

SYLLABUS
for Courses affiliated to the
Kerala University of Health Sciences
Thrissur 680596



Master of Dental Surgery (MDS)
Public Health Dentistry
Course Code: 313
(2021-2022 Academic year onwards
Modified as per DCI MDS Course (3rd Amendment)
Regulations 2019)

2. COURSE CONTENT

2.1 Title of course:

MDS PUBLIC HEALTH DENTISTRY

2.2 . Objectives of course

1. Goals

The goals of postgraduate training in various specialities are to train the BDS graduate who will:

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

2. Objectives

The objective is to train a candidate so as to ensure higher competence in both general and special area of interest and prepare him for a career in teaching, research and specialty practice. A candidate must achieve a high degree of clinical proficiency in the subject matter and develop competence in research and its methodology as related to the field concerned. The above objectives are to be achieved by the time the candidate completes the course.

The objectives may be considered as under –

1. Knowledge (Cognitive Domain)
2. Skills (Psychomotor Domain)
3. Human values, ethical practice and communication abilities.

2.1. Knowledge

- Demonstrate understanding of basic sciences relevant to the specialty.
- Describe etiology, pathophysiology, principles of diagnosis and management of common problem within the specialty in adults and children.
- Identify social, economic, environmental and emotional determinants in a given case and take them into account for planning treatment.
- Recognize conditions that may be outside the area of specialty/competence and to refer them to an appropriate specialist.
- Update knowledge by self-study and by attending courses, conferences and seminars relevant to specialty.
- Undertake audit; use information technology and carryout research both basic and clinical with the aim of publishing or presenting the work at various scientific gatherings.
- 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.

2.2. 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.
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 for their oral health care needs.
8. 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.

2.6 Syllabus for MDS Part I

A) Applied Basic Sciences:

Applied Anatomy and Histology:

a) Applied Anatomy in relation to:

- ☐ Development of face
- ☐ Branchial 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

c) 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, pharmacodynamics, pharmacokinetics.
- 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 bio – statistics in Public Health dentistry, collection of data, presentation of data, measures of central tendency, measures of dispersion, methods of summarizing, parametric and non parametric tests of significance, correlation and regression, multivariate analysis, sampling and sampling techniques – types, errors, bias, trial and calibration.

B) Public Health

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
- ☐ Waster 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, modelling 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 counselling, 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

Disaster management

Role of dental professionals in disaster management

C) 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/ 2013
- ☐ 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 counselling

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 Counselling:

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

Health Man Power Planning:

Structured Training Schedule:

FIRST YEAR

Seminars:

- ☐ 5 seminars in basic sciences subject,
- ☐ To conduct 10 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:

- ☐ Clinical assessment of patient
- ☐ Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontaldisease, 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.
- Postings in all satellite centres attached to the department

Field Programme:

- ☐ Carrying out preventive programs and health education for school children of the adopted school.
- ☐ 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
 - Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment(ART)
- Organizing and carrying out dental camps in both urban and rural areas.
- ☐ Visit to slum, water treatment plant, sewage treatment plant, and Public Health Institute, Anti-Tobacco Cell, Primary Health Center and submitting reports.
- ☐ In additions the postgraduate shall assist and guide the under graduate students in their clinical and field programs.

SECOND YEAR

Seminars:

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

Clinical Training-Continuation of the 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 – 1997/2013
 - Carrying out treatment (under comprehensive oral health care) of 10 patients – maintaining complete records

Postings in all satellite centres attached to the department

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 - 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

Rotation postings in Allied departments

1)PALLIATIVE ORAL CARE TRAINING

2) POSTING IN ONCOLOGY DEPT TO UNDERSTAND THE PATIENT DEMOGRAPHIC PROFILE , RISK FACTORS AND GIVING COUNCELLING TO CARETAKERS OF CANCER PATIENTS

- ☐ To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic.

THIRD YEAR:

Seminars:

- ☐ Seminars on recent advances in Preventive Dentistry and Dental Public Health
- ☐ 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 10 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)

Postings in all satellite centres attached to the department

- ☐ To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic
- ☐ 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.

Monitoring 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. Checklists are given in Section IV.

