



YENEPOYA UNIVERSITY
Deralakatte, Mangaluru -575018

REGULATIONS AND CURRICULUM GOVERNING
POSTGRADUATE PROGRAM (MDS) IN
PEDIATRIC AND PREVENTIVE DENTISTRY
(Formerly - PEDODONTICS AND PREVENTIVE DENTISTRY)
(REVISED CURRICULUM – AMENDED UP TO 2017)

ATTESTED


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NOTIFICATION

Sub: Implementation of DCI Regulations 2017 – MDS reg.:-

Ref: (i) Proceedings of the 30th Academic Council meeting held on 20.10.2017
(ii) Gazette Notification Govt. of India dated 5th September 2017 on DCI Regulations 2017

With reference and Subject cited above, Yenepoya University based on the Academic Council proceedings is pleased to implement the DCI regulation 2017 for all the 9 MDS Programs offered with effect from 2018-19 academic year onwards.

B.T. N. [Signature]
REGISTRAR
Registrar
Yenepoya University

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GOALS:

The goals of the post- graduate training in pediatric dentistry is to train the graduate in Dental Surgery who will,

1. Practice respective speciality efficiently and effectively, backed by scientific knowledge and skill;
2. Exercise empathy and a caring attitude and maintain high ethical standards;
3. Continue to evince keen interest in professional education in the speciality and allied specialties whether in teaching or practice;
4. Willing to share the knowledge and skills with any learner, junior or a colleague;
5. To develop the faculty for critical analysis and evaluation of various concepts and views and to adopt the most rational approach.

OBJECTIVES

At the end of 3 years of training the candidate should be able to

1. Create a good oral health in the child and also a good citizen of tomorrow.
2. Instill a positive attitude and behavior in children
3. Understand the principles of prevention and preventive dentistry right from birth to adolescence
4. Guide and counsel the parents in regards to various treatment modalities including different facets of preventive dentistry.
5. Prevent and intercept developing malocclusion.

SKILLS:

1. Obtain Proper clinical history, methodological examination of the child patient, perform essential diagnostic procedures and interpret them. And arrive at a reasonable diagnosis and treat appropriately.
2. Be competent to treat dental diseases which are occurring in child patient.
3. Manage to repair and restore the lost/ tooth structure to maintain harmony between both hard and soft tissues of the oral cavity.

4. Manage the disabled children effectively and efficiently, tailored to the needs of individual requirement and conditions.
5. To acquire skills in managing life threatening condition with emphasis on basic life support measures.

ATTITUDES:

1. Develop an attitude to adopt ethical principles in all aspects of Pedodontic practice.
2. Professional honesty and integrity to be fostered.
3. Treatment and care to be delivered irrespective of the social status, cast, creed, and religion of the patient.
4. Willingness to share the knowledge and clinical experience with professional colleagues.
5. Willingness to adopt, after a critical assessment, new methods and techniques of Pedodontic management developed from time to time, based on scientific research, which is in the best interest of the child patient.
6. Respect child patient's rights and privileges, including child patients' right to information and right to seek a second opinion.
7. Develop an attitude to seek opinion from allied medical and dental specialties, as and when required.

COURSE CONTENTS

1. Applied Anatomy & genetics
2. Applied Physiology
3. Applied Pathology
4. Nutrition and Dietetics
5. Growth & Development: Prenatal and Postnatal development of cranium, face, jaws, teeth and supporting structures. Chronology of dental development and development of occlusion. Dimensional changes in dental arches, Cephalometric evaluation of growth.
6. Child Psychology: Development & Classification of behavior, personality, intelligence in children theories of child psychology, stages of psychological child development, fear anxiety, apprehension & its management.
7. Behavior Management: Non- pharmacological & Pharmacological methods.
8. Child Abuse & Dental Neglect.
9. Conscious Sedation, Deep Sedation & General Anesthesia in Pediatric Dentistry, including other Drugs, Synergic & Antagonistic Actions of various drugs used in Children.
10. Preventive Pedodontics: Concepts, chair side preventive measures for dental diseases, high-risk caries including rampant & extensive caries-Recognition, Features & preventive Management, Pit and Fissures Sealants, Oral Hygiene measures, Correlation of brushing with dental caries and periodontal diseases. Diet & Nutrition as related to dental caries. Diet Counseling.
11. Dental Plaque: Definition, Initiation, Pathogenesis, Biochemistry, and Morphology & Metabolism.
12. Microbiology & Immunology as related to Oral Diseases in Children: Basic concepts of immune system in human body, Auto Immune diseases, Histopathology, Pathogenesis, Immunology of dental caries, Periodontal diseases, Tumors, Oral Mucosal lesions etc.
13. Gingival & Periodontal diseases in Children.
 - a. Normal Gingiva & Periodontium in children.
 - b. Gingival & Periodontal diseases-Etiology, Pathogenesis, Prevention & Management.
14. Pediatric Operative Dentistry
 - a. Principle of Operative Dentistry along with modifications of materials/past, current & latest including tooth colored materials.
 - b. Modifications required for cavity preparation in primary and young permanent teeth.
 - c. Various Isolation Techniques.

