



LIAQUAT COLLEGE OF MEDICINE AND DENTISTRY
DEPARTMENT OF HEALTH PROFESSIONS EDUCATION
COLLEGE OF DENTISTRY



STUDY GUIDE – 2026

Final Year BDS

Batch- XXIV (24)

Compiled by:

Department of Health Professions Education
College of Dentistry

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“Heartfelt gratitude to all departments for supporting and collaborating efficiently for compiling of this study guide“



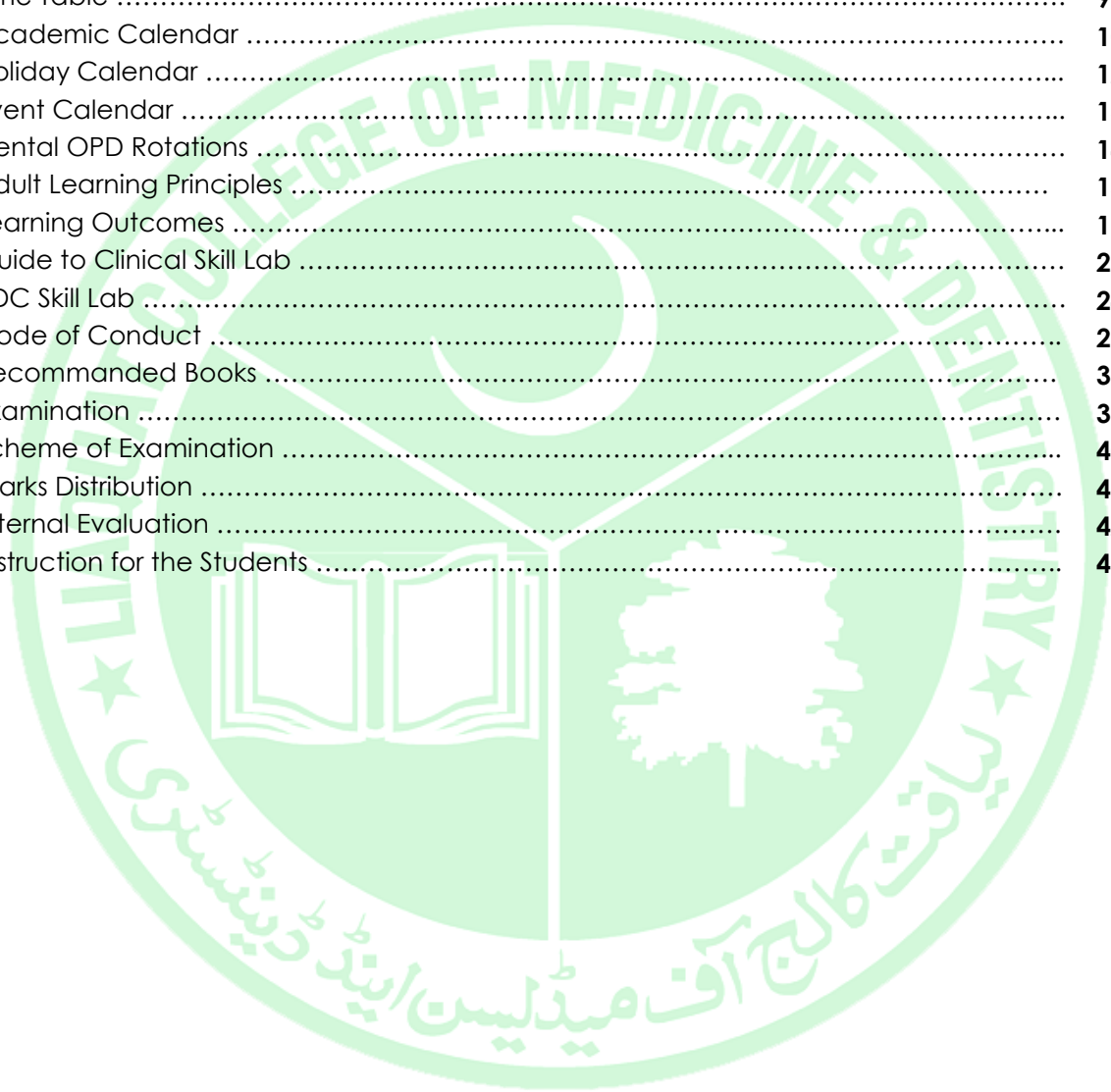


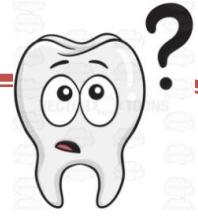
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How is Study guide going to help you?

- ❖ A study guide serves as a comprehensive tool for both learners and facilitators to enhance learning experience by offering direction, organizing academic information, and identifying essential resources. Its primary goal is to optimize individual academic outcomes by providing:
 - Clear details on the academic calendar and administrative procedures for effective communication and support.
 - Defined learning objectives aligned with teaching methodologies, and assessment strategies for each subject to guide students towards their educational targets.
 - Accessible learning resources such as textbooks, and supplementary materials.
 - Guidance on continuous evaluation (internal evaluation) and important instructions.

Vision:

The vision of LCMD is to be an outstanding institution that produces health care providers that are exemplary. Community based, and in alignment with the National Health Policy of Pakistan.

Mission Statement (COD):

To produce outstanding, compassionate, and skillful graduates in the field of dentistry, who practice evidence-based dentistry, professionalism, leadership, advocacy, social responsiveness and are life-long learners.



Program Competencies:

The LCMD BDS program competencies are aligned with those of PMDC's competencies for dental graduates.





Program Learning Objectives

Demonstrate a high level of clinical proficiency in performing a wide range of dental procedures including diagnosis, treatment planning and execution of dental treatments

Provide patient-centered care, showing empathy, compassion and respect for patients' needs and concerns, and effectively communicate treatment options and plans

Adhere to the highest ethical standards in dental practice, maintaining integrity, honesty and confidentiality while fostering trust and professionalism in their interactions with patients and

Actively engage in their local communities to promote oral health awareness, provide dental care to underserved populations, and contribute to the betterment of oral healthcare on a broader scale

Exhibit a commitment to lifelong learning by actively engaging in continuing education, staying current with advancements in dental science and technology, and seeking opportunities to enhance their skills

Assume leadership roles with in their dental practices or in dental organizations, as well as collaborate effectively with other healthcare professionals to ensure comprehensive patient care

Critically evaluate and apply scientific research to their clinical practice ensuring evidence-based decision making and continuous improvement in patient care

Possess basic knowledge and skills in practice management, including financial management, regulatory compliance, and ethical billing practices

Demonstrate strong communication skills, both with patients and within the dental team, fostering effective teamwork and patient education

Strive to achieve positive patient outcomes, including improved oral health, patient satisfaction, and the prevention or early detection of dental diseases



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Program Outcomes	
1.	Demonstrate proficiency in the use of dental instruments and equipment, required for dental procedures.
2.	Identify common dental conditions and diseases.
3.	Formulate comprehensive treatment plans for patients, considering their oral health status and individual needs.
4.	Develop the ability to prioritize and sequence dental treatments effectively, considering both immediate and long-term oral health goals.
5.	Provide compassionate and empathetic care, acknowledging the physical and emotional needs of patients.
6.	Implement the concept of informed consent, ensuring that patients are well-informed about their treatment options and have the opportunity to provide their consent or refusal.
7.	Engage in self-reflection and continuous improvement of their patient-centered care and communication skills
8.	Consistently make ethical decisions in their interactions with patients, colleagues, and the broader dental community.
9.	Maintain strict patient confidentiality, respecting the privacy and security of patient information and medical records.
10.	Demonstrate appropriate professional boundaries in their relationships with patients and colleagues.
11.	Demonstrate the ability to assume leadership roles within dental practices or dental organizations.
12.	Provide ethical and moral leadership, upholding the highest standards of integrity and professionalism in their roles.
13.	Commit to ongoing professional development and leadership training to refine their leadership and collaboration skills over time.
14.	Develop a strong commitment to lifelong learning, recognizing that dentistry is a dynamic field that requires ongoing education.
15.	Stay informed about the latest advancements in dental science, technology, and treatment options.
16.	Actively participate in continuing education programs, workshops, and seminars to stay current with best practices and evolving standards in dentistry.
17.	Keep up-to-date with advances in dental technology, and effectively and safely integrate these tools into their practice.
18.	Actively participate in and lead community outreach programs and events aimed at promoting oral health awareness, preventive care, and healthy oral hygiene practices.
19.	Proficient in delivering effective oral health education to community members of all ages, focusing on prevention and maintaining good oral hygiene practices.
20.	Aim for long-term community impact by establishing sustainable programs, initiatives, or partnerships that continue to promote oral health awareness and access to care.
21.	Engage in self-reflection and evaluation of their community engagement efforts, seeking continuous improvement and increased effectiveness.
22.	Develop strong research literacy, which includes the ability to locate, critically evaluate, and understand scientific literature relevant to dentistry.
23.	Consistently make clinical decisions based on the best available scientific evidence, using research findings to guide patient care.
24.	Integrate evidence-based findings into their clinical practice, adapting treatment plans and approaches as new research emerges.
25.	Practice research ethics, including the responsible conduct of research, informed consent, and the protection of human subjects in dental research.
26.	Engage in lifelong learning by continuously updating their knowledge of research methodologies and staying informed about the latest research trends in dentistry.