2.7 Total number of hours

As per the regulations of the DCI

2.8 Branches if any with definition

Public Health Dentistry

2.9 Teaching learning methods

Method of Training

The training of a postgraduate student shall be full time but graded responsibilities in the management and treatment of patients entrusted to his/her care. The participation of the students in all facets of educational process is essential. Every candidate should take part in seminars, group discussions, case demonstrations, clinics, journal review meetings, and clinical meetings. Every candidate shall be required to participate in the teaching and training programme of undergraduate students and interns. Training should include involvement in laboratory and experimental work, and research studies. Every Institution undertaking Post Graduate training programme shall set up an Academic cell or a Curriculum Committee, under the chairmanship of a Senior faculty member, which shall work out the details of the training programme in each speciality in consultation with other Department faculty staff and also coordinate and monitor the implementation of these training Programmes. Based on the above guidelines for a structured training programme for postgraduate courses, the basic tenets of a successful postgraduate teaching programme, are detailed under the following heads.

▫ **Formal Lectures** by the faculty on varied subjects including general areas and systems.

Both senior and junior faculty can do this. However, the number of these classes should be maintained of low levels to encourage self-learning.

▫ **Symposia / Seminars** form an integral part of PG learning. A monthly symposium will

generate approximate 30-35 symposia / course. These symposia can include department faculty and HODs as chairpersons and maximum involvement of both students and faculty should be ensured.

- **Clinical Discussions** form the core of PG training and can be assigned to various clinical units on rotating basis. However other faculty could also actively participate in the discussion. The discussions must be 3-4/week. One suggestion is to score the performance of the candidate by a small panel of faculty and convey the scores to the candidate / PG at the end of the session.

- **Journal Club /Clinical Club** should be conducted at least once in a week in each postgraduate department. Journal clubs not only imparts new information but also trains the candidate to objectively assess and criticize various articles which come out and should be useful in ensuring evidence based dentistry.

- **Guest Lectures** can be integrated into the PG program at least once in a month. Even the retired faculty can be invited for delivering the lectures and will ensure importing of greater wisdom to the candidates.

- **Orientation Classes** for newcomers should also be incorporated. These classes can even be assigned to junior faculty/senior PGs.

- **Clinical posting.** Each PG student should work in the clinics on regular basis to acquire adequate professional skills and competency in managing various cases to be treated by a specialist.

- **Clinico Pathological Conferences** should be held once a year involving the faculties of Oral Medicine and Radiology, Oral Pathology and concerned clinical department. The student should be encouraged to present the clinical details, radiological and histopathological interpretations and participation in the discussions.

- **Rotation postings in other departments** should be worked out by each department in order to bring in more integration between the speciality and allied fields.

- **Periodical Quiz** can be both informative and entertaining and should be encouraged and planned.

- **Computer Training and Internet Applications** are now becoming a must for both faculty and students. These areas should be strengthened as a next step. There can be a sort of internet information club in the departments.

- **Conferences/CDEs** – All postgraduate students should be encouraged to attend conferences and CDEs. They should also be asked to present papers wherever appropriate and should be rewarded by assigning scores for them.

- **Publication of scientific papers** – It is desirable and advisable to have at least two publications in the State/National/International indexed dental journals.

- **Involvement in Teaching Activity** – PG students can be assigned the job of teaching the undergraduate students and these will definitely improve the teaching skills in the postgraduate students.

2.10 Content of each subject in each year

Present in clause 2.6

2.11 No: of hours per subject

Present in clause 2.6

2.12 Practical training

Present in clause 2.6

2.13 Records

Present in clause 2.21

2.14 Dissertation: As per Dissertation Regulations of KUHS

Every candidate pursuing MDS degree course is required to carry out work on a selected research project under the guidance of a recognized postgraduate teacher. The results of such a work shall be submitted in the form of a dissertation. The dissertation is aimed to train a postgraduate student in research methods and techniques. It includes identification of a problem, formulation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and comparison of results and drawing conclusions. Every candidate shall submit to the University in the prescribed format a synopsis containing particulars of proposed dissertation work after obtaining ethical clearance from the Institutional Ethical Committee **within six months from the date of commencement of the course or before the dates notified by the University.** The synopsis shall be sent only through the Principal of the institution. Such synopsis will be reviewed and the dissertation topic will be registered by the university. No change in the dissertation topic or guide/co-guide shall be made without prior approval of the University. The dissertation should not be just a repetition of a previously undertaken study but it should try to explore some new aspects. The dissertation should be written under the following headings:

- i. Introduction
- ii. Aims and Objectives of the study
- iii. Review of Literature
- iv. Methodology
- v. Results
- vi. Discussion
- vii. Conclusion
- viii. Summary
- ix. References
- x. Annexures

The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires, and other annexures. It should be neatly typed (font size 13-Times New Roman or font size 13-Cambria) in 1.5line spacing on one side of the paper (A4 size, 8.27" x 11.69") and bound properly. Spiral binding should be avoided. (Refer Section V and VII). The guide, co-guide if any, Head of the Department and the Head of the Institution shall certify the dissertation.

