grounding in medical practice. This holistic approach aims to produce well-rounded medical professionals capable of navigating the complexities of healthcare with integrity and compassion.

General Learning Objectives — 3rd Year BDS PRIME

➤ **By the end of the 3rd Year BDS, students will be able to:**

Professionalism

1. Explain and apply the pillars and expected behaviors of professionalism in clinical and ward settings.
2. Recognize and respond appropriately to challenges to professionalism, including ethical lapses, gaslighting, and microaggressions.
3. Demonstrate culturally sensitive and accountable professional behavior in patient care, teamwork, and community engagement.
4. Reflect on professional responsibilities, errors, and growth as future dental practitioners.

🧠 Communication Skills

1. Apply structured communication frameworks (e.g., SPIKES, SBAR) in clinical, ward, and simulated scenarios.
2. Demonstrate effective communication with patients, attendants, and interprofessional team members.
3. Counsel patients and involve them in shared decision-making during treatment planning.

Ethics

1. Apply ethical principles to clinical situations, including consent-taking, managing ethical dilemmas, and treatment refusal.
2. Explain and uphold the legal and professional responsibilities of dental practitioners, including proper documentation and understanding negligence.
3. Integrate ethical reasoning into clinical decision-making and patient interactions.

Identity Formation

1. Reflect on personal experiences during clinical and ward exposures to strengthen professional identity.
2. Identify personal values, challenges, and resilience strategies in response to real clinical situations.
3. Document personal and professional growth through reflective portfolios and PDP activities.

Management & Leadership

1. Explain and demonstrate leadership and teamwork skills in clinical and ward contexts.
2. Apply principles of time and resource management to ensure safe, efficient patient care.
3. Describe and apply basic quality improvement methods (e.g., PDSA) to improve clinical processes

BDS PRIME Module – 3rd Year

Module	Content	Learning Objectives	Domain	MIT	Assessment Method	Time (hrs)
Professionalism and Behavioral sciences						
Clinical Dentistry 1	Pillars of Professionalism	1. Explain the pillars of professionalism.	C2	Lecture + SGD	MCQs/EMQs	2
		2. Describe how these pillars are applied in daily clinical practice.				
Clinical Dentistry 1	Challenges to Professionalism	1. Explain common lapses in professionalism (e.g., confidentiality, boundaries, communication).	C3	Lecture + SGD	MCQs,	2
		2. Discuss strategies to address these lapses through self-regulation and institutional mechanisms.				
Blood 2	Professional Behavior in Clinical Interactions	1. Observe and demonstrate appropriate professional behavior with difficult or distressed patients during clinical and ward encounters.	A2	Role Play, Simulation, Ward Observation	OSCE/OSPE/MINICEX, Peer feedback	2
		2. Apply principles of team professionalism during interprofessional interactions.	P3			
Communication Skills						

BDS PRIME Module – 3rd Year

Craniofacial	Breaking Bad News (SPIKES)	1. Explain the steps of SPIKES protocol.	C 3	Lecture → SGD → Simulation / Ward Observation	OSCE/OSPE/MINICEX (SPIKES station), Peer checklist	2
		2. Describe strategies for handling patient emotional reactions.	A2/P3			
		3. Observe and apply SPIKES in simulated or ward-based scenarios.				
Craniofacial	Interprofessional Communication (SBAR)	1. Explain the SBAR framework.	C 4	Lecture → Group Practice → Simulation	OSCE/OSPE/MINICEX (Handover), Peer assessment	2
		2. Describe its importance for patient safety.	A2 / P2			
		3. Observe SBAR handovers in wards and demonstrate SBAR in simulated referrals.				
GIT & UGS 2	Shared Decision-Making & Counseling	1. Explain principles of shared decision-making. 2. Describe communication strategies for discussing treatment options, risks, and benefits. 3. Demonstrate counseling skills for shared decision-making in simulated settings.	C 3 A/P	Lecture → Case-based Role Play → Simulation	OSCE/OSPE/MINICEX (Counseling station), Reflection	2

Research

BDS PRIME Module – 3rd Year

Clinical Dentistry 1	Introduction to Research & Manuscript Writing	<ol style="list-style-type: none"> 1. Define research and its importance in dentistry. 2. Identify and describe the main components of a research project (Title, Abstract, Introduction, Methods, Results, Discussion, Conclusion, References). 3. Describe the structure of a standard scientific manuscript. 	C1 C1 C3	Lecture + SGD	MCQs, EMQs	2
Blood 2	Quantitative Research — Concepts & Types	<ol style="list-style-type: none"> 1. Explain the concept of quantitative research and its applications in dentistry. 2. Differentiate between descriptive and analytical study designs. 3. Describe types of quantitative studies: cross-sectional, case-control, cohort, experimental. 4. Identify examples of each design from published dental research. 	C2	Lecture + CBL + Article Review	MCQs, EMQs, Worksheet	2
Blood 2	Data Collection Procedure	<ol style="list-style-type: none"> 1. Explain the different types of questionnaires and interview forms 2. Discuss how to utilize medical records for use in research 3. Design a questionnaire or interview form 	C2 C2 C5	Lecture + CBL, Task-Based Learning	MCQs, EMQs, Assignment	2

BDS PRIME Module – 3rd Year

Cardiopulmonary 2	Qualitative Research — Concepts & Types	<ol style="list-style-type: none"> 1. Explain the concept and purpose of qualitative research in health professions. 2. Enlist key qualitative designs: phenomenology, grounded theory, ethnography, case study, narrative inquiry. 3. Differentiate between qualitative and quantitative approaches. 4. Identify examples of qualitative studies relevant to dentistry. 	C2	Lecture + CBL + Article Review	MCQs, EMQs, Group Activity	2
GIT & UGS 2	Ethical Approvals, Submissions & Research Integrity	<ol style="list-style-type: none"> 1. Explain the role of Institutional Review Boards/Ethical Committees in dental research. 2. Describe the process for submitting a research proposal for ethical approval. 3. Identify key elements of research integrity, including plagiarism, authorship criteria, informed consent, and data protection. 4. Demonstrate how to fill basic submission forms or ethical approval proformas. 5. Describe the ethics of using artificial intelligence in research 	C 2 P3	Lecture + Demonstration + Hands-on practice	MCQs, Form-filling exercise	2

Ethics						
Clinical Dentistry 1	Revisiting Ethical Principles	1. Explain the four pillars of medical ethics.	C4	Lecture + SGD	MCQs, EMQs	2
		2. Discuss their application to real clinical scenarios.				
Blood 2	Application of Consent in Clinical Settings	1. Observe and apply informed consent principles during ward encounters and in simulated settings.	P3	Demonstration → Supervised Practice → Simulation Role play	OSCE/OSPE/MINICEX	1
		2. Demonstrate proper consent-taking skills.	A2			
		3. Complete consent documentation accurately.	P2			
		3. Apply structured analysis to scenario-based dilemmas.				
Cardiopulmonary 2	Refusal of Treatment (Patient & Dentist)	1. Explain the ethical/legal implications of patient refusal.	C3	Lecture + Case Discussion + Role Play	OSCE/OSPE/MINICEX, EMQs	1
		2. Explain the dentist's right to accept or refuse treatment with ethical justification.	C3			

BDS PRIME Module – 3rd Year

		3. Apply communication and documentation strategies to refusal scenarios.				
Identity Formation						
GIT & UGS 2	Reflective Practice & PDP	1.explain reflection writing based on the Gibbs cycle.	C3	PDP Workshop + Reflective Writing	Reflective Portfolio, Mentor feedback	1
		2. Reflect on professional challenges and communication encounters experienced during ward and clinical exposures.	A3			
		3. Identify resilience strategies for handling challenging situations.				
		4. Document reflections and growth areas in PDP.				
Management & Leadership						
Cervicofacial 2	Leadership & Team Dynamics	1. Explain roles and responsibilities of clinical team leaders.	C 3	Lecture → Discussion → Simulation	OSCE/OSPE/MINICEX (team station), Peer/Faculty feedback	2
		2. Describe leadership styles and their application.	A/P			
		3. Identify leadership behaviors during ward rounds.				

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GIT & UGS 2	Resource & Time Management	1. Explain principles of resource management.	C 2	Lecture → Demonstration → Role Play	Direct observation checklist, Mini-CEX	2
		2. Apply time management strategies in clinical scenarios.	P 2			
		3. Demonstrate responsible use and reporting of clinical resources.	A3			

For each content area, the essential coverage should include the following minimum elements:

Content Area	Minimum Content to be Covered	Expected Depth
Pillars of Professionalism	Altruism, Accountability, Excellence, Duty, Honesty, Integrity, Respect. Application to dental clinical scenarios.	Conceptual understanding + case discussion
Professional Behavior	Handling difficult patients, teamwork, punctuality, attire, language, patient dignity. Ward observation should be structured.	Demonstration + reflection

BDS PRIME Module – 3rd Year

Communication (SPIKES, SBAR)	Step-by-step protocols, role play, observation in wards, interprofessional respect.	Practical skills
Shared Decision-Making	Risks/benefits, treatment options, respecting autonomy, patient-centered care.	Scenario-based application
Ethical Principles & Consent	Beneficence, non-maleficence, autonomy, justice; structure of consent forms; documentation; refusal rights (patient & doctor).	Applied with ward linkage
Reflective Practice (PDP)	Structured reflection using Gibbs/Kolb, written PDP entries, mentor feedback.	Guided reflective writing
Leadership & Management	Clinical leadership roles, time/resource allocation, PDSA cycle basics.	Application through group activities
Research — Manuscript Parts	Title, Abstract, Intro, Methods, Results, Discussion, References.	Identifying each part in real papers
Quantitative & Qualitative Designs	Definitions, types (cross-sectional, cohort, case-control, phenomenology, grounded theory, etc.), examples from dental research.	Conceptual + critical identification
Ethical Approval Process	ERC/IRB structure, informed consent, plagiarism, authorship, KMU ERC submission flow.	Practical understanding



**GENERAL MEDICINE LOGBOOK
YEAR 3 - BDS**

NAME: _____

ROLL NUMBER #: _____

Student Information

Purpose of Clinical Rotation

The purpose of the clinical rotation is to provide students with supervised exposure to real patients to integrate theoretical knowledge with clinical practice, develop basic clinical skills, and understand the medical conditions that influence dental treatment.

Aim of Log Book Maintenance

The aim of maintaining the log book is to ensure systematic documentation of clinical learning, patient encounters, and skill development, to promote reflective learning, and to provide a record for assessment and faculty feedback.

Learning Outcomes of clinical rotations

Clinical rotation is one of the integral parts of undergraduate dental students that start in the 3rd year of their program. Clinical skills learning requires the exposure of students to clinical environment. This exposure is preceded by skill laboratory training according to a set of learning objectives defined in the curriculum. The objectives of these rotations include:

- Elicit relevant medical history and perform focused physical examinations.
- Identify common medical conditions affecting dental treatment.
- Integrate theoretical knowledge from lectures and books into clinical reasoning.
- Evaluate patient fitness for dental procedures and recognize high-risk patients.
- Adapt dental treatment plans according to systemic illnesses and medications.
- Detect and manage common medical emergencies in dental practice.
- Communicate effectively with patients and healthcare professionals.
- Demonstrate professionalism, ethical conduct, and respect in patient care.
- Apply principles of patient safety and understand hospital organization and the role of doctors in clinical settings.

Module-based Learning Objectives

Module 1 Foundation

By the end of this module, the student shall be able to:

- Elicit, record and present a focused and complete medical history in the ward.
- Communicate and counsel patients using simple language and appropriate verbal and non-verbal skills.
- Assess patient understanding and respect autonomy and cultural beliefs.
- Demonstrate empathy, professionalism, privacy, and confidentiality during patient interaction.
- Elicit and classify cardinal medical symptoms and relate them to common diseases during case presentation.
- Demonstrate a structured and compassionate approach to breaking bad news under supervision.
- Measure and record vital signs accurately using appropriate instruments.

- Perform general physical examination according to a proper scheme.
- Identify and present abnormal general physical signs using standard medical terminology.
- Seek informed consent and maintain patient dignity during examination.

Module 2 Blood and Immunology

By the end of this module, the student shall be able to:

- Elicit, present and document focused history in patients with anemia, leukemia, lymphoma, HIV, SLE, pulmonary embolism, hypersensitivity reaction and bleeding disorders.
- Identify relevant clinical features including pallor, shock, lymphadenopathy, petechia, butterfly rash etc.
- Interpret CBC reports of different types of anemia, leukemia and platelet disorders.
- Interpret coagulation profile.
- Recognize common clinical features of SLE, hemophilia, ITP and HIV.
- Identify drugs interfering with hemostasis, including antiplatelets, anticoagulants and thrombolytic agents.
- Elicit drug history related to blood thinners and assess bleeding risk.
- Counsel patients with SLE, HIV and bleeding disorders regarding disease, treatment and follow-up.
- Demonstrate appropriate communication skills while dealing with chronic and serious illnesses.
- Demonstrate a structured and compassionate approach to breaking bad news in leukemia, lymphoma and HIV.
- Observe blood transfusion, understand principal of management of anaphylactic and cardiogenic shock.
- Apply infection control and safety precautions while examining patients with HIV and bleeding disorders.
- Recognize and explain dental implications and precautions in patients with hematological, bleeding disorders, and those on blood thinners.
- Plan post exposure prophylaxis after needle stick injury from HIV positive patient

Module 3: Craniofacial

By the end of this module, the student shall be able to:

- Elicit and present focused history in patients with headache , trigeminal neuralgia (TN), giant cell arteritis (GCA), epilepsy, cerebrovascular accident (CVA), Guillain-Barré syndrome (GBS), metabolic bone disease and acromegaly.
- Identify the red flags in neurological history.
- Perform relevant general and neurological examination including assessment of consciousness, motor power, reflexes and cranial nerves.
- Identify clinical features of seizures, stroke, and facial nerve weakness.
- Demonstrate examination of facial nerve function and differentiate between upper and lower motor neuron facial palsy.
- Identify drugs and their side effects used epilepsy and metabolic bone disease
- Counsel patients and attendants regarding epilepsy, stroke, metabolic bone disease and acromegaly.
- Demonstrate appropriate communication skills while dealing with chronic neurological and disabling conditions.
- Apply precautions in patients with seizures and stroke in dental practice.

Module 4: Cervicofacial

By the end of this module, the student shall be able to:

- Elicit and present focused history in patients with thyroid disorders, meningitis, Parkinson's disease, tetanus, rheumatoid arthritis, ankylosing spondylitis and other seronegative arthritides.
- Perform relevant general, neurological and musculoskeletal examination in ward patients.
- Identify clinical features of meningitis, Parkinsonism, tetanus and thyroid dysfunction.
- Identify clinical features of arthritis and differentiate between different types of arthritis based on history and clinical examination.
- Identify immunosuppressants, biologics and steroids and recognize their side effects.
- Counsel patients regarding chronic rheumatological and thyroid disease and importance of treatment adherence.
- Demonstrate appropriate communication skills while dealing with disabling and long-term illnesses.
- Modify dental treatment and chair positioning to accommodate limited joint mobility and ensure patient comfort.

- Recognize drug interactions and precautions related to arthritis medications (NSAIDs, corticosteroids, DMARDs) during dental procedures.