- d. Restorations of decayed primary, young permanent and permanent teeth in children using various restorative materials like Glass Ionomer, Composites, Silver, Amalgam & latest materials.
- e. Stainless steel, Polycarbonate & Resin Crowns/ Veneers & fiber post systems.

15. Minimal Invasive Dentistry(MID)

Principal of MID

Recommendation in cavity preparations

Recommendation in restorative materials

16. Pediatric Endodontics:

- a. Primary Dentition: Diagnosis of pulpal diseases and their management- Pulp capping, Pulpotomy, Pulpectomy (Materials & Methods), Controversies & recent concepts.
- b. Young permanent teeth and permanent teeth, Pulp capping, Pulpotomy, Apexogenesis, Apexification, Concepts, Techniques and Materials used for different procedures.
- c. Recent advances in Pediatric diagnosis and Endodontics.

17. Traumatic Injuries in Children:

- a. Classifications & Importance.
- b. Sequelae & reaction of teeth to trauma
- c. Management of jaw fracture in children.

18. Interceptive Orthodontics:

- a. Concepts of occlusion and esthetics: Structure and function of all anatomic components of occlusion, mechanics of articulations, recording of masticatory function, diagnosis of Occlusal dysfunction, relationship of TMJ anatomy and pathology and related neurnomuscular physiology.
- b. A comprehensive review of the local and systemic factors in the causation of malocclusion.
- c. Recognition and management of normal and abnormal developmental occlusions in primary, mixed and permanent dentitions in children.
- d. Biology of tooth movement: A comprehensive review of the principles of teeth movement. Review of contemporary literature, Histopathology of bone and periodontal ligament, Molecular and ultra cellular consideration in tooth movement.
 - Myofunctional appliances: Basic principles, contemporary appliances: Design & Fabrication.
- e. Removable appliances: Basic principles, contemporary appliances: Design & Fabrication.

- Case selection & diagnosis in interceptive Orthodontics (Cephalometrics, Image processing, Tracing, Radiation hygiene, Video imaging & advanced Cephalometric techniques).
 - f. Space Management: Etiology, diagnosis of space problems, analysis, Biomechanics, Planned extraction in interception orthodontics.
19. Oral Habits in Children:
- a. Definition, Etiology & Classification.
 - b. Clinical features of digit sucking, tongue thrusting, mouth breathing & various other secondary habits.
 - c. Management of oral habits in children.
20. Dental care of Children:
- a. Definition, Etiology, Classification, Behavioral clinical features & Management of children with:
 - b. Physically handicapping conditions
 - c. Mentally compromising conditions
 - d. Medically compromising conditions
 - e. Genetic disorders
21. Oral manifestations of Systemic Conditions in Children & their Management
22. Management of Minor Oral Surgical Procedures in Children
23. Dental Radiology as related to Pediatric Dentistry
24. Cariology
- a. Historical background
 - b. Definition, Aetiology & Pathogenesis
 - c. Caries pattern in primary, young permanent and permanent teeth in children.
 - d. Rampant caries, early childhood caries and extensive caries. Definition, aetiology, Pathogenesis, Clinical features, Complications & Management
 - e. Dietary modifications & Diet counseling.
 - f. Subjective & objective methods of Caries detection with emphasis on Caries Activity tests, Caries prediction, Caries susceptibility & their clinical Applications
25. Pediatric Oral Medicine & Clinical Pathology: Recognition & Management of developmental dental anomalies, teething disorders, stomatological conditions, mucosal lesions, viral infection etc.
26. Congenital Abnormalities in Children: Definition, Classification, Clinical features & Management.
27. Dental Health Education & School Dental Health Programme
28. Dental Materials used in Pediatric Dentistry