For uniformity, it was suggested that the colour of the hard bind of the dissertation for all branches of MDS course in the purview of KUHS shall be dark brown with letters of gold colour. The title, author, and year of study should also be imprinted or embossed on the spine of the book. **Three hard copies and one properly labelled soft copy in a CD**

(refer Section VII) of the dissertation thus prepared shall be submitted to KUHS on the 29th month of commencement of the course / 31st Oct. of the 3rd academic year, whichever falls first. Dissertation should preferably be sent to a minimum of three reviewers / examiners / assessors, of which two shall be from outside the state and one from the affiliated colleges of KUHS. Consent for acceptance for evaluation of dissertation should be obtained from the reviewer/examiner/assessor before the dissertation are despatched. Proforma for evaluation of dissertation should be sent along with the copies of the dissertation to the reviewers appointed by the university. The proforma should contain all the assessment criteria with the clause – **Accepted/Accepted with modifications/Rejected** and reasons for rejection by the examiner. This proforma should be sent back to the University within two weeks / within the date specified after receipt of dissertation. The dissertation may be declared accepted if more than 50% of the reviewers (2 in the case of 3 reviewers) have accepted it. If modifications are to be made as specified, 3 hard copies and one soft copy of the dissertation after corrections made by the candidate should be submitted within 30 days to the University which may be sent back to the same reviewer/s by the University for Acceptance after a fee has been levied from the candidate. If the dissertation has been rejected by more than 50% of the reviewers (2 in the case of 3 reviewers), the dissertation may be reviewed by an Expert Reviewing Committee comprising of not less than two subject experts, Dean (Research) of KUHS and Guide of the candidate provided the Guide requests for a review, after a fee has been levied from the candidate. If rejected by the Reviewing Committee, the candidate should take up a new topic and undergo all the procedures of submitting the synopsis, fees, IEC clearance, etc., as prescribed by the University. The candidate who takes up the new topic can appear only for the subsequent examination.

Approval of dissertation work is an essential precondition for a candidate to appear in the Part II University examination. Hall tickets for the Part II examination should be issued to the candidate only if the dissertation has been accepted. A candidate whose dissertation has been accepted by the examiners and approved by the University, but who is declared to have failed at the final examination will be permitted to reappear at the subsequent MDS examination without having to prepare a dissertation.

Guide – The academic qualification and teaching experience required for recognition by the University as a guide for dissertation work is as laid down by the Dental Council of India / KUHS.

Co-guide – A co-guide may be included provided the work requires substantial contribution from the same department or a sister department or from another institution recognized for teaching/training by KUHS/DCI. The co-guide should fulfil the academic qualification and teaching experience required for recognition by the University as a co-guide for dissertation work.

Change of Guide – In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the University.

2.15 Speciality training if any

Present in clause 2.6

2.16 Project work to be done if any

Present in clause 2.6

2.17 Any other requirements [CME, Paper Publishing etc.]

Present in clause 2.6

2.18 Prescribed/recommended textbooks for each subject

1. Dentistry, dental practice and community by Striffler DF
2. Primary preventive dentistry by Harris N & Christen AG
3. Community dental health by Jong AW
4. Principles of dental public health vol I part 1 & 2 vol 2 by Dunning JM
5. Dental public health: an introduction to community dentistry by Slack G.L.
6. Fluoride in dentistry by Fejerskar Ok & Etal Ed
7. Fluorides & dental caries by Tiwari A
8. Text book of preventive and social medicine by Mahajan BK & Gupta Mc
9. Dental health education by Who Expert Committee
10. Metabolism and toxicity of fluoride vol I by Whitford GM.
11. Epidemiology bio-statistics and preventive medicine by Jekel JF & Etal
12. Introduction to oral preventive medicine: a programme for the first clinical experience by Muhlemann HR
13. Text book of preventive medicine by Stallard CE
14. Handbook of dental jurisprudence and risk management by Pollack BR ED
15. Fluorides and human health by World Health Organisation
16. Appropriate use of fluorides for human health by Murry JJED
17. Community health by Green LW
18. Prevention of dental diseases by Murry JJED
19. Color atlas of forensic dentistry by Whittaker DK & DAC Donald DG
20. Health research design and methodology by Okolo EN
21. Oxford text book of public health vol.3 by Holland WW & Et Al
22. Guidelines for drinking water quality vol 1 recommendations by WHO
23. Introduction to Bio-statistics by Mahajan B.K.
24. Guidelines for drinking water quality vol. 2 health criteria & other supporting information by WHO
25. Dentistry, dental practice and the community by Burt BA & Et Al
26. Occupational hazards to dental staff by Scully C
27. Forensic dentistry by Cameron JM
28. Research methodology: methods & techniques Kothari R
29. Law & ethics in dentistry by Shear J & Walters L
30. Health research methodology : a guide for training in research methods (western pacific education in action series no.5) by WHO
31. Community oral health by Pine CM
32. Park's text book of preventive and social medicine by Park K
33. Epidemiology, bio-statistics and preventive medicine by Katz DI
34. Oral health surveys basic methods by WHO
35. Essentials of preventive and community dentistry by Peter S
36. Fluorides in caries prevention by Murry JJ ED
37. Preventive dentistry by Forrest John O
38. Fluorine and fluorides: a report by World Health Organisation
39. Planning and evaluation of public dental health services: a technical report by World Health Organization