Module 5 Cardiopulmonary

By the end of this module, the student shall be able to:

- Elicit and present focused history in patients with IHD, heart failure, hypertension, valvular heart disease, rheumatic heart disease and infective endocarditis.
- Elicit and present focused history in patients with asthma, COPD, pneumonia, tuberculosis, bronchiectasis, lung cancer, COVID-19.
- Perform relevant cardiovascular and respiratory system examination in ward patients.
- Identify clinical features of important cardiopulmonary pathologies.
- Recognize and document chest signs of consolidation, effusion, pneumothorax, Asthma/COPD, heart failure, and valvular heart disease.
- Interpret CXR of Pneumothorax, pleural effusion, consolidation, infiltrates, pulmonary edema, lung mass
- Interpret normal ECG. Waves, Rate rhythm etc
- Recognize ECG changes of MI and Tachyarrhythmias
- Interpret ABGs and Pulmonary function tests
- Identify the main instruments present in cardiology and pulmonology ward e.g. ECG machine, defibrillator, nebulizer, nasal prongs, oxygen mask, NRM, venturi mask. air way, ETT, CVP etc
- Perform nebulization and insertion of airway under supervision.
- Observe ECG, Pleural fluid aspiration.
- Perform Basic life support on manikin.
- Counsel patients of IHD, TB, OAD, VHD regarding disease course, drug compliance and side effects, and relevant lifestyle modification.
- Apply infection control and safety precautions in patients with TB and COVID-19.
- Recognize red-flag signs requiring urgent referral (severe chest pain, hypo/hypertension, cyanosis, altered consciousness).
- Identify high-risk patients requiring prophylactic antibiotics prior to dental procedures.
- Assess cardiovascular risk before dental treatment in patients with hypertension and ischemic heart disease.
- Demonstrate safe use and dose limitation of local anesthetics containing adrenaline in hypertensive and cardiac patients.

- Assess dental patients with angina and asthma in the ward and dental setting using appropriate precautions.
- Identify common drugs used in IHD (antiplatelets, anticoagulants, beta-blockers, nitrates) and their side effects and dental implications.
- Assess bleeding risk and drug interactions in patients receiving antiplatelet and anticoagulant therapy.
- Identify patients on long-term steroid therapy and assess the need for steroid cover before dental procedures.

Module 6 Genitourinary

By the end of this module, the student shall be able to:

- Elicit and present focused history in patients with hepatitis, chronic liver disease and its complications, peptic ulcer disease, acute gastroenteritis, malabsorption, celiac disease and inflammatory bowel disease.
- Elicit and present focused history in patients with diabetes mellitus, Addison's disease and Cushing's syndrome.
- Elicit and present focused history in patients with acute kidney injury, chronic kidney disease and glomerulonephritis.
- Perform relevant general physical examination to identify jaundice, dehydration, edema and signs of CLD and CKD and malabsorption, Cushing's syndrome
- Perform Abdominal examination and relevant GPE.
- Recognize clinical features of ascites, portal HTN, acute hepatitis and renal disease.
- Interpret the important lab reports pertaining to GU disorders e.g metabolic disorders in ABGs, viral serology, LFTs, RFTs, HBA1c, urine analysis
- Observe ascitic fluid aspiration and NG tube insertion
- Identify NG tube, double lumen catheter, foleys catheter, urine bag.
- Counsel patients regarding diet, drug compliance and follow-up in chronic liver, diabetic and renal disease.
- Demonstrate appropriate communication skills while dealing with chronic and serious illnesses.
- Apply infection control and safety precautions in patients with hepatitis and renal disease.
- Identify systemic complications that may affect dental treatment (bleeding tendency in CLD, delayed healing in DM, steroid dependence in Addison's/Cushing's, uremia in CKD).

- Recognize oral manifestations associated with systemic diseases (e.g., mucosal pallor in anemia, xerostomia in CKD/DM, bleeding gums in liver disease).
- Assess drug interactions in patients with hepatic, renal or endocrine disorders.
- Modify dental treatment and drug prescriptions according to patient's renal/liver condition.
- Plan post exposure prophylaxis after needle stick injury from HCV and HBV positive patient

History Sheet

Patient Identification

Name	Age
Gender	Ward/Unit
Residence	Profession
Hospital No	Date of Admission

Chief Complaints (chronological order)

History of Present Illness

Review of Systems

<p>CARDIOVASCULAR</p> <ul style="list-style-type: none"> • Chest pain? (site, radiation, exertional?) • Shortness of breath? (on exertion / at rest / PND / orthopnea) • Palpitations? • Swelling of feet? • Fainting or dizziness? 	<p>RESPIRATORY</p> <ul style="list-style-type: none"> • Cough? (dry/productive) • Sputum? (color, amount, blood?) • Shortness of breath? • Wheeze? • Chest pain on breathing? • Night sweats? 	<p>GASTROINTESTINAL</p> <ul style="list-style-type: none"> • Appetite? • Nausea or vomiting? • Abdominal pain? • Change in bowel habits? • Blood in stool or black stools? • Jaundice or itching? • Abdominal distension?
<p>CENTRAL NERVOUS SYSTEM</p> <ul style="list-style-type: none"> • Headache? • Fits or loss of consciousness? • Weakness of limbs? • Speech difficulty? • Visual problems? • Altered behavior or memory loss? • Tingling or numbness? 	<p>GENITOURINARY</p> <ul style="list-style-type: none"> • Burning micturition? • Increased frequency or urgency? • Blood in urine? • Decreased urine output? • Flank pain? • Incontinence? 	<p>MUSCULOSKELETAL</p> <ul style="list-style-type: none"> • Joint pain or swelling? • Morning stiffness? • Restricted movement? • Muscle pain or weakness? • Deformities?
<p>ENDOCRINE (if weight change, fatigue, polyuria)</p> <ul style="list-style-type: none"> • Weight gain or loss? • Heat or cold intolerance? • Excessive thirst or urination? • Tremors? • Excessive sweating? • Menstrual irregularities? 	<p>GENERAL / CONSTITUTIONAL</p> <ul style="list-style-type: none"> • Fever? • Weight loss? • Loss of appetite? • Night sweats? • Fatigue? 	

Examination

Vital signs

Pulse	BP
Temperature	Respiratory Rate
SpO2	

General Physical Examination

<p>General Appearance</p> <ul style="list-style-type: none"> • Conscious level: Alert / Drowsy / Unconscious • Orientation: Time / Place / Person • Build: Thin / Average / Obese • Muscle wasting • Posture: • Gait: • Distress: Comfortable / In pain / Dyspneic • Body movements: Tremors / Tics / Rigidity • Hydration 	<p>Skin</p> <ul style="list-style-type: none"> • Color: Pallor/ cyanosis • Texture: Smooth / Dry / Rough • Temperature: Warm / Cold • Rash / Petechiae / Purpura • Bruises / Ecchymosis • Scar / Surgical marks 	<p>Face</p> <ul style="list-style-type: none"> • Facial puffiness • Plethoric face • Malar rash • Moon face • Sunken eyes • Facial asymmetry
<p>Eyes</p> <ul style="list-style-type: none"> • Conjunctiva: Pink / Pale • Sclera: White / Icteric • Pupils: Equal & reactive to light • Proptosis • Xanthelasma 	<p>Mouth & Oral Cavity</p> <ul style="list-style-type: none"> • Lips: Normal / Cyanosed / Cracked • Tongue: Moist / Dry / Coated / Smooth (glossitis) • Gums: Normal / Bleeding • Oral ulcers: Present / Absent • Teeth: Normal / Caries 	<p>Neck</p> <ul style="list-style-type: none"> • Jugular venous pressure (JVP): • Thyroid • Neck veins • Neck rigidity • Lymph nodes • Anterior cervical • Posterior cervical • Preauricular • Post auricular • Mental • Submandibular • supraclavicular

<p>Hands</p> <ul style="list-style-type: none"> • Pallor • Clubbing • Cyanosis • Koilonychia • Leukonychia • Splinter hemorrhages • Tremors • Palmar erythema • Dupuytren's contracture 	<p>Lower Limbs</p> <ul style="list-style-type: none"> • Edema • Varicose veins • Calf tenderness • Skin discoloration/ulcers: • Peripheral pulses: 	
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Systemic Examination

<p>CARDIOVASCULAR SYSTEM</p> <p>Inspection</p> <ul style="list-style-type: none"> • Precordial bulge • Visible pulsations • Surgical scars • Apex beat visible <p>Palpation</p> <ul style="list-style-type: none"> • Apex beat: site, character • Parasternal heave • Thrills <p>Percussion</p> <ul style="list-style-type: none"> • Cardiac borders • Cardiac dullness <p>Auscultation</p> <ul style="list-style-type: none"> • Heart sounds: S1 / S2 (normal / soft / loud) • Added sounds: S3 / S4 • Murmurs: site, timing, radiation 	<p>RESPIRATORY SYSTEM</p> <p>Inspection</p> <ul style="list-style-type: none"> • Shape of chest • Symmetry of movements • Use of accessory muscles • Scars / deformities <p>Palpation</p> <ul style="list-style-type: none"> • Tracheal position • Chest expansion • Vocal fremitus <p>Percussion</p> <ul style="list-style-type: none"> • Resonant / dull / hyper-resonant <p>Auscultation</p> <ul style="list-style-type: none"> • Breath sounds: vesicular / bronchial • Added sounds: crepitations / wheeze / rhonchi • Vocal resonance 	<p>ABDOMEN</p> <p>Inspection</p> <ul style="list-style-type: none"> • Shape & contour • Movement with respiration • Scars / striae / dilated veins • Umbilicus <p>Palpation</p> <ul style="list-style-type: none"> • Tenderness • Liver • Spleen • Kidneys • Masses <p>Percussion</p> <ul style="list-style-type: none"> • Liver span • Splenic dullness • Ascites (shifting dullness / fluid thrill) <p>Auscultation</p> <ul style="list-style-type: none"> • Bowel sounds • Bruits
<p>CENTRAL NERVOUS SYSTEM</p> <p>Higher Mental Functions</p> <ul style="list-style-type: none"> • Consciousness 	<p>CN I – Olfactory</p> <ul style="list-style-type: none"> • Sense of smell <p>CN II – Optic</p> <ul style="list-style-type: none"> • Visual acuity 	<p>CN VIII – Vestibulocochlear</p> <ul style="list-style-type: none"> • Hearing • Balance • Rinne & Weber tests

<ul style="list-style-type: none"> • Orientation • Memory • Speech <p>Motor System</p> <ul style="list-style-type: none"> • Bulk • Tone • Power (grade 0–5) <p>Reflexes</p> <ul style="list-style-type: none"> • Deep tendon reflexes • Plantar response <p>Sensory System</p> <ul style="list-style-type: none"> • Pain • Touch • Temperature • Proprioception <p>Cerebellar Signs</p> <ul style="list-style-type: none"> • Gait • Finger-nose test • Heel-shin test • Nystagmus 	<ul style="list-style-type: none"> • Visual fields • Fundoscopy • Pupillary reflex <p>CN III, IV, VI – Oculomotor, Trochlear, Abducent</p> <ul style="list-style-type: none"> • Eye movements • Ptosis • Pupil size & reaction <p>CN V – Trigeminal</p> <ul style="list-style-type: none"> • Facial sensation • Muscles of mastication • Corneal reflex <p>CN VII – Facial</p> <ul style="list-style-type: none"> • Facial symmetry • Forehead wrinkling • Eye closure 	<p>CN IX & X – Glossopharyngeal & Vagus</p> <ul style="list-style-type: none"> • Palatal movement • Gag reflex • Voice quality • Swallowing <p>CN XI – Accessory</p> <ul style="list-style-type: none"> • Shoulder shrug • Head turning <p>CN XII – Hypoglossal</p> <ul style="list-style-type: none"> • Tongue protrusion • Deviation • Fasciculations <p>MUSCULOSKELETAL SYSTEM</p> <ul style="list-style-type: none"> • Joint swelling • Deformities • Tenderness • Range of motion • Muscle power
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Investigations

Provisional Diagnosis

--

Differential Diagnosis

Final Diagnosis

--

Management Plan

Workplace evaluation (after every history presentation)

Ward

Tutor Name

Time

Date

Date	Competency	Level of competency				Supervisor's Comments and signature
		A	B	C	D	
		A: Observer status(Imitation) B: Under supervision(Manipulation) C: Do independently(Precision) D: Integrated skills(combine skill with communication and interpretation)				
	History Taking					
	Counselling					
	Breaking bad news					
	Examination					
	Vital signs					
	General Physical					
	Cardiovascular					

	Respiratory system					
	GIT					
	CNS					
	Cranial Nerves					
	Procedures					
	IV cannula insertion					
	Venesection					
	NG insertion					
	Airway insertion					
	Nebulization					
	Oxygen therapy					
	nasal prongs					
	Face mask					
	NRM					
	Venturi mask					
	ECG					
	Ascitic fluid aspiration					
	Pleural fluid aspiration					
	Others (Specify)					

MINI-CEX (Mini Clinical Evaluation Exercise) (At the end of each module)

Student Name: _____

Roll No: _____

Ward/Unit: _____

Date: _____

Case/Problem: _____

Setting: OPD / Ward / ER

AREAS ASSESSED

Domain

NI OS DS I

History taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical reasoning (Dx & plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall performance

NI OS DS I

Feedback

Strengths: _____

Areas for improvement: _____

Observer/Supervisor Name: _____

Signature: _____


Designation: _____

Time spent observing: ____ min

Time spent in feedback: ____ min

Performance levels scaling


NI – Needs Instruction

 Unable to perform task, requires full guidance

OS – Under Supervision

 Performs with frequent help and correction

DS – With Minimal Supervision

 Performs most steps correctly, needs occasional help

I – Independent

 Performs correctly without help



SURGERY LOG BOOK FOR THIRD YEAR BDS



NAME: _____

ROLL NO: _____

BATCH: _____

ROTATION DATES: _____

SUPERVISOR NAME: _____

TABLE OF CONTENTS	Page No
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PREFACE

The purpose of clinical rotations in a surgical ward is to enable students to evaluate common surgical patients through appropriate & focused history taking and clinical examination, formulate differential diagnoses, apply basic & essential procedural skills, and demonstrate effective communication & professional and ethical behavior in patient care settings.

Maintaining this logbook will enable students to systematically document their clinical experiences, reinforce learning through reflection, and track the development of their competencies over time. It will also encourage active participation in ward activities, improve clinical reasoning, and promote accountability in achieving learning objectives. Furthermore, this logbook serves as a record of skill acquisition and professional growth, facilitating feedback from supervisors and supporting continuous improvement throughout the rotation.

"Tell me and I forget. Teach me and I may remember. Involve me and I learn."
—*Benjamin Franklin*

LEARNING OUTCOMES

By the end of clinical rotation in general surgery third year BDS students should be able to:

- Describe the clinical pathway of a surgical patient from admission to discharge, including preoperative, intraoperative, and postoperative care.
- Take a focused history of a patient presenting with abdominal pain and differentiate between likely diagnoses based on quadrant involvement.
- Take a focused history of patients presenting with a lump, ulcer, neck swelling.
- Outline the principles of management of acute abdomen and common surgical emergencies by taking relevant & focused history.
- Perform general physical examination and focused examination of the abdomen, lumps, ulcers, and neck swellings.
- Demonstrate structured clinical reasoning to arrive at provisional and differential diagnoses.
- Learn the management principles of a patient presenting with head trauma (including GCS calculation and ABCDE approach) and learn how to interpret CT/MRI findings in head injury patients.
- Learn the basic principles of orthopedics and trauma and learn how to manage a fracture as well as interpretation of various x-rays done for different fractures.
- Observe or assist in essential clinical procedures including: IV cannulation, IM/IV injections, Nasogastric tube insertion, Urinary catheterization, Wound dressing and basic suturing.
- Observe and assist in operating theatre procedures, including scrubbing, gowning, gloving and maintaining aseptic technique.
- Observe the administration of spinal and general anesthesia, including understanding its principles and procedures such as endotracheal intubation and lumbar puncture, and ensuring correct patient positioning.
- Identify commonly used surgical instruments and operating theatre appliances, including cautery leads, suction apparatus, and surgical drains (e.g., tube drains, closed suction drains) and describe their indications, components and functioning.
- Demonstrate appropriate handling and safe use of basic surgical instruments and OT equipment while maintaining aseptic technique.
- Counsel a patient undergoing a planned surgical procedure (e.g., thyroidectomy, appendectomy, hernia mesh repair, laparoscopic cholecystectomy, lipoma excision) by explaining the nature and steps of the procedure, benefits and potential risks/complications, preoperative preparation, postoperative course and recovery.
- Practice ethical principles including informed consent, patient autonomy, and confidentiality & demonstrate empathy, respect, and effective communication while interacting with patients and their families.
- Exhibit professionalism, teamwork, and responsibility in both the ward and operating theatre.
- Maintain punctuality, discipline, and accountability during clinical rotations.
- Engage in reflective practice to improve clinical competence and professional behavior.