29. Preventive Dentistry:
 - a. Definition
 - b. Principles & Scope
 - c. Types of prevention
 - d. Different preventive measures used in Pediatric Dentistry including fissure sealants and caries vaccine.
30. Dental Health Education & School Dental Health Programme
31. Dental health concepts, Effects of civilization and environment, Dental Health delivery system, Public Health measures related to children along with principles of Pediatric Preventive Dentistry.
32. Fluorides:
 - a. Historical background
 - b. Systemic & Topical fluorides
 - c. Mechanism of action
 - d. Toxicity & Management
 - e. Defluoridation techniques
33. Medico legal aspects in Pediatric Dentistry with emphasis on informed concept.
34. Counseling in Pediatric Dentistry
35. Case History Recording, Outline of principles of examination, diagnosis & treatment planning.
36. Epidemiology: Concepts, Methods of recording & evaluation of various oral diseases. Various national & global trends of epidemiology of oral diseases.
37. Comprehensive Infant Oral Health Care.
38. Principles of Bio-Statistics & Research Methodology , Understanding of Computers and Photography
39. Comprehensive cleft care management with emphasis on counseling feeding, nasoalveolar bone remodeling, speech rehabilitation.
40. Setting up of Pedodontics & Preventive Dentistry Clinic.
41. Emerging concepts in Pediatric Dentistry, Scope of laser /minimum invasive procedures.

Preclinical Work

First Year

(Duration- first 6 months of Months of First Year MDS)

1. Carving of all deciduous teeth
2. Basic wire bending exercises

I. Wire bending exercises

- a. Straightening of 6"× 8" pieces of 1mm diameter stainless steel wire
- b. Square bent from 8" straightened wire (2"×2")
- c. Circle of diameter 2" bent from the straightened wire
- d. Triangle of U, V with a distance of 10mm
- e. Bending of U, V with a distance of 10mm

II. Clasps, bows, springs

a. Clasps: 6 each

- $\frac{3}{4}$ clasps
- full clasps
- Adam's clasps
- Arrow head clasps
- Modified Arrow head clasps
- Ball ended clasps

b. Bow: 3 each

Labial bows:

- Short 3/3
- Long 4/4
- High labial bow

c. Finger springs: 3 each

- Single cantilever
- Double cantilever
- "Z" springs: single & double

d. Canine retractors:

- Single U loop canine retractor
- Helical canine retractor
- Palatal canine retractor
- Robert's retractor

3. Fabrication of

- a. Maxillary bite plate/Hawley's
- b. Maxillary expansion screw appliance
- c. Canine retractor appliance
- d. All habit breaking appliances

i Removable type

- ii. Fixed type
- iii Partially fixed and removable
 - e. Two Myofunctional appliance
 - f. Making of inclined plane appliance
 - g. Feeding appliance
- 4. Basic soldering exercise –making of a lamppost of stainless steel wire pieces of different gauges soldered on either side of heavy gauge main post.
- 5. Fabrication of space maintainers
 - a. Removable type-
 - Unilateral Non – Functional space maintainer
 - Bilateral Non-Functional space maintainer
 - Unilateral functional space maintainer
 - Bilateral functional space maintainer
 - b. Space Regainers-
 - Hawley’s appliances with Helical space regainer
 - Removable appliance with Slingshot space regainer
 - Removable appliance with Dumbbell space regainer
 - c. Fixed Space maintainers
 - Band & long loop space maintainer
 - Band & short loop space maintainer
 - Mayne’s space maintainer
 - Transpalatal arch space maintainer
 - Nance Palatal holding arch
 - Nance Palatal holding arch with canine stoppers
 - Gerber space regainer
 - Distal shoe appliance
 - a) Active space maintainers
 - b) For guiding the eruption of first permanent molar
 - c) Arch holding device
 - d) Functional space maintainer
- 6. Basics for spot welding exercise
- 7. Collection of extracted deciduous and permanent teeth
 - a. Sectioning of the teeth at various levels and planes
 - b. Drawing of section and shapes of pulp
 - c. Phantom Head Exercise: Performing ideal cavity preparation for various restorative procedures

