# REGULATIONS AND CURRICULUM GOVERNING

# MDS PROGRAM

# PUBLIC HEALTH DENTISTRY

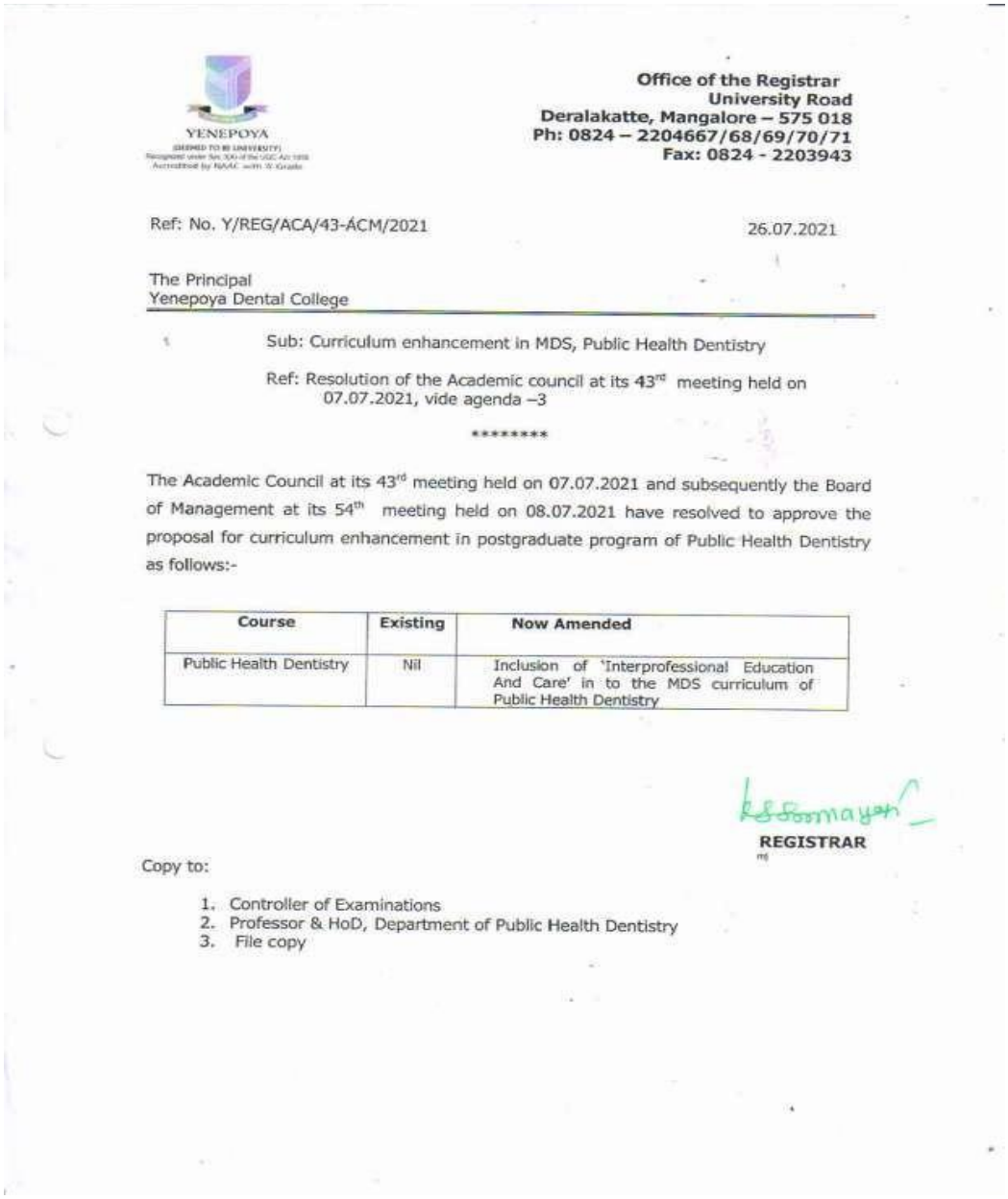
**(Academic year 2022-2023)**

**Name of the Constituent Unit/Centre: Yenepoya Dental College**

YENEPOYA
(DEEMED TO BE UNIVERSITY)

