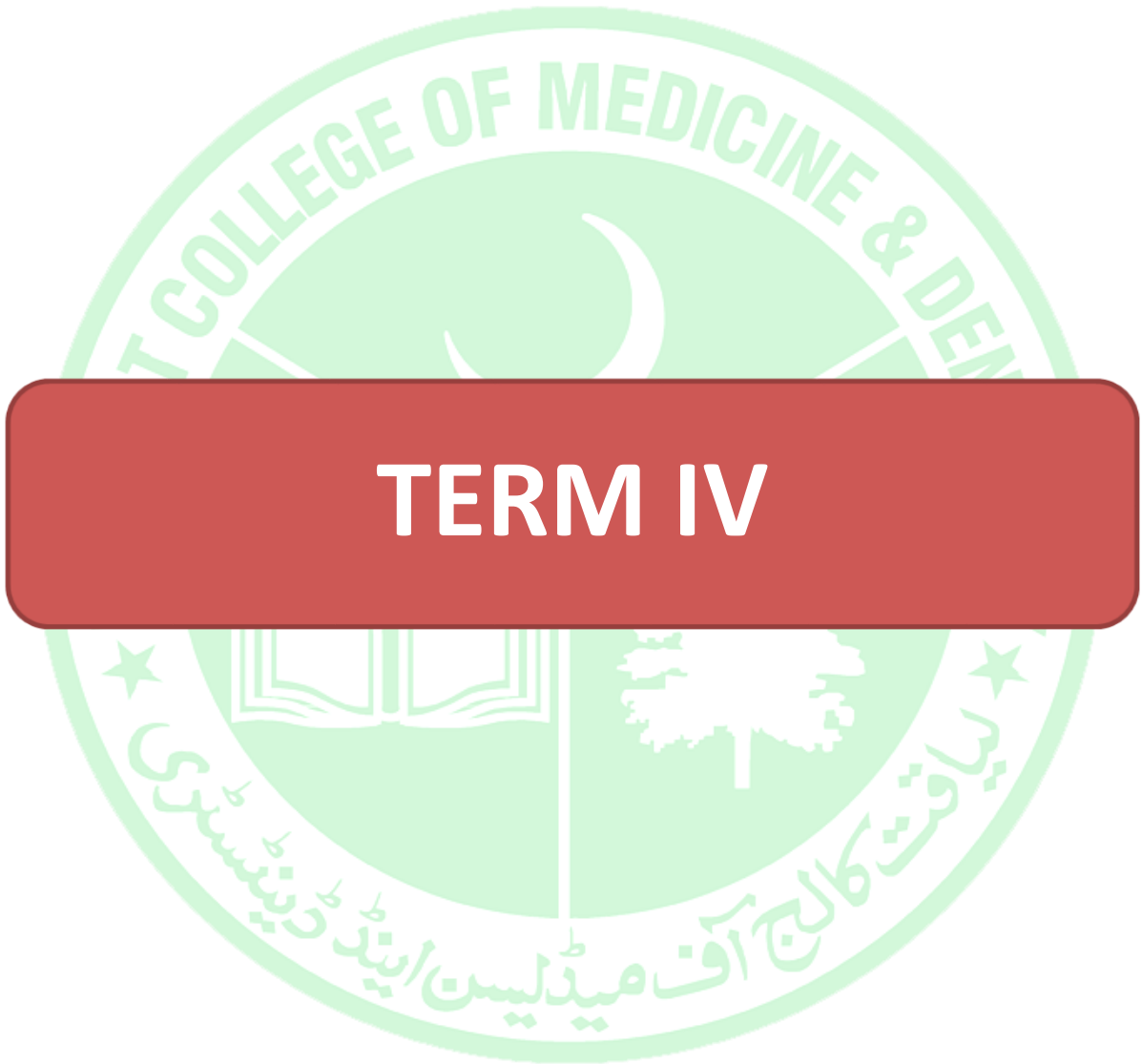




LIAQUAT COLLEGE OF MEDICINE AND DENTISTRY
DEPARTMENT OF HEALTH PROFESSIONS EDUCATION
COLLEGE OF DENTISTRY





OPERATIVE DENTISTRY

COURSE TOPIC: MANAGEMENT OF TRAUMATIC DENTAL INJURIES

Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
MANAGEMENT OF TRAUMATIC DENTAL INJURIES	<ul style="list-style-type: none"> ➤ Describe the clinical and radiographic features of <ul style="list-style-type: none"> • enamel fractures, • uncomplicated crown fractures, • complicated crown fractures, • crown root fracture, • root fractures, • luxation injuries: conussion, subluxation, luxation (lateral, extrusive, and intrusive), <ul style="list-style-type: none"> • avulsion, and • alveolar fracture. ➤ Describe possible short- and long-term responses of pulp & periradicular tissues to injuries listed previously. ➤ List pertinent information needed when examining patients with dental injuries (health history, nature of injury, and symptoms). ➤ Describe the diagnostic tests and procedures used in examining patients with dental injuries and interpret the findings. ➤ Describe appropriate treatment strategies (immediate and long term) for various types of traumatic injuries. ➤ Recognize surface resorption, inflammatory (infection related) resorption, and replacement (ankylosis-related) resorption, and ➤ Describe their respective treatment strategies. ➤ Describe the differences on treatment strategies for traumatic dental injuries in primary and permanent dentition. <p>By the end of the Operative OPD rotation the student should be able to:</p> <ul style="list-style-type: none"> ➤ Take medical and dental history of patient presenting with dental traumatic injury to dental OPD. ➤ Perform extra and intraoral examination on patients. ➤ Interpret findings of various types of traumatic injuries in clinical settings. ➤ Diagnose pulpal and periapical status in patients with traumatic injury to teeth based on history, clinical and radiographic examination. ➤ Formulate treatment plan for the patient coming with traumatic dental injuries. ➤ Counsel patients about procedure and prognosis of treatment. ➤ Take an informed consent before any treatment. 	Lecture (3) TBL (1)		Quiz Class Participation Final Examination
			Tutorial/ Small Group Discussion (CBL) On patient	Mini CEX / DOPS



COURSE TOPIC: DISCOLORATION OF TEETH

Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Discoloration of Teeth	<ul style="list-style-type: none"> ➤ Classify tooth discoloration according to etiology ➤ Describe mode of action of bleaching agent on stains. ➤ Discuss complications of bleaching ➤ Discuss commonly used bleaching agents and their strengths. ➤ List indications and contraindications of various types of bleaching techniques. ➤ Explain technique for: <ol style="list-style-type: none"> i. In-office vital bleaching ii. At-home vital bleaching iii. Non-vital bleaching. ➤ Outline brief procedure for microabrasion and macro abrasion. <p>By the end of the Operative OPD rotation the student should be able to:</p> <ul style="list-style-type: none"> ➤ Take comprehensive history of patients coming with discolored teeth. ➤ Diagnose the cause of discoloration in patients presenting with discolored teeth. ➤ Formulate treatment plan for the patient coming with discolored teeth ➤ Counsel patients about procedure and prognosis of treatment. 	Lecture (2) Flip Class Room (1)	Tutorial/ Small Group Discussion On patient/ Simulated patient	Quiz Class Participation Final Examination

COURSE TOPIC: RESTORATION OF ENDODONTICALLY TREATED TOOTH

Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Restoration of Endodontically Treated Tooth	<ul style="list-style-type: none"> ➤ Differentiate between endodontically treated teeth from vital teeth. ➤ Explain the importance of coronal seal. ➤ Illustrate options available for restoring endodontically treated teeth. ➤ Explain ferrule effect. ➤ Describe indications of post placement in anterior and posterior teeth. ➤ Describe Nayyar Core. ➤ Classify post according to their characteristics. ➤ Describe ideal dimensions of a post. ➤ Describe common post systems, their advantages and disadvantages. ➤ Describe the method of placement of prefabricated and cast post. ➤ Discuss core materials and their placement. ➤ Discuss complications that can occur during placement of post. 	Lecture (3) TBL (1)		Class Participation Final Examination