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27.	Demonstrate proficiency in managing the financial aspects of a dental practice, including budgeting, financial planning, and expense control.
28.	Practice intricacies of billing and coding for dental services, ensuring accuracy and compliance with insurance and regulatory requirements.
29.	Well-versed in dental practice regulations, including those related to licensure, accreditation, and quality assurance.
30.	Commit to ethical billing practices, avoiding overbilling or unnecessary procedures and ensuring transparency in financial transactions with patients.
31.	Proficient in communicating effectively with patients, using clear and empathetic language to explain diagnoses, treatment options, and post-treatment care instructions.
32.	Excel in communicating and collaborating with other members of the dental team, including dental assistants, hygienists, and administrative staff, to ensure seamless patient care.
33.	Educate patients about oral health, prevention, and treatment options in a clear and understandable manner, using various educational materials and tools.
34.	Prioritize and demonstrate their commitment to improving the oral health of their patients by providing evidence-based and effective dental care.
35.	Excel in the prevention and early detection of dental diseases, promoting regular check-ups, screenings, and preventive measures to minimize the impact of oral health issues.
36.	Prioritize patient comfort and satisfaction, ensuring a positive and comfortable experience during dental procedures.
37.	Actively promote preventive education and awareness to help patients understand the importance of maintaining good oral hygiene and the prevention of dental diseases





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	Dr. Fauzia Perveen	Deputy Controller - COD	
	Dr. Laraib Hameed	Coordinator - COD	
DHPE	Dr. Sabaa Shahid	Incharge	dhpelcmd@gmail.com
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CURRICULUM COMMITTEE CLINICAL SCIENCES

Prof. Dr. Tahera Ayub

Chairperson Curriculum Committee Clinical Sciences

Prof. Dr. Naheed Najmi

Advisor Curriculum Committee Clinical Sciences

Dr. Sabaa Shahid

Secretary Curriculum Committee Clinical Sciences

Dr. Amna Afridi

Coordinator Curriculum Committee Clinical Sciences

Members:

Prof. Dr. Uzma Zareef

Professor – Oral Pathology

Dr. Sadaf Talha

Assistant Professor – Orthodontics

Dr. Samreen Wahab

Assistant Professor – Oral Medicine

Dr. Tazeen Zehra

Assistant Professor – Operative Dentistry

Dr. Khurram Zia

Associate Professor – General Surgery

Dr. Amna Rehman

Assistant Professor – Oral Surgery

Dr. Usman Bashir Shaikh

Professor – Prosthodontics

Dr. Muhammad Abid

Assistant Professor – Periodontology

Dr. Aisha Faisal

Assistant Professor – Pediatric Dentistry

Dr. Syeda Hisala Rehman

Senior Registrar – General Medicine

Dr. Ismail Latif

Lecturer - Pediatric Dentistry & Final Year Coordinator

CO-OPT Members:

Prof. Dr. Irfan Ashraf

Head Of Department Student Affairs & Examination

Prof. Dr. Attiya Shaikh

Head Of Department Orthodontics

Dr. Asma Shahid

Incharge QEC – COD

Class Representatives From Third & Final Year BDS

Email Address: ccc.cod@lcmd.edu.pk



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TIME TABLE



LIAQUAT COLLEGE OF MEDICINE & DENTISTRY

TIME TABLE FOR FINAL PROFESSIONAL BDS (BATCH - 24)

25th March 2026 TO 27th March 2026 (WEEK-01)



TIME	08:30 - 1:30 OPD ROTATIONS				
MONDAY 23-03-26	OFF				
TUESDAY 24-03-26	OFF				
WEDNESDAY 25-03-26	08:30 - 09:20 Clinical Orientation (Oral Surgery)	09:20 - 10:05 Clinical Orientation (Prosthodontics)	10:05 - 10:50 Clinical Orientation (Operative Dentistry)	10:50 - 11:15 Tea Break	11:15 - 1:30 Work on Patients
THURSDAY 26-03-26	Clinical Orientation (Pediatric Dentistry)	Clinical Orientation (Orthodontics)	Clinical Discussion (Operative Dentistry)		
FRIDAY 27-03-26 (ONLINE)	9:00 - 12:50 ONLINE LECTURES				
	9:00 - 9:50 OPERATIVE DENTISTRY	10:00 - 10:50 ORTHODONTICS	11:00 - 11:50 ORAL SURGERY	12:00 - 12:50 PROSTHODONTICS	Google Assignment: OPERATIVE DENTISTRY
	Pain transmission & Activation (Prof. Dr. Naheed Najmi)	Growth & Development (Dr. Nazneen Zubair)	Preoperative health status evaluation (Prof. Dr. Tahera Ayub)	Introduction to fixed prosthodontics (Dr. Amna)	
R.L= RESPECTIVE LAB R.D= RESPECTIVE DEPARTMENT L.H.4=LECTURE HALL 4*AUDITORIUM					

Dr. M. Ismail Latif
Coordinator Final Year BDS



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OPD TIME 11:15 - 1:30					
Dept. DAY	OPERATIVE DENTISTRY	PEDIATRIC DENTISTRY	ORAL SURGERY	PROSTHODONTICS	ORTHODONTICS
MONDAY 23-03-26	OFF				
TUESDAY 24-03-26	OFF				
WEDNESDAY 25-03-26	OPERATIVE DENTISTRY - Introduction to OPD - History taking, Diagnosis & Treatment planning - Parts of the dental unit. - Chair positioning. (Dr. Sareema/Dr. Palwasha)	PEDIATRIC DENTISTRY - Introduction to Pediatric Dentistry (Dr. M. Ismail/Dr. Shafaq)	ORAL SURGERY - Introduction to Oral surgery dept. (Dr. Amna Afridi)	PROSTHODONTICS - History & Examination for CD (Dr. Amna)	ORTHODONTICS - History & Examination (Dr. Nazneen/Dr. Aiman)
THURSDAY 26-03-26	OPERATIVE DENTISTRY - Demonstration of vitality tests. - Instrument identification and uses (Dr. Sareema/Dr. Umaima)	PEDIATRIC DENTISTRY - History & Examination (Dr. M. Ismail/Dr. Shafaq)	ORAL SURGERY - Examination & History taking form [Discussion & Role-play] (Dr. Shabana Abbasi)	PROSTHODONTICS - Steps of CD fabrication (Dr. Anas)	ORTHODONTICS - Cephalostat & Ceph Landmarks/Clinical procedures (Dr. Madiha/Dr. Aiman)



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ACADEMIC CALENDAR – FINAL YEAR BDS