40. Prevention methods and programmes for oral diseases: a technical report by World Health Organization
41. Community periodontal index of treatment needs development, field-testing and statistically evaluation by World Health Organization
42. Planning oral health services by World Health Organization
43. Guide to epidemiology and diagnosis of oral mucosal diseases and conditions by World Health Organization
44. Community dentistry (pg hand book series vol 8) by Silberman SI & Tryon AF.
45. Oxford textbook of Global Public Health by Roger Detels

2.19 Reference books

As suggested by HOD

2.20 Journals

- Journal of Community Dentistry and Oral Epidemiology
- Journal of Public Health Dentistry
- Fluoride Journal of International Society
- Journal of Community Dental Health
- Journal of Fluoride research
- Journal of clinical preventive dentistry
- Journal of Indian Dental Association
- British Dental Journal
- Journal of American Dental Association
- Journal of Dentistry
- Dental Clinics of North America
- Journal of Dental Education
- Journal of Dental Research
- Oral Health and Preventive Dentistry journal

2.21 Logbook

▫ Work Diary / Log Book

Logbooks serve as a document of the trainee's work. The trainee shall maintain this Logbook of the special procedures/operations observed/assisted/performed by him/her during the training period right from the point of entry and its authenticity shall be assessed weekly by the concerned Post Graduate Teacher / Head of the Department. This shall be made available to the Board of Examiners for their perusal at the time of his / her appearing at the Final examination. The logbook should record clinical cases seen and presented, procedures and tests performed, seminars, journal club and other presentations. Logbook entries must be qualitative and not merely quantitative, focusing on learning points and recent advances in the area and must include short review of recent literature relevant to the entry. A work diary containing all the various treatment done by the candidate in the course of the study should also be maintained. The work diary shall be scrutinized and certified by both the guide/co guide and Head of the Department and presented in the University practical/clinical examination.

3 EXAMINATIONS

Examinations

Evaluation is a continuous process, which is based upon criteria developed by the concerned authorities with certain objectives to assess the performance of the learner. This also indirectly helps in the measurement of effectiveness and quality of the concerned MDS programme. Evaluation is achieved by two processes

- 1) Formative or internal assessment
- 2) Summative or university examinations.

Formative evaluation is done through a series of tests and examinations conducted periodically by the institution. Summative evaluation is done by the university through examination conducted at the end of the specified course. A candidate registered for MDS course must clear the final examination within six years of the date of admission. The examinations should be so organized that this shall be used as the mechanism to confirm that the candidate has acquired appropriate knowledge, skill and competence at the end of the training that he/she can act as a specialist and/or a medical teacher as per expectation. University examination will be held regularly by KUHS in April-May/October-November every year. A candidate who wishes to study for MDS in a second specialty should have to take the full course of 3 years in that specialty and appear for the examinations.

3.1 Eligibility to appear for exams

Every candidate to become eligible to appear for the **MDS examination** shall fulfil the following requirements.

MDS Part I Examination

Attendance

Every candidate shall have fulfilled the attendance prescribed by the University (80%) For the first academic year of the Postgraduate course.

Library Dissertation

Submission of library dissertation as per the regulations of KUHS is mandatory for a candidate to appear for the university examination.

MDS Part II (Final) Examination

Attendance

Every candidate shall have fulfilled the attendance prescribed by the University during **each academic year** of the Postgraduate course. A candidate becomes eligible for writing the University examination only after the completion of 36 months from the date of commencement of the course. The candidates should have completed the training period before the commencement of examination.

Dissertation

Approval of the dissertation is a mandatory requirement for a candidate to appear for the MDS Part II University examination.

Pass in MDS Part I Examination

Every candidate shall have to pass the Part I examination to become eligible to appear for Part II examination. The candidates shall have to pass the Part-I examination at least six months prior to the Part-II examination.