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COURSE TOPIC: ENDODONTIC RETREATMENT				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Nonsurgical Endodontic Retreatment	<ul style="list-style-type: none"> ➤ State rationale of endodontic retreatment and indication. ➤ Discuss the alternatives to endodontic retreatment. ➤ Explain technique of accessing root canal through extra coronal restorations. ➤ Explain technique of removing crown and posts. ➤ Discuss various types of canal obstructions and their management. ➤ Explain the techniques for guttapercha removal. ➤ Explain the role of intra-canal medicament in retreatment. 	Lecture (2)		Class Test Class Participation Final Examination
Endodontic Surgery	<ul style="list-style-type: none"> ➤ Justify the need of endodontic surgery alone or in combination with nonsurgical root canal therapy. ➤ Describe situations when endodontic surgery is contraindicated. ➤ Define the terms: <ol style="list-style-type: none"> i) Incision for drainage, ii) Apical curettage, iii) Root-end resection, iv) Root-end preparation v) Root-end filling, vi) Root amputation, vii) Hemisection, viii) Bicuspidization. ➤ Discuss indications and steps for the above mentioned procedures. ➤ State principles of flap design. ➤ Illustrate various flap designs. ➤ Describe in brief procedures involved in periradicular surgery. ➤ Explain prognosis of endodontic surgical cases. 	Lecture (4)		Class Participation Final Examination

COURSE TOPIC: INDIRECT RESTORATIONS				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Review of Restorative Materials	<ul style="list-style-type: none"> ➤ Discuss the composition, properties, merits and shortcomings of materials used for indirect restorations: <ol style="list-style-type: none"> I. Metals, II. Ceramics. 	Lecture (2)		Quiz Class Participation Final Examination



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COURSETOPIC: PARTIAL COVERAGE INDIRECT RESTORATIONS				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Partial Coverage Indirect Restorations	<ul style="list-style-type: none"> ➤ List <ul style="list-style-type: none"> I. Various partial and full coverage indirect restorations. II. Materials available for fabrication of these restorations, III. Materials that are used for cementation. ➤ Explain the principles of tooth preparation for indirect restorations. ➤ Discuss the indications and contraindications for provision of: <ul style="list-style-type: none"> I. Inlay, II. Onlay. ➤ Describe the clinical assessment required and the steps of preparation for: <ul style="list-style-type: none"> I. Inlay, II. Onlay. ➤ Explain soft tissue management and impression making for inlays and onlays. ➤ List laboratory steps for partial coverage indirect restorations. ➤ Describe the clinical procedure for cementation of indirect restoration. ➤ Describe the latest innovations for fabrication of indirect restoration including CAD-CAM technology. 	Lecture (2)		Quiz Class Participation Final Examination

COURSETOPIC: PORCELAIN VENEERS				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Porcelain Veneers	<ul style="list-style-type: none"> ➤ List indications and contraindications for veneers. ➤ Describe the diagnostic procedures involved in treatment planning of veneers. ➤ Justify the importance of quality and quantity of enamel for predictable bonding. ➤ Discuss tooth preparation, soft tissue management and impression making for veneers. ➤ Explain methods of temporization after veneer preparation. ➤ Describe step by step procedure of veneer placement. ➤ Describe the importance of silane coupling agent and hydrofluoric acid in bonding of porcelain veneer. ➤ Identify techniques for intra oral repair of indirect restorations. 	Lecture (2)		Class Test Class Participation Final Examination



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COURSE TOPIC: ENDODONTIC EMERGENCIES				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Endodontic Emergencies	<ul style="list-style-type: none"> ➤ Identify causes of endodontic emergencies pretreatment, inter-appointment and post obturation. ➤ Discuss the difficulties in diagnosing and treating a patient presenting with an endodontic emergency. ➤ Explain the importance of sequential approach of management of endodontic emergencies. ➤ Describe how to manage various endodontic emergencies including: <ul style="list-style-type: none"> i) Painful irreversible pulpitis, ii) Necrotic pulp with symptomatic apical periodontitis, iii) Acute apical abscess, iv) Symptomatic apical periodontitis. ➤ Identify inter-appointment and post-obturation flare up. ➤ Describe management of inter-appointment and post-obturation flare up. ➤ Explain pharmacological therapy used in emergency and its role in controlling pain and infection. ➤ List the indications and contraindications for prescribing analgesics, antibiotics, anti-inflammatory agents and anxiolytics. <p>By the end of the Operative OPD rotation the student should be able to:</p> <ul style="list-style-type: none"> ➤ Develop a treatment plan consisting of appropriate endodontic and pharmacologic strategies for managing pain, anxiety, and infection. ➤ Write down a prescription for pain and infection control in patients presenting with endodontic pain. ➤ Write a reference letter to physician. 	Lecture (3) Flip Class Room (1)	Tutorial/ Small Group Discussion	Quiz Class Participation Final Examination



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COURSE TOPIC: Review of Restorative Materials				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Review of Restorative Materials	<ul style="list-style-type: none"> ➤ State the composition of following direct filling materials: <ol style="list-style-type: none"> i) Amalgam, ii) GIC, (RMGIC) iii) Composite. ➤ List the properties, uses, merits and shortcomings of following direct filling materials: <ol style="list-style-type: none"> i) Amalgam, ii) GIC, (RMGIC) iii) Composite. <p style="text-align: center;">By the end of the Operative OPD rotation the student should be able to:</p> <ul style="list-style-type: none"> ➤ Demonstrate mixing of dental cements. ➤ Demonstrated clinical handling of restorative materials while restoring teeth on patients. 	Lecture (4)	Tutorial/ Small Group Discussion On Patient	Quiz Class Participation Final Examination OSCE

COURSE TOPIC: FULL COVERAGE INDIRECT RESTORATIONS				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Full Coverage Indirect Restorations	<ul style="list-style-type: none"> ➤ List the indications and contraindications for: <ol style="list-style-type: none"> i. Porcelain jacket crown, ii. Porcelain fused to metal crown, iii. All metal crown, iv. All ceramic crown. ➤ Describe factors influencing shade selection. ➤ Discuss guidelines for accurate shade matching. ➤ Explain various methods of shade selection. ➤ Describe the clinical assessment required and the steps of preparation for: <ol style="list-style-type: none"> i. Porcelain jacket crown, ii. Porcelain fused to metal crown, iii. All metal crown, iv. All ceramic crown. ➤ List materials available for these restorations. <ol style="list-style-type: none"> i) Porcelain jacket crown, ii) Porcelain fused to metal crown, iii) All metal crown iv) All ceramic crown. ➤ Discuss soft tissue management and impression making for full coverage restorations. ➤ State the clinical steps for tooth preparation for full coverage restorations ➤ Elaborate laboratory steps for full coverage indirect restorations. ➤ Describe the clinical procedure for cementation of full coverage indirect restoration. 	Lecture (3)		Class Test Class Participation Final Examination OSATS



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	<ul style="list-style-type: none"> ➤ Discuss the latest innovations including CAD-CAM technology <p>By the end of Operative OPD rotation final year student would be able to:</p> <ul style="list-style-type: none"> ➤ Demonstrate the tooth preparation for crown on phantom/extracted teeth/patients. ➤ Prepare anterior and posterior teeth (on phantom head/extracted) for full-coverage Porcelain-fused to metal crown and all ceramic crowns 			
			<p>Tutorial/ Small Group Discussion</p> <p>On phantom head / Extracted Tooth</p>	

COURSE TOPIC: IMPLANT SUPPORTED RESTORATIONS

Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Implant Supported Restorations	<ul style="list-style-type: none"> ➤ Discuss indications and contraindications of implant supported restorations. ➤ Describe various implant supported restorations that can be used for replacement of missing teeth. 	Lecture (2)		Class Test Class Participation Final Examination



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OPERATIVE DENTISTRY

1ST WEEK
Day 01:
<ul style="list-style-type: none"> • ORIENTATION <ul style="list-style-type: none"> Introduction to OPD <ul style="list-style-type: none"> o Discipline, protocols and ground rules o Patient allotment • Log book and Instruments • Practical demonstration of <ul style="list-style-type: none"> o History taking o Extra and intra oral examination o vitality testing (thermal tests and electric pulp test) o PDL probing o Occlusal relations b/w teeth • Diagnosis and treatment planning. • Parts of dental unit • Patient receiving, seating and chair positioning
Day 02:
<ul style="list-style-type: none"> • Instrument identification and uses
Day 03:
<ul style="list-style-type: none"> • Disinfection and sterilization of instruments • Disinfection of dental units • Method of sterilization, storage and removal from autoclave. • Management of needle stick injury • Cavity preparation on phantom teeth - class i and ii
Day 04:
<ul style="list-style-type: none"> • Learning Patient Counseling • Patients counsel after clinical mishap.(Breaking Bad News)
2ndWEEK
Day 01:
<ul style="list-style-type: none"> • CARIES <ul style="list-style-type: none"> o Definition o Classification o Clinical examination. o Radiographic evaluation o Diagnosis and treatment planning. o Choice of filling material according to cavity design • Demonstration of calcium hydroxide lining application on class II cavity
Day 02:
<ul style="list-style-type: none"> • Demonstration Of Preparation And Filling Of Class I/II Cavity With Composite Resin • MATRICING: <ul style="list-style-type: none"> o Different types o Parts. o Application. • Isolation techniques. <ul style="list-style-type: none"> o Rubber dam o Parts. o Techniques. • Application
Day 03:
<ul style="list-style-type: none"> • RADIOGRAPHS • Demonstration of different techniques and their indications along with use of different cone indicators <ul style="list-style-type: none"> o Bisecting angle technique o Paralleling technique o Bite wing o Slob rule. o Steps of film processing o Identification of different periapical xrays o X ray file. • Cavity Preparation And Filling
Day 04:
<ul style="list-style-type: none"> • OPD Test