MONTH	APRIL							MAY							JUNE							JULY			
	4	5	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4		
WEEK	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
CUMULATIVE WEEK	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
DATES	23-Mar	30-Mar	6-Apr	13-Apr	20-Apr	27-Apr	4-May	11-May	18-May	25-May	1-Jun	8-Jun	15-Jun	22-Jun	29-Jun	6-Jul	13-Jul	20-Jul	27-Jul						
OPERATIVE DENTISTRY	Introduction to Operative Dentistry	Patient Evaluation And Problem Oriented Treatment Planning	Preliminary Considerations In Operative Dentistry (Sterilization And Disinfection)	Dental Caries (Etiology And Clinical Characteristics)	Dental Caries (Diagnosis)	Pain Activation And Transmission	Preserving Pulp Vitality	Management of dental caries	Management of dental caries	Management of dental caries	Management of dental caries	Management of dental caries	Management of dental caries	Principles of Cavity Design and Preparation	Amalgam Restorations (Class I cavity preparation)	Amalgam Restorations (Class II cavity preparation)	Bonding to enamel and dentine	Endodontic Diagnosis and Treatment Plan	Class 5 Restorations & Root caries (Class 5 Restorations)						
	Biologic Considerations In Operative Dentistry	Patient Evaluation And Problem Oriented Treatment Planning	Occlusion	Dental Caries (Etiology And Clinical Characteristics)	Dental Caries (Diagnosis)	Pain Activation And Transmission	Pulpitis and Its Sequelae	Management of dental caries	Management of dental caries	Management of dental caries	Management of dental caries	Management of dental caries	Management of dental caries	Principles of Cavity Design and Preparation	Amalgam Restorations (Class I cavity preparation)	Endodontic Microbiology	Bonding to enamel and dentine	Endodontic Diagnosis and Treatment Plan	Class 5 Restorations & Root caries (Class 5 Restorations)						
	Patient Evaluation And Problem Oriented Treatment Planning	Preliminary Considerations In Operative Dentistry (operating positions)	Occlusion	Dental Caries (Etiology And Clinical Characteristics)	Dental Caries (Diagnosis)	Preserving Pulp Vitality	Pulpitis and Its Sequelae	Management of Deep Carious Lesion	Management of Deep Carious Lesion	Management of Deep Carious Lesion	Management of Deep Carious Lesion	Management of Deep Carious Lesion	Management of Deep Carious Lesion	Instruments and Equipment for Tooth Preparation	Amalgam Restorations (Class I cavity preparation)	Pulp Anatomy	Endodontic Diagnosis and Treatment Plan	Instruments in Endodontics	Class 5 Restorations & Root caries (Diagnosis and Treatment of Root Caries)						
	Patient Evaluation And Problem Oriented Treatment Planning	Preliminary Considerations In Operative Dentistry (isolation)	Pulp And Periapical Pathosis	Dental Caries (Etiology And Clinical Characteristics)	Biolog Of Dental Pulp And Periapical Tissue	Preserving Pulp Vitality	Pulpitis and Its Sequelae	Assessment of radiograph	Assessment of radiograph	Assessment of radiograph	Assessment of radiograph	Assessment of radiograph	Assessment of radiograph	Instruments and Equipment for Tooth Preparation	Amalgam Restorations (Class I cavity preparation)	Pulp Anatomy	Endodontic Diagnosis and Treatment Plan	Instruments in Endodontics	Endodontic Radiology						
	Patient Evaluation And Problem Oriented Treatment Planning	Preliminary Considerations In Operative Dentistry (cross infection control)	Pulp And Periapical Pathosis	Dental Caries (Etiology And Clinical Characteristics)	Biolog Of Dental Pulp And Periapical Tissue	Preserving Pulp Vitality	revision	Assessment of radiograph	Assessment of radiograph	Assessment of radiograph	Assessment of radiograph	Assessment of radiograph	Assessment of radiograph	Amalgam Restorations (Class I cavity preparation)	Amalgam Restorations (Class II cavity preparation)	Bonding to enamel and dentine	Endodontic Diagnosis and Treatment Plan	Instruments in Endodontics	Endodontic Radiology						
ORAL SURGERY	PREOPERATIVE HEALTH STATUS EVALUATION	PRINCIPLES OF MANAGEMENT AND PREVENTION OF ODONTOGENIC INFECTION	PRINCIPLES OF MANAGEMENT AND PREVENTION OF ODONTOGENIC INFECTION	PREVENTION AND MANAGEMENT OF MEDICAL EMERGENCIES	PRINCIPLES OF ASEPSIS AND INFECTION CONTROL IN SURGICAL PRACTICE	COMPLEX ODONTOGENIC INFECTIONS	PRINCIPLES OF ROUTINE EXODONTIA	WOUND REPAIR	WOUND REPAIR	WOUND REPAIR	WOUND REPAIR	WOUND REPAIR	WOUND REPAIR	ODONTOGENIC DISEASE OF MAXILLARY SINUS	PRINCIPLES OF DIFFERENTIAL DIAGNOSIS AND BIOPSY	SURGICAL MANAGEMENT OF OROPATHOLOGICAL LESIONS (cysts)	SURGICAL MANAGEMENT OF OROPATHOLOGICAL LESIONS (cysts)	SURGICAL MANAGEMENT OF OROPATHOLOGICAL LESIONS (cysts)	MANAGEMENT OF HOSPITALIZED PATIENT						
	BASIC PRINCIPLES OF SURGERY							PRINCIPLES OF ROUTINE EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA	PRINCIPLES OF MORE COMPLEX EXODONTIA						
	PREOPERATIVE HEALTH STATUS EVALUATION	PAIN AND ANXIETY CONTROL IN SURGICAL PRACTICE	PREVENTION AND MANAGEMENT OF MEDICAL EMERGENCIES	BASIC PRINCIPLES OF SURGER	INSTRUMENTATION OF BASIC ORAL SURGERY	COMPLEX ODONTOGENIC INFECTIONS	POSTOPERATIVE PATIENT MANAGEMENT	WOUND REPAIR	WOUND REPAIR	WOUND REPAIR	WOUND REPAIR	WOUND REPAIR	WOUND REPAIR	ODONTOGENIC DISEASE OF MAXILLARY SINUS	PRINCIPLES OF DIFFERENTIAL DIAGNOSIS AND BIOPSY	PRINCIPLES OF MORE COMPLEX EXODONTIA	SURGICAL MANAGEMENT OF OROPATHOLOGICAL LESIONS (cysts)	PRINCIPLES OF MANAGEMENT OF IMPACTED TEETH	PRINCIPLES OF MANAGEMENT OF IMPACTED TEETH	PRINCIPLES OF MANAGEMENT OF IMPACTED TEETH	PRINCIPLES OF MANAGEMENT OF IMPACTED TEETH	PRINCIPLES OF MANAGEMENT OF IMPACTED TEETH	PRINCIPLES OF MANAGEMENT OF IMPACTED TEETH		
	PRINCIPLES OF MANAGEMENT AND PREVENTION OF ODONTOGENIC INFECTION			PRINCIPLES OF ASEPSIS AND INFECTION CONTROL IN SURGICAL PRACTICE	COMPLEX ODONTOGENIC INFECTIONS			ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS	ODONTOGENIC DISEASE OF MAXILLARY SINUS		
								TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	TERM I	
ORTHODONTICS	Introduction to Orthodontics	Development of Dentition	Diagnosis Aids, Case history and Clinical Examination	Growth and Development	Growth and Development	Growth and Development	Syndromes	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Orthodontic Removable Appliances	Orthodontic Functional Appliances	Orthodontic Functional Appliances	Orthodontic expansion Appliances	Orthodontic Fixed Appliances	Orthodontic Fixed Appliances	Orthodontic Fixed Appliances	Orthodontic Fixed Appliances		
	Introduction to Orthodontics	Development of Occlusion	Diagnosis Aids, Case history and Clinical Examination	Growth and Development	Growth and Development	Growth and Development	Syndromes	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Orthodontic Removable Appliances	Orthodontic Functional Appliances	Orthodontic Functional Appliances	Orthodontic expansion Appliances	Orthodontic Fixed Appliances	Orthodontic Fixed Appliances	Orthodontic Fixed Appliances			
	Development of Dentition	Development of Occlusion	Diagnosis Aids, Case history and Clinical Examination	Growth and Development	Growth and Development	Growth and Development	Revision	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Cephalometrics	Orthodontic Removable Appliances	Orthodontic Functional Appliances	Orthodontic Functional Appliances	Orthodontic expansion Appliances	Orthodontic Fixed Appliances	Orthodontic Fixed Appliances	Orthodontic Fixed Appliances			
PROSTHODONTICS	Introduction to prosthodontics	Physical & biomechanical considerations	History, examination & treatment plan of CD	Pre-prosthetic Surgery	Biological considerations of impression	Impression Theories & Techniques	Posterior palatal seal	Facebow	Facebow	Facebow	Facebow	Facebow	Facebow	Articulators	Jaw relation record	Jaw relation record	Arrangement of teeth	Occlusion in CD	Trial of CD	Trial of CD	Trial of CD	Trial of CD			
	Terminologies	Introduction to FPD	History and examination for FPD	Treatment planning for FPD	Treatment planning for FPD	Retainers of FPD	Connectors of FPD	Principles of tooth preparation	Principles of tooth preparation	Principles of tooth preparation	Principles of tooth preparation	Principles of tooth preparation	Principles of tooth preparation	Principles of tooth preparation	Type of Bridges	Resin bonded bridges	Resin bonded bridges	Impression techniques for FPD	Shade selection	Shade selection	Shade selection	Shade selection			
		History, examination & treatment plan of CD	Pre-prosthetic Surgery	Anatomical landmarks	Impression theories & techniques	Revision		Articulators	Articulators	Articulators	Articulators	Articulators	Articulators	Articulators	Articulators	Teeth selection for CD	Occlusion in CD		Revision	Revision	Revision	Revision			
PEDIATRIC DENTISTRY	pain and Anxiety Management of pediatric patient	pain and Anxiety Management of pediatric patient	LECTURE for DHPE	History Examination, & Risk Assessment & Treatment Planning in Pediatric Patients	Local Anesthesia technique for Children	Local Anesthesia technique for Children	Revision	Treatment of Dental Caries in the Preschool Children for Pediatric Patients	LECTURE for DHPE	LECTURE for DHPE	LECTURE for DHPE	LECTURE for DHPE	LECTURE for DHPE	Restorative Dentistry for Pediatric Patient	Pulp Therapy for Primary and Young Permanent Teeth	Pulp Therapy for Primary and Young Permanent Teeth	Periodontal Diseases in Children	Periodontal Diseases in Children	LECTURE for DHPE	Advanced Restorative Dentistry					
	Introduction to Pediatric Dentistry	pain and Anxiety Management of pediatric patient	LECTURE for DHPE	Diagnosis and Prevention of Dental Caries in Pediatric Patient	Local Anesthesia technique for Children	LECTURE for DHPE	LECTURE for DHPE	Restorative Dentistry for Pediatric Patient	Restorative Dentistry for Pediatric Patient	Restorative Dentistry for Pediatric Patient	Restorative Dentistry for Pediatric Patient	Restorative Dentistry for Pediatric Patient	Restorative Dentistry for Pediatric Patient	Restorative Dentistry for Pediatric Patient	Pulp Therapy for Primary and Young Permanent Teeth	Pulp Therapy for Primary and Young Permanent Teeth	Periodontal Diseases in Children	LECTURE for DHPE	Advanced Restorative Dentistry						
COMMUNICATION SKILLS			Counseling Skills		Breaking Bad News			Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management	Conflict Management		
PATIENT SAFETY & INFECTION CONTROL			Teamwork and patient safety		Introduction to quality improvement methods			Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management	Errors and Risk Management			
LEADERSHIP	Medical Error and Negligence	Conflict of interest	End-of-life Care	Ethical use of Artificial Intelligence (AI)	Ethical use of social media			Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context	Leadership in the Healthcare context			
HOUDAYS	PAKISTAN DAY 23 MARCH				LABOUR DAY 1 MAY									ASHURA 25, 26 JUNE											



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HOLIDAY CALENDAR

Pakistan Day	23 rd March, 2026
*Eid-ul-Fitr	19 th , 20 th & 21 st March, 2026
Labour Day	1 st May, 2026
*Eid-ul-Azha	26 th , 27 th & 28 th May, 2026
*Ashura	25 th & 26 th June, 2026
*Chehlum	4 th August, 2026
Independence Day	14 th August, 2026
*Eid Milad un Nabi	29 th or 30 th August, 2026
Allama Iqbal Day	9 th November, 2026
Quaid-e-Azam Day	25 th December, 2026
<p>*Holidays subject to sighting of Moon Note 1: All gazette holidays will be observed Note 2: Principal can make amendments in the Academic Calendar if the need arises.</p>	



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EVENT CALENDAR

S. No	EVENTS
1.	Welcome Breakfast
2.	14 th August Celebration
3.	Dental Digital Photography & Art / Literature Fest
4.	Annual Student Week (Sports, English/Urdu Debate, Qirat & Naat)
5.	Defence Day Celebration
6.	Annual Picnic & Gala
NOTE - THE CALENDAR IS TENTATIVE AND IS SUBJECT TO CHANGE AS PER THE INSTRUCTIONS OF COMPETENT AUTHORITIES	



OPD ROTATIONS

MONTH	OPERATIVE DENTISTRY	ORAL SURGERY	ORTHODONTICS	PROSTHODONTICS	PEDIATRIC DENTISTRY	ASSESSMENT DATES
24 th MARCH 2026 TO 28 th APRIL 2026	A	B	C	D	E	28 th APRIL 2026
29 th APRIL 2026 TO 8 th JULY 2026	E	A	B	C	D	8 th JULY 2026
9 th JULY 2026 TO 26 th AUGUST 2026	D	E	A	B	C	26 th AUGUST 2026
27 th AUGUST 2026 TO 30 th SEPTEMBER 2026	C	D	E	A	B	30 th SEPTEMBER 2026
1 st OCTOBER 2026 TO 16 th NOVEMBER 2026	B	C	D	E	A	16 th NOVEMBER 2026



Adult Learning Principles

1.	The learner should be an active contributor to the educational process
2.	Learning should closely relate to understanding and solving real life problems
3.	Learners' current knowledge and experience are critical in new learning situations and need to be taken into account
4.	Learners should be given the opportunity and support to use self-direction in their learning
5.	Learners should be given opportunities and support for practice, accompanied by self-assessment and constructive feedback from teachers and peers
6.	Learners should be given opportunities to reflect on their practice; this involves analyzing and assessing their own performance and developing new perspectives and options
7.	Use of role models by medical educators has a major impact on learners. As people often teach the way they were taught, medical educators should model these educational principles with their students and junior doctors. This will help the next generation of teachers and learners to become more effective and should lead to better care for patients



**LEARNING
OUTCOMES**



ORAL SURGERY

By the end of Final Years of BDS Programme, the dental graduate will be able to:

Knowledge:	<ul style="list-style-type: none"> • Identify health status, and systemic illnesses and their impacts on Oral Surgical procedures with pre-operative management • Interpret clinical and radiographic findings of cases to recognize and differentiate between simple and surgical extraction. • Recognize the pre-requisites and basic principles of surgery. • Be competent in decision making, clinical reasoning and judgment of oral surgical problems in order to develop a differential provisional or definitive diagnosis by interpreting and co-relating findings from the history clinical and radiographic examination and other diagnostic tests taking into account the social and cultural backgrounds of the individuals. • Formulate a diagnosis and treatment plan for patients of all ages and should recognize those treatments that are beyond his/her skills and need to be referred to a specialist. • Manage conditions requiring simple reparative surgical procedures of the hard and soft tissues in patients of all ages including the extraction of teeth, the removal of roots where necessary and the performance of minor oral soft tissue surgery and to apply appropriate pharmaceutical agents to support the treatment. • Outline the indications and contraindications of routine and complicated Exodontia, post-extraction status and its clinical implications. • Employ appropriate techniques to manage oro-facial pain, discomfort and psychological distress. • Explain the dynamics of facial spaces, mode of infection spread, and outline protocol of management. • Diagnose the Temporomandibular Joint and salivary gland related disorders.
Skills:	<ul style="list-style-type: none"> • Establish a patient-dentist relationship to identify patient expectations and goals of dental care for effective delivery of dental treatment. • Perform intra and extraoral examinations and advice relevant investigations. • Administer infiltration and nerve block of Local Anesthesia. • Perform clinical implications of simple and surgical extractions under local anesthesia. • Perform uncomplicated pre-prosthetic surgical procedures. • Manage common intra-operative and Post-operative minor oral surgical complications. • Evaluate and manage the medical emergencies on chair-side. • Management of trauma in deciduous and permanent dentition with surgical and non-surgical aspects
Attitude:	<ul style="list-style-type: none"> • Display appropriate professional behavior towards their clinical practice and co-workers. • Manifest empathy and respect in his/her attitude and behavior towards patients. • Be compassionate towards patients while performing the medico-legal examination with care • Respect the patient and be professional when it comes to consent. • Exhibit discipline, open-mindedness and competent leadership skills.



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OPERATIVE DENTISTRY

By the end of Final Years of BDS Programme, the dental graduate will be able to:

Knowledge:	<ul style="list-style-type: none"> • Apply basic concepts of Operative Dentistry to practice dentistry. • Independently assess patients presenting with defects of teeth; caries, dental trauma, tooth wear and developmental, while carrying out examination and relevant investigations to diagnose the problem. • Assess the patient for risk of caries, trauma and tooth wear and implement their preventive strategies. • Critically analyze clinical and radiographic findings of cases to recognize and differentiate between pulpal and periapical diseases. • Develop critical thinking to implement management plan for pulpal and periapical diseases. • Assess and refer patients with difficulty indices requiring consultation or treatment by specialist. • Articulate principles of scientific research required to practice evidence-based dentistry.
Skills:	<ul style="list-style-type: none"> • Record comprehensive history including medical , social , psychological and past dental information alongwith identifying the presenting complaint • Perform thorough extra-oral and intra-oral examination and record the findings. • Formulate a treatment plan based on the patient-oriented problem list. • Demonstrate ability to obtain informed consent for all operative procedures. • Perform cavity preparation, utilizing minimally invasive procedures under rubber dam isolation, including proper instrument selection as well as manipulation, placement and finishing of restorative material so as to reconstruct and restore the tooth back to its normal shape, form and function. • Perform root canal treatment under rubber dam isolation including, access cavity preparation, root canal preparation and obturation followed by core buildup. • Restore an endodontically treated teeth including placement of endodontic post and crown where indicated so as to restore the form and function of the tooth. • Demonstrate management of medical or dental emergency in a dental setup • Write a referral letter for a treatment to be carried out by specialists
Attitude:	<ul style="list-style-type: none"> • Educate patient regarding diet relevant to improve oral health. • Show empathy and respect in his/her attitude and behavior towards patients. • Draw upon existing knowledge and update through continuing dental education programmes thereby being a lifelong learner. • Demonstrate leadership while working in team with other health care professionals as dentists, dental assistants, hygienists and lab technicians etc. • Demonstrate honesty and integrity in all interactions with patients, families, colleagues and others.



ORTHODONTICS

By the end of Final Years of BDS Program, the dental graduate will be able to:

Knowledge:	<ul style="list-style-type: none">• Identify the branches of orthodontics and evaluate the need of orthodontic problems.• Describe different research designs.• Describe the concept of normal and abnormal pattern of growth and development of craniofacial complex.• Establish a comprehensive diagnosis.• Analyze the diagnostic records.• Identify the cause of malocclusion.• Identify orthodontic problems and its features• Formulate a treatment plan.• Identify and differentiate different orthodontic appliances.• List the biomechanical requirements of different orthodontic appliances and their anchorage requirements.• Choose appropriate retention protocol and post treatment stability.
Skills:	<ul style="list-style-type: none">• To perform Steiner's and Down's analysis on the given Cephalometric Radiograph• To construct Z-spring, canine retractors, labial bow and Adam's clasp• To perform OPG analysis.• To perform cast analysis, space analysis and Bolton's analysis.• To differentiate between different orthodontics appliances.• To construct problem list.• To propose treatment plan of different types of malocclusions.
Attitude:	<ul style="list-style-type: none">• Work collaboratively with member of a team in classroom and/or laboratory activities



PROSTHODONTICS

By the end of Final Years of BDS Programme, the dental graduate will be able to:

Knowledge:	<ul style="list-style-type: none">• Define Prosthodontics• Differentiate different branches of Prosthodontics and their application in everyday life.• Comprehend effect of prosthetic replacement on the quality of life of an individual.• Appreciate the implications of not addressing tooth loss at an appropriate time.• Enumerate the difference between sub-specialties of prosthodontics.• Compose proper treatment plan with respect to the needs and affordability of patients.
Skills:	<ul style="list-style-type: none">• Explain and practice clinical procedures to make a complete denture.• Explain and practice lab procedures to make a complete denture.• Explain and practice clinical procedures to make a partial denture.• Explain and practice lab procedures to make a partial denture.• Explain and practice clinical procedures to make a fixed partial denture.• Explain lab procedures to make a fixed partial denture.• Explain and practice clinical procedures for special impression techniques.
Attitude:	<ul style="list-style-type: none">• Observe hygienic dental practice in the prosthetic laboratory and follow proper procedures and regulations for safe use of materials and disposal of waste.• Collaborate with members of a team in a classroom and/or laboratory activities.• Work collaboratively in a group setting.• Display leadership by keeping the team on task, while listening carefully to the ideas of others.• Act swiftly in case of emergency.• Follow the leadership of the supervisor.• Display empathy towards patients.• Accept responsibility of any mistake and take effective measures to correct it.



PEDIATRIC DENTISTRY

By the end of Final Years of BDS Program, the dental graduate will be able to:

Knowledge:	<ul style="list-style-type: none"> • Correlate the concepts of basic and clinical dental sciences to practice paediatric dentistry. • Assess children presenting with common dental complaints, while carrying out examinations and relevant investigations to diagnose the problem. • Develop critical thinking and reasoning to manage dental problems in children including caries, trauma, periodontal and orthodontic problems.
Skills:	<ul style="list-style-type: none"> • Take history and conduct clinical examinations and investigations that allow collection of information required to evaluate the cause of a problem in a child. • Determine the differential and definitive diagnosis by interpreting and correlating findings from history, clinical and radiographic examination together with other diagnostic tests. • Formulate treatment plan relevant to specific needs of a child. • Remove or otherwise treat carious tooth structure under rubber dam isolation, demonstrating appropriate instrument selection and manipulation of restorative material to restore tooth form, function and aesthetics. • Treat teeth with pulpal diseases under rubber dam isolation using techniques such as indirect/direct pulp capping, pulpotomy to relieve pain and maintain pulp vitality or otherwise with root canal treatment where pulp is necrotic. • Perform extractions, serial extractions or align teeth orthodontically where indicated. • Demonstrate oral hygiene instructions, topical fluoride therapy and fissure sealing. • Counsel the children regarding diet relevant to oral health
Attitude:	<ul style="list-style-type: none"> • Demonstrate caring and ethical behavior and professional attitude to children. • Establish a child patient- dentist relationship that allows effective delivery of dental treatment including communication to child's parents or guardians, the knowledge and understanding of treatment proposed or advice given. • Acknowledge that the child is the centre of care and that all the interactions including diagnosis, treatment planning and treatment have the child's best interests as the focus of that care. • Demonstrate giving constructive feedback to the child and the parents/guardians while monitoring the accomplishment of oral health care, instructions and advice



GUIDE TO CLINICAL SKILL LAB (COD)

Introduction	<p>Clinicians are defined by their skill sets. From listening to procedures the continuum of skills that are garnered by learners and dental students are myriad. We believe learning is a life-long process. The emphasis on skill acquisition is one of the key features of the competency based curriculum and in many ways is its soul. The competency based undergraduate curriculum provides a framework for learning and assessing skills. The Clinical skill laboratory provides a supportive environment in which learners can acquire and practice skills and be observed and assessed.</p> <p>As well as promoting personal professional development, PDC aims to maintain and develop competencies (knowledge, skills and attitudes) of the individual student and health care worker, essential for meeting the changing needs of patients and the health care delivery system, responding to the new challenges from the scientific development in medicine and dentistry, and meeting the evolving requirements of society.</p>
Vision	The Clinical Skill Laboratory will be a local center of excellence and innovation for health care simulation, education, acquisition of skills, research, and health system integration to ensure patient safety
Mission	The Clinical Skill laboratory mission is in accord with the mission of College of dentistry (LCMD). The Clinical Skill laboratory will provide a replica of the patient care environment where students can apply cognitive, psychomotor, and affective skills and instructors can facilitate learning and objectively measure student performance and competency
Goals	<ul style="list-style-type: none"> • The goal of skill lab is to create an artificial replication of the real world situation in which students can gain knowledge and psychomotor skills and be able to critically think through complex scenarios in a safe and non-threatening environment. • Develop new technical skills and refresh current competencies • Playing a critical role in shaping patient safety initiatives by national and institutional assessment of needs for simulation-based education • Keep up-to-date on best practices • Learn how to incorporate the latest technologies, new learning methods and educational strategies into teaching. • Explore inter-professional education • Establishing local, regional and national partnerships • Advancing the field of health care simulation through research and dissemination of our work in relevant local, regional and national forums • Targeting multi-disciplinary health care teams, helping all members understand their roles and communicate effectively
Skills Lab Protocols For Students	<ul style="list-style-type: none"> • Information shall be forwarded to all students regarding respective skill session a week prior through timetable. • Punctuality and regularity is mandatory for all the students. • Students are bound to follow safety guidelines of skill lab