Progress and Conduct

Every candidate shall have participated in seminars, journal review meetings, symposia, conferences, case presentations, clinics and didactic lectures during each year as designed by the concerned department.

Work Diary and Logbook

Every candidate shall maintain a work diary and logbook for recording his/her participation in the training programmes conducted by the department. The work diary and logbook shall be verified and certified by the Head of the department. The certification of satisfactory progress by the Head of the Department and Head of the Institution shall be based on checklist given in 5.1 to 5.8.

· **Students should note that in case they do not complete the exercises and work allotted to them within the period prescribed, their course requirements will be considered unfulfilled.**

· **Clinical Records, Work Diaries and Logbooks should be maintained regularly and approved by the guide, duly certified by the Head of the Department.**

3.2 Schedule of Regular/Supplementary exams

The MDS Part I examination shall be held at the end of the first academic year and the MDS Part II examination shall be held at the end of the third academic year. The University shall conduct two examinations in a year at an interval of four to six months between two examinations. Not more than two examinations shall be conducted in an academic year.

3.3 Scheme of examination showing maximum marks and minimum marks

The MDS examination shall consist of theory, practical / clinical examination and Viva-voce and Pedagogy

(i)Theory: There shall be two theory examinations for the MDS course,

Part I Examination – at the end of the first academic year

Part II Examination –at the end of the third academic year

Part-I Examination: Shall consist of one theory paper

There shall be a theory examination in Applied Basic Sciences of three hours duration at the end of the first academic year of the course. The question papers shall be set and evaluated by the faculty of the concerned speciality. The candidates shall have to secure a minimum of 50%marks in the Basic Sciences paper and shall have to pass the Part-I examination at least six months prior to the final (Part-II) examination.

Part-II Examination: Shall consist of

(i) Theory - three papers, namely:–Paper I, Paper II & Paper III, each of three hours duration.

(ii) Practical and Clinical Examination;

(iii)Viva-voce and Pedagogy.

Theory : (Total 400 Marks)

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers, each of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each.
(Total of 100 Marks)

(ii)Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each.
(Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (2 x 50 = 100 Marks)

Practical and Clinical Examination : 200 Marks

Viva-voce and Pedagogy : 100 Marks

Written Examination (Theory): 400 Marks

Part-I: Applied Basic Sciences Paper - 100 Marks

The Part I examination consists of one theory paper in Basic Sciences, of three hours duration and shall be conducted at the end of the first academic year of the MDS course. There shall be 10 questions each carrying 10 marks.

Part II (Final) examination:300 Marks

The Part II theory examination shall be conducted at the end of Third year of MDS course and consist of three papers, each of three hours duration. Each paper shall carry 100 marks. The type of questions in the first two papers will be two long essay questions carrying 25 marks each and five short essay questions each carrying ten marks. There will be no options in the questions in the first 3 papers. Third paper will be an essay question paper with three essay questions carrying 50 marks each and the candidate is to answer any two of the essays. Questions on recent advances may be asked in any or all the papers. The syllabus for the theory papers of the concerned specialty should cover the entire field of the subject. Though the topics assigned to the different papers are generally evaluated under designated papers, students should be prepared to answer overlapping topics. The theory examinations shall be held sufficiently earlier than the practical/clinical examinations so that the answer books can be assessed and evaluated before the start of the practical/clinical examination. The total marks for the Part II theory examination shall be 300.

Practical Examination : 200 Marks

In case of practical examination, it should aim at assessing competence and skills of techniques and procedures. It should also aim at testing student's ability to make relevant and valid observations, interpretation and inference of laboratory or experimental or clinical work relating to his/her subject for undertaking independent work as a specialist. The total mark for practical/clinical examinations shall be 200.

Viva voce : 100 Marks

Viva voce examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills. The candidate may be given a topic for the pedagogy in the beginning of the clinical examination and asked to make a presentation on the topic for 8-10 minutes. The total marks shall be 100 of which 80 would be for the viva voce (20 marks/examiner) and 20 marks for the pedagogy.

3.4 Papers in Written examination

MDS Part I : Conducted at the end of the first academic year

Paper-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.

MDS Part II: Conducted at the end of the third academic year:

Paper-I : Public Health

Paper-II : Dental Public Health

Paper-III : Descriptive and analysing type question

3.5 Details of theory exams

Distribution of topics for each paper will be as follows:

MDS Part I:

PAPER-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 statistics.