**Deralakatte, Mangalore, Karnataka.**

# NOTIFICATION FROM THE UNIVERSITY



YENEPOYA
(DEEMED TO BE UNIVERSITY)

**Office of the Registrar**
**University Road**
**Deralakatte, Mangalore – 575 018**
**Ph: 0824 – 2204667/68/69/70/71**
**Fax: 0824 - 2203943**

Ref: No. Y/REG/ACA/43-ACM/2021 26.07.2021

The Principal
Yenepoya Dental College

Sub: Curriculum enhancement in MDS, Public Health Dentistry

Ref: Resolution of the Academic council at its 43rd meeting held on 07.07.2021, vide agenda –3

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The Academic Council at its 43rd meeting held on 07.07.2021 and subsequently the Board of Management at its 54th meeting held on 08.07.2021 have resolved to approve the proposal for curriculum enhancement in postgraduate program of Public Health Dentistry as follows:-

| Course | Existing | Now Amended |
|---|---|---|
| Public Health Dentistry | Nil | Inclusion of 'Interprofessional Education And Care' in to the MDS curriculum of Public Health Dentistry |

REGISTRAR

Copy to:

1. Controller of Examinations
2. Professor & HoD, Department of Public Health Dentistry
3. File copy

Office of the Registrar
University Road
Deralakatte
Mangalore - 575018
Ph: 0824-2204667/68/69/71
Fax: 0824-2203943

Ref: No. Y/REG/ACA/39-ACM/2020

09.09.2020

The Principal
Yenepoya Dental College

Sub: Introduce "Inter disciplinary Dentofacial Therapy" into the MDS syllabus of Public Health Dentistry

Ref: Resolution of the Academic council at its 39th meeting held on 27.08.2020, vide agenda - 09

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The Academic Council at its 39th meeting held on 27.08.2020 & subsequently the Board of Management at its 50th meeting held on 28.08.2020 have resolved to accept the proposal to introduce "Inter Disciplinary Dentofacial Therapy" into the MDS syllabus of Public Health Dentistry.

This notification is issued for implementation with effect from the academic year 2020-2021.

REGISTRAR

Copy to:

1. Professor & HoD, department of Public Health Dentistry
2. Controller of Examinations
3. File copy

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# Preface

Yenepoya University, the first Deemed University (recognized under Section 3(A) of the UGC Act 1956) in Dakshina Kannada district was established in 2008. The University consists of four constituent Colleges under its ambit namely Yenepoya Medical College, Yenepoya Dental College, Yenepoya nursing College and Yenepoya Physiotherapy College. The institutions ensure high standards of academic performance and are rendering quality health care services.

The aim of Dental profession is to render quality oral health care to all the needy people and Dental education aims at creating a new generation of Dental surgeons who are competent to meet the emerging challenges in the clinical and community environment through quality education. The educational paths to become a Dental professional vary greatly worldwide, but all involve extensive study of theoretical, practical and training in clinical skills. The minimum standard requirement for entry in to Dental profession is determined by Dental Council of India.

The Dental Council of India is a National regulatory body that maintains uniform standards in Dental education and prescribes the syllabus and regulations for various Dental programmes in India. Keeping the recommendations of Dental Council of India as minimum requirement syllabus for BDS Degree have been revised at par with the current developments and trends in the Dental profession globally after proper discussions at the levels of Board of Studies, Faculty and Academic Council.

The students of Yenepoya University are also privileged to undergo the core module on environmental studies as per the UGC recommendation in addition to other Add on Courses.

I hope the revamping of syllabus will help the students to update and expand their knowledge to a great extent. The academic transaction is now going to be shifted from conventional methods to E-learning from 2015 onwards. I congratulate and appreciate the efforts put by the Dental faculty in the revision of curriculum.



**Dr. M. Vijaya Kumar**
*Vice Chancellor*
*Yenepoya University*

## GOALS:

1. To provide the best dental care facilities to the community.
2. Develop person power capable of addressing the oral health care needs of the community at various levels.
3. To assess oral health care needs of the community, and to plan and perform necessary preventive and therapeutic measures to provide relief at individual and community level.
4. Develop planning, implementation and evaluation skills among undergraduate and postgraduate students to carry out successful oral health programmes.