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OPERATIVE DENTISTRY

3rdWEEK
Day 01:
<ul style="list-style-type: none"> • PULPAL AND PERIAPICAL PATHOSIS <ul style="list-style-type: none"> ○ Types ○ Diagnosis ○ Treatment options • Feedback Session I
Day 02:
<ul style="list-style-type: none"> • LONGITUDINAL TOOTH FRACTURE <ul style="list-style-type: none"> ○ History. ○ Examination. ○ Investigation diagnosis. ○ Management. • Cavity preparation and filling
Day 03:
<ul style="list-style-type: none"> • Introduction to endodontics • Endodontic instruments • Endodontic materials
Day 04:
<ul style="list-style-type: none"> • OPD Test
4thWEEK
Day 01:
<ul style="list-style-type: none"> • Endodontic access cavity preparation
Day 02:
<ul style="list-style-type: none"> • Cleaning and shaping of root canals
Day 03:
<ul style="list-style-type: none"> • Obturation of prepared roots
Day 04:
<ul style="list-style-type: none"> • OPD Test
5thWEEK
Day 01:
<ul style="list-style-type: none"> • Introduction Of Fixed Prosthesis
Day 02:
<ul style="list-style-type: none"> • Tooth preparation for crown on phantom/extracted teeth/patients
Day 03:
<ul style="list-style-type: none"> • Observing and assisting senior during root canal treatment of multirouted tooth • Observing and assisting senior during procedure of tooth preparation for crown • Cavity preparation and filling • Root canal treatment on single rooted endoblock, extracted tooth and patient
Day 04:
<ul style="list-style-type: none"> • OPD Test
6thWEEK
Day 01:
<ul style="list-style-type: none"> • X-ray file discussion • Spot file discussion
Day 02:
<ul style="list-style-type: none"> • Observing and assisting senior during procedure of tooth preparation for crown • Cavity preparation and filling • Root canal treatment on single rooted endoblock, extracted tooth and patient. • Revision • End of rotation assessment second feedback session II



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DEPARTMENT OF OPERATIVE DENTISTRY/ENDODONTICS
FINAL YEAR STUDENT'S RECORD SHEET
HISTORY, EXAMINATION, DIAGNOSIS, TREATMENT PLANNING AND CONSENT TAKING

S.No	Date	P.R No.	History	Examination	Pulp Vitality Test Type	Investigation	Diagnosis	Treatment Planning	Consent Taking	Competency level†	Grade	Initial

	*PULP VITALITY TEST TYP	† Competency Level:
1.	Thermal Vitality Test (Tvt)	Have Observed/Assisted And Is Familiar With The Steps
2.	Electric Pulp Tester (Ept)	Can Perform Under Supervision
3.		Can Perform Independently



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DEPARTMENT OF OPERATIVE DENTISTRY/ENDODONTICS
FINAL YEAR STUDENT'S RECORD SHEET
RESTORATIONS

S. No.	DATE	P. R. No.	TOOTH#	PATIENT AND OPERATOR POSITION	RUBBER DAM APPLICATION	PROCEDURE TYPE†		LINING/BASES/ ADHESIVES	MATICING	INSTRUMENT / MATERIAL SELECTION FOR FILLING	CONTURING & CARVING	INSTRUMENT SELECTION FOR FINISHING & POLISHING	OCCLUSION	MERCURY DISPOSAL	POST OPERATIVE INSTRUCTIONS	ORAL HYGIENE INSTRUCTION	COMPETENCY LEVEL†	GRADE	INITIAL		
						TYPE	CLASS														

	*PULP VITALITY TEST TYP	† Competency Level:
1.	Amalgam Restoration (AR)	Have observed/assisted and is familiar with the steps
2.	Composite Restoration (CR)	Can perform under supervision
3.	Preventive Resin Restoration (PRR)	Can perform independently
4.	Fissure Sealant (FS)	
5.	Core Buildup without Post (CB)	
6.	Core Buildup with Post (CPB)	



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DEPARTMENT OF OPERATIVE DENTISTRY/ENDODONTICS
FINAL YEAR STUDENT'S RECORD SHEET
ENDODONTIC THERAPY

S.No.	DATE	P.R.No.	TOOTH#	PATIENT AND OPERATOR POSITION	PERSONAL PROTECTIVE EQUIPMENT	LOCAL ANESTHESIA TYPE	PROCEDURE TYPE†	RUBBER DAM APPLICATION	INSTRUMENT / MATERIAL SELECTION FOR ACCESS OPENING	WORKING LENGTH (mm)		INSTRUMENT/MATERIAL SELECTION FOR ROOT CANAL PREP	INSTRUMENT / MATERIAL SELECTION FOR OBTURATION	POST OPERATIVE INSTRUCTIONS	ORAL HYGIENE INSTRUCTION	COMPETENCY LEVEL†	GRADE	INITIAL
										X-RAY	APEX LOCATOR							

	†Procedures type:	*Local Anesthesia Type	† Competency Level:
1.	Pulpectomy(PECT)	Block anesthesia(BA)	Have observed/assisted and is familiar with the steps
2.	RCT single rooted tooth (RS)	Infiltration anesthesia (IA)	Can perform under supervision
3.	RCT multi rooted tooth (RM)	Intrapulpal anesthesia (IP)	Can perform independently
4.	Emergency chamber opening(ECO)		



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CLINICAL QUOTA FOR FINAL YEAR BDS

S. NO	PROCEDURE	COMPETENCY		
		OBSERVE	PERFORM UNDER SUPERVISION	PERFORM INDEPENDENTLY
1.	History taking and informed consent	2	10	
2.	Clinical examination	2	10	
3.	Diagnosis and treatment planning	2	2	
4.	Placement of dental dam	2	5	
5.	Restorations	15	10	10
6.	Vital pulp therapy	5	3	
7.	Single rooted root canal treatment	3	2	



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CARIES RISK ASSESSMENT FORM

b Caries Risk Assessment Form (Ages >6)

Patient Name:
Birth Date:
Age:

Score:
Date:
Initials:

		Low Risk (0)	Moderate Risk (1)	High Risk (10)	Patient Risk
Contributing Conditions					
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	Yes	No		
II.	Sugary or Starchy Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes		Frequent or prolonged between meal exposures/day	
III.	Caries Experience of Mother, Caregiver and/or Other Siblings (for patients ages 6-14)	No carious lesions in last 24 months	Carious lesions in last 7-23 months	Carious lesions in last 6 months	
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	Yes	No		
General Health Conditions					
I.	Special Health Care Needs*	No	Yes (over age 14)	Yes (ages 6-14)	
II.	Chemo/Radiation Therapy	No		Yes	
III.	Eating Disorders	No	Yes		
IV.	Smokeless Tobacco Use	No	Yes		
V.	Medications that Reduce Salivary Flow	No	Yes		
VI.	Drug/Alcohol Abuse	No	Yes		
Clinical Conditions					
I.	Cavitated or Non-cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months	1 or 2 new carious lesions or restorations in last 36 months	3 or more carious lesions or restorations in last 36 months	
II.	Teeth Missing Due to Caries in past 36 months	No		Yes	
III.	Visible Plaque	No	Yes		
IV.	Unusual Tooth Morphology that compromises oral hygiene	No	Yes		
V.	Interproximal Restorations - 1 or more	No	Yes		
VI.	Exposed Root Surfaces Present	No	Yes		
VII.	Restorations with Overhangs and/or Open Margins: Open Contacts with Food Impaction	No	Yes		
VIII.	Dental/Orthodontic appliances (fixed or removable)	No	Yes		
IX.	Severe Dry Mouth (Xerostomia)	No		Yes	
TOTAL:					

Patient Instructions:

*Patients with developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers.