MDS Part II:

PAPER I: Public Health

PAPER-II: Dental Public Health

PAPER-III: Essay – Descriptive and analyzing type of question

3.6 Model Question Paper

MDS Public Health Dentistry

MDS Part I Examination

Paper 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 statistics

(Answer all questions)

Time 3 hrs

Max marks 100

Essays

(10 x 10 =100 marks)

1. Discuss the structure, anatomical relationship and nerve supply of the submandibular Salivary gland.
2. What do you understand by statistical data? What are the types of data and discuss how descriptive statistics are distinguished from inferential statistics.
3. Define pain. Discuss the mechanisms for pain management in dentistry.
4. Discuss the microbiology of dental caries.
5. Iron deficiency anemia
6. Social factors influencing the health of people
7. Rodent ulcer
8. Emergency drugs in dental practice.
9. Chemical mediators of inflammation
10. Dental ethics

MDS Public Health Dentistry

MDS Part II Examination

Paper I: Public Health

Time 3 hrs

(Answer all questions)Max marks 100

Long essays

(2 x 25=50 marks)

1. Discuss the role of Information, Education and communication in the prevention and control of HIV/AIDS
2. Nutritional programs in India

Short essays**(5 x 10=50 marks)**

3. Legal protection for practicing dentist
4. Smokeless tobacco and oral cancer
5. Dentist patient relationship
6. Water borne diseases
7. Indicators of health

**MDS Public Health Dentistry
MDS Part II Examination
Paper II: Dental Public Health**

Time 3 hrs**(Answer all questions)Max marks 100****Long essays****(2 x 25=50 marks)**

1. Discuss the advantages and disadvantages of systemic and topical fluorides
2. Discuss the epidemiology of dental caries among school children in India.

Short essays**(5 x 10=50 marks)**

3. Incremental dental care
4. Sugar substitutes
5. Atraumatic restorative technique
6. Clinical features of dental fluorosis
7. Dental insurance

**MDS Public Health Dentistry
MDS Part II Examination
Paper III: Essay**

Time 3 hrs**(Answer any TWO questions)Max marks 100**

1. Effective utilization of dental manpower in the primary prevention of oral problems. (50 marks)
2. Oral health and Quality of life. (50 marks)
3. Role of Diet and Nutrition in Dental health. (50 marks)

3.7 Internal assessment component

Not applicable.

3.8 Details of practical/clinical examinations

The Practical / Clinical examination shall be conducted in 2 days. If there are more than 6 candidates, it shall be extended for one more day. Each candidate shall be examined for a minimum of two days, six hours per day including viva voce.

The practical examination will include

	Time	Marks
1. Clinical examination	1 hour	50
2. Clinical procedures	1 hour	50
3. Critical evaluation of research article	1 hour	50
4. Problem solving a hypothetical oral health situation in a community	1 hour	50

Day 1

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 hour)

2. Clinical Procedures

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 (50 Marks -1 hour)

3. Critical evaluation of a given research article published in an international journal (50 Marks -1 Hour)

Day 2

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 Hour)

Viva Voce

100 Marks

3.9 Number of examiners needed (Internal & External) and their qualifications

Part I Examination:

The University shall appoint one internal and one external examiner of the same specialty for evaluating the Part I answer scripts. The Part I answer papers shall be evaluated by external and internal examiners of the same speciality appointed by the University adhering to the evaluators guidelines of KUHS

Part II Examination:

There shall be at least four examiners in each branch of study. Out of four, two (50%) should be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the DCI. The external examiners shall ordinarily be invited from another recognized University from outside the state. An external examiner may ordinarily be appointed for the same institute for not more than two years consecutively. Thereafter he may be reappointed after an interval of one year. The same set of examiners shall ordinarily be responsible for the practical and oral part of the examination.

The Head of the Department shall ordinarily be one of the examiners and the chairperson of the Board of Examinations; second internal examiner shall rotate after every two consecutive examinations if there are more than two postgraduate teachers in the department other than the Head of the department. No person who is not an active Postgraduate teacher in that subject can be appointed as Examiner. However, in case of retired personnel, a teacher who satisfies the above conditions could be appointed as examiner up to one year after retirement.

For the MDS examination, if there are no two qualified internal examiners in an institute the second internal examiner can be from a neighboring DCI and KUHS approved / recognized

Dental College having PG course in the specific speciality. This examiner should be an active PG teacher in the same speciality with the qualifications and experience recommended for a teacher for postgraduate degree programme. The examination can also be conducted by one qualified internal examiner and three qualified external examiners if there is no qualified second internal examiner. Reciprocal arrangement of Examiners should be discouraged, in that, the internal examiner in a subject should not accept external examiner ship of a college from which the external examiner is appointed in his subject in the same academic year.