SOPs for 3rd year BDS students visiting the surgery ward & OT:

- Students are to maintain professional behavior at all times.
- All students must report to the department on time and mark their attendance daily.
- Wear clean, approved clinical attire (white coat, name badge, proper footwear).
- Mobile phones must be switched off or on silent mode in clinical areas.
- Maintain patient confidentiality strictly.
- Always introduce yourself as a student and seek patient consent before taking history & doing examination.
- Perform hand hygiene before and after patient contact.
- Use gloves when required and dispose of them properly.
- Do not handle infected material without supervision.

Operating Theatre (OT) Responsibilities

- Enter OT only with permission of supervising staff.
- Wear complete OT dress (scrubs, cap, mask, shoe covers).
- Remove all jewelry and personal items.
- Do not touch sterile instruments or sterile field unless instructed.
- Maintain silence and discipline inside OT.
- Follow strict hand hygiene protocols.
- Assist in patient positioning under supervision.
- Observe scrubbing, gowning, and gloving techniques.
- Help in non-sterile tasks (transport, documentation support if assigned).
- Report needle-stick injuries immediately to supervising staff.
- Do not eat, drink, or use mobile phones in clinical areas.
- Daily logbook entries, duly signed by the supervisor, are mandatory.

HISTORY TAKING & EXAMINATION

Case No: _____

HISTORY:

1. Patient Identification

- Name:
- Age:
- Gender:
- Registration/MR No:
- Ward/Bed No:
- Date of admission:
- Mode of admission:
- Educational level:
- Marital status:
- Profession:

2. Chief Complaints (Write in patient's own words)

1. _____
2. _____
3. _____

3. History of Present Illness (HOPI)

- Onset of symptoms
- Duration
- Progression (improving/worsening/static)
- Pain (site, nature, severity, radiation)
- Swelling/mass (if present)
- Associated symptoms (fever, weight loss)
- Discharge/bleeding (if any)
- Previous episodes
- Treatment taken prior to admission

4. Past Medical History

- Diabetes mellitus: Yes / No _____
- Hypertension: Yes / No _____
- TB/Hepatitis/other chronic illness: _____
- Previous hospital admissions: _____
- Previous surgeries: _____

5. Drug History

- Current medications: _____

- Drug allergies: _____

6. Family History

- Similar illness in family: Yes / No _____
- Genetic/hereditary conditions: _____

7. Personal History

- Smoking: Yes / No _____
- Tobacco/chewing habits: _____
- Alcohol use: _____
- Diet: _____
- Sleep/appetite: _____

8. Review of Systems

- CVS: _____
- Respiratory: _____
- GI: _____
- CNS: _____
- Genitourinary: _____
- Musculoskeletal: _____

EXAMINATION

General Physical Examination (GPE)

- Consciousness: _____
- Built & nourishment: _____
- Pallor: Yes / No _____
- Icterus: Yes / No _____
- Cyanosis: Yes / No _____
- Clubbing: Yes / No _____
- Edema: Yes / No _____
- Lymphadenopathy: _____
- Vital signs:

Pulse: _____ bpm

BP: _____ mmHg

Temperature: _____ °C

Respiratory rate: _____ /min

Local Examination (Relevant Surgical Site)

Inspection

- Site of lesion: _____
- Swelling/mass: _____
- Skin changes: _____
- Sinus/ulcer/discharge: _____

Palpation

- Temperature: _____
- Tenderness: _____
- Consistency: _____
- Mobility: _____
- Fluctuation/crepitus: _____
- Size: _____

Special Tests (if applicable)

Systemic Examination

- Respiratory system: _____
- Cardiovascular system: _____
- Abdominal examination (if relevant):

Differential Diagnoses:

- _____
- _____
- _____

Final Diagnosis:

- _____

Relevant Investigations

- Routine investigations: _____
- Special Tests (If any):

- Radiological Investigations (if any):

Management Plan:

Case No: _____

HISTORY:

1. Patient Identification

- Name:
- Age:
- Gender:
- Registration/MR No:
- Ward/Bed No:
- Date of admission:
- Mode of admission:
- Educational level:
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- Treatment taken prior to admission

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- Current medications: _____

- Drug allergies: _____

6. Family History

- Similar illness in family: Yes / No _____
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7. Personal History

- Smoking: Yes / No _____
- Tobacco/chewing habits: _____
- Alcohol use: _____
- Diet: _____
- Sleep/appetite: _____

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- CVS: _____
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- Icterus: Yes / No _____
- Cyanosis: Yes / No _____
- Clubbing: Yes / No _____
- Edema: Yes / No _____
- Lymphadenopathy: _____
- Vital signs:

Pulse: _____ bpm

BP: _____ mmHg

Temperature: _____ °C

Respiratory rate: _____ /min

Local Examination (Relevant Surgical Site)

Inspection

- Site of lesion: _____
- Swelling/mass: _____
- Skin changes: _____
- Sinus/ulcer/discharge: _____

Palpation

- Temperature: _____
- Tenderness: _____
- Consistency: _____
- Mobility: _____
- Fluctuation/crepitus: _____
- Size: _____

Special Tests (if applicable)

Systemic Examination

- Respiratory system: _____
- Cardiovascular system: _____
- Abdominal examination (if relevant):

Differential Diagnoses:

- _____
- _____
- _____

Final Diagnosis:

- _____

Relevant Investigations

- Routine investigations: _____
- Special Tests (If any):

- Radiological Investigations (if any):

Management Plan:

Case No: _____

HISTORY:

1. Patient Identification

- Name:
- Age:
- Gender:
- Registration/MR No:
- Ward/Bed No:
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- Mode of admission:
- Educational level:
- Marital status:
- Profession:

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- Associated symptoms (fever, weight loss)
- Discharge/bleeding (if any)
- Previous episodes
- Treatment taken prior to admission

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- Clubbing: Yes / No _____
- Edema: Yes / No _____
- Lymphadenopathy: _____
- Vital signs:

Pulse: _____ bpm

BP: _____ mmHg

Temperature: _____ °C

Respiratory rate: _____ /min

Local Examination (Relevant Surgical Site)

Inspection

- Site of lesion: _____
- Swelling/mass: _____
- Skin changes: _____
- Sinus/ulcer/discharge: _____

Palpation

- Temperature: _____
- Tenderness: _____
- Consistency: _____
- Mobility: _____
- Fluctuation/crepitus: _____
- Size: _____

Special Tests (if applicable)

Systemic Examination

- Respiratory system: _____
- Cardiovascular system: _____
- Abdominal examination (if relevant):

Differential Diagnoses:

- _____
- _____
- _____

Final Diagnosis:

- _____

Relevant Investigations

- Routine investigations: _____
- Special Tests (If any):

- Radiological Investigations (if any):

Management Plan:

Case No: _____

HISTORY:

1. Patient Identification

- Name:
- Age:
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- Registration/MR No:
- Ward/Bed No:
- Date of admission:
- Mode of admission:
- Educational level:
- Marital status:
- Profession:

2. Chief Complaints (Write in patient's own words)

1. _____
2. _____
3. _____

3. History of Present Illness (HOPI)

- Onset of symptoms
- Duration
- Progression (improving/worsening/static)
- Pain (site, nature, severity, radiation)
- Swelling/mass (if present)
- Associated symptoms (fever, weight loss)
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- Previous episodes
- Treatment taken prior to admission

4. Past Medical History

- Diabetes mellitus: Yes / No _____
- Hypertension: Yes / No _____
- TB/Hepatitis/other chronic illness: _____
- Previous hospital admissions: _____
- Previous surgeries: _____

5. Drug History

- Current medications: _____

- Drug allergies: _____

6. Family History

- Similar illness in family: Yes / No _____
- Genetic/hereditary conditions: _____

7. Personal History

- Smoking: Yes / No _____
- Tobacco/chewing habits: _____
- Alcohol use: _____
- Diet: _____
- Sleep/appetite: _____

8. Review of Systems

- CVS: _____
- Respiratory: _____
- GI: _____
- CNS: _____
- Genitourinary: _____
- Musculoskeletal: _____

EXAMINATION

General Physical Examination (GPE)

- Consciousness: _____
- Built & nourishment: _____
- Pallor: Yes / No _____
- Icterus: Yes / No _____
- Cyanosis: Yes / No _____
- Clubbing: Yes / No _____
- Edema: Yes / No _____
- Lymphadenopathy: _____
- Vital signs:

Pulse: _____ bpm

BP: _____ mmHg

Temperature: _____ °C

Respiratory rate: _____ /min

Local Examination (Relevant Surgical Site)

Inspection

- Site of lesion: _____
- Swelling/mass: _____
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- Sinus/ulcer/discharge: _____

Palpation

- Temperature: _____
- Tenderness: _____
- Consistency: _____
- Mobility: _____
- Fluctuation/crepitus: _____
- Size: _____

Special Tests (if applicable)

Systemic Examination

- Respiratory system: _____
- Cardiovascular system: _____
- Abdominal examination (if relevant):

Differential Diagnoses:

- _____
- _____
- _____

Final Diagnosis:

- _____

Relevant Investigations

- Routine investigations: _____
- Special Tests (If any):

- Radiological Investigations (if any):

Management Plan:

Case No: _____

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Systemic Examination

- Respiratory system: _____
- Cardiovascular system: _____
- Abdominal examination (if relevant):

Differential Diagnoses:

- _____
- _____
- _____

Final Diagnosis:

- _____

Relevant Investigations

- Routine investigations: _____
- Special Tests (If any):

- Radiological Investigations (if any):

Management Plan:

Case No: _____

HISTORY:

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Systemic Examination

- Respiratory system: _____
- Cardiovascular system: _____
- Abdominal examination (if relevant):

Differential Diagnoses:

- _____
- _____
- _____

Final Diagnosis:

- _____

Relevant Investigations

- Routine investigations: _____
- Special Tests (If any):

- Radiological Investigations (if any):

Management Plan:

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- Size: _____

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Systemic Examination

- Respiratory system: _____
- Cardiovascular system: _____
- Abdominal examination (if relevant):

Differential Diagnoses:

- _____
- _____
- _____

Final Diagnosis:

- _____

Relevant Investigations

- Routine investigations: _____
- Special Tests (If any):

- Radiological Investigations (if any):

Management Plan:

Case No: _____

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Systemic Examination

- Respiratory system: _____
- Cardiovascular system: _____
- Abdominal examination (if relevant):

Differential Diagnoses:

- _____
- _____
- _____

Final Diagnosis:

- _____

Relevant Investigations

- Routine investigations: _____
- Special Tests (If any):

- Radiological Investigations (if any):

Management Plan:

Case No: _____

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- Name:
- Age:
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Palpation

- Temperature: _____
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- Size: _____

Special Tests (if applicable)

Systemic Examination

- Respiratory system: _____
- Cardiovascular system: _____
- Abdominal examination (if relevant):

Differential Diagnoses:

- _____
- _____
- _____

Final Diagnosis:

- _____

Relevant Investigations

- Routine investigations: _____
- Special Tests (If any):

- Radiological Investigations (if any):

Management Plan:

Case No: _____

HISTORY:

1. Patient Identification

- Name:
- Age:
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- Date of admission:
- Mode of admission:
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1. _____
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- Onset of symptoms
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- Progression (improving/worsening/static)
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Final Diagnosis:

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Management Plan:

OBSERVATION OF PROCEDURAL SKILLS (OPERATION THEATRE)

CHECKLIST OF TASKS TO BE DEMONSTRATED BY SUPERVISOR & OBSERVED BY STUDENTS IN OT:

Procedure Details

- Name of Procedure Observed: _____
- Elective / Emergency: _____
- Date of Procedure: _____
- Indication for surgery: _____

Preoperative Observations

1. Patient Preparation

- Informed consent obtained: Yes / No
- NPO status confirmed: Yes / No
- Preoperative checklist completed: Yes / No
- Patient Positioning used: Supine / Prone / Lithotomy /Other: _____

Anesthesia

- ASA status: _____
- Type of anesthesia planned: General / Spinal / Local / Sedation
- Airway assessment observed: Yes / No
- Monitoring of vitals observed: Yes / No
- Complications during anesthesia (if any): _____
- Anesthesia instruments identification.

Intraoperative Observations

1. Aseptic Technique

- Surgical hand scrubbing observed: Yes / No
- Sterile gowning and gloving and drapping: Yes / No
- Gloving technique: Open / Closed / Assisted method

2. Instruments and Equipment

- Scalpel
- Scissors (Metzenbaum / Mayo)
- Forceps (toothed / non-toothed)
- Needle holder
- Retractors
- Suction device
- Electrocautery
- Drains
- Others.

Steps of Procedure Observed

- Incision technique: _____
- Tissue dissection along anatomical layers: _____
- Hemostasis method: _____
- Use of cautery: Yes / No

- Suturing technique observed: _____
- Closure technique: _____

Surgical Safety Measures

- WHO surgical safety checklist used: Yes / No

Learning Outcomes

- Surgical anatomy understood: Yes / No
- Steps of procedure understood: Yes / No
- Instrument identification improved: Yes / No
- Aseptic techniques reinforced: Yes / No

Key Learning Points (Student Reflection)

Supervisor Signature.

Procedure No. _____

- Name of Procedure Observed: _____
- Date of Procedure: _____
- Indication for surgery:

Write few points about the topic covered/Observed from the above checklist:

(e.g: Gowning, gloving, instrument identification, steps of surgery, Endotracheal intubation preop preparation surgical safety checklist):

Learning Outcomes

- Surgical anatomy understood: Yes / No
- Steps of procedure understood: Yes / No
- Instrument identification improved: Yes / No
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Key Learning Points (Student Reflection)

Supervisor Signature:

Procedure No. _____

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Write few points about the topic covered/Observed from the above checklist:

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Learning Outcomes

- Surgical anatomy understood: Yes / No
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Supervisor Signature:

Procedure No. _____

- Name of Procedure Observed: _____
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Write few points about the topic covered/Observed from the above checklist:

(e.g: Gowning, gloving, instrument identification, steps of surgery, Endotracheal intubation preop preparation surgical safety checklist):

Learning Outcomes

- Surgical anatomy understood: Yes / No
- Steps of procedure understood: Yes / No
- Instrument identification improved: Yes / No
- Aseptic techniques reinforced: Yes / No

Key Learning Points (Student Reflection)

Supervisor Signature:

Surgical Safety Checklist



World Health Organization

Patient Safety
A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

Yes

Is the site marked?

Yes

Not applicable

Is the anaesthesia machine and medication check complete?

Yes

Is the pulse oximeter on the patient and functioning?

Yes

Does the patient have a:

Known allergy?

No

Yes

Difficult airway or aspiration risk?

No

Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

No

Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

Yes

Not applicable

Anticipated Critical Events

To Surgeon:

What are the critical or non-routine steps?

How long will the case take?

What is the anticipated blood loss?

To Anaesthetist:

Are there any patient-specific concerns?

To Nursing Team:

Has sterility (including indicator results) been confirmed?

Are there equipment issues or any concerns?