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Mini-Clinical Evaluation Exercise

(mini-CEX) Rating Form

Basic Training

Trainee information

Trainee's/Student's name : Date of assessment : ____ / ____ / ____
 Year of Training/Studies : 1 2 3 4 Case number for that year : 1 2 3 4
(Full time equivalent)
 Assessor's name : Assessor's position :
 Assessor's email : Hospital/Location :
 Setting : In-patient Out-patient Emergency Other (please specify) :
 Patient problem/Dx(s) : Specialty :
 Patient age : Patient gender : Male Female Case complexity : Low Medium High

Strengths

Suggestions for development

If a trainee or student receives a rating that is unsatisfactory, the assessor must complete this section or the form will not be submitted.

Rate the trainee/student against what you'd expect of a trainee/student in that year of term.

	Unsatisfactory			Satisfactory			Superior			Not observed
1. Medical interviewing skills	1	2	3	4	5	6	7	8	9	n/o
2. Physical examination skills	1	2	3	4	5	6	7	8	9	n/o
3. Professional qualities/communication	1	2	3	4	5	6	7	8	9	n/o
4. Counselling skills	1	2	3	4	5	6	7	8	9	n/o
5. Clinical judgement	1	2	3	4	5	6	7	8	9	n/o
6. Organisation/efficiency	1	2	3	4	5	6	7	8	9	n/o
Overall clinical performance	1	2	3	4	5	6	7	8	9	

Time taken for observation : min

Time taken for feedback : min

Assessor satisfaction using mini-CEX LOW 1 2 3 4 5 6 7 8 9 HIGH

Trainee/Student satisfaction using mini-CEX LOW 1 2 3 4 5 6 7 8 9 HIGH

Data from formative assessments is collated for the purpose of evaluation. Individual, identifiable data will not be presented in any published reporting.

Assessor's signature :

Trainee's/ Student's signature :

Input validated by supervisor :

(Supervisor to initial once they have checked electronic record against this paper record)



Ratings

Unsatisfactory - gaps in knowledge or skills that you would not expect at this level of training. Some concerns about professionalism or patient safety.

Satisfactory - what you would expect for a trainee at this level at this stage of their training year. Generally clinically competent and with satisfactory communication skills and professionalism.

Superior - performing well above the level they are at. No concerns about their clinical method, professionalism, organisation, communication etc.

The details below outline the skills associated with each domain in this mini-CEX rating form and the mini-CEX framework. Please note that not all skills may be examined during each encounter—this is a guide to show what may be observed and rated.

Medical Interviewing Skills

- Ability to interact with patient
- Ability to direct questions at key problem
- Ability to use second order of questioning to optimise focus
- Ability to incorporate information from questions with other information
- Ability to identify and respond appropriately to non-verbal cues
- Ability to retain a range of diagnostic options

Physical Examination Skills

- Ability to conduct a systematic and structured physical examination
- Shows sensitivity to patient's comfort and modesty
- Ability to detect abnormal signs when present and weigh the significance of these findings
- Informs patient
- Ability to focus the examination on the most important components
- Ability to integrate findings on examination with other information to clarify diagnosis

Professional Qualities / Communication

- Shows respect for patient at all times
- Explains as well as asks
- Listens as well as tells
- Conscious of potentially embarrassing or painful components of interaction
- Shows awareness of issues surrounding confidentiality
- Able to adapt questioning and examination to patient's responses

Counselling Skills

- Explains rationale for test/treatment
- Addresses the transfer of information in a way which is clear and tailored to the patient's needs
- Able to respond to patient and modify or repeat information in a different way
- Recognises patient's own wishes and gives them priority
- Avoids personal opinion and bias

Clinical Judgement

- Ability to weigh importance of potentially conflicting clinical data
- Ability to determine best choice of investigations and management
- Ability to relate management options to the patient's own wishes or situation
- Considers the risks and benefits of the chosen management/treatment options
- Ability to come to a firm decision based on available evidence

Organisation / Efficiency

- Ability to synthesise a collection of data quickly and efficiently
- Demonstrates appropriate judgement and synthesis
- Demonstrates optimal use of time in collection of clinical and investigational data



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ORAL SURGERY

COURSE TOPIC : PREPROSTHETIC SURGERY (DENTAL IMPLANTS)

Lecture Topic	1. Learning Objectives	Mode of Teaching	Assessment Tools	Lecture Topic
Implants treatment: Basic concepts and techniques Implant treatment: Advanced concepts and complex cases	2. Enlist: <ol style="list-style-type: none"> i) Biologic considerations for osseo integration ii) clinical implant components iii) implant prosthetic options iv) complications 3. Assess preoperative medical condition of implant patient 4. Describe surgical phase: treatment planning 5. Explain basic surgical techniques 6. Describe advanced surgical techniques By the end of the Oral Surgery OPD rotation the student should be able to do: <ol style="list-style-type: none"> 1. Preoperative assessment of implant patients (CLINICAL /OSCE) 2. Identify the hard and soft tissue abnormalities (OSCE). 	Lecture(2)		

COURSE TOPIC: TEMPOROMANDIBULAR AND OTHER FACIAL PAIN DISORDERS

Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Management of temporomandibular disorders Segment 1: Classification of TMJ disorders	<ol style="list-style-type: none"> 1. Enlist TMJ disorders 2. Classify temporomandibular Joint disorders 	Lecture(2)	Practical demonstration during surgical rotation	Any one form of assessment - Quiz - Class Test - Class Participation
Segment 2: Clinical features, investigation & treatment modalities.	<ol style="list-style-type: none"> 1. Identify sign & symptoms of TMJ disease 2. Prescribe relevant investigation 3. Enlist different treatment options 4. Explain permanent occlusion modification 5. Enlist types of temporomandibular joint surgery 6. Identify patient for long term follow up By the end of the Oral Surgery OPD rotation the student should be able to: <ol style="list-style-type: none"> 1. Perform TMJ examination (CLINICAL) 2. Diagnose a patient presenting with TMJ disorder in OPD (CLINICAL /OSCE) 	Lecture(2)		- Individual - Assignment Group Test



COURSE TOPIC: DENTOFACIAL DEFORMITIES				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Management of patients with orofacial clefts	1. Describe: i) Embryology ii) Problems of the cleft affected individuals iii) Dental needs of cleft affected individuals 2. Enist Causative factors 3. Explain treatment options of cleft lip and palate	Lecture(2)	Practical demonstration during surgical rotation	Any one form of assessment - Quiz - Class Test - Class Participation - Individual - Assignment Group Test

COURSE TOPIC: DENTOFACIAL DEFORMITIES				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Correction of dentofacial deformities/Orthognathic surgery	1. Classify orthognathic procedures 2. Evaluate patient for Orthognathic surgery 3. List the procedures to correct jaw abnormalities	Lecture(1)	Practical demonstration during surgical rotation	Any one form of assessment - Quiz - Class Test - Class Participation - Individual - Assignment Group Test
Surgical reconstruction of defect of the jaws	1. Classify type of flaps use for reconstruction of jaw 2. Describe reconstructive ladder 3. Explain basic reconstructive principles By the end of the Oral Surgery OPD rotation the student should be able to: 1. Differentiate between different types of jaw cyst and tumors (CBL/opd patients) 2. Perform the examination of swelling (Simulated patient/ given patients) (OSCE/CLINICAL) 3. Formulate the management plan (OSCE/CLINICAL) 4. Identify the clinical and radiographic sign and symptoms of malignancy (CBL) 5. Perform the examination of Lymph nodes (Simulated patient/ given patients) (OSCE/CLINICAL) 6. Break the bad news (simulated patient/role play) communication skills 7. Demonstrate different types of biopsies (videos/CBL/opd patients) 8. Write referral letter (OSCE) 9. Explain management options of dental needs in patients on radiotherapy/chemotherapy	Lecture(1)		



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COURSE TOPIC : ORAL AND MAXILLOFACIAL TRAUMA				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Segment 3: Clinical features, investigation & management of ZMC	1. Outline causes, classification, sign & symptoms & Management of ZMC fractures 2. Describe appropriate investigation for given fracture case 3. Enlist complication of ZMC fracture	Lecture(2)		
Segment 4: Nasal & Orbital fractures.	1. Describe detailed anatomy of orbit 2. Outline causes, classification, sign & symptoms & Management of Orbital & Nasal fractures 3. Enlist complication of Orbital & Nasal fracture	Lecture(2)		
Segment 5: Mid face fracture.	1. Explain causes, classification, sign & symptoms & Management of midface fractures 2. Enlist complication of midface fracture By the end of the Oral Surgery OPD rotation the student should be able to do: 1. Identify basic instruments for Intermaxillary fixation (OSCE). 2. Identify the instrument used for mid face trauma (OSCE) 3. State the uses of the instruments. (OSCE) 4. Demonstrate the technique of Intermaxillary fixation on models (OSCE) 5. Diagnose and management of patients with dentoalveolar fractures (CBL) (OSCE) 6. Diagnose and formulate the management plan for patients with maxillofacial injuries (OSCE)	Lecture(2)		



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CLINICAL TEACHING

Clinical Hours: 14 hrs. /week

Each student will receive clinical teaching at the department of oral and maxillofacial surgery, ward, operating room & skills lab for a period of 2 months. During the clinical rotation students will be taught following topics.