- d) Performing pulpotomy, root canal treatment and Apexification procedure
 - a. Tooth preparation and fabrication of various temporary and permanent restorations on fractured anterior teeth.
 - b. Preparation of teeth for various types of crowns
 - c. Laminates/veneers
 - d. Bonding & banding exercise
- 8. Performing of behavioral rating and IQ tests for children.
- 9. Computation of :-
 - a. Caries index and performing various caries activity test.
 - b. Oral Hygiene Index
 - c. Periodontal index
 - d. Fluoride/ Index
- 10. Surgical Exercises: a. Fabrication of splints .b. type of Wiring. C. Suturing.
- 11. Radiology Exercises
 - a. Taking of periapical, Occlusal, bitewing radiographs of children
 - b. Developing and processing films
 - c. Tracing of soft tissue dental and skeletal landmarks as observed on Cephalometric radiographs and drawing various planes and angles, further interpretation of Cephalometric radiographic analysis.
 - d. Mixed dentition cast analysis
- 12. Library assignment.
- 13. Synopsis topic submission

Clinical work Requirement- from 7 to 36 months

Post Graduate students will attend the Department of Pediatrics and Department of Anesthesiology, respectively, for a period of 15 days each

The following is the minimum requirement to be completed before the candidate can be considered eligible to appear in the final MDS Examinations;

No.	Clinical work	Total	7 to 12 Months	13 to 24 months	25 to 36 months
1.	Behavior Management of different age groups children with complete records.	17	2	10	5
2.	Detailed Case evaluation with complete records, treatment planning and presentation of cases with chair side and	17	2	10	5

	discussion				
3.	Step-by-step chair side preventive dentistry scheduled for high risk children with gingival and periodontal diseases & Dental Caries	11	1	5	5
4.	Practical application Preventive dentistry concepts in a class of 35-50 children & Dental Health Education & Motivation	7	1	4	2
5.	Pediatric operative Dentistry with application of recent concepts (a) Management of Dental Caries				
	(i) Class I	50	30	10	10
	(II)Class II	100	40	50	10
	(III) other Restoration	100	20	50	30
	(b) Management of traumatized anterior teeth	15	04	06	15
	(c) Aesthetic Restorations	25	05	10	10
	(d) Pediatric Endodontic Procedures				
	• Deciduous teeth Pulpotomy/Pulpectomy	150	30	50	70
	• Permanent Molars	20	03	07	10
	• Permanent Incisor	15	02	03	10
	• Apexification & Apexogenesis	20	02	08	10
6.	Stainless steel crowns	50	10	20	20
7.	Other crowns	05	01	02	02
8.	Fixed: Space Maintainers Habit breaking appliances	30	08	12	10
9.	Removable: Space Maintainers	20	05	07	08
10.	Functional Appliances	05	01	02	02
11.	Management of patients under Sedation/General Anesthesia	06	00	03	03
12.	Minor oral surgical procedures	06	00	03	03
13.	Preventive measures like fluoride	20	08	08	04

	applications & Pit & Fissure Sealants applications with complete follow-up and diet counseling				
14.	Special Assignments				
	(i) School Dental Health Programme	03	01	01	01
	(ii) Camps etc.,	02	01	01	-

15. Submission of Library Assignment

16. Laboratory usage

17. Continuing Dental Health Programme

18. Submission of Dissertation.

OTHER WORK TO BE DONE DURING

FIRST YEAR

1. **Seminars:** Each student should present a minimum of five seminars each year
2. **Journal club:** Each student should present a minimum of five presentations each year.
3. **Symposium:** On topic covering multiple disciplines
4. **Library assignment should be submitted on or before the end of six months.**
5. **Protocol for dissertation to be submitted on or before the end of six months from the date of submission.**
6. **Field Survey:** To be conducted and submit the report.
7. **Case discussions.**
8. **Field Visits: To attend dental camps and to educate the masses.**
9. **Basic subjects classes.**
10. **Under Graduate classes:** Each post graduate student should handle 1-2 classes
11. Internal Assessment

12. **Dissertation work:** On getting the approval from the university, work for the dissertation to be started.