Is essential imaging displayed?

Yes

Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

The name of the procedure

Completion of instrument, sponge and needle counts

Specimen labelling (read specimen labels aloud, including patient name)

Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1 / 2009

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FINAL ASSESSMENT SHEET

Area Examined	Total Marks	Marks Obtained
OSCEs		
Short Case		
Long Case		
Log Book		
TOTAL:		

Supervisor Comments:

Supervisor Signature:



**PERIODONTOLOGY LOGBOOK
YEAR 3 - BDS**

NAME: _____

ROLL NUMBER #: _____

LEARNING OBJECTIVES:

By the end of the clinical training in Periodontology, the student will be able to:

1. **Obtain, document, and interpret** a comprehensive medical and dental history, identifying systemic and local risk factors relevant to periodontal disease.
2. **Perform a systematic extraoral and intraoral examination**, including periodontal assessment, and accurately record clinical findings.
3. **Conduct and interpret periodontal screening and charting procedures**, including Basic Periodontal Examination (BPE), pocket depth measurement, clinical attachment level, mobility, furcation involvement, and radiographic evaluation.
4. **Establish provisional and definitive periodontal diagnoses** by correlating clinical and radiographic findings.
5. **Classify gingival and periodontal diseases** according to current periodontal disease classification systems.
6. **Formulate and justify comprehensive periodontal treatment plans**, incorporating phases of therapy (initial, surgical, corrective, and maintenance) based on disease severity and prognosis.
7. **Apply ergonomic principles**, including correct clinician positioning, clock positioning, and operator setup, to ensure efficiency, patient comfort, and occupational safety.
8. **Demonstrate correct instrument grasp and finger rest techniques**, ensuring optimal control, tactile sensitivity, and prevention of operator fatigue.
9. **Identify, classify, and select periodontal instruments appropriately**, based on design features, working ends, and clinical indications.
10. **Perform manual scaling using area-specific curettes**, demonstrating correct insertion, adaptation, angulation, stroke activation, and root debridement techniques.
11. **Perform ultrasonic scaling safely and effectively**, integrating appropriate power settings, angulation, water flow, and patient management.
12. **Demonstrate knowledge and application of periodontal surgical principles**, including incision design, flap reflection, atraumatic tissue handling, and post-operative care.
13. **Evaluate treatment outcomes**, assess effectiveness of instrumentation or therapy, and modify management plans where necessary.
14. **Demonstrate professionalism and ethical conduct**, including infection control, informed consent, accurate documentation, effective patient communication, and patient-centered care.

CONTENT DISTRIBUTION

Clinical Sessions 1-6 – Block H

Clinical Sessions 7-8 – Block I

Clinical Session 9-10 – Block J

PATIENTS DISTRIBUTION (Minimum)

History Taking, Examination, Diagnosis and Treatment Planning – 10

Manual Scaling – 7

Ultrasonic Scaling – 3

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Clinical Session 3: Clinical Cock Positioning	7
Clinical Session 4: Instrument Grasp (Modified Pen Grasp)	8
Clinical Session 5: Periodontal Instruments: Identification And Design	9
Clinical Session 6: Basic Periodontal Examination (BPE)	10
Clinical Session 7: Area-Specific Gracey Curettes And Manual Scaling	11
Clinical Session 8: Ultrasonic Scaling & Polishing	12
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Clinical Session 1: History Taking, Examination, Diagnosis And Treatment Planning

(Guide-ANNEX 1)

By the end of this clinical session, the student will be able to:

1. History

1. **Identify** the patient's chief complaint and document the main reason for seeking dental care.
2. **Obtain** a complete medical history, including systemic diseases, allergies, medications, and past hospitalizations.
3. **Collect** dental history, including previous periodontal treatment, restorations, and oral hygiene habits.
4. **Assess** risk factors for periodontal disease, such as smoking, diabetes, and other systemic conditions

2. Examination

Extraoral Examination

5. **Perform** a systematic examination of the head, neck, lymph nodes, and TMJ to detect signs of periodontal or systemic disease.

Intraoral Examination

6. **Conduct** a thorough oral cavity examination, assessing teeth, gingiva, mucosa, tongue, and other soft tissues.
7. **Evaluate** gingival health by assessing color, contour, consistency, and signs of inflammation.
8. **Measure** periodontal pocket depths accurately using a periodontal probe and identify areas of attachment loss.
9. **Assess** tooth mobility and classify the degree of mobility.
10. **Use** a periodontal probe correctly to measure pocket depths and attachment levels.
11. **Interpret** radiographs (OPG, Peri-Apical XRay) to identify:
 - Loss of lamina dura
 - Widened periodontal ligament space
 - Irregular alveolar crest
 - Interdental bone loss
 - Furcation involvement
 - Root surface calculus (if visible)
 - Periapical lesion
 - Generalized Vs Localized bone loss (OPG)
 - Horizontal vs vertical bone loss (OPG)
 - Molar-Incisal pattern bone loss (OPG)

Periodontal Evaluation & Recording

12. **Perform** Basic Periodontal Examination (BPE) and **record** findings
13. **Identify and document:**
 - Pocket formation (with landmarks/reference points)
 - Furcation involvement (Glickman)
 - Tooth mobility (Millers)
 - Gingival recession (Miller's classification)
 - Gingival enlargement (Grading)

3. Diagnosis and Treatment Planning

15. **Formulate** a provisional periodontal diagnosis based on clinical findings.
16. **Differentiate** between gingivitis, periodontitis and other periodontal conditions.
17. **Assess** the severity of periodontal disease and **prioritize** treatment needs.
18. **Develop** a basic periodontal treatment plan according to phases of periodontal therapy.

4. Professionalism and Attitude

19. **Maintain** strict infection control and sterilization protocols during all procedures.
20. **Communicate** effectively with patients, explaining procedures, findings, and instructions clearly.
21. **Document** clinical findings and treatment accurately in patient records.
22. **Demonstrate** ethical behavior, professionalism, and a patient-centered approach in clinical and ward settings.

Clinical Session 2: Positioning & Ergonomics 1

(Guide ANNEX 2)

By the end of this clinical session, the student will be able to:

1. **Apply ergonomic principles** to correctly adjust the clinician's chair, ensuring a neutral seated posture throughout the procedure.
2. **Position and recline the patient chair appropriately**, ensuring the patient's head is aligned with the top of the headrest and the backrest is adjusted according to the arch being treated.
3. **Adjust the height of the patient chair** so that the clinician's elbows remain at waist level when fingers are positioned on the teeth in the treatment area.
4. **Organize the operatory efficiently** by positioning the instrument tray within easy reach based on the delivery system (front, side, or rear).
5. **Align and adjust the operating light or headlight** at arm's length to achieve optimal illumination without shadowing or operator strain.
6. **Maintain a neutral, balanced working posture** while ensuring patient comfort, safety, and effective clinical access.
7. **Recognize and self-correct** improper posture, chair positioning, or operatory setup during clinical procedures.
8. **Demonstrate professional responsibility** toward occupational health by consistently adhering to ergonomic standards

STUDENT EVALUATION SESSION 1: POSITION

Date _____

Satisfactory = S Unsatisfactory = U

POSITIONING/ERGONOMICS	Evaluation
Adjusts clinician chair correctly	
Reclines patient chair and ensures that patient's head is even with top of headrest	
Positions instrument table within easy reach for front, side, or rear delivery as appropriate for operatory configuration	
Positions unit light at arm's length or dons dental headlight and adjusts it for use	
Positions backrest of patient chair for the specified arch	
Adjusts height of patient chair so that clinician's elbows remain at waist level when fingers touch teeth in treatment area	
Maintains neutral seated position	

Clinical Session 3: Clinical Cock Positioning

(Guide ANNEX 3)

By the end of this clinical session, the student will be able to:

1. **Demonstrate correct ergonomic setup** of the dental operator prior to initiating a periodontal procedure.
2. **Adjust and stabilize the clinician's chair** to maintain a neutral seated posture with proper spinal alignment and foot support.
3. **Position and recline the patient chair appropriately**, ensuring correct headrest alignment and backrest adjustment according to the arch being treated.
4. **Regulate the height of the patient chair** to maintain elbows at waist level and forearms parallel to the floor during instrumentation.
5. **Position the instrument tray and equipment efficiently** within the clinician's ergonomic zone according to the operatory delivery system.
6. **Align and adjust the operating light or headlight** to achieve optimal illumination while minimizing shadowing and operator strain.
7. **Adopt and maintain appropriate clock positions** for different sextants during periodontal procedures.
8. **Recognize and correct improper posture or operatory setup** to prevent musculoskeletal strain and ensure patient comfort.
9. **Demonstrate professional responsibility** by consistently applying ergonomic principles to enhance clinical efficiency and occupational health.

STUDENT EVALUATION SESSION 2: CLINICIAN CLOCK POSITION

Date _____ Satisfactory = S Unsatisfactory = U

Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Anterior sextant, Facial aspect	Anterior sextant, Lingual aspect	Right posterior sextant, Facial aspect	Right posterior sextant, Lingual aspect	Left posterior sextant, Facial aspect	Left posterior sextant, Lingual aspect

Criteria	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Positioning/Ergonomics						
Adjusts clinician chair correctly						
Reclines patient chair and ensures that patient's head is even with top of headrest						
Positions instrument tray within easy reach for front, side, or rear delivery as appropriate for operatory configuration						
Positions unit light at arm's length or dons dental headlight and adjusts it for use						
Assumes the recommended clock position						
Positions backrest of patient chair for the specified arch and adjusts height of patient chair so that clinician's elbows remain at waist level when accessing the specified treatment area						
Asks patient to assume the head position that facilitates the clinician's view of the specified treatment area						
Maintains neutral position						
Directs light to illuminate the specified treatment area						

Clinical Session 4: Instrument Grasp (Modified Pen Grasp)

(Guide ANNEX 4)

By the end of this clinical session, the student will be able to:

1. **Identify and describe** the parts of various periodontal instruments, including handle, shank, and working end.
2. **Accurately identify and name** the digits of the hand (thumb, index, middle, ring, and little finger) and relate their roles to periodontal instrumentation.
3. **Explain the biomechanical principles** underlying the modified pen grasp and its role in instrument control, precision, and prevention of musculoskeletal strain.
4. **Demonstrate the modified pen grasp correctly**, ensuring:
 - Finger pads of the thumb and index finger are placed opposite each other on the handle.
 - Thumb and index finger do not overlap.
 - Pad of the middle finger rests lightly on the shank.
 - Middle finger maintains contact with the ring finger for stability.
 - Thumb, index, and middle fingers maintain a “knuckles-up” position.
 - Ring finger remains straight and provides stable support.
5. **Demonstrate controlled instrument movement** using the modified pen grasp during simulated periodontal instrumentation.
6. **Analyze and explain** the functional role of each finger in achieving stability, tactile sensitivity, and stroke control.
7. **Identify errors** in finger placement or grasp technique and **implement corrective measures** to improve control and ergonomics.
8. **Maintain ergonomic hand positioning** consistently throughout instrumentation to promote operator safety and clinical efficiency.

STUDENT EVALUATION SESSION 3, INSTRUMENT GRASP

Date: _____

S (satisfactory) or **U** (unsatisfactory)

1 Grasp with mirror hand	2 Grasp with instrument hand
--------------------------	------------------------------

Instrument Grasp	1	2
Identifies handle, shank, and working-end(s) of a mirror and periodontal instruments		
Describes the function each finger serves in the grasp		
Grasps handle with tips of finger pads of index finger and thumb so that these fingers are opposite each other on the handle, but do NOT touch or overlap		
Rests pad of middle finger lightly on instrument shank; middle finger makes contact with the ring finger		
Positions the thumb, index, and middle fingers in the “knuckles-up” convex position; hyperextended joint position is avoided		
Holds ring finger straight so that it supports the weight of hand and instrument; ring finger position is “advanced ahead of” the other fingers in the grasp		
Keeps index, middle, ring, and little fingers in contact; “like fingers inside a mitten”		
Maintains a relaxed grasp; fingers are NOT blanched in grasp		

Clinical Session 5: Periodontal Instruments: Identification And Design

(Guide ANNEX 5)

By the end of this clinical session, the student will be able to:

1. **Identify and correctly name** periodontal instruments.
2. **Identify and correctly name** the working end of periodontal instruments using their design name and number.
3. **Differentiate and describe** the structural features of instrument handles and shanks, including diameter, weight, texture, and shank angulation.
4. **Analyze and discuss** the advantages and limitations of various handle and shank designs in relation to clinical efficiency, tactile sensitivity, and operator ergonomics.
5. **Select appropriate instruments** with handle design characteristics that minimize pinch force and enhance operator comfort during instrumentation.
6. **Classify and sort** periodontal instruments into simple shank and complex shank designs based on structural characteristics.
7. **Identify and distinguish** the anatomical components of working ends in Gracey curets, including face, back, lateral surfaces, cutting edges, and toe/tip.
8. **Determine and justify** the intended clinical use of periodontal instruments by evaluating their design features and classification.
9. **Indicate accurately** how each instrument is used on the dentition.

STUDENT EVALUATION CLINICAL SESSION, INSTRUMENTS' DESIGN AND CLASSIFICATION

Date: _____

S (satisfactory) or U (unsatisfactory)

Instrument 1 _____

Instrument 2 _____

Instrument 3 _____

Instrument 4 _____

Instrument 5 _____

Criteria					
Instrument	1	2	3	4	5
Identifies the instruments correctly					
Identifies handle of instrument					
Identifies working-end of instrument					
Identifies the classification of each working-end					
Identifies the parts of the working-end (face, back, lateral surfaces, tip or toe and cutting edges)					
Identifies the functional shank and lower (terminal) shank					
Identifies the shank as simple or complex					

Clinical Session 6: Basic Periodontal Examination (BPE)

(Guide ANNEX 6)

1. Mastery of BPE Screening Technique

Students should be able to *accurately perform and record a Basic Periodontal Examination* using the correct clinical procedure:

- Divide dentition into **six sextants** and examine each sextant thoroughly.
- Use a **WHO periodontal probe** (with ball end and black band at 3.5–5.5 mm).
- Apply **light probing force (20–25 g)** and record the **highest BPE code** for each sextant.
- Understand what each BPE code (0, 1, 2, 3, 4, *) means in terms of pocket depth, calculus/bleeding and furcation involvement.

2. Interpretation & Clinical Decision-Making

Students should be able to *interpret BPE results* to guide further assessment and treatment:

- Recognize that BPE is a **screening tool, not a diagnostic charting system**; detailed charting is needed when indicated.
- Know when to proceed to a **full periodontal charting** (e.g., in sextants with codes 3 or 4).
- Understand implications of codes (e.g., oral hygiene instruction vs referral for specialist care / advanced periodontal therapy).

3. Professional Clinical Documentation & Communication

Students must demonstrate proper record-keeping and communication skills:

- Accurately document **BPE scores for each sextant** in the patient's clinical notes.
- Explain to patients what the BPE findings mean and discuss the **importance of periodontal health and oral hygiene**.
- Use results to support risk assessment and inform **treatment planning or referrals**.

(EVALUATION OF PERFORMANCE IN THE HISTORY SHEETS)

Clinical Session 7: Area-Specific Gracey Curettes And Manual Scaling
(Guide ANNEX 7)

By the end of this session, the students should be able to:

1. **Identify** different area-specific curets based on design features, including cutting edge, shank angulation, and toe shape.
2. **Explain** the advantages and limitations of each curet in clinical use.
3. **Select** the appropriate curet and working-end for anterior and posterior teeth using visual cues.
4. **Demonstrate** correct instrument adaptation, ensuring the toe-third of the blade contacts the tooth surface.
5. **Perform** vertical, oblique, and horizontal calculus removal strokes on anterior teeth while maintaining proper grasp, finger rests, and patient comfort.
6. **Execute** vertical, oblique, and horizontal calculus removal strokes on posterior teeth, including line angles and proximal surfaces, with correct adaptation and finger rests.
7. **Apply** a set of area-specific curets to ensure complete instrumentation of the entire dentition.
8. **Assess** the effectiveness of instrumentation by observing calculus removal and surface smoothness and **modify** technique as necessary.