- Obtain surgical history
- Prevention & management of medical emergencies
- Principles of surgery
- Cross infection control
- Armamentarium for basic oral surgery
- Perform local anesthesia
- Clinical & radiological evaluation of a tooth for extraction
- Extraction under local anesthesia
- Assist/observe in minor surgical procedures
- Postoperative patient management
- Management of surgical complications
- Observe dental implant placement
- Suturing on foam
- Incision and drainage of dental abscess
- Clinical & radiological evaluation of maxillary sinus
- Biopsy taking
- Emergency management of trauma patients
- Clinical and radiological evaluation of facial fractures
- Perform inter-maxillary fixation on dentures
- Clinical and radiological evaluation of TMJ problems
- Extraction under local Anesthesia (Observe and Assist complicated Exodontia and Impaction)
- Radiographic problems of TMJ and observe Manual Reduction of TMJ Dislocation
- History Taking and Clinical Observations of Pathological lesions
- History Taking and Clinical Observations of Orofacial Pain Problems
- Clinical and Radiographic Evaluation of Dentoalveolar Trauma

The methods of teaching will be demonstrations on anatomical models, case-based learning, role play, tutorials and small group discussions.



REQUIREMENT FOR THE CLINICAL ROTATION

Following are the minimum requirements of the clinical work in the department of oral and maxillofacial surgery, to be completed within 9 months of clinical rotation before his/her name is sent to the University for the final year BDS examination.

A log book is also to be maintained, completed and signed by the head of department before the end of clinical rotation.

History taking/Clinical Examination/Informed Consent	50 cases
Local Anesthesia Infiltration	50 cases
Block anesthesia under supervision	7 cases
Extraction under local anesthesia	50 cases
Surgical Extraction /Impactions (assistance)	02 cases
Inter-maxillary fixation on model	01 cases
Dental implant (observe)	01 cases
Suturing on Rexene	05 cases
Prescription writing	50 cases
Simple incisional biopsy	1 case(observe)
Preprosthetic Surgery	1 case(observe)
Splinting of teeth and management of Dentoalveolar Fracture	1 case(observe)
Reduction of TMJ Dislocation (Diagnosis and Treatment Planning)	1 case(observe)
Apicectomy	1 case(observe)



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ORAL AND MAXILLOFACIAL SURGERY

CLINICAL ROTATION

1ST WEEK	
<ul style="list-style-type: none"> • Introduction to OPD <ul style="list-style-type: none"> ◦ Discipline, protocols and ground rules ◦ Patient allotment • Log book/vaccination • History, examination (Intraoral, Extraoral) • Diagnosis and treatment planning • Instruction identification and uses 	FACILITATOR
PRACTICAL DEMONSTRATION	
<ul style="list-style-type: none"> • Cross infection control • Waste management • Protocol & reporting of Needle stick injury • Patient receiving, seating and chair positioning 	
SOFT SKILL PRACTICES	
ROLE PLAY/CASE SCENARIO	
<ul style="list-style-type: none"> • Patient counseling 	
2ND WEEK	
CASE BASED LEARNING	FACILITATOR
<ul style="list-style-type: none"> • Management of Medical emergencies on dental chair • Radiographic interpretation 	
PRACTICAL DEMONSTRATION	
<ul style="list-style-type: none"> • Choice of Anesthesia <ul style="list-style-type: none"> ◦ Local Anesthesia ◦ Different types • Techniques 	
SKILLS PERFORMANCE	
<ul style="list-style-type: none"> • Exodontia <ul style="list-style-type: none"> ◦ Definition ◦ Classification ◦ Clinical examination ◦ Radiographic evaluation ◦ Diagnosis and treatment planning 	
SOFT SKILL PRACTICES	
ROLE PLAY/CASE SCENARIO	
<ul style="list-style-type: none"> • Conflict resolution 	
3RD WEEK	
PRACTICAL DEMONSTRATION	FACILITATOR
<ul style="list-style-type: none"> • Demonstration of medical emergencies • Demonstration of prescription writing • How to take consent from the patient • Preventive measures and counseling of patient 	
SKILLS PERFORMANCE	
<ul style="list-style-type: none"> • Exodontia 	
CASE BASED LEARNING	
<ul style="list-style-type: none"> • Odontogenic infections • Impactions 	
SOFT SKILL PRACTICES	
ROLE PLAY/CASE SCENARIO/REAL PATIENT	
<ul style="list-style-type: none"> • Communication skills 	



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ORAL AND MAXILLOFACIAL SURGERY

CLINICAL ROTATION

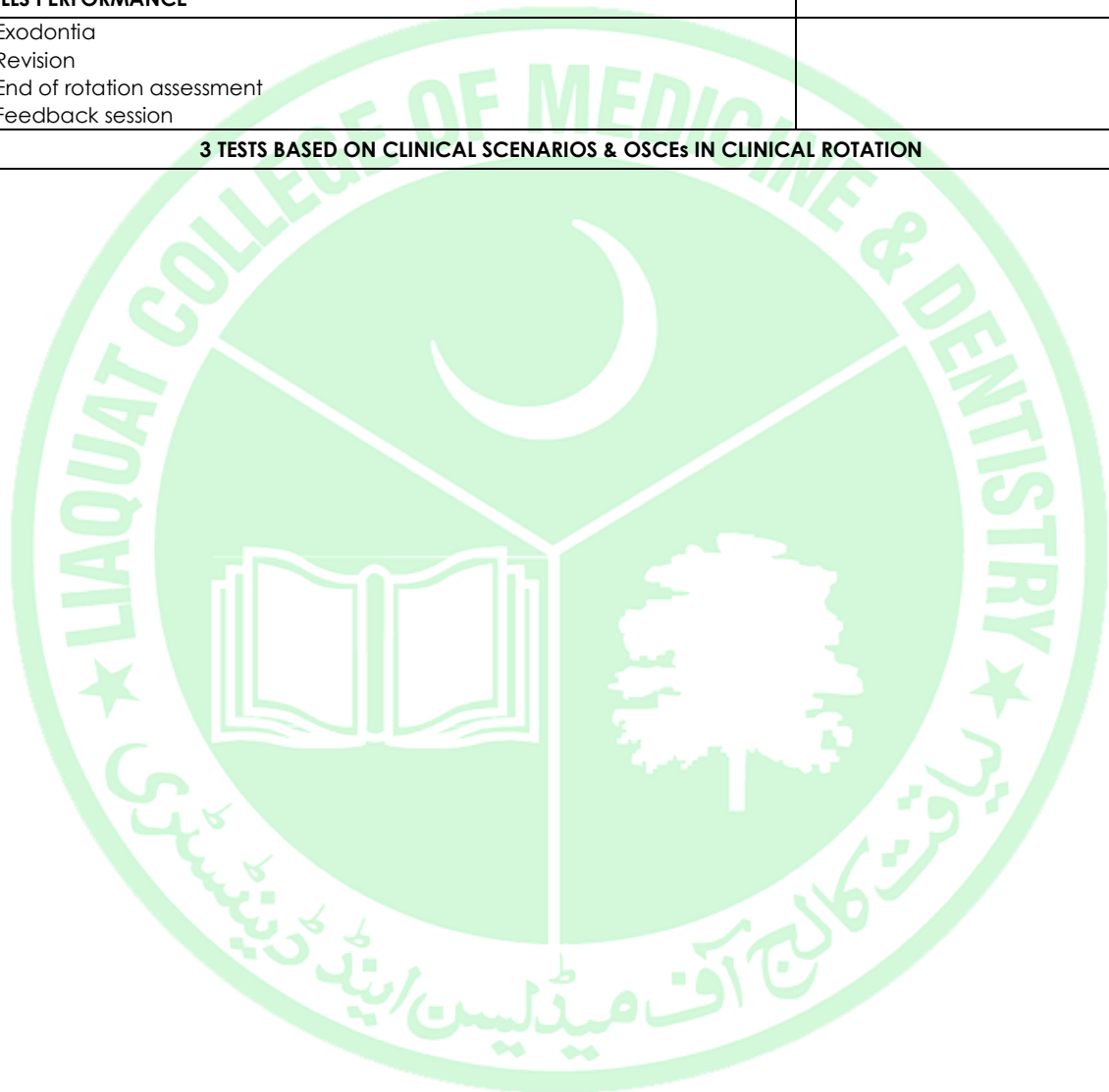
4TH WEEK	
CASE BASED LEARNING	FACILITATOR
<ul style="list-style-type: none"> • Complex Odontogenic infections • Alveoloplasty • Apicectomy 	
SKILLS PERFORMANCE	
<ul style="list-style-type: none"> • Exodontia 	
PRACTICAL DEMONSTRATION	
<ul style="list-style-type: none"> • Examination of swelling • Examination of TMJ, management of TMJ dislocation 	
SOFT SKILL PRACTICES	
ROLE PLAY/STANDARDIZED PATIENT	
<ul style="list-style-type: none"> • Negotiation & bargaining 	
5TH WEEK	
CASE BASED LEARNING	FACILITATOR
<ul style="list-style-type: none"> • TRAUMATIC INJURIES <ul style="list-style-type: none"> ○ Luxation ○ Subluxation ○ Intrusion ○ Extrusion • Avulsion FACIAL TRAUMA <ul style="list-style-type: none"> ○ History ○ Examination ○ Investigation and diagnosis ○ Management 	
SKILLS PERFORMANCE	
<ul style="list-style-type: none"> • Exodontia 	
PRACTICAL DEMONSTRATION	
<ul style="list-style-type: none"> • Cranial nerve examination • Lymph node examination 	
SOFT SKILL PRACTICES	
CASE SCENARIO	
<ul style="list-style-type: none"> • Documentation/Record keeping 	
6TH WEEK	
TUTORIAL	FACILITATOR
<ul style="list-style-type: none"> • Diagnosis of premalignant lesion 	
PRACTICAL DEMONSTRATION FOLLOWED BY WORK ON MODELS	
<ul style="list-style-type: none"> • Method of fixation • Suturing techniques 	
SKILLS PERFORMANCE	
<ul style="list-style-type: none"> • Exodontia • Biopsy techniques 	
CASE BASED LEARNING	
<ul style="list-style-type: none"> • BENIGN & MALIGNANT LESIONS OF ORO-FACIAL REGION <ul style="list-style-type: none"> ○ History ○ Examination ○ Investigation & diagnosis ○ Management 	