3.10 Details of viva

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 = 20 marks

4.INTERNSHIP

Not applicable for PG courses

Sl. No:	Items for observation during evaluation	Score
1	Quality of Exercise	
2	Ability to answer questions	
3	Punctuality in submission of exercise	
4	TOTAL SCORE	

5. ANNEXURES

5.1 Check Lists for Monitoring: Log Book, Seminar Assessment etc.

CHECKLISTS and LOGBOOK

Checklist 1

Model Checklist for Evaluation of Preclinical Exercises

Name of Student:

Date:

Name of Faculty:

Performance	Score
Poor	0
Below Average	1
Average	2
Good	3
Very good	4

Signature of Faculty

5.2 :Checklist 2

Model Checklist for Evaluation of Journal Review / Seminar Presentation

Name of Student:

Date:

Name of the Faculty:

Name of Journal / Seminar:

Sl. No:	Items for observation during evaluation	Score
1	Relevance of Topic	
2	Appropriate Cross references	
3	Completeness of Preparation	
4	Ability to respond to questions	
5	Effectiveness of Audio-visual aids used	
6	Time Scheduling	
7	Clarity of Presentation	
8	Overall performance	
	TOTAL SCORE	

Performance	Score
Poor	0
Below Average	1
Average	2
Good	3
Very good	4

Signature of Faculty

5.3 :Checklist 3

Model Checklist for Evaluation of Clinical Case and Clinical Work

Name of Student:

Date:

Name of the Faculty:

Sl. No:	Items for observation during evaluation	Score
1	History	
	Elicitation	
	Completeness	
2	Examination	
	General Examination	
	Extraoral examination	
	Intraoral examination	
3	Provisional Diagnosis	
4	Investigation	
	Complete and Relevant	
	Interpretation	
5	Diagnosis	
	Ability to defend diagnosis	
6	Differential Diagnosis	
	Ability to justify differential diagnosis	
7	Treatment Plan	
	Accuracy	
	Priority order	
8	Management	
9	Overall Observation	
	Chair side manners	
	Rapport with patient	
	Maintenance of Case Record	
	Quality of Clinical Work	
	Presentation of Completed Case	
10	TOTAL SCORE	

Performance	Score
Poor	0
Below Average	1
Average	2
Good	3
Very good	4

Signature of Faculty

5.4: Checklist 4

Model Checklist for Evaluation of Library Dissertation Work

Name of Student:

Date:

Name of the Faculty/Guide:

Performance	Score
Poor	0
Below Average	1
Average	2
Good	3
Very good	4

Signature of Faculty

5.5:Checklist 5

Model Checklist for Evaluation of Dissertation Work

Name of Student:

Date:

Sl. No:	Items for observation during evaluation	Score
1	Interest shown in selecting topic	
2	Relevance of Topic	
3	Preparation of Proforma	
4	Appropriate review	
5	Appropriate Cross references	
6	Periodic consultation with guide/co-guide	
7	Depth of analysis/Discuss	
8	Ability to respond to questions	
9	Department Presentation of findings	
10	Quality of final output	
	TOTAL SCORE	

Name of the
Faculty/Guide/Co-guide:

Performance	Score
Poor	0
Below Average	1
Average	2
Good	3
Very good	4

Signature of Faculty

5.6: CHECKLIST- 6

CONTINUOUSEVALUATION OF DISSERTATION WORK BY GUIDE/CO-GUIDE

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	Department presentation of findings					
5	Quality of final output					
6	Others					
	TOTAL SCORE					

Name of the Trainee:

Date

Name of the Faculty

Signature of the guide / co-guide

5.7: CHECKLIST - 7

OVERALL ASSESSMENT SHEET

Name of the College:

Date:

Check List No	PARTICULARS	Name of trainee		
		First Year	Second Year	Third Year
1	Preclinical Exercises			
2	Journal Review Presentation			
3	Seminars			
4	Library dissertation			
5	Clinical work			
6	Clinical presentation			
7	Teaching skill practice			
8	Dissertation			
	TOTAL			

Name of Department:

Signature of HOD

Signature of Principal

The above overall assessment sheet used along with the logbook should form the basis for certifying satisfactory completion of course of study, in addition to the attendance requirement.

Key:

Mean score: Is the sum of all the scores of checklists 1 to 6

DEPARTMENT OF

MDS Programme

LOG BOOK OF

NAME.....

BIODATA OF THE CANDIDATE

EXPERIENCE BEFORE JOINING P.G. COURSE

DETAILS OF POSTING :

- **FIRST YEAR**
- **SECOND YEAR**
- **THIRD YEAR**

DETAILS OF LEAVE AVAILED

PRECLINICAL EXERCISES

LIBRARY DISSERTATION

RESEARCH WORK

PARTICIPATION IN CONFERENCES – CDE PROGRAMMES

DETAILS OF PARTICIPATION IN ACADEMIC PROGRAMME

SEMINARS /SYMPOSIA PRESENTED

JOURNAL CLUBS

TEACHING ASSIGNMENTS – UNDERGRADUATES / PARAMEDICAL.