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	<ul style="list-style-type: none"> • Student should follow the infection control protocols. All students should wear face masks in Skill lab premises and maintain social distancing. • Logbook should be filled by students at the end of each session and should be signed by their respective supervisor/instructor • At the end of session final assessment of the student should be done through questionnaire/test and attendance will be marked after clearing it. • The attendance of the sessions will be counted in internal evaluations • At the end of the session, students should be provided with the feedback forms in which they give feedback 	
Skills Lab Safety Guidelines	<ul style="list-style-type: none"> • The following guidelines for the smooth running of Skills and Simulation lab are presented and the students are expected to follow these. • All students are encouraged to follow infection control protocols • All students are directed to keep all their belongings in a separate area dedicated for this purpose. • No student is allowed to use mobile phones into the learning area of skills lab. • They are strictly prohibited to write anything on the manikins, tables, walls and blends etc. • Needles and blades used in skills lab should not be reused and should be disposed of in the nearest sharps container. • Soiled linen should be immediately sent to laundry. • All tubes, catheters, dressings, tape, etc. must be removed and the area cleaned appropriately upon completion of simulated exercises. • Manikins are to be left on the tables and not moved unless directed by the instructor. • All drainage bags must be emptied, disposed of or cleaned appropriately for later use. • Students who use the skills lab will keep the confidentiality and privacy of manikins. This rule will apply to all students who want to enter and use the skill lab manikins and any violation will result in disciplinary action against that student. • Students are not to be left unattended by faculty or staff at any time. • The doors to skills lab should be locked at all times when not in use. • A first aid kit will be available all the time in the skill lab to be used in case of any injury to the student or faculty. • No food and drinks will be allowed in skills lab. • Students, staff and faculty must be aware that some of the equipment and supplies in the skill lab contains latex. Those with a known sensitivity / allergy to latex should contact the Director or coordinator. All users who suffer from a latex sensitivity / allergy should familiarize themselves with the policy and take precautions while using or handling latex parts by wearing non-latex gloves. • Unauthorized persons are not allowed in the labs at any time. • In case of any needle stick injury, they will report immediately to instructor/coordinator/staff and follow the guide lines 	
Nominated Faculty	Coordinator PDC (Skill Lab) COD	Dr. Amna Rehman (Assistant Professor Oral and Maxillofacial Surgery)
	Members	Dr. Samer (Instructor skill lab)



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PROFESSIONAL DEVELOPMENT CELL (SKILL LAB)

Competencies	Learning Objectives	Teaching & learning Activities	Assessment tools	Outcomes
Basic life support (BLS)	<p>At the end of the session student of Final year BDS, should be able to:</p> <ul style="list-style-type: none"> Analyze the conditions which needs BLS provision. Describe the method of Cardiopulmonary resuscitation in sequence. Describe the management of choking in infants and adults Translate the steps of BLS provision. Perform the BLS following AHA guidelines 	Video, Practical demonstration followed by self on practice on manikin	Mini CEX, OSATS DOPS OSCE	By the end of the training program, students of Final year BDS should be able to : 1) Practice basic life support following the American heart association manual guidelines
Biopsy Taking	<p>At the end of the session student of Final year BDS, should be able to:</p> <ul style="list-style-type: none"> Identify patient selection and preparation for biopsy Describe optimal biopsy techniques List potential complications Describe all steps of the procedure correlating the antiseptics rules. Recognize the advantages and disadvantages of choosing specific type of biopsy Practice the Incisional, excisional, aspiration biopsies on models 	Video, Practical demonstration		Perform Incisional, excisional and aspiration biopsies
Primary Airway Management	<p>At the end of the session student of Final year BDS, should be able to:</p> <ul style="list-style-type: none"> Name and label the major structures of the respiratory system on a 	Video, Role-play on manikin followed by self practice		Apply the primary airway management



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	<p>diagram</p> <ul style="list-style-type: none"> • List the signs of adequate breathing • List the signs of inadequate breathing. • Describe the steps in performing the head tilt–chin lift and jaw thrust • Relate mechanism of injury to opening the airway • Execute how to ventilate a patient artificially with a pocket mask • Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask • Role-play how to measure and insert an oropharyngeal (oral) airway • Role-play how to measure and insert a nasopharyngeal (nasal) airway. 			
Orofacial Radiology	<p>At the end of the session student of Final year BDS, should be able to:</p> <ul style="list-style-type: none"> • Translate relevant anatomy, pathophysiology, technology and performance of examinations as it relates to the daily practice of orofacial radiology. • Interpret the basic plain film orofacial Radiograph • Differentiate between normal and abnormal findings on these radiographs. • Identify the needs of advising these Radiography • Analyze the harmful radiation doses and their effects 	Presentation, CBL, small group discussion		Categorize the different orofacial plain radiographs



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CODE OF CONDUCT



STUDENT'S CODE OF CONDUCT

PURPOSE:

The purpose is to determine and set out general standards of conduct expected of student, provide examples of conduct that may be subject to disciplinary action by the institute and set out the process and procedures that it will follow when an allegation of non-academic misconduct is made. Students are expected to be aware of, and to conduct themselves in accordance with this Code.

Failure to fulfill these responsibilities may result in the withdrawal of privileges or the imposition of sanctions.

APPLICATION:

This Code applies to conduct that:

- a) Occurs on or near the premises of the Institute and Hostel.
- b) Occurs elsewhere in the course of activities sponsored by the institute, or where the conduct is alleged to adversely affect, disrupt, or interfere with another person's reasonable participation in Institute's programs or activities; or
- c) Occurs in the context of a relationship between the student and a third party that involves the student's standing, status, or academic record at the Institute

STUDENTS' GENERAL CONDUCT AND BEHAVIOUR:

GENERAL CONDUCT:

1. Identity Card:

Students shall always carry the identity card issued by LCMD and must be displayed within college premises. Students without ID card may not be allowed to enter the college premises.

Faculty members, student affair, administration staff and security staff are authorized to check ID cards at any time.

2. Respect and Discipline:

- a) Students shall abide by rules and regulations of LCMD
- b) Students shall behave in a civilized manner during their stay in college. They must be co-operative with fellow students, faculty and staff and must not indulge in any action that is humiliating for others.
- c) Students shall avoid sitting on stairs, floors, and hallways.
- d) Students shall avoid gathering and shouting near the lecture halls, labs, office areas etc.
- e) Students shall avoid using mobile phones during lectures/practicals/tutorials/clinical/ and in library



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- f) Students shall present themselves with dignity befitting their status as mature, law abiding and responsible person and show tolerance toward religious, ethical, social and other differences.
- g) Students must not enter into any kind of monetary dealings with the teaching and non-teaching staff of the college, nor offer any gifts or gratifications in any form to them with a view to ease or resolve their academic related matters
- h) Refrain from any activity which is subversive of discipline and will bring the institute into disrepute

3. Inappropriate use of language:

Students shall not use any such language or words that disturbs the other person emotionally or psychologically and/or is insulting.

4. Outing during classes:

Students are to stay within the campus during the schedule of their classes/practicals/tutorials/ clinicals/exams. Should going out of the campus during these timings, should seek permission in writing from HoDs/ Principal/Registrar/Incharge Student Affairs.

5. Usage of college premises:

Students must leave the college building after their classes are over unless they have specific assigned tasks or want to avail the library facilities. They are not expected to loiter in the college before or after their college timings.

6. Substance abuse and addictions:

Students at no cost are expected to get into substance abuse as use of drugs and alcohol. If found involved in these will lead to strict disciplinary action. Intoxicants as smoking, sheesha, tobacco, pan, chalia gutka chewing are strictly prohibited in college.

7. Possession of items:

Students shall have in their possession only those items allowed by law and rules and/or college policies and rules



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DRESS CODE:

1. Principles:

Dress code is based on following principles:

- Safety and respect
- Self-worth and self discipline
- Cleanliness and hygiene
- Appropriateness to the learning environment
- Accordance to the social and cultural values

2. General Attire

- Wearing and displaying of student ID cards
- Wearing of Doctor's white coat (for students of clinical years, surgical scrubs may be worn instead according to policy of the department of rotation)
- Wearing of proper attire

Proper attire for Males:

- Formal shirt/dress pants(Shalwar Kameez allowed on Fridays only) that are clean and ironed
- Formal shoes along with socks
- T-shirts, jeans, bermudas, shorts, sandals, knocking heels not allowed
- Short hair (no longer than nape of neck)
- Punk /spiked hairstyle not allowed
- Trimmed or shaved beard
- Neatly cut nails
- Visible tattoos not allowed

Proper attire for Females:

- Presentable, decent concealing dress that is clean and ironed.
- T-shirts, jeans. knocking heels not allowed
- Neatly tied hair
- Rattling jewelry not allowed
- Dupattas / chadders to be tucked inside doctor's white coat
- Doctor's white coat to be donned over the abayas (if worn by someone)
- Neatly cut nails
- Visible tattoos not allowed

3. Library Rules:

a. Decorum:

- Students shall maintain silence in the library and shall not disturb others
- Smoking eating drinking talking chewing laughing is strictly prohibited in library
- Use of mobile phones is strictly prohibited in library
- While entering the library the students shall leave their personal belonging like bags, personal books, helmets etc at the counter outside library

b. Damage to library property

Student shall not deface, mark, cut, mutilate or damage the reading material of the library in any way. Those found doing so may be fined apart from being asked to pay the cost of the damage.