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ASSISTANCE	
<ul style="list-style-type: none"> Assisting senior during surgical extraction and impactions Assisting senior during procedure of suturing 	
SOFT SKILL PRACTICES	
CASE SCENARIO	
<ul style="list-style-type: none"> Dealing with ethical dilemma 	
7TH WEEK	
ASSISTANCE	
<ul style="list-style-type: none"> Assisting senior during OPD procedure 	
SKILLS PERFORMANCE	
<ul style="list-style-type: none"> Exodontia Revision End of rotation assessment Feedback session 	
3 TESTS BASED ON CLINICAL SCENARIOS & OSCEs IN CLINICAL ROTATION	





ORAL AND MAXILLOFACIAL SURGERY

DEPARTMENT ORIENTATION

DEPARTMENT ORIENTATION DOCUMENT FOR STUDENTS (YEAR 2024)

This orientation document outlines Oral and Maxillofacial Surgery Departmental policies, procedures and work practices providing students with opportunity to perform at an optimal standard within a given period of rotation.

INTRODUCTION TO DEPARTMENT





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FACULTY ORIENTATION:

HEAD OF DEPARTMENT: Prof. Dr. Tahera Ayub

FACULTY:

PROFESSOR: Prof. Dr. Navid Rashid Qureshi

ASSOCIATE PROFESSOR: Dr. Amna Rehman

SENIOR REGISTRAR: Dr. Dania Hamid

REGISTRAR: Dr. Amna Afridi & Dr. Mohsin Khan

RESIDENT: Dr. Fizza Bano Zaidi, Dr. Arshia Altaf, Dr. Abdul Raffay, Dr. Rafia Ashraf, Dr. Arif, Dr. Iqra Ali, Dr. Shabana, Dr. Samina Ghouri, Dr. Bushra, Dr. Ali Khan, Dr. Nayab

GOALS AND OBJECTIVES OF DEPARTMENT:

Our aim is to teach the students about how to treat the patients with highest possible standards of care and always treat patients with kindness, respect and dignity. For that students should follow the following steps for an effective treatment planning which includes:

- History and Examination
- Diagnosis
- Treatment planning
- Referral to the respective department
- Oral Surgical Procedures

DEPARTMENT RULES AND REGULATIONS:

- All students should be punctual and should come in department on time, only 5 minutes relaxation is allowed.
- All students should wear face masks all the time in OPD premises and maintain social distancing.
- All Students should wear labcoats with their ID cards, male students should wear dress pants and shirts, Female students should tie their hairs.
- Nails should be cleaned and properly cut.
- All students should get their Hep B Vaccination done within 1 week of departmental rotation.
- Only 3 leaves are allowed in their rotation period, if they absent more than 3 days student should submit their explanation letter to the department.

INFECTION CONTROL POLICIES:

- If the patient is suspected or known case of Hep B or C, Student should informed to their respective supervisor and perform whole procedure under supervision.
- Student should inform and ask the nursing staff for separate instruments.
- Students should follow the infection controls protocols which includes separate units for Hep B and C patients, double mask, double gloves eye wears and disposable gowns.

STUDENT SAFETY SOP'S:

- If Student is having any symptoms (e.g Dry cough, fever, body aches, loss of taste or smell), given the condition looks contagious such Viral flu, he/she should immediately inform to their respective supervisor
- Students should follow Recommended Sops in Department whenever infected:
 - a) Wear face mask in OPD premises, and maintain social distance.
 - b) Wash your hands regularly with soap and water, or clean them with alcohol-based hand rub before and after every procedure.
 - c) Maintain at least 1 meter distance between you and people coughing or sneezing.
 - d) Avoid touching your face.
 - e) Cover your mouth and nose when coughing or sneezing.
 - f) Stay home if you feel unwell.
 - g) Wear Personnel Protective Equipment during any procedure
 - h) Practice physical distancing by avoiding unnecessary travel and staying away from large groups of people.



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- Do not dispose of waste by yourself, ask the assistant to dispose off.
- In case of needle stick injury student should inform his/her respective supervisor and incident report to nursing office extension 337, QA Ext 203 or nursing shift supervisor.

PATIENT SAFETY PROTOCOLS:

- Improve the accuracy of patient identification
- Improve the safety of using high alert medications
- Eliminate wrong site ,wrong patient ,wrong procedure surgery
- Avoid Reuse of Tools and Packaging Material meant for Treatment Only
- Report the problem adverse event to supervisor , according to policy and procedure
- Practice safety protocol to protect yourself and limit spread of contamination
- Sterilized instruments must be used on every patient
- Patient should be questioned about their vaccination status and the suspected ones or known cases should be screened for Hepatitis and antibody titer respectively.

PATIENT CONFIDENTIALITY:

- Patient confidentiality should not be discussed with anyone
- Cases should not be published, discussed or posted in any journal, seminar or social networking sites respectively without patient consent.

MEDICAL EMERGENCIES

- In case of medical emergency, deferred the patient, informed supervisor and follow his/her instructions.
- Do not use medications without the appropriate supervision.
- For any serious emergency clinical staff should be directed to call the following numbers.
- For emergency DSH : 229 & 209

TUTORIALS:

- A tutorial is a method of transferring knowledge and used as a part of a learning process. More interactive and specific than a book or a lecture, a tutorial seeks to teach by example and supply the information to complete a certain task.
- Tutorials are conducted on daily basis for students in department to enhance their knowledge.
- Some topics will be in format of live demonstration and case based learning.
- These tutorials could be blend of physical or online teaching depending upon Covid related circumstances

LOG BOOK MAINTAINANCE:

- Logbook should be filled by students at the end of every working day and should be signed by their respective supervisor.

ASSESSMENT TEST:

- During rotation verbal and written test should be taken after every 2 weeks to check the progress of the students.
- At the end of rotation final assessment of the student should be done through OSCE and interactive stations.

FEEDBACK FORMS:

At the end of rotation, students should be provided with the feedback forms in which they give feedback about the department and supervisors.