## OBJECTIVES:

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

## KNOWLEDGE:

- Applied basic sciences knowledge regarding etiology, diagnosis and management of the prevention, promotion and treatment of all the oral conditions at the individual and community level.
- Identify social, economic, environmental and emotional determinants in a given individual patient or a community for the purpose of planning and execution of Community Oral Health Program.
- Ability to conduct Oral Health Surveys in order to identify all the oral health problems affecting the community and find solutions using multi – disciplinary approach.
- Ability to act as a consultant in community Oral Health, teach, guide and take part in research (both basic and clinical), present and publish the outcome at various scientific conferences and journals, both national and international level.

## Skills:

The candidate should be able to

1. Take history, conduct clinical examination including all diagnostic procedures to arrive at diagnosis at the individual level and conduct survey of the community at state and national level of all conditions related to oral health to arrive at community diagnosis. Plan and perform all necessary treatment, prevention and promotion of Oral Health at the individual and community level.
2. Plan appropriate Community Oral Health Program, conduct the program and evaluate, at the community level.
3. Ability to make use of knowledge of epidemiology to identify causes and plan appropriate preventive and control measures.
4. Develop appropriate person power at various levels and their effective utilization.
5. Conduct survey and use appropriate methods to impart Oral Health Education.
6. Develop ways of helping the community towards easy payment plan, and followed by evaluation for their oral health care needs.
7. Develop the planning, implementation, evaluation and administrative skills to carry out successful community Oral Health Programs.

## Values:

1. Adopt ethical principles in all aspects of Community Oral Health Activities.
2. To apply ethical and moral standards while carrying out epidemiological researches.
3. Develop communication skills, in particular to explain the causes and prevention of oral diseases to the patient.
4. Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed and promote teamwork approach.
5. Respect patient's rights and privileges including patients right to information and right to seek a second opinion.

# PROGRAM OUTCOMES
# MASTER OF DENTAL SURGERY
# PUBLIC HEALTH DENTISTRY

| Name of CO | Description |
|---|---|
| PO 1 | To apply knowledge of basic sciences regarding etiology, diagnosis and management of the prevention, promotion and treatment of all the oral conditions at the individual and community level |
| PO 2 | Identify social, economic, environmental and emotional determinants in a given individual patient or a community for the purpose of planning and execution of community Oral Health Program |
| PO 3 | Conduct Oral Health Surveys in order to identify all the oral health problems affecting the community and find solutions using multi- disciplinary approach. |
| PO 4 | To act as a consultant in community Oral Health, teach, guide and take part in research (both basic and clinical). |
| PO 5 | Develop, Implement and Evaluate systems of care that impact oral health |

| | |
|---|---|
| PO 6 | Demonstrate ethical decision-making in the practice of dental public health. |
| PO 7 | Design surveillance systems to measure oral health status and its determinants. |
| PO 8 | Lead collaborations on oral and public health issues. |
| PO 9 | Advocate for public health policy, legislation, and regulations to protect and promote the community's oral health, and overall health. |
| PO10 | Integrate the social determinants of health into dental public health practice. |

# PROGRAM/COURSE SPECIFIC OUTCOMES
# MASTER OF DENTAL SURGERY
# PUBLIC HEALTH DENTISTRY

## COGNITIVE DOMAIN

- Apply basic sciences knowledge regarding etiology, diagnosis and management of the prevention, promotion and treatment of all the oral conditions at the individual and community level.
- Identify social, economic, environmental and emotional determinants in a given individual patient or a community for the purpose of planning and execution of community oral health programme.
- Ability to conduct oral health surveys in order to identify all the oral health problems affecting the community and find solutions using multi-disciplinary approach.
- Ability to act as a consultant in community oral health, teach, guide and take part in research (both basic and clinical), present and publish the outcome at various scientific conferences and journals , both national and international level.

## PSYCHOMOTOR DOMAIN

1. Take history, conduct clinical examination including all diagnostic procedures to arrive at diagnosis at the individual level and conduct survey of the community at state and national level of all conditions related to oral health to arrive at community diagnosis.
2. Plan and perform all necessary treatment, prevention and promotion of oral health at the individual and community level.
3. Plan appropriate community oral health program, conduct the program and evaluate at the community level.
4. Ability to make use of knowledge of epidemiology to identify causes and plan appropriate preventive and control measures.