STUDENT EVALUATION CLINICAL SESSION, INSTRUMENTS' DESIGN AND CLASSIFICATION
Date: _____ S (satisfactory) or U (unsatisfactory)

Instrumentation	Evaluation
Selects correct instrument and its working-end for tooth surface to be instrumented	
Insertion	
Establishes 0° angulation (face hugs tooth surface) in preparation for insertion	
Gently inserts curet toe beneath the gingival margin to base of sulcus or pocket	
Adaptation, Angulation, Calculus Removal Stroke	
Assesses the root surface using light, sweeping assessment strokes away from the junctional epithelium	
Correctly orients the lower shank to the tooth surface to be instrumented	
Initiates a stroke away from the junctional epithelium by positioning the working- end beneath a calculus deposit, "locking the toe" against tooth surface and using an angulation between 45° and 80°	
Uses rotating motion to make a short, biting stroke in a coronal direction to snap a deposit from the tooth	
Maintains appropriate lateral pressure against the tooth throughout the stroke while maintaining control of the working-end	
Maintains neutral wrist position throughout motion activation	
Thoroughly instruments proximal surface under each contact area	
Uses appropriate sequence for the specified sextant	
Demonstrates horizontal strokes at the midlines of anterior teeth and the line angles of posterior teeth	
Keeps hands steady and controlled during instrumentation	
Root Debridement Stroke	
Establishes a 60° angle to the tooth surface	

Clinical Session 8: Ultrasonic Scaling & Polishing

(Guide ANNEX 8)

By the end of this session, the students should be able to:

- Explain the **working principle** of ultrasonic scalers (magnetostrictive vs piezoelectric).
- Describe how **vibrations, cavitation, and acoustic microstreaming** contribute to calculus removal and biofilm disruption.
- Identify **indications and contraindications** for ultrasonic scaling.
- Identify **indications and contraindications** for polishing

2. Instrumentation and Technique

- Recognize the **parts of the ultrasonic handpiece**.
- Demonstrate **correct handpiece handling, angulation (0–15°), and adaptation** to tooth surfaces.
- Apply **proper tip motion (vertical, horizontal, or circular) and controlled pressure** to avoid tissue damage.
- Integrate **water flow, power settings, and patient comfort** during scaling.

3. Clinical Application and Safety

- Perform **ultrasonic scaling efficiently** for plaque, calculus, and stain removal.
- Minimize **trauma to soft tissue and root surfaces**.
- Maintain **infection control, ergonomics, and patient safety** during the procedure.
- Evaluate the **effectiveness of scaling** and plan further periodontal therapy if needed.

4. Professionalism and Patient Care

- Communicate the procedure and **educate the patient on oral hygiene**.
- Maintain a **professional approach** throughout the treatment.

Date: _____

S (satisfactory) or U (unsatisfactory)

S. No	Competency / Task	S	U
Instrumentation & Technique			
1.	Identifies parts of ultrasonic handpiece correctly	<input type="checkbox"/>	<input type="checkbox"/>
2.	Maintains correct angulation (0–15°) during scaling	<input type="checkbox"/>	<input type="checkbox"/>
3.	Demonstrates proper adaptation and controlled lateral pressure	<input type="checkbox"/>	<input type="checkbox"/>
4.	Uses correct tip motion (vertical, horizontal, circular)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Adjusts water flow and power settings appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Application & Safety			

S. No	Competency / Task	S	U
6.	Performs effective removal of plaque, calculus, and stains	<input type="checkbox"/>	<input type="checkbox"/>
7.	Minimizes trauma to soft tissues and root surfaces	<input type="checkbox"/>	<input type="checkbox"/>
8.	Maintains infection control protocol	<input type="checkbox"/>	<input type="checkbox"/>
9.	Maintains proper ergonomics during procedure	<input type="checkbox"/>	<input type="checkbox"/>
10	Evaluates scaling effectiveness and identifies need for further therapy	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism & Patient Care			
11	Communicates procedure clearly to patient	<input type="checkbox"/>	<input type="checkbox"/>
12	Provides oral hygiene instructions post-scaling	<input type="checkbox"/>	<input type="checkbox"/>
13	Demonstrates professional behavior and patient comfort management	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Session 9: Surgical Incisions & Flaps
(Guide ANNEX 9)

By the end of this clinical , the student should be able to:

1. Identify the **types of periodontal surgical incisions** (e.g., internal bevel, sulcular, interdental, external bevel, vertical releasing, semilunar).
2. Describe and differentiate **types of periodontal flaps**:
 - Full-thickness (mucoperiosteal) flap
 - Partial-thickness (split-thickness) flap
 - Envelope flap
 - Pedicle flap
 - Papilla preservation flap
3. Recognize **potential complications** (e.g., flap necrosis, bleeding, delayed healing) and discuss corrective measures.
4. Provide **post-surgical instructions** to patients, including:
 - Oral hygiene care (gentle brushing, antiseptic rinses)
 - Pain management and medication compliance
 - Diet and activity restrictions
 - Signs of complications (bleeding, swelling, infection) and when to seek help

Clinical Record / Evaluation Table

Satisfactory

Unsatisfactory

S. No	Competency / Task	Satisfactory (S)	Unsatisfactory (U)
1	Identifies type of incision correctly	<input type="checkbox"/>	<input type="checkbox"/>
2	Explains indications and limitations of incision	<input type="checkbox"/>	<input type="checkbox"/>
3	Considers anatomical factors in planning	<input type="checkbox"/>	<input type="checkbox"/>
4	Describes and differentiates types of flaps	<input type="checkbox"/>	<input type="checkbox"/>
5	Recognizes and explains potential complications	<input type="checkbox"/>	<input type="checkbox"/>
6	Explains and provides post-surgical instructions to patient	<input type="checkbox"/>	<input type="checkbox"/>

Instructor Comments:

Instructor Signature: _____

Clinical Session 10: Diagnosis, Management and Treatment Planning for Various Gingival & Periodontal Conditions

By the end of this clinical session, the student will be able to:

Interpret clinical findings and correlate them with radiographic features to establish a provisional and/or definitive periodontal diagnosis.

1. **Classify gingival and periodontal conditions** according to 2017 periodontal disease classification criteria.
2. **Differentiate** between different types of gingivitis, periodontitis, necrotizing periodontal diseases, abscesses, endo-perio lesions and other periodontal conditions based on clinical presentation.
3. **Formulate a comprehensive treatment plan**, including:
 - a. Emergency phase
 - b. Initial/Non surgical (Phase I) therapy
 - c. Surgical Therapy (Phase II) therapy
 - d. Restorative (Phase III) therapy
 - e. Maintenance (Phase IV) therapy
4. **Justify treatment decisions** based on disease severity, patient risk factors, and prognosis.
5. **Identify local and systemic risk factors** influencing periodontal disease progression and incorporate them into treatment planning.
6. **Provide patient education and oral hygiene instructions** tailored to the diagnosed condition.

ANNEXURE 1(For Clinical Session 1)

10 HISTORY SHEETS ATTACHED

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite /Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

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Date _____

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Age:	Occupation:	Clinician's Name:

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Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No	Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
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Salivary Flow:	Normal / Copious / Reduced		
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Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

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Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
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Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:	Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:	Has there been any change in your general health for the past year?
Date of last physical exam: Reason:	Medications taking:
Are you facing any of the following problems:	
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:	Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No	Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No	Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled	Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:	Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No	Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed	Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:	Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:	Has there been any change in your general health for the past year?
Date of last physical exam: Reason:	Medications taking:
Are you facing any of the following problems:	
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:	Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No	Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No	Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled	Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:	Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No	Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed	Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:	Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:	Has there been any change in your general health for the past year?
Date of last physical exam: Reason:	Medications taking:
Are you facing any of the following problems:	
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:	Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No	Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No	Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled	Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:	Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No	Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed	Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite /Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
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Are you facing any of the following problems:		
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Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:	Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:	Has there been any change in your general health for the past year?
Date of last physical exam: Reason:	Medications taking:
Are you facing any of the following problems:	
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:	Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No	Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No	Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled	Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:	Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No	Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
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Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
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Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
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Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
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Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

ANNEXURE 2 (For Clinical Session 2)

3-Position and postures:

• **Neutral seated position in relation to the patient:**

1. Forearms parallel to the floor.
2. Weight evenly balanced.
3. Thighs parallel to the floor and knees are apart.
4. Hip angle of 90°.
5. Seat height positioned low enough.
6. Shoulders relaxed & parallel with floor.
7. Eyes directed downward.
8. (14-16) inches distance should be between the patient's mouth & clinician's eyes.
9. Elbows close to sides.
10. Patient's mouth at elbow height.

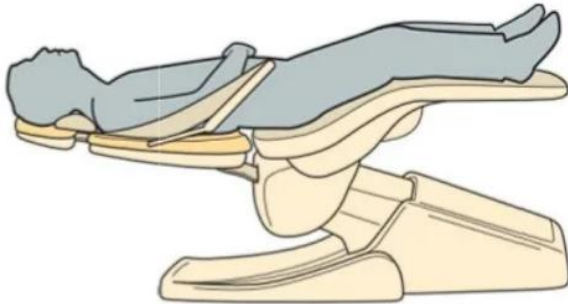
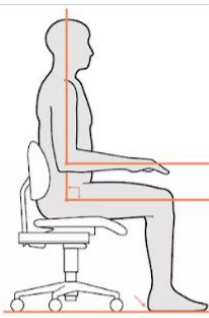


Figure I-33. Patient Position for the Maxillary Arch.

Body	The patient's feet should be even with or slightly higher than the tip of his or her nose.
Chair Back	The chair back should be nearly parallel to the floor for maxillary treatment areas.
Head	The top of the patient's head should be even with the upper edge of the headrest. If necessary, ask the patient to slide up in the chair to assume this position.
Headrest	Adjust the headrest so that the patient's head is in a chin-up position , with the patient's nose and chin level. Patient head position is discussed in more detail later in this chapter.

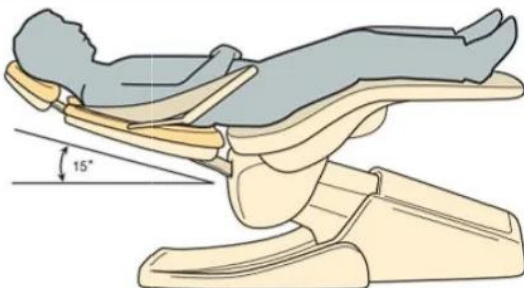
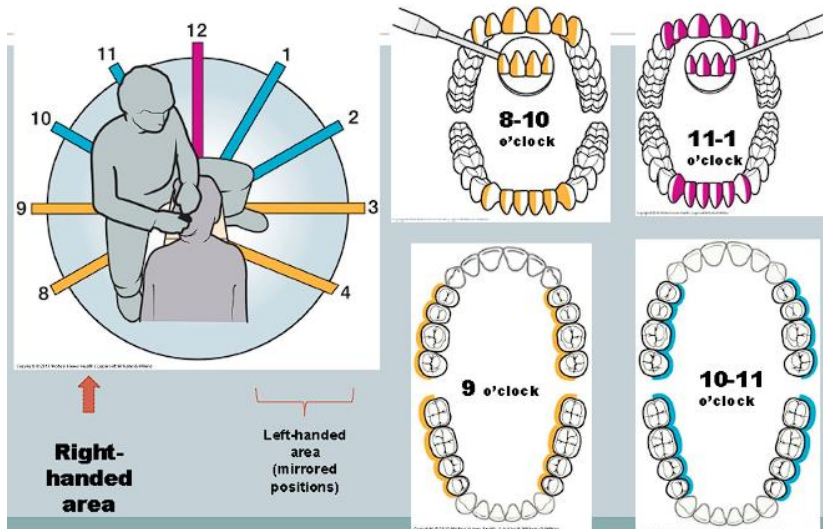


Figure I-34. Patient Position for the Mandibular Arch.

Body	The patient's feet should be even with or slightly higher than the tip of his or her nose.
Chair Back	The chair back should be slightly raised above the parallel position at a 15°–20° angle to the floor. ²⁵
Head	The top of the patient's head should be even with the upper edge of the headrest. If necessary, ask the patient to slide up in the chair to assume this position.
Headrest	Raise the headrest slightly so that the patient's head is in a chin-down position , with the patient's chin lower than the nose. Patient head position is discussed in

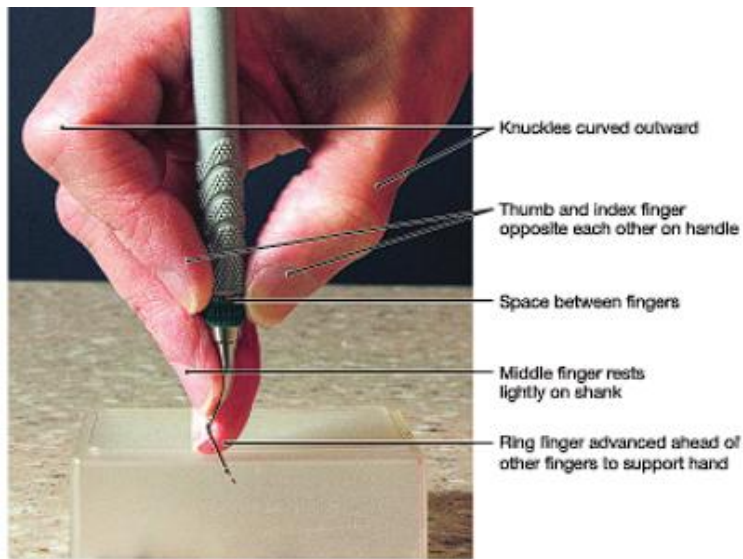
ANNEXURE 3 (For Clinical Session 3)



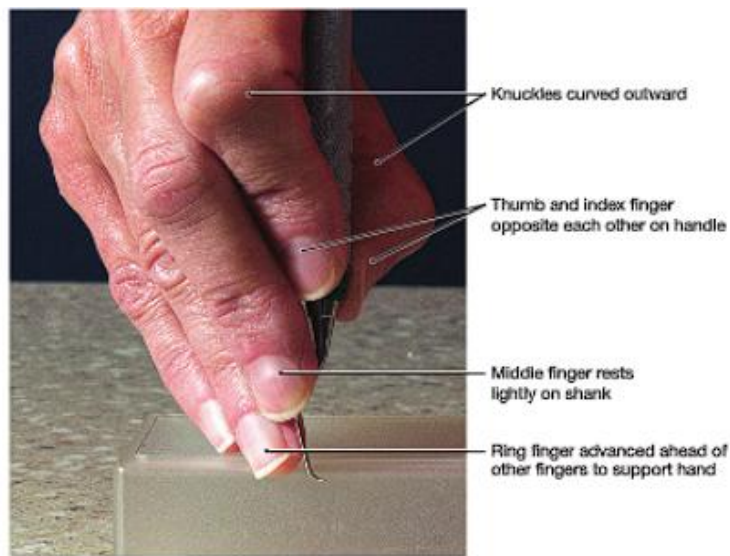
Reference Sheet: Position for the Right-Handed Clinician

Treatment Area	Clock Position	Patient Head Position
Mandibular Arch — Anterior surfaces toward	8:00–9:00	Chin down; neutral to turned right or left
Maxillary Arch — Anterior surfaces toward	8:00–9:00	Chin up; neutral to turned right or left
Mandibular Arch — Anterior surfaces away	11:00–1:00	Chin down; neutral to turned right or left
Maxillary Arch — Anterior surfaces away	11:00–1:00	Chin up; neutral to turned right or left
Mandibular Arch — Posterior aspects toward	9:00	Chin down; neutral
Maxillary Arch — Posterior aspects toward	9:00	Chin up; neutral to turned slightly away
Mandibular Arch — Posterior aspects away	10:00–11:00	Chin down; toward
Maxillary Arch — Posterior aspects away	10:00–11:00	Chin up; toward

ANNEXURE 4: (For Clinical Session 4)



Modified Pen Grasp for Right-Handed Clinician (Side View).