SKILL LAB:

The skills and simulation laboratory of Liaquat College of Medicine and Dentistry will serve the purpose of developing student's skills and attitudes during clinical training. Students of BDS should attend the sessions of skill lab according to curriculum



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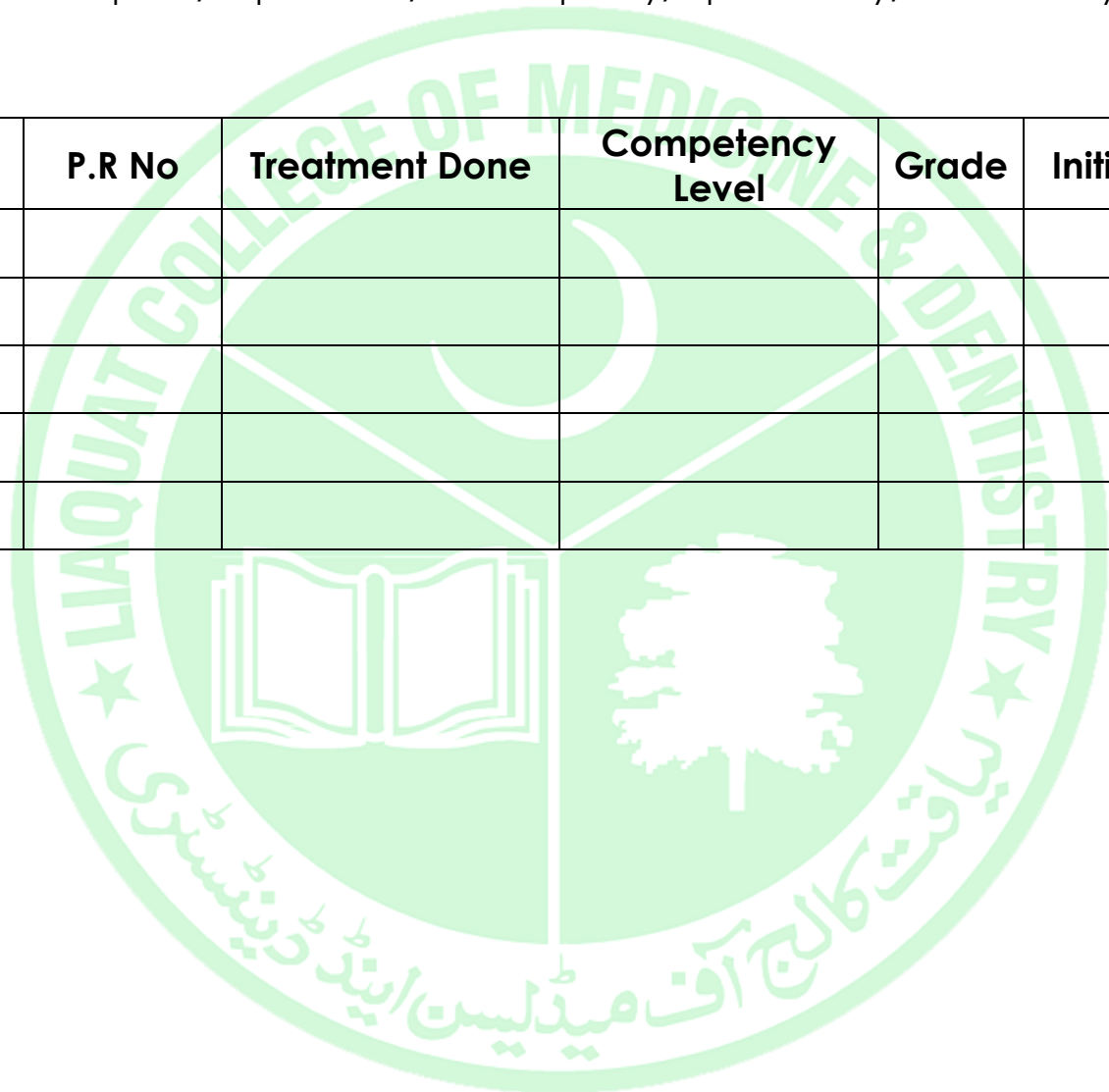
ORAL AND MAXILLOFACIAL SURGERY

STUDENT'S RECORD SHEET

EXTRA CREDITS

Biopsies/Impactions/Alveoloplasty/Apisectomy/Frenectomy

Date	P.R No	Treatment Done	Competency Level	Grade	Initials





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DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY FINAL PROFESSIONAL BDS

Date: _____ Group: ____ Allotted time: _____ Total marks: _____

Marks obtained: _____ Student name: _____ roll no.: _____

Examiner name & signature: _____

OBJECTIVE: ASSESSMENT OF HISTORY TAKING & EXAMINATION SKILLS

Not Done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

ORAL AND MAXILLOFACIAL SURGERY





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FEEDBACK _____

SR.	POINTS OBSERVED	0	1	2	3	4	5
1	Asked about personal information of the patient						
2	Presenting complain was documented						
3	History of presenting complain was taken						
4	Recorded medical history about						
	• Cardiovascular system						
	• Respiratory system						
	• Gastrointestinal system						
	• Rheumatology						
	• Circulatory system						
	• Endocrine system						
	• Nervous system						
	• Allergies						
5	Drug history						
6	Previous hospitalization/Blood transfusion						
7	Past dental history						
8	Family/social history						
9	Habitual history						
	Examination						
10	Extraoral examination was done which includes						
	• General appearance						
	• TMJ examination						
	• Lymph nodes						
11	Intraoral examination of oral hard and soft tissues						
12	Clinical findings were recorded						
13	Provisional diagnosis						
14	Investigation						
	Final diagnosis						
	Treatment plan with referrals						
	Written consent taken on the form						



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OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: HOW TO QUIT THE HABIT EATING PAN & BETEL QUID

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.NO	POINTS OBSERVED	0	1	2	3	4	5
1	Ask the patient, how many pan and betel quid he/she eats per day?						
2	Ask the patient, for how many years he/she is eating pan and betel quid?						
3	Counsel the patient to avoid the company of people who eat pan and betel quid.						
4	Counsel the patient that if craving occurs then have a sugar free gum.						
5	Inform the patient about the side effects of eating pan and betel quid.						
6	Inform the patient that pan and betel quid chewing can cause deep red staining on your teeth and even black stains, gum irritation and tooth decay, attrition and enamel defects.						
7	Counsel the patient to reduce the quantity of packets he/she eats per day, the patient should be counselled to eat half the amount that he/she currently eats, and when the patient feels a craving, wait as long as possible.						
8	Inform the patient that chewing tobacco can be expensive, and it is a waste of time and money.						
9	Inform the patient that if he/she didn't quit this habit, they might have a problem in opening mouth, which may lead to OSF.						
10	Inform the patient about OSF, its treatment and tell the patient that if OSF is not treated then it can progress and cause oral cancer (SCC).						
11	Patient should be informed that pan and betel quid can cause cancer on the lateral borders of the tongue and buccal mucosa.						
12	Inform the patient that if the cancer progress, then the only option left for treatment would be surgery.						
13	Inform the patient about the surgical options that the doctor might have to remove the major part of his /her						



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	tongue, or any other part which is affected by cancer.								
14	Inform the patient that even after surgery the prognosis depends on the stage of cancer, and in late stages survival rate is only 5 years.								
	Total								

FEEDBACK _____





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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: ORTHOGNATHIC SURGERY

OBJECTIVE: ASSESSMENT OF COUNSELLING SKILLS

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.NO	POINTS OBSERVED	0	1	2	3	4	5
1.	Discuss the treatment plan with the patient and family.						
2.	Recovery is complete after anesthesia.						
3.	Informing him/her about the advantages of this surgery and how it is going to improve their appearance and hence their confidence.						
4.	Sequelae of surgery.						
5.	Make him/her aware of the severity of condition and that it cannot be corrected with conservative treatment.						
6.	Show other patient's pre and post-treatment pictures to motivate them and enhance their confidence.						
7.	Informing about the clinical results of this surgery.						
8.	Make him/her aware it's a reliable and safe procedure.						
9.	Results of surgery are more effective and stable as compared to conservative treatment.						
10.	Informing them about improvement of occlusal function after surgery.						
	Total						