SECOND YEAR:

The clinical cases taken up should be followed under the guidance. More case discussions and cases to be taken up. Other routine work as follows:

1. **Seminars:** Each student should present a minimum of five seminars each year.
2. **Journal club:** Each student should present a minimum of five presentations each year.
3. **Under graduate classes:** each post-graduate student should handle 1-2 classes.
4. **Case discussions.**
5. **Field Visits: To attend dental camps and to educate the masses.**
6. **Internal assessment**
7. **Dissertation work:** On getting the approval from the university, work for the dissertation to be started.
8. Rotation posting to Anaesthesia, Paediatrics, ENT and craniofacial (including speech and hearing).

THIRD YEAR:

The clinical cases taken up should be followed under the guidance. More case discussions and cases to be taken up. Other routine work as follows:

1. **Seminars:** Each student should present a minimum of five seminars each year.
2. **Journal club:** Each student should present a minimum of five presentations each year.
3. **Under graduate classes:** each post-graduate student should handle 1-2 classes.
4. **The completed dissertation should be submitted three months before the final examination.**
5. **Case discussions.**
6. Internal Assessment
7. **Field Visits:** To attend and participate in school dental health programmes and dental camps.
8. **Mock examination.**

Pre-Requisite for Appearing To University Examination

The student will be allowed to appear for mock examination, only on the basis of performance in above three internal assessment examinations.

Mock examination will be conducted at least one month prior to University examination, strictly on par with university pattern. Passing in internal assessment examination is a pre requisite. All PG students will have to attend and present Seminar and Journal articles as per the schedule fixed by Department.

Every PG student will have to present minimum two scientific papers and one Table clinic/poster presentation at Specialty Conventions or Conferences or Publish two scientific papers in Journals.

They have to conduct theory classes of UG students as allotted by HOD. This is to expose the student for teaching methodology and confidence building.

Minimum 80% percent attendance in Practical/Clinical will be criteria for eligibility to appear for university examination.

Monitoring Learning Progress

The learning progress of each candidate will be monitored through continuous appraisal and regular assessment. The monitoring will be done by the staff of the department based on participation of students in various teaching/learning activities. Assessment will be done using checklists that assess various aspects. Assessment Proforma are given in Section II

MDS Students have to record selected cases and upload the case details on 'YENGRAM' mobile application for case discussion and treatment plan.

TEACHING /LEARNING ACTIVITIES AND MONITORING LEARNING PROGRESS

All the candidates registered for MDS will pursue the course for 3 years as full time students. During this period, each student shall take part actively in learning activities.

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. The monitoring will be done by the staff of the department based on participation of students in various teaching / learning activities using Assessment Proforma.

The number of activities attended and the topics prevented are to be recorded in log book. The log book will be periodically validated by the supervisors.

I. Acquisition of Knowledge

Journal Review Meeting (Journal Club): The trainees should make presentation from the allotted journals of selected article at least five times in a year. The ability to do literature search, in depth study, presentation skills, and use of audio-visual aids will be assessed during presentation. The assessment will be made by faculty members and peers attending the meeting using Assessment Proforma 1 in Section II.

Seminars: The seminars may be held at least twice a week in each postgraduate department. All candidates are expected to participate actively and enter relevant detail in the logbook. Each candidate shall make at least five seminars presentations in each year. The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skill and use of audio-visual aids are to be assessed using the Assessment Proforma 2, Section II.

Symposium: Symposiums on topics covering multiple disciplines will be held periodically

Inter Disciplinary Clinical Meeting: The Inter Disciplinary Clinical Meeting will be held once a month, and attended by all departments .The PG student is encouraged to present the clinical details, radiological, and histo-pathological interpretations, and participation in the discussion.