Modified Pen Grasp for Right-Handed Clinician (Front View).

ANNEXURE 5: (For Clinical Session 5)

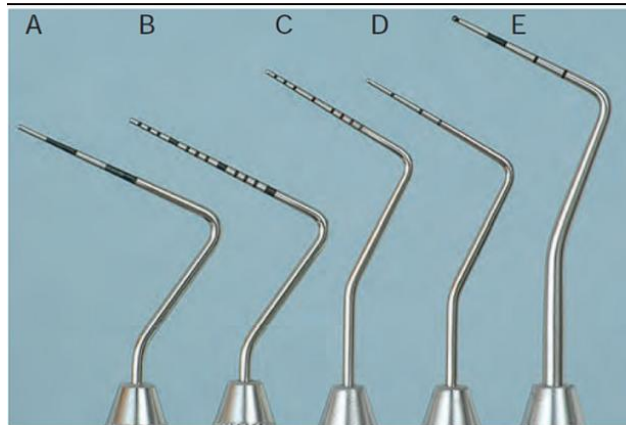
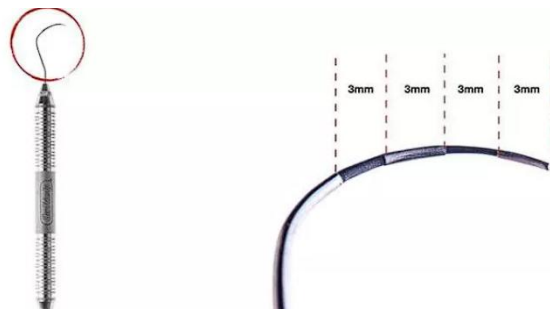


Figure 46-3 Types of periodontal probes. **A**, Marquis color-coded probe. Calibrations are in 3-mm sections. **B**, University of North Carolina-15 probe, a 15-mm long probe with millimeter markings at each millimeter and color coding at the fifth, tenth, and fifteenth millimeters. **C**, University of Michigan “O” probe, with Williams markings (at 1, 2, 3, 5, 7, 8, 9, and 10 mm). **D**, Michigan “O” probe with markings at 3, 6, and 8 mm. **E**, World Health Organization (WHO) probe, which has a 0.5-mm ball at the tip and millimeter markings at 3.5, 8.5, and 11.5 mm and color coding from 3.5 to 5.5 mm



Kirkland and Orban knives



ANNEXURE 6: (For Clinical Session 6)



British Society of
Periodontology

Basic Periodontal Examination (BPE)

Careful assessment of the periodontal tissues is an essential component of patient management. The BPE is a simple and rapid screening tool that is used to indicate the level of further examination needed and provide basic guidance on treatment needed. These BPE guidelines are not prescriptive but represent a minimum standard of care for initial periodontal assessment. BPE should be used for screening only and should not be used for diagnosis.

The clinician should use their skill, knowledge and judgment when interpreting BPE scores, taking into account factors that may be unique to each patient. Deviation from these guidelines may be appropriate in individual cases, for example where there is a lack of patient engagement. General guidance on the implications of BPE scores is indicated in the table below. The BPE scores should be considered together with other factors when making decisions about referral (as outlined in the companion BSP document "Referral Policy and Parameters of Care").

Guidelines for the use of BPE in younger patients can be found in the BSP document "Guidelines for periodontal screening and management of children and adolescents under 18 years of age."

The UK Implementation guidance of the 2017 Classification for periodontal and peri-implant diseases and conditions maps to the BPE guidelines and is documented in *Periodontal diagnosis in the context of the 2017 classification system of periodontal diseases and conditions – Implementation in Clinical Practice*, T. Dietrich, P. Ower, M. Tank, N. X. West, C. Walter, I. Needleman, F. J. Hughes, R. Wadia, M. R. Milward, P. J. Hodge, I. L. C. Chapple & on behalf of the British Society of Periodontology, *BDJ* volume 226, pages 16–22 (11 January 2019) <https://www.nature.com/articles/sj.bdj.2019.3>

How to record the BPE

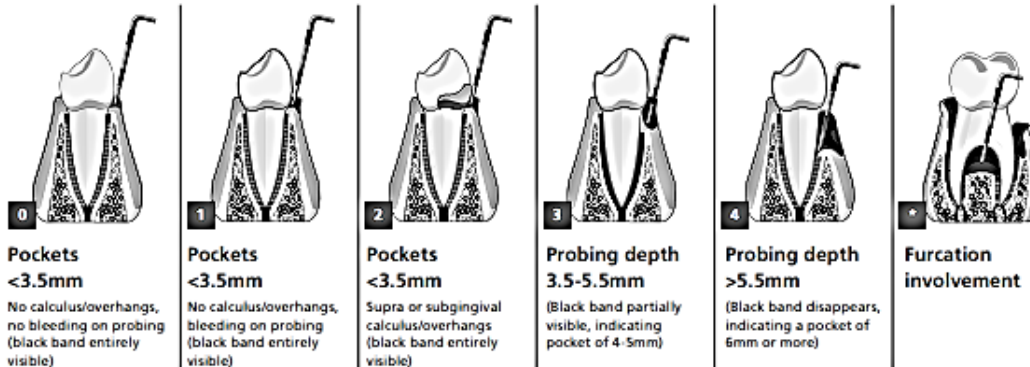
- The dentition is divided into 6 sextants and the highest score for each sextant is recorded:

Upper right (17 to 14)
Lower right (47 to 44)

Upper anterior (13 to 23)
Lower anterior (43 to 33)

Upper left (24 to 27)
Lower left (34 to 37)
- All teeth in each sextant are examined (with the exception of 3rd molars unless 1st and/or 2nd molars are missing).
- For a sextant to qualify for recording, it must contain at least 2 teeth.
- A World Health Organisation (WHO) BPE probe is used. This has a 'ball end' 0.5mm in diameter and a black band from 3.5mm to 5.5mm. Light probing force should be used (20-25 grams).
- The probe should be 'walked around' the teeth in each sextant. All sites should be examined to ensure that the highest score in the sextant is recorded before moving on to the next sextant. If a code 4 is identified in a sextant, continue to examine all sites in the sextant. This will help to gain a fuller understanding of the periodontal condition and will make sure that furcation involvements are not missed.

→ Scoring Codes



An example BPE score grid might look like this:

4	3	3*	Both the number and the * should be recorded if a furcation is detected. E.g. the score for a sextant could be 3* (indicating a probing depth 3.5-5.5mm plus a furcation involvement in the sextant).
-	2	4*	

How to Use BPE

- All new patients should have the BPE recorded
- For patients with codes 0, 1 or 2, the BPE should be recorded at every routine examination
- For patients with BPE codes of 3 or 4, more detailed periodontal charting is required
- **Code 3:** Initial therapy including self-care advice (oral hygiene instruction and risk factor control) then, post-initial therapy, record a 6-point pocket chart in that sextant only
- **Code 4:** If there is a Code 4 in any sextant then record a 6-point pocket chart throughout the entire dentition
- BPE cannot be used to monitor the response to periodontal therapy because it does not provide information about how sites within a sextant change after treatment. To assess the response to treatment, a 6-point pocket chart should be recorded pre and post- treatment
- For patients who have undergone initial therapy for periodontitis, and who are now in the maintenance phase of care, then full probing depths throughout the entire dentition should be recorded at least annually

In addition it is recommended that:

- BPE should not be used around implants (4 or 6-point pocket charting should be used)
- Radiographs should be available for all Code 3 and Code 4 sextants. The type of radiograph used is a matter of clinical judgement but crestal bone levels should be visible. Many clinicians would regard periapical views as essential for Code 4 sextants to allow assessment of bone loss as a percentage of root length and visualisation of the periapical tissues
- When a 6-point pocket chart is indicated it is only necessary to record sites of 4mm and above (although 6 sites per tooth should be measured)
- Bleeding on probing should always be recorded in conjunction with a 6-point pocket chart

Guidance on Interpretation of BPE Scores



No need for periodontal treatment



Oral hygiene instruction (OHI)



As for Code 1, plus removal of plaque retentive factors, including all supra and subgingival calculus



As for Code 2 and RSD if required



OHI, RSD. Assess the need for more complex treatment; referral to a specialist may be indicated



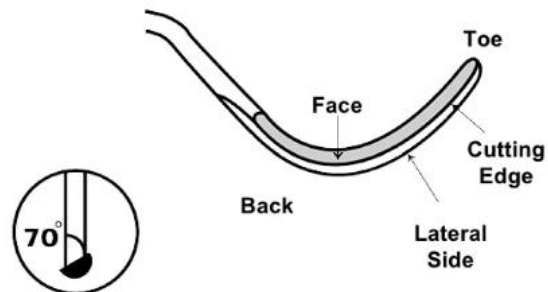
Treat according to BPE Code (0-4). Assess the need for more complex treatment; referral to a specialist may be indicated

ANNEXURE 7: (For Clinical Session 7)

Gracey No.	Area of Use	Tooth Surfaces / Notes
1/2, 3/4	Anterior teeth	All surfaces (mesial, distal, facial, lingual)
5/6	Anterior and premolar teeth	All surfaces
7/8	Posterior teeth	Mesial surfaces
9/10	Posterior teeth	Distal surfaces
11/12	Posterior teeth	Mesial surfaces
13/14	Posterior teeth	Distal surfaces

Gracey Curettes

- The Gracey blade design is offset from the terminal shank at 70°.
- This creates one cutting edge which is referred to as the lower edge.



ANNEXURE 8: (For Clinical Session 8)

1. Working Principles of Ultrasonic Scalers (Magnetostrictive vs Piezoelectric)

Feature / Topic	Magnetostrictive	Piezoelectric	Notes / Clinical Relevance
Working principle	Magnetic field → metal stack/rod expands & contracts	Electric current → ceramic crystals vibrate	Both produce tip oscillations for scaling
Frequency (kHz)	18–45	25–50	Piezo often slightly higher, faster cleaning
Tip motion	Elliptical / circular	Linear	Affects which surfaces are active
Active surfaces	All sides + tip	Lateral sides only	Tip adaptation differs clinically
Handpiece weight	Heavier	Lighter	Ergonomics for prolonged use
Water cooling	Over tip	Over tip	Prevents overheating & pulp damage
Mechanism of action	Mechanical vibration	Same	Breaks calculus
Cavitation	Present	Present	Collapsing bubbles disrupt biofilm & bacteria
Acoustic microstreaming	Present	Present	Fluid movement removes debris from sulcus/pockets

2. Mechanism of Action: Vibrations, Cavitation, Acoustic Microstreaming

a) Mechanical Vibration

- Tip oscillates at high frequency → **breaks calculus deposits** from tooth surfaces.
- Penetrates **subgingival and supragingival calculus**.

b) Cavitation

- Rapid vibration in water produces **tiny bubbles** that collapse → generates **shock waves**.
- Helps **disrupt bacterial cell walls** and biofilm.

c) Acoustic Microstreaming

- Vibration of tip in water produces **fluid movement** → enhances **plaque and biofilm removal**.
- Displaces debris in **sulcus/pockets**, reaching areas inaccessible to hand instruments.

Clinical relevance: Combination of these mechanisms allows **efficient cleaning with minimal tissue trauma**.

INDICATIONS FOR ULTRASONIC SCALING

1. Heavy Supragingival or Subgingival Calculus

- Thick, tenacious calculus deposits
- Generalized heavy stain with calculus (e.g., smokers)
- Rapid bulk removal required

2. Deep Periodontal Pockets (>5 mm)

- Chronic periodontitis cases
- Furcation areas
- Deep narrow pockets

3. Generalized Moderate to Severe Periodontitis

- When full-mouth debridement is required
- Multiple quadrants involved
- Need for quicker treatment (e.g., full-mouth disinfection protocols)

4. Areas Difficult to Access with Hand Instruments

- Furcation involvements
- Root concavities
- Developmental grooves
- Crowded teeth

5. During Initial Phase (Phase I Therapy)

- For rapid microbial load reduction
- To disrupt biofilm efficiently
- Ultrasonics remove:
 - Calculus
 - Biofilm
 - Endotoxins (via lavage effect)

6. Patients with Limited Mouth Opening

- TMJ problems
- Trismus

7. Operator Fatigue / Ergonomic Considerations

- Long appointments
- Prevention of hand strain

8. Implant Maintenance (With Special Tips)

- Plastic/carbon fiber tips
 - Titanium-compatible tips
- For peri-implant mucositis or peri-implant maintenance.

CONTRAINDICATIONS FOR POWERED INSTRUMENTATION

• **Communicable disease.** Individuals with communicable diseases that can be disseminated by aerosols (e.g., hepatitis, tuberculosis, respiratory infections).

• **High susceptibility to infection.** Individuals with a high susceptibility to opportunistic infection that can be transmitted by contaminated dental unit water or inhaled aerosols, such as patient with immunosuppression from disease or chemotherapy, uncontrolled diabetics, patients with organ transplants, and debilitated individuals with chronic medical conditions.

• **Respiratory risk.** Individuals with respiratory disease or difficulty in breathing (e.g., history of emphysema, cystic fibrosis, asthma; history of cardiac disease with secondary pulmonary disease or breathing problem). The patient would have a high infection risk if he or she were to aspirate septic material or microorganisms from dental plaque into the lungs.

• **Unshielded cardiac pacemaker.** The American Academy of Periodontology recommends that dental healthcare workers avoid exposing patients with cardiac pacemakers to magnetostrictive devices. Piezoelectric ultrasonic devices do not interfere with pacemaker functioning.

• **Difficulty in swallowing or prone to gagging.** Individuals with multiple sclerosis, amyotrophic lateral sclerosis, muscular dystrophy, or paralysis may experience difficulty in swallowing or be prone to gagging.

• **Age.** Primary and newly erupted teeth of young children have large pulp chambers that are more susceptible to damage from the vibrations and heat produced by ultrasonic instrumentation.

• **Oral conditions.** Avoid contact of instrument tip with hypersensitive teeth, porcelain crowns, composite resin restorations, demineralized enamel surfaces, or exposed dentinal surfaces. Not for use with titanium implants, unless the working-end of the powered instrument is covered with a specially designed plastic sleeve.

Preventive Measures for Powered Instrumentation

1. Whenever powered instrumentation is used, the following steps should be followed: (a) barrier protection, (b) high-volume evacuation, and (c) preprocedural rinsing. Each of these adds a layer of protection for the clinician and others in the dental office. However, aerosols stay airborne after the procedure; therefore, the risk of contamination continues long after the procedure is over.

2. Using a preprocedural rinse such as chlorhexidine or an essential oil mouthwash for approximately 1 minute prior to the beginning of treatment lowers the bacterial content of aerosols during powered instrumentation. A preprocedural rinse, however, will not affect blood coming from the operative site or viruses coming from the respiratory tract. Using a preprocedural rinse should not be relied on to prevent airborne contamination.

3. The use of a high-volume evacuator (HVE) has been shown to universally reduce airborne contamination by 90% to 98%. Using an HVE is a mandatory infection control precaution during the use of an ultrasonic scaler.