SPECIAL DUTIES (IF ANY)

INTERNAL ASSESSMENT

DAILY ACTIVITIES RECORD (BLANK PAGES)

ONE PAGE FOR EACH MONTH X 36 PAGES

MISCELLANEOUS

SUMMARY

5.8.1 :LOG BOOK-1

ACADEMIC ACTIVITIES ATTENDED

Name:

Date	Type of activity - Specify Seminar, Journal club, Presentation, UG teaching	Particulars

Admission Year:

College:

Signature of the guide / co-guide

5.8.2:LOG BOOK - 2

ACADEMIC PRESENTATIONS MADE BY THE TRAINEE

Name :

Admission Year:

College:

[illegible]

Signature of the guide / co-guide

5.8.3:LOG BOOK - 3

DIAGNOSTIC AND OPERATIVE PROCEDURES PERFORMED

Name

Admission Year:

College:

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

Key:

O- WASHED UP AND OBSERVED - INITIAL 6 MONTHS OF ADMISSION

A - ASSISTED A MORE SENIOR SURGEON -1 YEAR MDS

PA - PERFORMED PROCEDURE UNDER THE DIRECT SUPERVISION OF A SENIOR SURGEON - II YEAR MDS

PI - PERFORMED INDEPENDENTLY - III YEAR MDS

Signature of the guide / co-guide

Annexure : 5.9

Faculty

a. In each department there should be a minimum required full time faculty members belonging to the disciplines concerned with requisite postgraduate qualification and experience for being a PG teacher as prescribed by the DCI. The requirements of the faculty should follow the norms framed by the DCI.

b. To strengthen and maintain the standards of postgraduate training, DCI and KUHS recommends the following minimum faculty requirements (Table 1) for starting and continuation of postgraduate training programmes. Any increase of admissions will also be based on the same pattern.

Table 1: Minimum Faculty Requirements

Unit 1

1. Minimum faculty requirement of 1st Unit in an undergraduate institute having basic infrastructure of 50 admissions

Department / Speciality	Professor (HOD)	Readers/ Associate Professors	Lecturers/Assistant Professor
Prosthodontics and Crown & Bridge	1	3	4
Conservative Dentistry and Endodontics	1	3	4
Periodontology	1	2	2
Orthodontics & Dentofacial Orthopedics	1	2	2
Oral & Maxillofacial Surgery	1	2	2
Oral & Maxillofacial Pathology and Oral Microbiology	1	2	2
Oral Medicine & Radiology	1	2	2
Pediatric Dentistry	1	2	2
Public Health Dentistry	1	2	2

2. Minimum faculty requirement of 1st Unit in an undergraduate institute having basic infrastructure of 100 admissions

Department / Speciality	Professor (HOD)	Readers/ Associate Professors	Lecturers/Assistant Professor
Prosthodontics and Crown & Bridge	1	3	6
Conservative Dentistry and Endodontics	1	3	6
Periodontology	1	3	3
Orthodontics & Dentofacial Orthopedics	1	2	3
Oral & Maxillofacial Surgery	1	3	3
Oral & Maxillofacial Pathology and Oral Microbiology	1	2	3
Oral Medicine & Radiology	1	2	3
Pediatric Dentistry	1	2	3
Public Health Dentistry	1	2	3

3. Unit 2 :-

Each department shall have the following additional teaching faculty, over and above the requirement of Unit 1.

Professor	1
Reader /Associate Professor	1
Lecturer / Assistant Professor	2

- a. In addition to the faculty staff mentioned above there should be adequate strength of Senior Lecturers/ Lecturers available in the department. The department should also have adequate number of technical and other paramedical staff as prescribed by the Dental Council of India.
- b. A department which does not have a Professor and an Assistant Professor with requisite qualifications and experience as laid down by the DCI, shall not start a postgraduate. course in that specialty.
- c. Faculty who is accepted as Postgraduate teacher in a dental institute starting MDS course will not be accepted for the next one year in any other dental institute.

Clinical / Laboratory Facilities and Equipments

There should be adequate clinical material, space and sufficient number of dental chairs and units, adequate laboratory facilities and should regularly be updated keeping in view the advancement of knowledge and technology and research requirements. The department should have the minimum number of all equipments including the latest ones necessary for the training and as recommended by the DCI/KUHS for each specialty from time to time.