II. Clinical skills

Day to day work: Skills in out patient and clinical work will be assessed periodically. The assessment includes candidate's sincerity and punctuality, analytical ability and communication skills (Assessment Performa 3, Section II)

Clinical Meetings: Candidates should periodically present cases to his peers and faculty members. This is assessed using a check list (Assessment Proforma 4, Section II)

III. Teaching skills: All the candidates are encouraged to take part in undergraduate teaching programs, in the form of lectures or group discussions. This performance is based on assessment by the faculty members of the department and from feedback from the undergraduate students (Proforma 5, Section II)

1. **Periodic tests:** The departments will conduct periodical tests. A mock Exam will be held three months before the final examination. The tests include written papers, practical/ clinical and viva voce.
2. **Work Diary /Log Book:** Every candidates will maintain a work diary and record his /her participation in the training programme conducted by the department such as journal reviews, seminars, etc. special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures..
3. **Records:** Records, log books and marks obtained in tests will be maintained by the Head of the Department.

Continuing dental education programme: The department will organize these programs on regular basis involving other institutions. The trainees shall also be encouraged to attend such programs conducted elsewhere

Conference/workshops/advanced courses: The trainee shall be encouraged not only to attend conferences/ workshops/ advanced courses, but also to present at least 2 papers at state, national specialty meetings during their training period.

Dissertation: Every candidate shall prepare a dissertation based on the clinical or experimental work or any other study conducted by them under the supervision of the post graduate guide.

(Assessment Proforma 6 & 7, Section III)

4. Log Book

The log book is a record of the important activities of the candidates during the training. Internal assessment will be based on the evaluation of the log book. The record will include academic activities as well as the presentations and procedures carried out by the candidate.

Format for the log book for the different activities is given in Tables 1, 2 and 3 of Section III.

RECOMMENDED BOOKS AND JOURNALS

1. Pediatric Dentistry (Infancy through Adolescence) - Pinkham.
2. Kennedy's Pediatric Operative Dentistry –Kennedy & Curzon.
3. Occlusal guidance in Pediatric Dentistry- Stephen H. Wei
4. Clinical Use of Fluorides –Stephen H.Wei.
5. Pediatric Oral & Maxillofacial Surgery – Kaban
6. Pediatric Medical Emergencies.-P.S Whatt.
7. Understanding of Dental Caries- Niki Foruk
8. An Atlas of Glass Ionomer cements-G.J Mount.
9. Clinical Pedodontics-Finn
- 10..Textbook of Pediatric Dentistry-Braham Morris.
11. Primary Preventive Dentistry –Norman O.Harris.
12. Handbook of Clinical Pedodontics –Kenneth. D
13. Preventive Dentistry- Forrester
14. The Metabolism and Toxicity of Fluoride- Garry M. Whitford.
15. Dentistry for the Child Adolescence.- Mc.Donald.
16. Pediatric Dentistry –Damle S.G
17. Behavior Management-Wright
18. Pediatric Dentistry –Mathewson.
19. Traumatic Injuries- Andreason.
20. Occlusal guidance in Pediatric Dentistry – Nakata

21. Pediatric Drug Therapy – Tomare
22. Contemporary Orthodontics –Profitt.
23. Endodontic Practice – Grossman.
24. Endodontics- Ingle.
25. Pathways of Pulp –Cohen.
26. Management of Traumatized anterior Teeth –Hargreaves.
27. Essentials of Community & Preventive Dentistry- Soben Peter.
28. Post graduate hand book by Barber
29. Scientific foundation of Pediatric Dentistry by Stewart and Barber
30. Diet and Nutrition in dentistry by Rutgunn
31. Preventive Dentistry by Murray.

JOURNALS:

1. Journal of Indian Dental Association
2. British Dental Journal
3. Journal of American Dental Association
4. Journal Dentistry
5. Dental Clinics of North America
6. Journal of Dental Education
7. Dental Abstracts
8. Journal of Dental Research
9. Dental Index
10. Quintessence international
11. International Dental Journal
12. Australian Dental Journal
13. Journal of Dental materials
14. Journal of Aesthetic dentistry
15. Journal of cleft palate
16. European Journal of Pediatric Dentistry (EJP)

PEDODONTICS & PREVENTIVE DENTISTRY

1. ASDC Journal of Dentistry for children
2. International Journal of Pediatric Dentistry
3. Pediatric Dentistry
4. Journal of Indian Society of Pedodontics & Preventive Dentistry
5. Journal of Clinical Pediatric Dentistry.