Comparison of Powered and Hand Instrumentation

Electronically Powered Instrumentation	Hand Instrumentation
<ul style="list-style-type: none"> • Several mechanisms of action: mechanical, water irrigation, acoustic microstreaming, and cavitation • Small size of instrument tip (0.3–0.55 mm) • Easily inserted in pocket with minimal distention (stretching) of pocket wall away from the tooth • Powered instrument tip can remove calculus deposit from above; working in an apical direction beginning at the gingival margin and moving toward the junctional epithelium • Tissue trauma less likely, resulting in a faster healing rate • No cutting edges to sharpen • Treatment outcomes dependent on the clinician's skill level with powered instrumentation and knowledge of root anatomy • High levels of aerosol production 	<ul style="list-style-type: none"> • One mechanism of action: mechanical calculus removal • Larger size working-ends (0.76–1.0 mm) • Must be positioned apical to deposit, resulting in considerable distention of pocket wall • Curet must be positioned beneath the deposit for removal; working in a coronal direction beginning at the junctional epithelium and moving toward the gingival margin • Larger working-end with sharp cutting edge(s) more likely to cause tissue trauma • Frequent sharpening required • Treatment outcomes dependent on the clinician's skill level with hand instrumentation and knowledge of root anatomy • Low levels of splatter production

Parts of the Ultrasonic Handpiece and Tips

- **Handpiece:** Houses the tip, contains internal mechanism (magnetostrictive rod or piezoelectric crystals), and connects to water line.
- **Water port:** Cools tip and flushes debris
- **Power control & mode selector:** Adjust frequency/amplitude

Clinical point: Selecting the **right tip** ensures effective cleaning and reduces tissue trauma.

2. Handpiece Handling and Angulation

- Hold like a **pencil** for precision.
- Maintain **light grip** to avoid fatigue and excessive pressure.
- **Tip angulation:** 0–15° to the tooth surface for most surfaces.
- Adapt tip **to tooth contours:** curved surfaces, line angles, proximal surfaces.

3. Tip Motion and Pressure

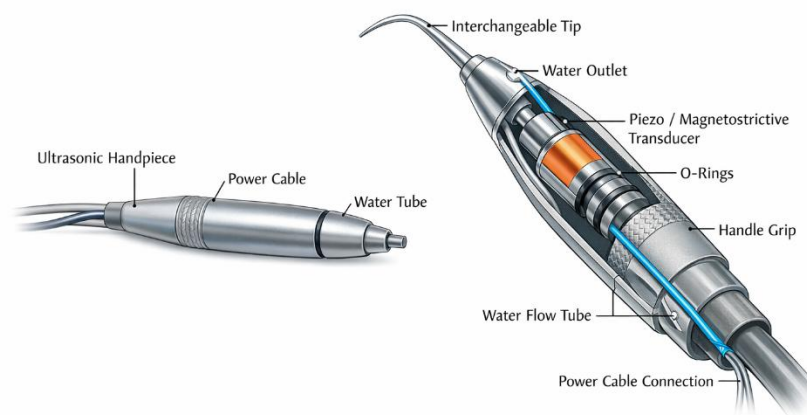
- **Motion types:**
 - **Vertical (up-down):** Supragingival surfaces
 - **Horizontal (side-to-side):** Interproximal areas
 - **Circular:** Broad surfaces or heavy calculus
- **Controlled pressure:** Light to moderate; excessive force → tissue trauma, root surface damage.

Rule of thumb: Tip **should never “dig” into tooth**; ultrasonic does most of the work via vibration.

4. Water Flow, Power Settings, and Patient Comfort

- **Water:** Keeps tip cool, flushes debris, prevents heat damage
- **Power:** Low to medium for light deposits; high for heavy calculus
- **Patient comfort:** Adjust water spray and power, explain procedure, suction efficiently
- **Ergonomics:** Maintain proper posture, avoid wrist strain, and ensure proper seating of patient.

Parts of the Ultrasonic Handpiece



POLISHING

Polishing is the procedure of removing **plaque, soft deposits, and extrinsic stains** from the tooth surface after scaling and root planing.

INDICATIONS FOR CORONAL POLISHING

Coronal polishing is indicated to improve the aesthetic appearance of tooth surfaces that are visible when the patient smiles or engages in conversation. Selective polishing means that only those stained tooth surfaces that create an objectionable appearance are polished. Once selective polishing is completed, a topical fluoride treatment is recommended. Selective polishing stresses daily patient self-care for the removal of plaque biofilms.

- Debridement with hand or powered instruments is completed first. As much stain as possible is removed during periodontal debridement. Sonic and ultrasonic instruments are excellent for stain removal.
- The patient uses a toothbrush, dental floss, or other interdental aids to remove plaque biofilm. The clinician plays a supportive role by providing instruction and guidance to the patient.
- Each patient is evaluated individually to determine if cosmetic polishing is necessary.

CONTRAINDICATIONS FOR CORONAL POLISHING

1. Dental Contraindications for Rubber Cup and Air-Powder Polishing

a. Lack of Stain. Tooth surfaces that either have no extrinsic stain or have stains that are not visible when patient smiles or engages in conversation should not be polished.

b. Exposed Cementum or Dentin. Areas of exposed cementum or dentin should not be polished because polishing removes significant amounts of these structures. Polishing should be confined to stained enamel surfaces.

c. Restored Tooth Surfaces. Restorative materials are not as hard as enamel and, therefore, are scratched easily by the abrasive agent. Air-powder polishing should be avoided around most types of restorative materials due to the possibility of scratching, eroding, pitting, or margin leakage.

d. Newly Erupted Teeth. Since the mineralization of newly erupted teeth is incomplete, polishing should be avoided.

e. Implant Abutments. Titanium abutments should not be polished. The implant superstructure—prosthetic crown or denture—can be polished if needed for stain removal; however, stain-free superstructures should not be polished.

f. Powered Instrumentation Areas of Demineralization. Polishing removes small amounts of enamel; conservation of demineralized enamel surfaces is indicated. Polishing paste can render demineralized enamel so damaged that it is difficult or impossible to remineralize.

g. Gingiva that Is Enlarged, Soft, Spongy, or Bleeds Easily. Cosmetic polishing is not recommended for any patient with inflamed, enlarged, soft, spongy, or bleeding tissue. The abrasive particles can enter the sulcus or periodontal pocket, resulting in increased inflammation, and the action of the rotating cup can further traumatize the tissue. Cosmetic polishing should be scheduled for a separate appointment after tissue healing has occurred.

2. Systemic Contraindications for Rubber Cup and Air-Powder Polishing

- a. Communicable Disease. Patient with a communicable disease that could be spread by the aerosols created when polishing.
- b. Susceptibility to Infection. Patient with a high susceptibility to infection that can be transmitted by contaminated aerosols (individuals with respiratory or pulmonary disease or debilitated individuals).

3. Allergic Reactions.

Some individuals are very allergic to ingredients commonly found in polishing pastes, resulting in a polishing paste-induced gingivitis. Allergic reactions can occur to ingredients in toothpastes, mouthwashes, or chewing gum. These reactions are usually the result of a flavor additive or preservatives in the product. Flavor additives known to cause gingival reactions are cinnamon and carvone.

- a. Occurrence of Allergic Reactions. Allergic reactions occur most commonly in patients who have a history of allergic conditions such as hay fever, allergic skin rashes, or asthma. Allergic patients seem to be particularly sensitive to the flavoring agent. The most closely guarded part of the formulation of toothpastes and mouthwashes is the flavoring agent, and this is usually the most allergenic component.
- b. Clinical Manifestations. The clinical manifestations of allergy are a diffuse fiery red gingivitis sometimes with ulcerations .

PATIENT EDUCATION: POLISHING

Most adult patients are accustomed to having their teeth polished at the end of each “check-up” appointment. In fact, many adult patients mistakenly believe that the polishing procedure is the therapeutic part of an oral prophylaxis, rather than the periodontal instrumentation.

1. Education plays an important role in the patient’s understanding of cosmetic polishing. The rationale for selective polishing should be explained to patients. This explanation can be brief, covering several key points:

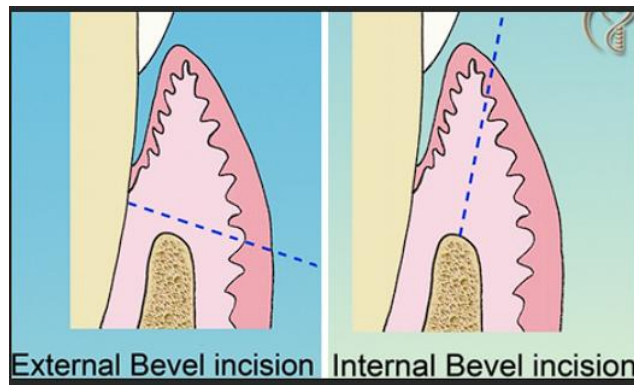
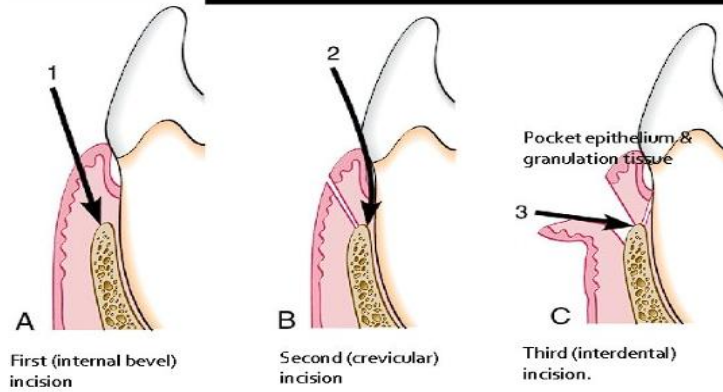
- a. The patient must remove plaque biofilm on a daily basis because biofilm reforms within 24 hours after being removed.
- b. Stain is not responsible for any problems in the mouth but can be removed to improve the appearance of the teeth.
- c. Polishing is a cosmetic procedure with no health benefits.

2. When patients understand the rationale for selective polishing, most are willing to do without or minimize polishing. In fact, many patients dislike the sensation of having their teeth polished or the taste of the gritty polishing paste. Some patients experience tooth sensitivity for several days after having their teeth polished.

Rubber Cup	<ul style="list-style-type: none"> • Used with prophylaxis paste 	<ul style="list-style-type: none"> • Applied with light intermittent pressure 	<ul style="list-style-type: none"> • Ideal for routine polishing after scaling 	<ul style="list-style-type: none"> • Safer for cervical areas
Polishing Brush	<ul style="list-style-type: none"> • Effective for stubborn stains 	<ul style="list-style-type: none"> • Best for occlusal surfaces 	<ul style="list-style-type: none"> • Avoid using close to gingival margin 	<ul style="list-style-type: none"> • Use with caution to prevent enamel abrasion

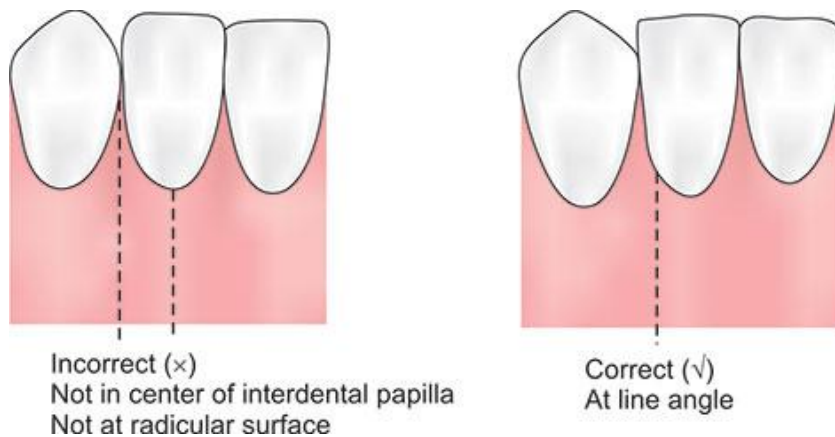
ANNEXURE 9: (For Clinical Session 9)

Horizontal Incisions:



Vertical Incisions

• Releasing incisions



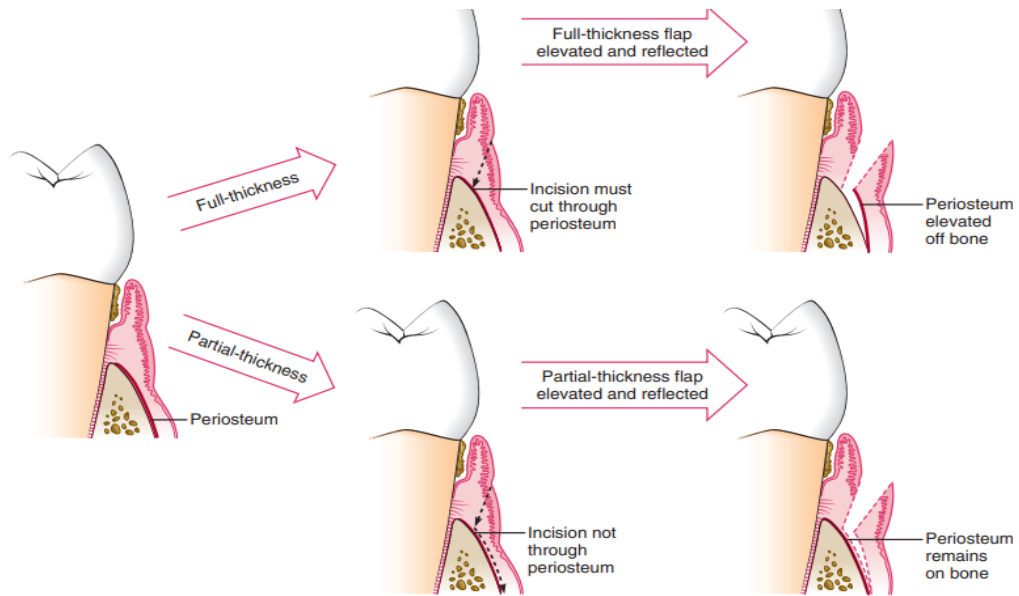
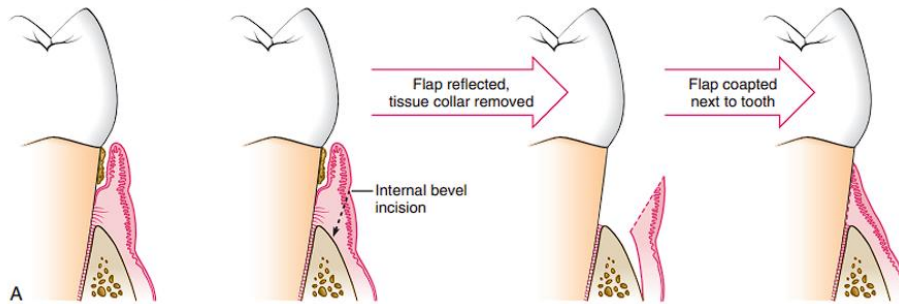
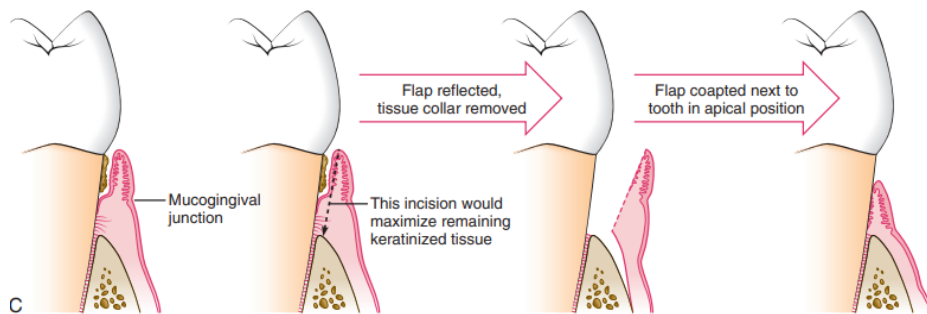


Fig. 60.9 In full-thickness flap elevation, the periosteum is elevated off the bone by blunt dissection. In partial-thickness flap elevation, the flap is split by sharp dissection to leave the periosteum and connective tissue intact over the bone.