5. Develop appropriate person power at various levels and their effective utilization.
6. Conduct survey and use appropriate methods to impart oral health education.
7. Develop ways of helping the community towards easy payment plan, and followed by evaluation of their oral health care needs.
8. Develop the planning, implementation, evaluation and administrative skills to carry out successful community oral health programs.

## AFFECTIVE DOMAIN

1. Adopt ethical principles in all aspects of community oral health activities.
2. Apply ethical and moral standards while carrying out epidemiological researches.
3. Develop communication skills, in particular to explain the causes and prevention of oral diseases to the patient.
4. Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed and promote team work approach.
5. Respect patient's rights and privileges including patients' right to information and right to seek a second opinion.

# COURSE CONTENTS

## A) Applied Basic Sciences:

### Applied Anatomy and Histology:

a) Applied Anatomy in relation to:

- Development of face
- Bronchial arches
- Muscles of facial expression
- Muscles of mastication
- TMJ
- Salivary gland
- Tongue
- Hard and soft palate
- Infratemporal fossa
- Paranasal air sinuses
- Pharynx and larynx
- Cranial and spinal nerves- with emphasis on trigeminal, facial, glossopharyngeal and hypoglossal nerve
- Osteology of maxilla and mandible
- Blood supply, venous and lymphatic drainage of head and neck
- Lymph nodes of head and neck

- Structure and relations of alveolar process and edentulous mouth
- Genetics-fundamentals

b) Oral Histology:

- Development of dentition, Innervations of dentin and pulp
- Periodontium - development, histology, blood supply, nerve supply and lymphatic drainage
- Oral mucous membrane
- Pulp-periodontal complex

## Applied Physiology and Biochemistry:

- Cell
- Mastication and deglutition
- Food and nutrition
- Metabolism of carbohydrates, proteins and fats
- Vitamins and minerals
- Saliva and Oral health
- Fluid and electrolyte balance
- Pain pathway and mechanism-types, properties
- Blood composition and functions, clotting mechanism and erythropoiesis, Blood groups and transfusions, Pulse and blood pressure,
- Dynamics of blood flow
- Cardiovascular homeostasis-heart sounds
- Respiratory system: Normal physiology and variations in health and diseases, Asphyxia and artificial respiration
- Endocrinology: thyroid, parathyroid, adrenals, pituitary, sex hormones and pregnancy, Endocrine regulation of blood sugar.

## Applied Pathology:

- Pathogenic mechanism of molecular level
- Cellular changes following injury

- Inflammation and chemical mediators
- Oedema, thrombosis and embolism
- Hemorrhage and shock
- Neoplasia and metastasis
- Blood disorders
- Histopathology and pathogenesis of dental caries, periodontal disease, oral mucosal lesions, and malignancies
- HIV
- Propagation of dental infection.

## Microbiology:

- Microbial flora of oral cavity
- Bacteriology of dental caries and periodontal disease
- Methods of sterilization
- Infection control in dental office / camps
- Virology of HIV, herpes, hepatitis
- Parasitology
- Basic immunology – basic concepts of immune system in human body
  - Cellular and humoral immunity
  - Antigen and antibody system
  - Hypersensitivity
  - Autoimmune diseases

## Oral Pathology:

- Detailed description of diseases affecting the oral mucosa, teeth, supporting tissues and jaws.

## Physical and Social Anthropology:

**Anthropology is a part of Social Sciences, which also constitutes behavioral sciences i.e., Psychology and Sociology. Behavioral Sciences has been mentioned in Public Health.**

- Introduction and definition
- Appreciation of the biological basis of health and disease

- Evolution of human race, various studies of different races by anthropological methods

## Applied Pharmacology:

- Definition, scope and relations to other branches of medicine, mode of action, bioassay, standardization, pharmacodyanamics, pharmcokinetics.
- Chemotherapy of bacterial infections and viral infections – sulphonamides and antibiotics.
- Local anesthesia
- Analgesics and anti-inflammatory drugs
- Hypnotics, tranquilizers and antipyretics
- Important hormones-ACTH, cortisone, insulin and oral antidiabetics.
- Drug addiction and tolerance
- Important pharmacological agents in connection with autonomic nervous system- adrenaline, noradrenaline, atropine
- Brief mention of antihypertensive drugs
- Emergency drugs in dental practice
- Vitamins and haemopoietic drugs
- Effect of drugs on oral health

## Research Methodology and Biostatistics:

**Health Informatics**– basic understanding of computers and its components, operating software (Windows), Microsoft office, preparation of teaching materials like slides, project, multimedia knowledge. Operative skills in analyzing the data.