SCHEME OF EXAMINATION:

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

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

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

Part-I: **Applied Basic Sciences** – Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics Growth & Development and Dental plaque, Genetics.

Part-II:

Paper-I : **Clinical Paedodontics**

1. Conscious sedation, Deep Sedation & General Anesthesia in Pediatric Dentistry
2. Gingival & Periodontal Diseases in Children
3. Pediatric Operative Dentistry
4. Pediatric Endodontics
5. Traumatic Injuries in Children
6. Interceptive Orthodontics
7. Oral Habits in children
8. Dental Care of Children with special needs
9. Oral Manifestations of Systemic Conditions in Children & their Management
10. Management of Minor Oral Surgical Procedures in Children
11. Dental Radiology as Related to Pediatric Dentistry
12. Pediatric Oral Medicine & Clinical Pathology

13. Congenital Abnormalities in Children
14. Dental Emergencies in Children & Their Management
15. Dental Materials Used in Pediatric Dentistry
16. Case History Recording
17. Setting up of Pedodontic & Preventive Dentistry Clinic

Paper-II: Preventive and Community Dentistry as applied to Pediatric Dentistry

1. Child Psychology
2. Behavior Management
3. Child Abuse & Dental Neglect
4. Preventive Pedodontics
5. Cariology
6. Preventive Dentistry
7. Dental Health Education & School Dental Health Programmes:
8. Fluorides
9. Epidemiology
10. Comprehensive Infant Oral Health Care/Comprehensive cleft care
11. Principles of Bio-Statistics & Research Methodology & Understanding of Computers and Photography

**Paper-III: Essays (descriptive and analyzing
type question)**

** The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

B. Practical /Clinical Examination : 200 Marks

The Clinical / Practical and Viva-Voce Examinations are conducted for a minimum of two days.

First Day:

1 Case Discussion, Pulp Therapy i.e. Pulpectomy on a Primary Molar.

Case Discussion	:	20 marks
Rubber Dam application	:	10 marks
Working length X-ray	:	20 marks
Obturation	:	20 marks
Total	:	70 marks

2 Case Discussion, Crown preparation on a Primary Molar for Stainless steel crown and cementation of the same.

Case Discussion	:	10 marks
Crown Preparation	:	20 marks
Crown selection and Cementation	:	20 marks
Total	:	50 marks

3 Case Discussion, band adaptation for fixed type of space maintainer and impression making.

Case discussion	:	20 marks
Band adaptation	:	20 marks
Impression	:	20 marks
Total	:	60 marks

Second Day:

1. **Evaluation of Fixed Space Maintainer and Cementation** : **20 marks**

C. Viva Voce : **100 Marks**

a. Viva-Voce examination : *80 marks*

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

b. Pedagogy Exercise : *20 marks*

A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minute

ASSESSMENT PERFORMA'S AND LOG BOOKS

SCHEDULE – I

MODEL CHECKLIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS.

Name of the Trainee:

Date:

Name of the Faculty / Observer:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Article chosen was					
2.	Extent of understanding of scope and objectives of the paper by the candidate.					
3.	Whether cross-references have been consulted.					
4.	Whether other relevant publications consulted.					
5.	Ability to respond to questions on the paper / subject.					
6.	Audio – Visual aids used.					
7.	Ability to defend the paper.					
8.	Clarity of presentation.					
9.	Any other observation.					
	Total Score					

SCHEDULE-II

MODEL CHECK LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Trainee:

Date Name of the Faculty / Observer:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Completeness & Preparation.					
2.	Clarity of presentation.					
3.	Understanding of subject.					
4.	Whether other relevant publications consulted.					
5.	Whether cross-references have been consulted.					
6.	Ability to answer the questions.					
7.	Time scheduling.					
8.	Appropriate use of audio – visual aids.					
9.	Overall performance.					
10.	Any other observation.					
	Total Score					

SCHEDULE-III

(a) MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN OUTPATIENT

DEPARTMENT

(To be completed once a month by respective unit heads including posting in other department)

Name of the Trainee :

Date :

Name of the Unit Head :

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Regularity of attendance.					
2.	Punctuality.					
3.	Interaction with colleagues and supportive staff.					
4.	Maintenance of case records.					
5.	Presentation of cases.					
6.	Investigations work up.					
7.	Chair-side manners.					
8.	Rapport with patients.					
9.	Over all quality of clinical work.					
	Total Score					