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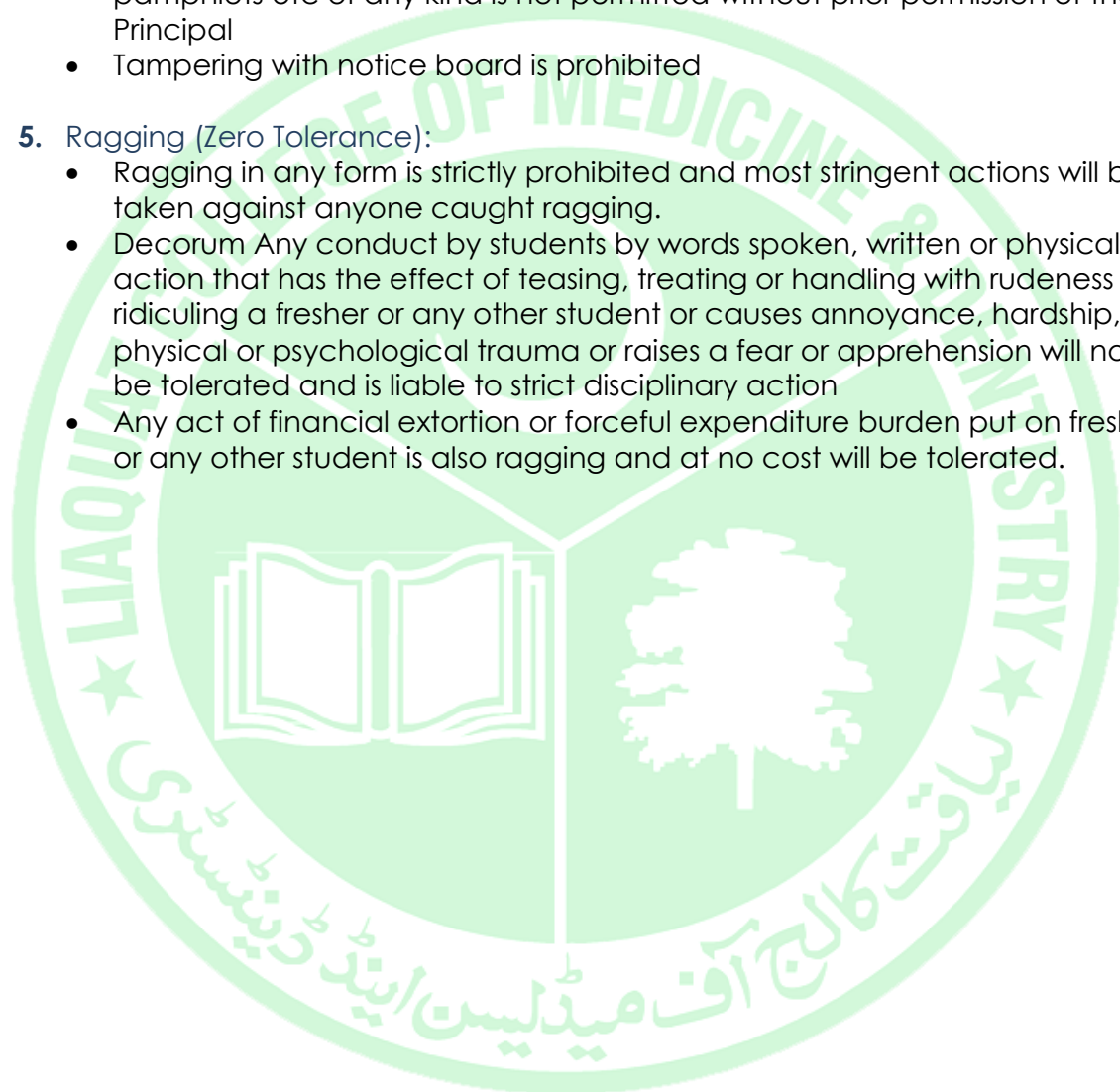


4. Handling Of College Property:

- College's property is an asset for the students. It is the responsibility of the students not only to keep the property intact but to protect it as well
- Any item; book, journal, models, mannequins, bones, instruments, devices etc issued to the students to complete the assigned task must be returned in due time and in original condition. In case of any mishandling or damage, student would be asked to pay the cost of the damage
- Students must take care not to deface any part of the college premises. Writing on the walls is not allowed, pasting of any kind of posters , charts pamphlets etc of any kind is not permitted without prior permission of the Principal
- Tampering with notice board is prohibited

5. Ragging (Zero Tolerance):

- Ragging in any form is strictly prohibited and most stringent actions will be taken against anyone caught ragging.
- Decorum Any conduct by students by words spoken, written or physical action that has the effect of teasing, treating or handling with rudeness or ridiculing a fresher or any other student or causes annoyance, hardship, physical or psychological trauma or raises a fear or apprehension will not be tolerated and is liable to strict disciplinary action
- Any act of financial extortion or forceful expenditure burden put on fresher or any other student is also ragging and at no cost will be tolerated.





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DISCIPLINARY ACTION AGAINST STUDENT

The disciplinary action taken when the facts of the case warrant it will be determined by the severity of the offence. Persistent breaches of the same or similar rules will lead to progressively more severe action occurring.

A. INFORMAL ACTION

Where an allegation of misconduct is made, it does not necessarily follow that disciplinary procedures have to be invoked. Where the decision maker (HOD/ supervisor/ incharge) judges it appropriate, the allegation may be resolved informally by the provision of advice for future behavior. If the misconduct is Minor in nature and the concerned student accepts responsibility of the act, the concerned authority as the head of department, immediate supervisor, or incharge would counsel the student alongwith constructive feedback.

B. FORMAL ACTION:

1. MINOR OR INTRMEDIATE MISCONDUCT

1. STAGE 1- VERBAL WARNING

If the conduct does not meet acceptable standards, and where previous such minor misconducts have been committed and past counseling/s have not improved the conduct, a formal VERBAL WARNING would be given. The student will be informed of the reason of the warning. A brief note of verbal warning will be kept in student's record file in the concerned department. The HOD/ supervisor/incharge of concerned department will also send this note to the student affairs department for record keeping. However, it will be disregarded for disciplinary action after 2 months, subject to satisfactory conduct and performance.

Upto 2 VERBAL WARNINGS may be given

Only HOD/supervisors/incharges are authorized to give verbal warnings.

2. STAGE 2- FIRST WRITTEN WARNING

If the misconduct is more serious/ moderate in nature, or if it is repeated within 6 months of the previous verbal warnings or even if another nature of minor misconduct is committed by the same student, a FIRST WRITTEN WARNING will be handed over to him/her. This will be inclusive of the details of the complaint and inappropriate circumstances, the improvement required and time scale within which to achieve that improvement. It will also warn the student that action under STAGE- 3 will be considered if there is no satisfactory improvement or any repetition of misconduct.

The student shall be asked to submit a written apology admitting the misconduct and agreeing not to redo the same in other case will be responsible for the consequences.

A copy of the written warning alongwith the apology letter will be kept in the student's record file in the concerned department. One copy will be sent to the



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student affairs department which will keep it in the student's record file. However, it will be disregarded for disciplinary action after 6 months, subject to satisfactory conduct and performance.

Only HOD/supervisors/incharges will be authorized to give first written warnings.

3. STAGE 3- FINAL WRITTEN WARNING

If there is still failure to improve and/or conduct or performance is still unsatisfactory, a FINAL WRITTEN WARNING will be handed over to the student. This will give details of the complaints, the improvement required and time scale within which to achieve that improvement.

It will also warn the student that case will be forwarded to the Student affairs department and strict disciplinary action under STAGE- 4 will be considered if there is no satisfactory improvement or any repetition of misconduct.

The student shall be asked to submit a written apology admitting the repetition of misconduct and agreeing not to redo the same in other case will be responsible for the consequences.

A copy of the written warning alongwith the apology letter will be kept in the student's record file in the concerned department. One copy will be sent to the student affairs department which will keep it in the student's record file. However, it will be disregarded for disciplinary action after 3 months, subject to satisfactory conduct and performance

Only the highest designation of the concerned department as HOD/incharge will be authorized to give final written warnings.

Depending upon the policy of the individual department, or as per discretion of the HOD/incharge of the concerned department, the HOD/ incharge in addition to giving the final written warning may impose penalties as:

- Suspension from academic activities; lectures/ tutorials, practicals/OPDs for upto 3 days to 7 days
- Allowed to attend academic activities but being marked as absent
- Suspension to avail library facilities or no permission to participate in cultural or sports events.
- Assignments/tasks
- Sent for community service
- Restitution for damage of property
- Monetary or any other fine



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4. STAGE 4- REFERRAL TO STUDENT AFFAIRS

If the conduct or performance is still unsatisfactory and the student fails to reach the prescribed standards within 3 months of the final written warning or if another misconduct of serious nature is committed by the same student then a written complaint in the incident form duly signed by the HOD and mentioning the details along with the copies of previous notes of verbal and written warnings (if any) shall be forwarded to the department of Student Affairs to deal with the case. Till the time the Student Affairs decides the action to be taken, the student may be suspended from all sorts of academic activities or even visiting the institute. Only highest designation in the dept; HOD / incharge is authorized to file this complaint.

After receiving the complaint, the Student Affairs Incharge will consider the allegations and may do any of the following:

- Meet with the student suspected of the misconduct;
- investigate further by any means deemed necessary and appropriate; or
- refer the matter to the Chairperson Disciplinary Committee

If the Student Affairs Incharge believes that the suspected misconduct does not require corrective action or that the Committee is not likely to find facts that would result in disciplinary action, the Student Affairs Incharge may discontinue further action. Upon discontinuing further action, the Student Affairs Incharge will notify the Committee and the student named in the allegations in writing of their decision.

If the Student Affairs Incharge believes that non-academic misconduct has occurred, he may determine what, if any, steps the student could take to correct or resolve the matter. If the student agrees to the resolution proposed by the Student Affairs Incharge, an agreement outlining the steps to be taken by the student will be drawn up and signed by the student. If the student does not agree, the student affairs will refer the matter to the Disciplinary Committee.

2. GROSS MISCONDUCT

If the incharge student affairs finds the misconduct committed by the student to be of Gross nature then the student affairs will directly forward the case to disciplinary committee or a written complaint in the incident form duly signed by the HOD and mentioning the details may be directly forwarded to the Disciplinary Committee to deal with the case, by the concerned HOD. A copy of the complaint/incident form would be sent to the department of student affairs to be kept into the student's record file.

The student shall be informed of all the proceedings.

Till the time the disciplinary committee decides the action to be taken, the student shall be suspended from all sorts of academic activities or even visiting the institute.