Non-displaced flap



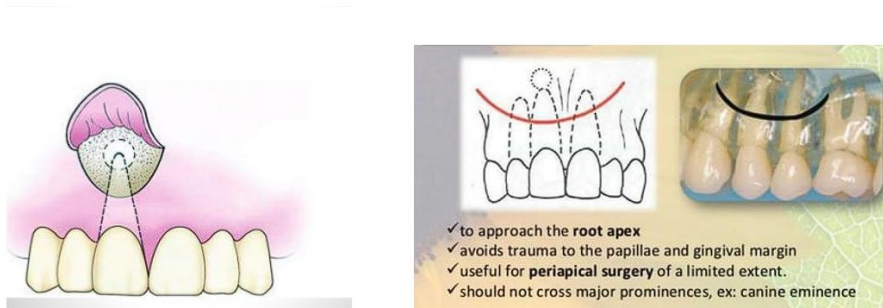
Apically displaced flap



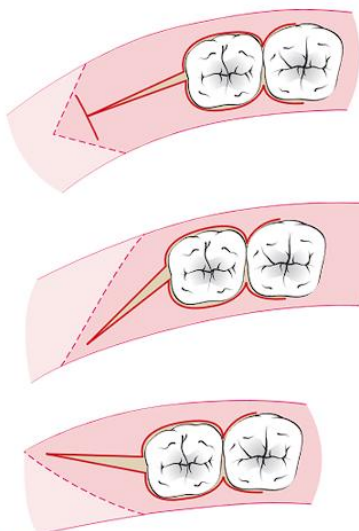
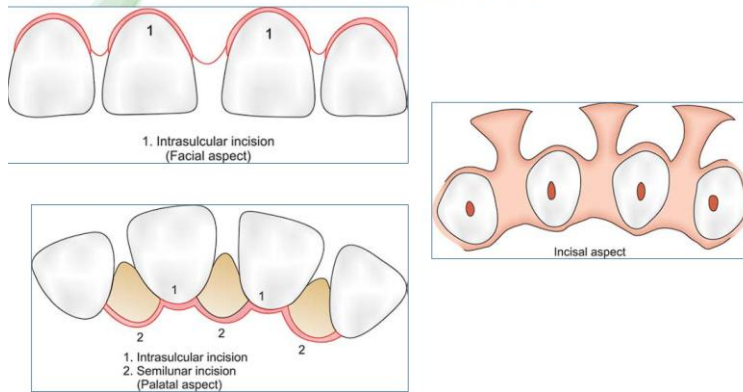
LATERALLY DISPLACED FLAP



SEMILUNAR FLAP



PAPILLA PRESERVATION FLAP



**Distal
Terminal
Molar Flap
Maxillary**

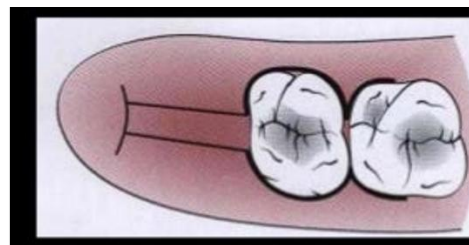


Fig. 60.23 Incision designs for surgical procedures distal to the mandibular second molar. The incision should follow the areas of greatest attached gingiva and underlying bone.



**ORAL & MAXILLOFACIAL SURGERY
LOGBOOK
YEAR 3 - BDS**

NAME: _____

ROLL NUMBER #: _____

Oral & Maxillofacial Competencies for 3rd Year BDS

Clinical Dentistry I

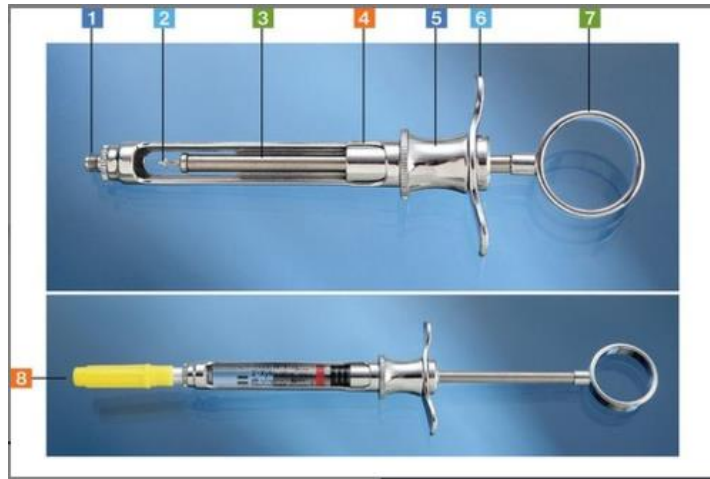
1. Take a focused and systematic history from a patient presenting with an oral and maxillofacial complaint.
2. Perform a systematic extraoral and intraoral examination of the patient.
3. Order appropriate investigations based on the nature of the OMFS complaint (e.g., swelling, trismus, cyst, fracture, ulcer).
4. Interpret Intraoral Periapical (IOPA) systematically using a structured approach (site, size, shape, borders, internal structure, and effects on surrounding tissues).
5. Calculate the appropriate dose of local anesthetic based on the patient's age, body weight, and relevant systemic conditions (e.g., hypertension, ischemic heart disease), ensuring safe dosage limits are not exceeded.

Blood & Immunology

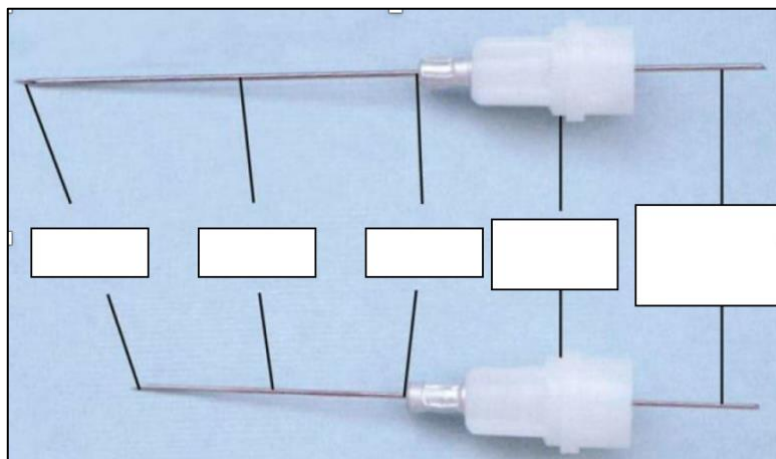
1. **Interpret basic hematological investigations of a leukemic patient** to assess fitness for extraction, e.g., Hb, TLC, Absolute neutrophil count, Platelets
2. **Interpret basic hematological investigations of a patient with a bleeding disorder** to assess fitness for extraction, e.g., BT, CT, PT, APTT, INR.
3. Compose a formal medical consultation letter to a hematologist seeking expert opinion regarding the patient's hematological status and necessary precautions before performing a dental extraction.
4. Perform a systematic examination of the cervical lymph nodes through inspection and palpation, identifying normal anatomical landmarks and assessing for enlargement, tenderness, consistency, and mobility.

Craniofacial

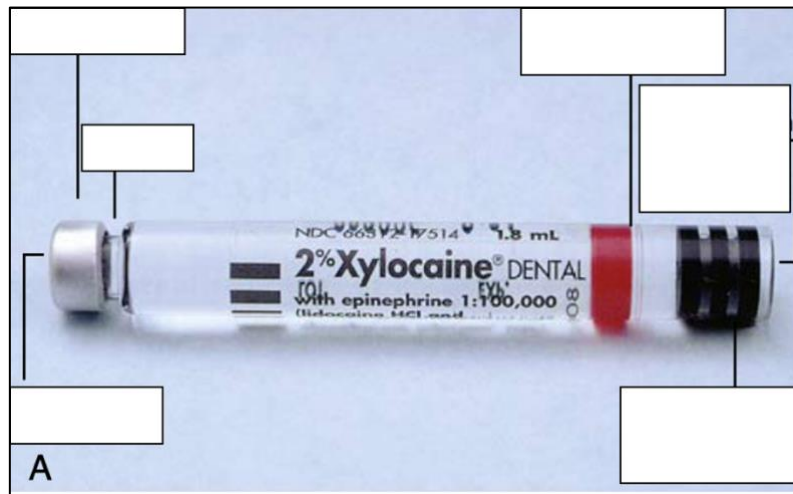
1. **Identify and label different parts of a Dental Syringe.**



2. Identify and label different parts of a Dental Needle.



3. Identify and label different parts of a Dental Cartridge.



4. Perform a systematic clinical examination of the trigeminal nerve, assessing the sensory function of the ophthalmic (V1), maxillary (V2), and mandibular (V3) divisions, and evaluate the motor component of the mandibular division.

5. Prepare and arrange an appropriate instrument tray for maxillary and mandibular local anesthesia injection techniques, ensuring the availability of required instruments, anesthetic agents, and aseptic materials in accordance with standard infection control protocols.

6. Demonstrate the correct technique for administering a supraperiosteal (infiltration) injection for maxillary tooth extraction, adhering to appropriate anatomical landmarks, aseptic protocols, and patient safety principles.

7. Demonstrate the correct technique for administering an Inferior Alveolar Nerve (IAN) block for mandibular tooth extraction, identifying appropriate anatomical landmarks and adhering to aseptic protocols and patient safety principles.

8. Demonstrate the correct technique for administering a periodontal ligament (PDL) injection, identifying appropriate anatomical sites and applying proper pressure and aseptic principles.

9. Demonstrate the technique of intrapulpal injection for achieving supplemental anesthesia during dental procedures, ensuring correct needle placement, adequate pressure, and adherence to patient safety and infection control protocols.

10. Observe the procedure of a soft tissue biopsy for intraoral lesions and compose a structured reflective note describing the procedural steps, clinical considerations, and personal learning gained from the observation.

11. Complete a biopsy request form for hard tissue lesions of the maxillofacial region, ensuring appropriate documentation of clinical history, provisional diagnosis, site of lesion, and relevant radiographic findings to facilitate histopathological evaluation.

12. Accurately complete a biopsy request form for soft tissue intraoral lesions, documenting relevant patient details, clinical history, lesion characteristics, site of biopsy, and provisional diagnosis to facilitate appropriate histopathological evaluation.

Cervicofacial

No content of OMFS

Cardiopulmonary

1. Measure and record the patient's blood pressure accurately using appropriate equipment and standardized clinical technique.
2. Compose a formal consultation letter to a medical specialist seeking advice on the management of a patient with cardiac disease before undergoing a dental or oral surgical procedure, including relevant clinical history and proposed treatment plan.
3. Identify dental procedures associated with increased infective endocarditis risk.
4. Counsel the patient regarding the role and importance of antibiotic prophylaxis in oral surgery.
5. Identify early signs and symptoms of vasovagal syncope during dental procedures.
6. Manage early signs and symptoms of vasovagal syncope during dental procedures.
7. Manage respiratory difficulty in a dental chair as per cause (asthma, hyperventilation, COPD, Foreign Body Aspiration, Gastric Content Aspiration)
8. Manage local complications to Local Anesthesia in a dental chair

GIT & UGS

1. Demonstrate the correct sequence for donning and doffing personal protective equipment (PPE) in accordance with universal precautions and infection control guidelines.

2. Manage systemic complications to Local Anesthesia in a dental chair
3. Write an appropriate prescription for a patient with liver disease, considering necessary dose modifications and avoidance of hepatotoxic medications.
4. Write a safe and appropriate prescription for a patient with renal impairment, demonstrating correct dose adjustment and avoidance of nephrotoxic medications.

CASE NO. 01

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No : _____

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

1. GENERAL PHYSICAL APPEARANCE: _____

2. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

3. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**
 - Teeth: _____
 - Periodontium (GUMS): _____
 - Mucosa: _____
 - Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 02

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

4. GENERAL PHYSICAL APPEARANCE: _____

5. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

6. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 03

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

7. GENERAL PHYSICAL APPEARANCE: _____

8. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

9. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 04

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

10. GENERAL PHYSICAL APPEARANCE: _____

11. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

12. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 05

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

13. GENERAL PHYSICAL APPEARANCE: _____

14. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

15. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 06

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

16. GENERAL PHYSICAL APPEARANCE: _____

17. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

18. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 07

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No : _____

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

19. GENERAL PHYSICAL APPEARANCE: _____

20. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

21. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**
 - Teeth: _____
 - Periodontium (GUMS): _____
 - Mucosa: _____
 - Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 08

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

22. GENERAL PHYSICAL APPEARANCE: _____

23. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

24. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 09

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

25. GENERAL PHYSICAL APPEARANCE: _____

26. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

27. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 09

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

28. GENERAL PHYSICAL APPEARANCE: _____

29. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

30. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 10

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

31. GENERAL PHYSICAL APPEARANCE: _____

32. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

33. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 11

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

34. GENERAL PHYSICAL APPEARANCE: _____

35. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

36. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 12

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

37. GENERAL PHYSICAL APPEARANCE: _____

38. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

39. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 13

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

40. GENERAL PHYSICAL APPEARANCE: _____

41. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

42. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 14

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

43. GENERAL PHYSICAL APPEARANCE: _____

44. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

45. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 15

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

46. GENERAL PHYSICAL APPEARANCE: _____

47. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

48. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 16

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

49. GENERAL PHYSICAL APPEARANCE: _____

50. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

51. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 17

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

52. GENERAL PHYSICAL APPEARANCE: _____

53. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

54. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 18

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No : _____

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

55. GENERAL PHYSICAL APPEARANCE: _____

56. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

57. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**
 - Teeth: _____
 - Periodontium (GUMS): _____
 - Mucosa: _____
 - Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 19

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

58. GENERAL PHYSICAL APPEARANCE: _____

59. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

60. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 01

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No : _____

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

61. GENERAL PHYSICAL APPEARANCE: _____

62. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

63. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

CASE NO. 20

Oral & Maxillofacial Surgery 3rd Year BDS

OPD No _____ :

Patient Name: _____, Date : _____

Age: _____ Gender: _____

Address: _____

Presenting Complaint: _____

History of Complaint _____

Past History:

- Dental:

- Medical:

Family History: _____

Socio-Economic History _____

EXAMINATION:

64. GENERAL PHYSICAL APPEARANCE: _____

65. GENERAL PHYSICAL EXAMINATION: _____

• Pulse _____, • B.P: _____, • Temperature: _____ •

Respiration: _____, • Anemia: _____, • Jaundice: _____

66. SYSTEMIC EXAMINATION:

- CNS:
- CVS
- GIT
- RESPIRATORY

- BLOOD
- ENDOCRINE

4: MAXILLOFACIAL EXAMINATION:

- **Extra Oral:**

- **Intra Oral:**

- Teeth: _____
- Periodontium (GUMS): _____
- Mucosa: _____
- Tongue, soft, hard plate and Pharynx: _____

INVESTIGATIONS:

Diagnosis:

Local Anesthesia Technique:

- Infiltration : _____
- Inferior alveolar nerve block: _____
- Other technique

EFFECTIVENESS: YES/ NO

COMPLICATIONS:

1.LOCAL COMPLICATIONS:

- Needle breakage: YES/NO
- Trismus: YES/NO
- Soft tissue injury: YES/NO
- Hemtoma: YES/NO
- Edema: YES/NO
- Facial nerve paralysis: YES/NO

2.SYSTEMIC COMPLICATIONS:

- Finting/syncope: YES/NO
- Overdose/toxicity: YES/NO
- Allergic reaction: YES/NO