**Research Methodology** – definitions, types of research, designing written protocol for research, objectivity in methodology, quantification,

records and analysis.

**Biostatistics** - Introduction, applications, uses and limitations of biostatistics in Public Health dentistry, collection of data , presentation of data, measures of central tendency, measures of dispersion, measures of summarizing, parametric and non parametric tests of significance, correlation and regression, multivariate analysis, sampling and sampling techniques-types, errors, bias, trial and calibration.

**Computers** - Basic operative skills in analysis of data and knowledge of multimedia.

## B) Public Health

- Definition, concepts and philosophy of dental health
- History of public health in India and at international level
- Terminologies used in public health

### Health:

- Definition, concepts and philosophy of health
- Health indicators
- Health determinants
- Community and its characteristics and relation to health

### Disease:

- Definition, concepts
- Multifactorial causation, natural history, risk factors
- Disease control and eradication, evaluation and causation, infection of specific diseases
- Vaccines and immunization

### General Epidemiology:

- Definition and aims, general principles
- Multifactorial causation, natural history, risk factors
- Methods in epidemiology, descriptive, analytical, experimental and classic

epidemiology of specific diseases, uses of epidemiology.

- Duties of epidemiologist
- General idea of method of investigating chronic diseases, mostly non-infectious nature, epidemic, endemic, and pandemic.
- Ethical conversation in any study requirement
- New knowledge regarding ethical subjects
- Screening of diseases and standard procedures used.

## Environmental Health:

- Impact of important components of the environment of health
- Principles and methods of identification, evaluation and control of such health hazards
- Pollution of air, water, soil, noise, food
- Water purification, international standards of water
- Domestic and industrial toxins, ionizing radiation
- Occupational hazards
- Waste disposal- various methods and sanitation.

## Public Health Education:

- Definition, aims, principles of health education
- Health education, methods, models, contents, planning health education programs.

## Public Health Practice and Administration System in India.

## Ethics and Jurisprudence:

- Basic principles of law
- Contract laws- dentist – patient relationships & Legal forms of practice
- Dental malpractice
- Person identification through dentistry
- Legal protection for practicing dentist
- Consumer protection act

## Nutrition in Public Health:

- Study of science of nutrition and its application to human problem
- Nutritional surveys and their evaluations
- Influence of nutrition and diet on general health and oral health, dental caries, periodontal disease and oral cancers
- Dietary constituents and cariogenecity
- Guidelines for nutrition.

## Behavioral Sciences:

- Definition and introduction
- Sociology: social class, social group, family types, communities and social relationships, culture, its effect on oral health.
- Psychology: definition, development of child psychology, anxiety, fear and phobia, intelligence, learning, motivation, personalities, fear, dentist-patient relationship, modeling and experience.

## Hospital Administration:

- Departmental maintenance, organizational structures
- Types of practices
- Biomedical waste management

## Health Care Delivery System:

- International oral health care delivery systems – Review
- Central and state system in general and oral health care delivery system if any
- National and health policy
- National health programmes
- Health Planning and Evaluation

- Primary health care – concepts, oral health in PHC and its implications
- National and international health organizations
- Dentists Act 1928, Dental council of India, Ethics, Indian Dental

Association

- Role of W.H.O. and Voluntary organizations in Health Care for the Community.

## Oral Biology and Genetics:

- A detailed study of cell structure
- Introduction to Genetics, Gene structure, DNA, RNA
- Genetic counseling, gene typing
- Genetic approaches in the study of oral disorders
- Genetic Engineering - Answer to current health problems.

## Demography & Family Planning:

Demographic trends, family planning methods, milestones in population control in India.

## Health Economics:

Health benefit analysis and Cost effective analysis.

# B) Dental Public Health

## Dental Public Health:

- History
- Definition and concepts of dental public health
- Differences between clinical and community dentistry
- Critical review of current practice
- Dental problems of specific population groups such as chronically ill, handicapped and institutionalized group

## Epidemiology of Oral Diseases and Conditions:

- Dental caries, gingival, periodontal disease malocclusion, dental Fluorosis, oral cancer, TMJ disorders and other oral health related problems.