Only highest designation in the dept; HOD / incharge is authorized to file this complaint



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C. THE PROCEDURE AND THE DISCIPLINARY HEARING:

- Where necessary, prior to any disciplinary hearing by the committee, an investigation will be conducted into the circumstances of the alleged offence. The purpose of this investigation will be to establish a fair and balanced view of the facts relating to any disciplinary allegations.
- The investigation may involve interviewing and taking statements from the alleged student and any witnesses and/or reviewing relevant documents. Investigative interviews are solely for the purpose of fact finding and no disciplinary action would be taken until the hearing has been held.
- The investigator/s would be one or more of the members of the disciplinary committee in addition to the incharge student affairs
- Proceedings will be treated in confidence and records kept as confidential as practically possible.
- If decided by the committee the student may be suspended from all academic activities during the investigation. However, this suspension is not a disciplinary action and does not imply that the decision has already been made.
- At the conclusion of the investigation, the investigator/s will write the findings and present it to the chair disciplinary committee together with copies of statements, interview notes and any other evidence that has been collected within 3 working days.
- Based upon the investigation, the chair disciplinary committee will decide, whether the matter can be resolved informally without recourse to the formal hearing or if a disciplinary hearing needs to be arranged.
- In case a disciplinary hearing needs to be arranged, the student will be informed about the date, time and place, either verbally or in written.
- Failure to attend the hearing without any valid reason, by the student, will be treated as misconduct in itself.
- The purpose of the disciplinary hearing is to review the evidence and the enable the student to respond to any allegations that have been made against him.
- The hearing will be inclusive of all members of the Disciplinary Committee and presence of the investigator would be must.(if any member, secretary or chair of the committee is a part of the incidence or involved in any way, will not be included in the entire process)
- The student will NOT have a right to call for a witness or an advocate.
- The chair may recall any of the witnesses or interviewees if required.
- The chair may call for a meeting with parents of the student
- The hearing may have additional sittings if further investigations are required.
- Within 5 working days of the hearing, the committee shall present the report alongwith its conclusive decision to the Principals, College of Dentistry, and/or College of Medicine.
- The Principal/s shall make the final decision.
- The student shall be informed once final decision has been made by the Principal/s.
- The committee reserves the right to omit any of the above mentioned stages or procedure if and when the need is felt and depending upon the gravity of the



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misconduct and the circumstances.

- An adequate record of the all the proceedings shall be maintained

D. LEVELS OF DISCIPLINARY ACTIONS FOLLOWING HEARING:

In arriving at a decision to what sanctions to impose for violation of code of conduct, depending upon the nature of infraction and the extent and gravity of the conduct, the Committee may decide to impose any of the following sanctions:

- Written apology and undertaking from the student and/or parents
- Withholding/ withdrawing scholarship/ fellowship and other benefits
- Debarring from appearing in test/ examination or other evaluation processes
- Withholding test /exam results
- Debarring from representing the institution in any regional, national or international meet, tournament, festival etc.
- Monetary fine
- Restitution for the damage of property
- Prolonged suspension from academic, Co curricular /extra curricular activities. (in certain circumstances, readmission may be required following completion of suspension period)
- Suspension from hostel
- Cancellation of admission
- Rustication/expulsion from institution for an indefinite period or permanent (in which case student will not be considered to readmission)
- FIR with local police in case of student has alleged to have committed a criminal offence

E. APPEAL:

Any student who believes he/she has been disciplined unjustly may pursue a grievance within 5 working days of the receiving decision from the committee. (this excludes those misconducts that fall under the zero tolerance policy)

F. ZERO TOLERANCE:

Zero tolerance refers to the set of discipline policies and practices that mandate predetermined consequences that are typically severe, punitive and enforced with immediate effect. Circumstances where the accused would be liable to expulsion from institute at first offence include but not limited to:

- A serious threat of violence against another student, faculty or staff
- Actual violence or physical assault
- Supplying illegal drugs to others in the college
- Sexual assault
- Carrying and using banned items as weapons
- Ragging of students within college and/or hostel premises



TYPES OF MISCONDUCT BY STUDENTS

Misconduct means conduct prejudiced to good order or working discipline contrary to LCMD's regulations and /or student's code of conduct

A. MINOR MISCONDUCT

Minor misconduct refers to the behavior which breaches the standards of conduct set out in the STUDENT'S CODE OF CONDUCT (2.1C), but where the extent, seriousness or impact of the breach is not substantial. However, misconducts that are committed repeatedly even when the student has previously been counseled about the standards of conduct required by the LCMD will not be considered as minor. It is not possible to include each and every type of act that is labeled as misconduct. However following is the list that provides examples of Minor Misconduct. In addition is to be highlighted that inclusion of an example in the list does not mean that the misconduct can only be dealt with as minor: judgments will always be needed to be made about the scale of the misconduct and any aggravating circumstances which may justify the misconduct being dealt with as Gross Misconduct

- Verbal abuse or intimidation
- Failure to comply with explicit rules or regulations particularly in non-designated areas: smoking in premises, eating pan chalia gutka, talking loudly in library, causing disturbance in lectures, practical's and examinations, entering into unauthorized area, littering in college
- Failure to accomplish assigned tasks by the superiors
- Uninformed absenteeism and late arrivals and early leaves.
- Refusal to respond to reasonable requests by senior faculty or non-faculty staff, e.g. refusing to confirm identity when asking to do so, refusing to wait for the turn or stand in a queue, refusing to obey when asked to not to sit on floors, stairways etc
- Causing distress to others by excessive or unacceptable levels of noise
- Causing minor damage to property as defacing or tearing of library books
- Anti – social behavior which causes distress to others and/or reputational harm to LCMD's relationship with its stake holders.
- Violation of dress-code of LCMD
- Playing any games at inappropriate places like corridors, lecture halls etc.
- Wastage of water and electricity
- Meaninglessly arguing with the seniors with no justification of view point
- Sleeping during academic sessions
- Misuse of college's property



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B. MODERATE MISCONDUCT

All those minor misconducts committed repeatedly and intentionally, to damage or stop the work process, even after student counseling and advice may be classified as moderate misconduct but may not be limited to these.

C. GROSS MISCONDUCT

A Gross Misconduct is an act or behavior that is harmful or dangerous influence to others at the institute typically involving flagrant or willful violation of law, policy or standards of performance or conduct. Gross Misconduct may result in any level of discipline up to and including immediate dismissal at the Disciplinary Committee's discretion. Examples of acts classified under Gross Misconduct include but may not be limited to these:

- Verbal abuse or intimidation to the level that is highly objectionable,
- Ragging and/or bullying
- Violent behavior or that causing physical harm
- Sexual harassment
- Serious negligence which causes unacceptable loss, damage or injury
- Serious violation of health and safety rules jeopardizing the health and safety of self and/or others
- Possession and/or consumption of alcohol or intention to supply
- Possession and/or consumption of substances of abuse or intention to supply
- Possession of weapons or dangerous instruments or intention to supply
- Taking recourse to unfair means during examination and assessment.
- Damage to or destruction of LCMD's property; equipment devices of the institute rendering it useless.
- Damage to or destruction of private property of fellows, senior and/or junior faculty or non-faculty staff, patients or other visitors.
- Anti-social activities against the Institute and/or State
- Breach of security
- Disrespect to the faculty or non-faculty staff to the point that it is threatening
- Possession / use of pornographic material (books, magazines, CDs, internet)
- Publishing / distributing materials that may be damage /tarnish LCMDs image
- Gambling in any form
- Indulging in any form of criminal activities
- Affiliation active involvement in political activities within campus
- Theft, fraud, corruption and deliberate falsification of records
- Unauthorized possession of institute's items, such as documents, exam papers, keys or ID cards etc. with the intention to misuse them.
- Forgery or furnishing false information regarding of one's identity, marks, qualification etc
- Bribing an employee of college with the intention of inducing the employee to perform unauthorized/illegal job for one's own benefit.
- Serious repeated and intentional violations of LCMD's rules and regulations and code of conduct even after giving of written warnings will be considered as Gross



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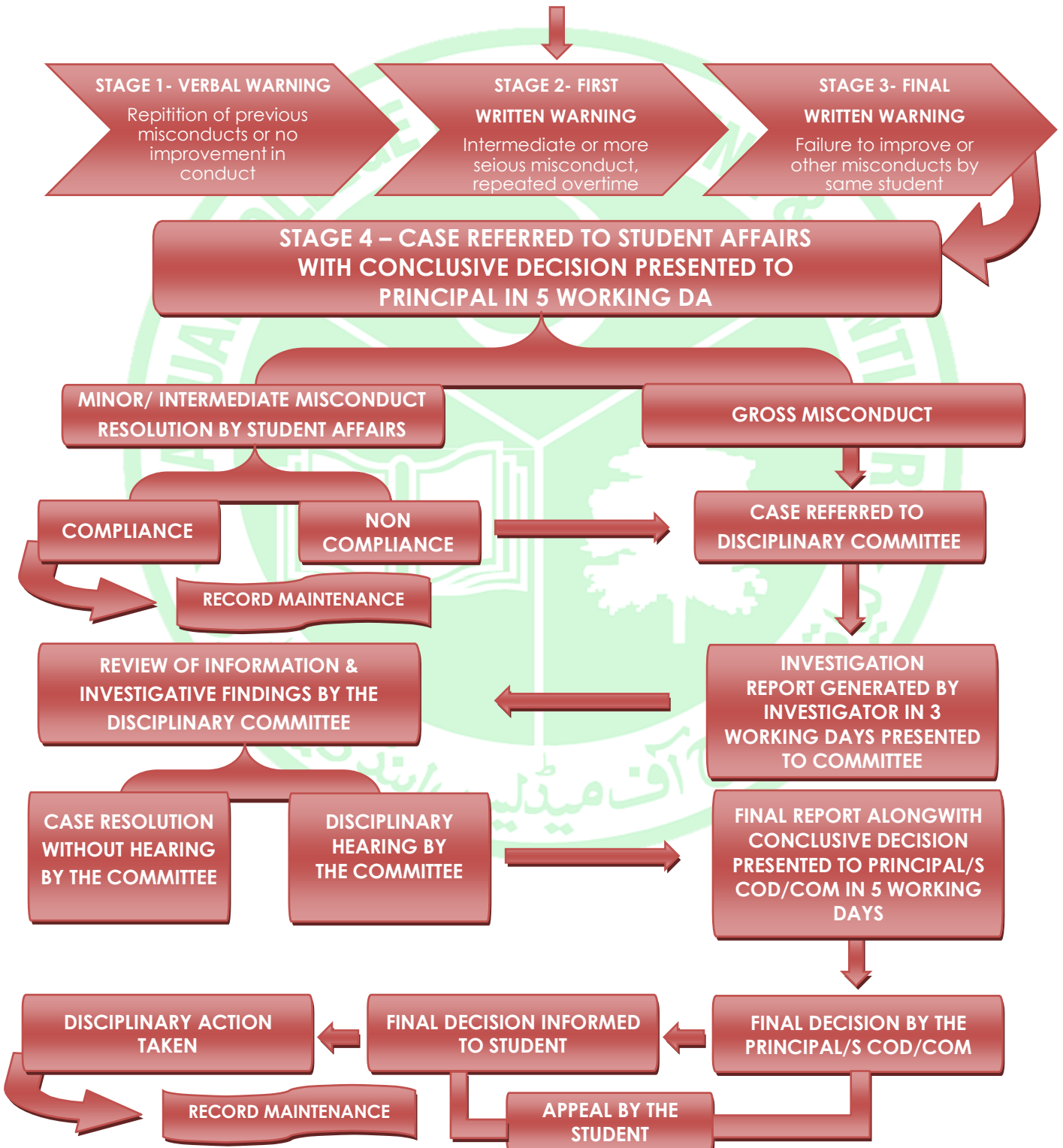
FLOW CHART OF SOPs IN CASE OF BREACH OF CODE OF CONDUCT BY THE STUDENT