EVALUATION OF CLINICAL CASE PRESENTATION

Name of the Trainee :

Date : Name of the Faculty / Observer :

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Completeness of history.					
2.	Whether all relevant points elicited.					
3.	Clarity of presentation.					
4.	Logical order.					
5.	Mentioned all positive and negative points					
6.	Accuracy of general physical examination.					
7.	Diagnosis: Whether it follows logically from history and findings.					
8.	Investigations required.					
	Complete list.					
	Relevant order.					
	Interpretation of investigations.					
9.	Ability to react to questioning Whether it follows logically from history and					
10.	Ability to defend diagnosis.					
11.	Ability to justify differential diagnosis.					
12.	Others.					
	Grand Total					

Note: Please use a separate sheet for each faculty member.

SCHEDULE-IV

MODEL CHECKLIST FOR EVALUATION OF TEACHING SKILL

Name of the Trainee :

Date :

Name of the Faculty / Observer :

SI. No	Items for observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Communication of the purpose of the talk					
2.	Evokes audience interest in the subject.					
3.	The introduction.					
4.	The sequence of ideas.					
5.	The use of practical examples and / or illustrations.					
6.	Speaking style (enjoyable, monotonous, etc. specify)					
7.	Attempts audience participation.					
8.	Summary of the main points at the end.					
9.	Asks questions.					
10.	Answers questions asked by the audience.					
11.	Rapport of speaker with his audience.					
12.	Effectiveness of the talk.					
13.	Uses audio-visual aids appropriately.					

SCHEDULE-V

(See clause (1) of sub-regulation (2) of regulation 11)

(a) MODEL CHECKLIST FOR DISSERTATION PRESENTATION

Name of the Trainee :

Date :

Name of the Faculty / Observer :

Sl. No.	Prints to be considered.	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Interest shown in selecting topic.					
2	Appropriate review.					
3	Discussion with guide and other faculty.					
4	Quality of protocol.					
5	Preparation of proforma					
	Total Score					

(b) CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO-GUIDE

Name of the Trainee :

Date :

Name of the Faculty / Observer :

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Periodic consultation with guide / co-guide.					
2	Regular collection of case material					
3	Depth of analysis / discussion.					
4	Quality of final output.					
5	Others					
	Total Score					

SCHEDULE-VI

OVERALL ASSESSMENT SHEET

Date :

Sl. No.	Faculty Member	Name of Trainee and Mean Score									
		A	B	C	D	E	F	G	H	I	J
1											
2											
3											

Signature of Head of the Department

Signature of Principal

Note: The overall assessment sheet used along with the logbook shall form the basis for certifying satisfactory completion of course of study, in addition to the attendance required.

KEY:

Faculty member : Name of the faculty doing the assessment.

Log book

Table 1

ACADEMIC ACTIVITIES ATTENDED

Name :
College

Admission Year:

Date	Type of activity (Specify Seminar, Journal club, presentation, under-graduate teaching)	Particulars

Table 2

ACADEMIC PRESENTATIONS MADE BY THE TRAINEE

Name :
College :

Admission Year:

Date	Topic	Type of activity (Specify Seminar, Journal club, presentation, under-graduate teaching)

Table 3

DIAGNOSTIC AND OPERATIVE PROCEDURES PERFORMED

Name:
Year: College:

Admission

Date	Name	OP No	Procedure	Category O, A, PA,

Key:

O-Washed up and observed-Initial six months of admission

A-Assisted senior surgeon-I year MDS

PA- Performed procedure under the direct supervision of a senior surgeon-II year MDs

PI-Performed independently –III year MDS

Summary of Amendments

Scheme of examination before revision

Total theory Marks - 300

Total number of theory papers - 4

Maximum marks for each paper - 75

Revised Scheme of examination

Theory examinations shall be held in two parts.

Part 1 and Part 2

Part 1 Shall be on Basic Sciences (one theory paper) and will be held at the end of the 1st year of the program

Part 2 Shall be on the specialty concerned 3 papers.

Each paper shall have maximum of 100 marks.

Total theory marks - 400