## Oral Survey Procedures:

- Planning
- Implementation
- WHO basic oral health methods 1997
- Indices for dental diseases and conditions
- Evaluation

## Delivery of Dental Care:

- Dental person power – dental auxiliaries
- Dentist – population ratios,
- Public dental care programs
- School dental health programs- Incremental and comprehensive care
- Private practice and group practice
- Oral health policy – National and international policy

## Payment for Dental Care:

- Prepayment
- Post-payment
- Reimbursement plans
- Voluntary agencies
- Health insurance

## Evaluation of Quality of Dental Care:

- Problems in public and private oral health care system program
- Evaluation of quality of services, governmental control

## Preventive Dentistry:

- Levels of prevention
- Preventive oral health programs screening, health education and motivation
- Prevention of all dental diseases-dental caries, periodontal diseases, oral cancer, malocclusion and Dentofacial anomalies

- Role of dentist in prevention of oral diseases at individual and community level.

Fluoride

- History
- Mechanism of action
- Metabolism

- Fluoride toxicity
- Fluorosis
- Systemic and topical preparations
- Advantages and disadvantages of each
- Update regarding Fluorosis
- Epidemiological studies
- Methods of fluoride supplements
- Defluoridation techniques
- Antifluoridation lobby

- Plaque control measures-
  - Health Education
  - Personal oral hygiene
  - Tooth brushing technique
  - Dentifrices, mouth rinses
- Pit and fissure sealant, ART, Preventive resin restoration
- Preventive oral health care for medically compromised individual
- Update on recent preventive modalities
- Caries vaccines
- Dietary counseling

## Practice Management:

- Definition
- Principles of management of dental practice and types
- Organization and administration of dental practice
- Ethical and legal issues in dental practice

- Current trends
- Infection control in dental practice

## Tobacco Counseling:

- Health Consequences
- Tobacco dependence
- Benefits of intervention
- Tobacco cessation
- Role of dentist

## Health manpower planning

Inter disciplinary dentofacial therapy.

Interprofessional education and care.

## Structured Training Schedule:

### FIRST YEAR

## Seminars:

- 5 seminars in basic sciences subject,
- To conduct 5 journal clubs
- Library assignment on assigned topics – 2
- Submission of synopsis for dissertation-within 6 months
- Periodic review of dissertation at two monthly intervals

## Clinical Training:

1. Clinical assessment of patient
2. Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, flourosis and malocclusion – 5 cases each
   - Oral Hygiene Index – Greene and Vermillion
   - Oral Hygiene Index – Simplified
   - DMF – DMF (T), DMF (S)
   - def t/s

- Fluorosis Indices – Dean's Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
- Community Periodontal Index (CPI)
- Plaque Index-Silness and Loe, gingival index – Loe and Silness
- Russels periodontal disease index
- WHO Oral Health Assessment Form – 1997
- Carrying out treatment (under comprehensive oral health care) of 10 patients
- Maintaining complete records.

## Field Programme:

1. Carrying out preventive programs and health education for school children of the adopted school.
2. School based preventive programs-
    - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
    - Pit and Fissure Sealant – chemically cured (GIC), light cured
    - Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
    - Organizing and carrying out dental camps in both urban and rural areas.
3. Visit to slum, water treatment plant, sewage treatment plant, and Milk dairy, Public Health Institute, Anti-Tobacco Cell, Primary Health Center and submitting reports.
4. In additions the postgraduate shall assist and guide the under graduate students in their clinical and field programs.
5. Participation in the Family Adoption Programme - carrying out a comprehensive appraisal of the sociodemographic profile and health status of each family in the village, and conducting oral health education programmes in the adopted villages.