A. INFORMAL ACTION

Minor misconduct, first time, student accepts responsibility; case resolved by counseling and advice by HOD

B. FORMAL ACTION

Minor misconduct or intermediate misconduct or repetition

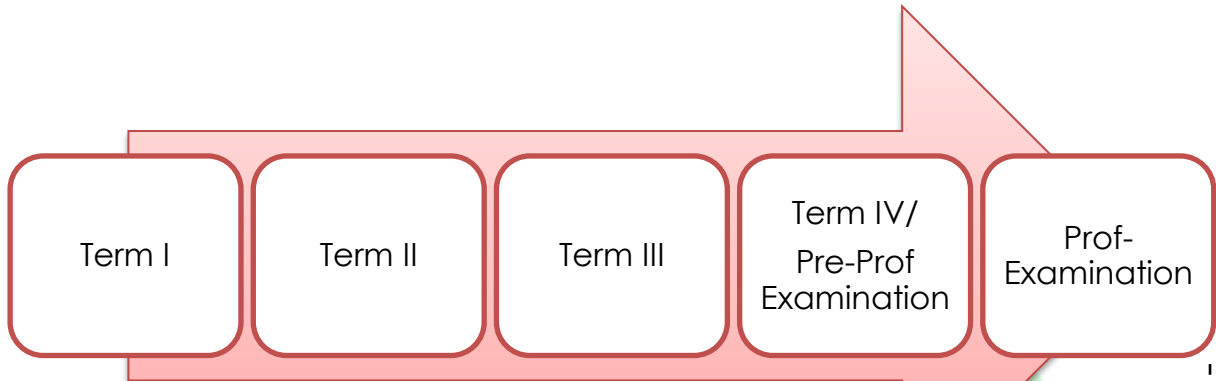




RECOMMENDED BOOKS		
S. No	Subject	Book
1.	Oral Surgery	<ul style="list-style-type: none"> • Contemporary oral & maxillofacial surgery by Mayron R. tucker 5th edition • Local anesthesia in dentistry by Geoffery L. howe 5th edition • Medical Emergency in Dentistry by Scully • Local Anesthesia by Mallamaid • Killey's Fracture of the mandible by Peter Banks 5th edition • Killey's Fracture of the middle third of the facial skeleton by Peter Banks 5th edition • Perterson's principles of Oral & Maxillofacial Surgery by Peter Waite 4th Edition • Oral & Maxillofacial Pathology by Neville 4th Edition • Textbook of Oral & Maxillofacial Surgery by Neelima Anil Malik 4th Edition
2.	Operative Dentistry	<ul style="list-style-type: none"> • Summitt's Fundamentals of Operative Dentistry • Sturdevant's Art and Science of Operative Dentistry
3.	Endodontics:	<ul style="list-style-type: none"> • Endodontics: Principles and Practice (Torabinejad, Fouad & Walton) • Harty's Endodontics in Clinical Practice • Cohen's Pathways of the Pulp
4.	Pediatric Dentistry:	<ul style="list-style-type: none"> • Pediatric Dentistry (Richard Welbury)
5.	Orthodontics	<ul style="list-style-type: none"> • Contemporary Orthodontics by William R. Proffit 6th Edition
6.	Prosthodontics	<ul style="list-style-type: none"> • Partial denture <ol style="list-style-type: none"> 1. McCracken's 2. Nallaswamy 3. Removable partial denture by Stevard • Complete denture <ol style="list-style-type: none"> 1. Zarb 2. John J. Manappallil 3. Fenn • Temporomandibular joint and maxillofacial Prosthesis <ol style="list-style-type: none"> 1. Zarb 2. John J. Manappallil 3. Tyson (Reference Book) • Material <ol style="list-style-type: none"> 1. McCabe • Crowns and Bridges <ol style="list-style-type: none"> 1. Planning and Making Crowns and Bridges (Bernard G N Smith) 2. Contemporary Fixed Prosthodontics (Stephen F. Rosenstiel) 3. Fundamentals of Fixed Prosthodontics (Shillingburg) • Implants <ol style="list-style-type: none"> 1. Contemporary Fixed Prosthodontics (Stephen F. Rosenstiel)



EXAMINATION



Continuous Assessment:

This will include:

1. Term I
2. Term II
3. Term III
4. Term IV/ Pre-Prof Examination
5. Prof Examination

Continuous Assessment will have a weightage of 20 % of all Exams. The college will send your continuous assessment marks directly to JSMU.

Prof-Exam conducted by JSMU will include:

1. Theory paper of One Best Answer
2. OSCE Exam
3. Continuous Assessment results



SCHEME OF EXAMINATION

The following scheme of examination has been approved by the competent authority for the year 2026.

TOS				
Exam	MCQs	OSPE		Internal Evaluation
		Observed Station	Unobserved Station	
Term I	25	1	4	-
Term II	50	4	6	-
Term III	75	6	6	-
Pre-Prof.	90	8	9	10 + 15



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MARKS DISTRIBUTION ACCORDING
TO
JINNAH SINDH MEDICAL UNIVERSITY

SUBJECT	THEORY EXAM (MCQs)	PRACTICAL EXAM (OSCE)	INTERNAL EVALUATION/ CONTINUOUS ASSESSMENT		TOTAL MARKS
			THEORY	OSCE	
Oral Surgery	90	135	10	15	250
Operative Dentistry	90	135	10	15	250
Orthodontics	90	135	10	15	250
Prosthodontics	90	135	10	15	250
GRAND TOTAL					1000



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INTERNAL EVALUATION CLINICAL THEORY

THEORY (10 Marks)

Roll No	Name	Attendance (04 Marks)				Term Exam (06 Marks)						Total Marks (10)
		Above 90% (04)	89-80% (03)	79-75% (1.5)	< 75% (0)	Term 1		Term 2		Term 3		
						Present (0.5)	Pass (1.5)	Present (0.5)	Pass (1.5)	Present (0.5)	Pass (1.5)	

INTERNAL EVALUATION CLINICAL PRACTICAL

Practical(15 Marks)

Roll No	Name	Attendance (2 Marks)				Log Book & Patient Quota (3 Marks)			
		Above 90% (2)	89-80% (1.5)	79-75% (01)	< 75% (0)	excellent & outstanding remarks (3)	Complete & Good remarks (2)	complete & satisfactory remarks(1)	Incomplete & unsatisfactory remarks (0)

Practical(15 Marks)

OPD Assessment (5 Marks)			Term Exam (3 Marks)						Attitude / Behavior (02)	Total Marks (15)
Top (3)	Pass (2)	Present (1)	Term 1		Term 2		Term 3			
						Present (0.5)	Pass (0.5)	Present (0.5)	Pass (0.5)	Present (0.5)



INSTRUCTIONS FOR THE STUDENT

Attire:

❖ All Students must wear white lab coat with name tags / ID- Cards and college monogram

Girls:

- ❖ Culturally and socially acceptable dressing
- ❖ No excessive make-up and ornaments
- ❖ Hair properly set and tied up
- ❖ Proper sandals or shoes no stilettos or slippers

Boys:

- ❖ Decent dressing
- ❖ Neatly pressed and clean pant / ShalwarKameez
- ❖ Shirt tucked in pant
- ❖ Only Shoes no chappals or sandals
- ❖ Hair properly cut and set with clean shaved or well-groomed beard

Discipline:

- ❖ Students are not allowed to roam around in the college in their spare time
- ❖ Students are advised not to talk loudly in the corridor/classes/lab/wards/OPD
- ❖ Use of mobile phone during classes/lab/wards/test/examination is strictly prohibited
- ❖ Drinks and eatables are not allowed specifically in class rooms except in cafeteria and common room

Damage/Loss:

- ❖ Students should take care of their belongings, the college will not be responsible for any losses
- ❖ Any damage/loss of college's equipment/asset by student will have to be compensated by students (caution money)

Library Timings:

- ❖ Monday to Friday 8am to 8pm
- ❖ Saturday 9am to 4pm



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Attendance:

- ❖ The eligibility to appear in the university examination is 75% & above.
- ❖ The university examination forms will only be issued on 75% of cumulative attendance.
- ❖ The 75% of each student overall attendance comprises of:
 - ❖ Lectures/ OPD/ Wards/ Tutorials 60%
 - ❖ Assignments & Assessments (module/ term/ Pre-Prof Exam.) 15%
- ❖ It is mandatory for each student to appear at least in any two of the internal college based examinations i.e. (module/ term/ Pre-Prof Exam.)
- ❖ Exam had two components i.e. theory and OSCE; each student shall appear in both and attendance will mark as double (one lecture & one OPD/Practical); in case only appear in either OSPE or Theory will be considered absent for the entire subject.
- ❖ Passing all module/ term/ Pro-Prof examination had additional advantage i.e. each theory exam. (Two lectures) and each OSCE/ OSPE (two OPD/Practical attendance)
- ❖ Students appearing in supplementary exam (one/two papers) should have to attend all lecture/wards/OPDs/Tutorial, whereas students with supplementary exam in three-four subjects will be allowed to resume schedule classes soon after their last subject exam

As per given SOP's by the Examination Department, all students shall follow the rules & regulations strictly

Interdictions:

- ❖ Use of narcotics in any form in LCMD, DSH and LCSSH, will not be tolerated
- ❖ Smoking is strictly prohibited
- ❖ Students should not indulge in any political activities

Students who fail to comply with the LCMD policies, strict action may be taken by the Department of Student Affairs and LCMD Disciplinary Committee.

DEPARTMENT OF STUDENT AFFAIRS

Students should contact Department of Student Affairs for complains/grievances, attendance issues, counseling sessions, mentoring sessions or any student related matters

Addressing any other department is strongly discouraged and will be taken into account by Department of Student Affairs

An Affidavit is required by the obtained by the student to follow the rules policies of the institution; otherwise their examination form may not be issued.