## SECOND YEAR

### Seminars:

1. Seminars in Public Health and Dental Public Health topics - 5
2. Conducting journal clubs - 5
3. Short term research project on assigned topics – 2
4. Periodic review of dissertation at monthly reviews

### Clinical Training-Continuation of the Clinical Training:

1. Clinical assessment of patient
2. Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, flourosis and malocclusion – 5 each
   - Oral Hygiene Index – Greene and Vermillion
   - Oral Hygiene Index – Simplified
   - DMF – DMF (T), DMF (S)
   - def t/s
   - Fluorosis Indices – Dean's Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
   - Community Periodontal Index (CPI)
   - Plaque Index-Silness and Loe, gingival index – Loe and Silness
   - Russels periodontal disease index
   - WHO Oral Health Assessment Form – 1987
   - Carrying out treatment (under comprehensive oral health care) of 10 patients – maintaining complete records

### Field Program – Continuation of Field Program:

- Carrying out school dental health education
- School based preventive programs-
  - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses

- Pit and Fissure Sealant – chemically cured (GIC), light cured

- Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
- Organizing and carrying out dental camps in both urban and rural areas.

- Assessing oral health status of various target groups like School children, Expectant mothers Handicapped, Underprivileged, and geriatric populations. Planning dental manpower and financing dental health care for the above group.
- Application of the following preventive measures in clinic-10 Cases each.
  - Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
  - Pit and Fissure Sealant
- Planning total health care for school children in an adopted school:
  - Periodic surveying of school children
  - Incremental dental care
  - Comprehensive dental care
- Organizing and conducting community oral health surveys for all oral conditions-3 surveys
- In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs
- To take lecture classes (3) for undergraduate students using power point presentations in order to learn teaching methods (pedagogy) on assigned topics.
- Participation in the Family Adoption Programme - carrying out a comprehensive appraisal of the sociodemographic profile and health status of each family in the village, and conducting oral health education programmes in the adopted villages.

## THIRD YEAR:

Seminars:

- Seminars on recent advances in Preventive Dentistry and Dental Public Health - 5
- Critical evaluation of scientific articles – 10 articles
- Completion and submission of dissertation

Clinical Training:

- Clinical assessment of patient
- Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, flourosis and malocclusion – 5 each
  - Oral Hygiene Index – Greene and Vermillion
  - Oral Hygiene Index – Simplified
  - DMF – DMF (T), DMF (S)
  - def t/s
  - Fluorosis Indices – Dean's Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
  - Community Periodontal Index (CPI)
  - Plaque Index-Silness and Loe, gingival index – Loe and Silness
  - Russels periodontal disease index
  - WHO Oral Health Assessment Form – 1987
  - Carrying out treatment (under comprehensive oral health care) of 15 patients – maintaining complete records.
- Carrying out school dental health education
- School based preventive programs-
  - Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
  - Pit and Fissure Sealant

- Minimal Invasive Techniques – Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)

- To take lecture classes (6) for undergraduate students using black board and over head projector (3 each) in order to learn teaching methods (pedagogy) on assignedtopics

- Exercise on solving community health problems – 10 problems
- Application of the following preventive measures in clinic – 10 cases each.
  - Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations
  - Pit and Fissure sealants
- Dental – health education training of school teachers, social workers, health workers,
- Posting at dental satellite centers/ nodal centers
- In addition the post graduate shall assist and guide the under graduate students in their clinical and field Programs.
- Participation in the Family Adoption Programme - carrying out a comprehensive appraisal of the sociodemographic profile and health status of each family in the village, and conducting oral health education programmes in the adopted villages.

# Monitoring and Learning Process

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

# SCHEME OF EXAMINATION

The University Examination shall consist of Theory, Practical / Clinical examination, Viva Voce and Pedagogy.

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

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 conducted at the end of First year of MDS course. There shall be 10 questions of 10 marks each. The candidate shall have to pass the Part-I examination at least 6 months prior to the final (Part-II)examination.

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

PART-I : Applied Basic Sciences**:** Applied Anatomy and Histology, Applied Physiology and Biochemistry, Applied Pathology, Microbiology, Oral Pathology, Physical and Social Anthropology, Applied Pharmacology and Research Methodology and Biostatistics.

PART-II :

**Paper-I :** Public Health

**Paper-II :** Dental Public Health

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

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

## A. Practical / Clinical Examination: 200 Marks

1. Clinical examination of at least 2 patients representing the community – includes history, main complaints, examination and recording of the findings, using indices for the assessment of oral health and presentation of the observation including diagnosis, comprehensive treatment planning.

   (50 Marks – 1 ½ Hrs)

2. Performing (50 Marks– 1 ½ Hrs)

   a. One of the treatment procedures as per treatment plan. (Restorative, surgical, rehabilitation)

   b. Preventive oral health care procedure.

   c. One of the procedures specified in the curriculum

3. Critical evaluation of a given research article published in an international journal

   (50 Marks – 1 Hour)

4. Problem solving – a hypothetical oral health situation existing in a community is given with sufficient data. The student as a specialist in community dentistry is expected to suggest practical solutions to the existing oral health situation of the given community.

   (50 Marks – 1 ½ Hours)

## B. Viva Voce: 100 Marks

### *i. **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.

### *ii. **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 minutes.

YENEPOYA
(DEEMED TO BE UNIVERSITY)

# ASSESSMENT PROFORMAS AND LOG BOOK

## 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 thecandidate. | | | | | |
| 3. | Whether cross-references havebeen consulted. | | | | | |
| 4. | Whether other relevantpublications consulted. | | | | | |
| 5. | Ability to respond to questions onthe paper /subject. | | | | | |
| 6. | Audio–Visual aids used. | | | | | |
| 7. | Ability to defend the paper. | | | | | |
| 8. | Clarity of presentation. | | | | | |
| 9. | Any other observation. | | | | | |
| | **Total Score** | | | | | |

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# 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 | Below Average | Average | Good | Very Good |
|---|---|---|---|---|---|---|
| 1. | Completeness & Preparation. | | | | | |
| 2. | Clarity of presentation. | | | | | |
| 3. | Understanding of subject. | | | | | |
| 4. | Whether other relevant publicationsconsulted. | | | | | |
| 5. | Whether cross-references have beenconsulted. | | | | | |
| 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** | | | | | |

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# SCHEDULE-III

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

*(To be completed once a month by respective unitheads including posting in other department)*

Name of the Trainee :

Date:

Name of the Unit Head:

| Sl. No. | Itemsforobservation during presentation | Poor | Below Average | Average | Good | Very Good |
|---|---|---|---|---|---|---|
| 1. | Regularity of attendance. | | | | | |
| 2. | Punctuality. | | | | | |
| 3. | Interaction with colleagues and supportive staff. | | | | | |
| 4. | Maintenance of case records. | | | | | |
| 5. | Presentation of cases. | | | | | |
| 6. | Investigation sworkup. | | | | | |
| 7. | Chair-side manners. | | | | | |
| 8. | Rapport with patients. | | | | | |
| 9. | Overall quality of clinical work. | | | | | |
| | **Total Score** | | | | | |

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# EVALUATION OF CLINICAL CASE PRESENTATION

Name of the Trainee :

Date:

Name of the Faculty/Observer:

| Sl. No. | Items for observation during presentation | Poor | Below Average | Average | Good | Very Good |
|---|---|---|---|---|---|---|
| 1. | Completeness of history. | | | | | |
| 2. | Whether all relevant point selicited. | | | | | |
| 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 Whetherit follows logically from history and findings. | | | | | |
| 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.

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# SHEDULE-IV

## MODEL CHECKLIST FOR EVALUATION OF TEACHING SKILL

Name of the Trainee :

Date:

Name of the Faculty/Observer:

| SI. No | Items for observation | Poor | Below Average | Average | Good | Very Good |
|---|---|---|---|---|---|---|
| 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. | | | | | |

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# SCHEDULE-V

(See clause (l) 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 selectingtopic. | | | | | |
| 2 | Appropriate review. | | | | | |
| 3 | Discussion with guide and other faculty. | | | | | |
| 4 | Quality of protocol. | | | | | |
| 5 | Preparation of proforma | | | | | |
| | **Total Score** | | | | | |

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# (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 | Below Average | Average | Good | Very good |
|---|---|---|---|---|---|---|
| 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:

| SI. 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: Admission Year:

College:

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

## Table 2

Name: Admission Year:

College :

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

# Table 3

## DIAGNOSTIC AND OPERATIVE PROCEDURES PERFORMED

Name: Admission Year:

College :

| Date | Name | OP No | Procedure |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

# LIST OF AMENDMENTS

| YEAR | ACM NOTIFICATIONS | AMENDMENTS | PAGE NO |
|---|---|---|---|
| 2021 | ACA/43-ACM/2021 | Inter professional Education and Care | 03 |
| 2020 | ACA/39-ACM/2020 | Inter Disciplinary Dentofacial Therapy | 04 |