FEEDBACK _____



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: WRONG TOOTH EXTRACTION

OBJECTIVE: ASSESMENT OF COUNSELLING SKILLS

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.NO	POINTS OBSERVED	1	2	3	4	5	6
1	Introducing him/herself.						
2	Taking consent.						
3	Patient informed that instead of tooth to be extracted wrong tooth extracted.						
4	Wrong tooth requires extraction as it is infected BDR.						
5	It will be going to cause pain further as it is infected and pus discharging.						
6	May be the pain occurring in the area of the tooth to be extracted is because of infected BDR.						
7	Sometime pain radiates and patient can't localize.						
8	The tooth you want to be extracted can also be extracted after few days as it is grossly carious.						
9	It is necessary to remove infected BDR Primarily.						
10	Medication prescribed for 5 days.						
11	Post operative instruction given.						
12	Recall after 5 days for extraction of adjacent grossly carious tooth. Which patient want to be extracted, as the prognosis of the tooth is not good RCT can't be advised.						
	Total						

FEEDBACK _____



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ORAL AND MAXILLOFACIAL SURGERY
OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: POST SURGICAL PARESTHESIA AFTER THIRD MOLAR EXTRACTION
OBJECTIVE: COUNCELING OF PATIENT WITH POST SURGICAL PARESTHESIA

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.N O	POINTS OBSERVED	0	1	2	3	4	5
1	Introducing him/herself						
2	Ask the patient to relax						
3	Ask the patient to locate the area where he/she is feeling altered sensation						
4	Ask the patient about the area he/she is feeling altered, diminished or total loss of sensation						
5	Ask for other sensations associated with it e.g., tingling, numbness or "pins and needles"						
6	Observe if patient's chewing and speaking function is affected						
7	Perform different types of sensory tests to estimate the extent of nerve damage						
8	Explain the patient about what is paresthesia						
9	Explain the patient why does he have paresthesia						
10	Inform the patient about the signs of paresthesia						
11	Inform the patient about the symptoms of paresthesia						
12	Inform the patient about the extent of nerve damage						
13	Inform the patient about duration of recovery e.g., spontaneous, persistent or permanent						
14	Explain the patient that if paresthesia is spontaneous, complete recovery will occur in 8 weeks						
15	Explain the patient that paresthesia is persistent, complete recovery might take up to 6 months						
16	Explain the patient that paresthesia is permanent, it would not resolve on its own and would need surgical treatment						
17	Explain the patient about surgical repair in case of severe nerve damage and its success rate						



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18	Explain the patient about when can he get the surgical treatment								
	Total								

FEEDBACK





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DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY FINAL PROFESSIONAL BDS

Date: _____ Group: ____ Allotted time: _____ Total marks: _____ Marks
 obtained: _____ Student name: _____ roll no.: ____ Examiner name &
 signature: _____

LOCAL ANESTHESIA OSATS FORM

Not Done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

SR.	POINTS OBSERVED	0	1	2	3	4	5
1	Obtain written consent for infiltrate						
2	Demonstrate an appropriate pre procedure 1. Chair positioning 2. Light setting						
3	Follow aseptic technique						
Technical ability to be checked for given safe and effective infiltration							
4	Prepares the instruments						
5	Applies topical anesthesia						
6	Informs about the prick						
7	Retracts the cheek appropriately						
8	Inserts needle in the mucogingival junction						
9	Inserts one third of the needle						
10	Aspirates the plunger						
11	Injects two third of the solution						
12	Pull the needle out						
13	Inserts the needle at right angle on the palatal mucosa assuming the estimated apex of the tooth						
14	Inserts remainder of the solution slowly with pressure						
15	Waits for 3 to 5 mins for the anesthesia to be effective						
16	Check for efficacy of the anesthesia						
17	Post op instructions						
18	Communication skills						
19	Professionalism						
20	Overall ability to perform the procedure						



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Feedback if any:

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

FINAL PROFESSIONAL BDS

Date: _____ Group: _____ Allotted Time: _____ Total Marks: _____ Marks
 Obtained: _____ Student Name: _____ Roll NO: _____ Examiner
 name & Sign _____

IDN BLOCK ANESTHESIA OSATS FORM

Scale: Not Done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

SR.NO	POINTS OBSERVED	0	1	2	3	4	5
1.	Obtains written consent for ID block						
2.	Demonstrate appropriate procedure 1. Chair positioning 2. Light setting						
3.	Aseptic technique						
4.	Technical ability to check safe and effective IDN block						
5.	Prepares the instrument						
6.	Applies topical anesthesia						
7.	Informs about the prick						
8.	Palpate the external oblique ridge						
9.	Inserts needle between ridge at midpoint of raphe at mandibular notch						
10.	Inserts two-thirds of the needle						
11.	Aspirated the plunger						
12.	Injects two third of the solution						
13.	Retracts the syringe						
14.	Changes the position of the needle						
15.	Inserts remainder of the solution to block lingual nerve						
16.	Waits for five minutes to check anesthesia to be effective						
17.	Post operative instructions						
18.	Maintain verbal contact with patient						
19.	Maintain professionalism throughout procedure						
	Overall ability to perform the procedure						

Feedback if any:



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: EXAMINATION OF A SWELLING

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.NO.	POINTS OBSERVED	0	1	2	3	4	5
1	Greets the patient						
2	Introduce himself/ herself						
3	Takes consent						
4	Correct chair position						
5	Inspection:						
	• Site						
	• Size						
	• Shape						
	• number,						
	• surface color						
	• overlying skin						
	• any discharge of fluid						
• transillumination							
6	Palpation:						
	• Temperature						
	• Tenderness						
	• Consistency						
	• Fluctuant						
	• Pulsatile						
	• Reducibility						
• compressibility							
7	Auscultation for vascular swellings						
8	Make 3 differential diagnosis						
	Total						

Feedback if any:



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ORAL AND MAXILLOFACIAL SURGERY
OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: EXAMINATION OF A ULCER

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S. NO.	POINTS OBSERVED	0	1	2	3	4	5
1	Greets the patient						
2	Introduce himself/ herself						
3	Takes consent						
4	Properly positions the patient						
5	Inspection:						
	• Site						
	• Size						
	• Shape						
	• Number						
	• Margins						
	• Base						
	• Colour						
6	Exudate or discharge						
	Palpation:						
	• Temperature						
	• Tenderness						
	• Induration						
	• Fixation						
	• Bleeding						
• Base							
7	• Margins						
	Make 3 differential diagnosis of intra oral ulcer						
	Total						



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: EXAMINATION OF FACIAL NERVE

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.NO.	POINTS OBSERVED	0	1	2	3	4	5
1	Greets the patient						
2	Introduce himself/ herself						
3	Takes consent						
4	Properly positions the patient						
5	Test motor function by asking patient to crease up forehead						
	close eyes against pressure						
	puffing out cheek						
	reveal the teeth						
	test the function of stapedius muscle by tuning fork						
6	Able to Test the sense of taste						
7	Able to differentiate between upper and lower motor neuron lesion						
8	Make 3 differential diagnosis of lower motor neuron lesion						
	Total						



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: EXAMINATION OF NECK LYMPH NODE

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.NO.	POINTS OBSERVED	0	1	2	3	4	5
1	Greets the patient						
2	Introduce himself/ herself						
3	Takes consent						
4	Properly positions the patient and do gentle palpation						
5	Inspection:						
	Site						
	Size						
	Shape						
	Number						
	Surface						
	Color						
	overlying skin						
6	any discharge of fluid						
	Palpation:						
	Temperature						
	Tenderness						
	Consistency						
	Fluctuant						
	Fixation						
	Induration						
7	Central necrosis						
	Matty						
7	Able to describe the levels of lymph node and sequence of lymph node examination						
8	Make 3 differential diagnosis of enlarged lymph node						
	Total						



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: EXAMINATION OF TMJ

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S. NO.	POINTS OBSERVED	0	1	2	3	4	5
1	Greets the patient						
2	Introduce himself/ herself						
3	Takes consent						
4	Properly positions the patient						
5	Measures inter-incisal opening						
6	Measures lateral excursions						
7	Palpate muscles of mastication						
8	Make 3 differential diagnosis of limited mouth opening						
	Total						



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ORAL AND MAXILLOFACIAL SURGERY

DOPS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

DIRECT OBSERVATION OF PROCEDURAL SKILLS

EXTRACTION OF MANDIBULAR IMPACTED THIRD MOLAR – FOURTH YEAR BDS STUDENT IN ORAL SURGERY SETTING

	Below expectation		pass		Above expectation	Well above average		Uc
	Well below (very poor) 1	Below (poor) 2	Borderline pass 3	Meet expectation 4	Good 5	Very good 6	Outstanding 7	
Obtains informed consent for extraction								
Demonstrates appropriate pre procedure 1. chair positioning 2 lights setting								
Aseptic technique								
Selection of appropriate								
Prepares the instrument								
Demonstrate appropriate technique of ID block local								



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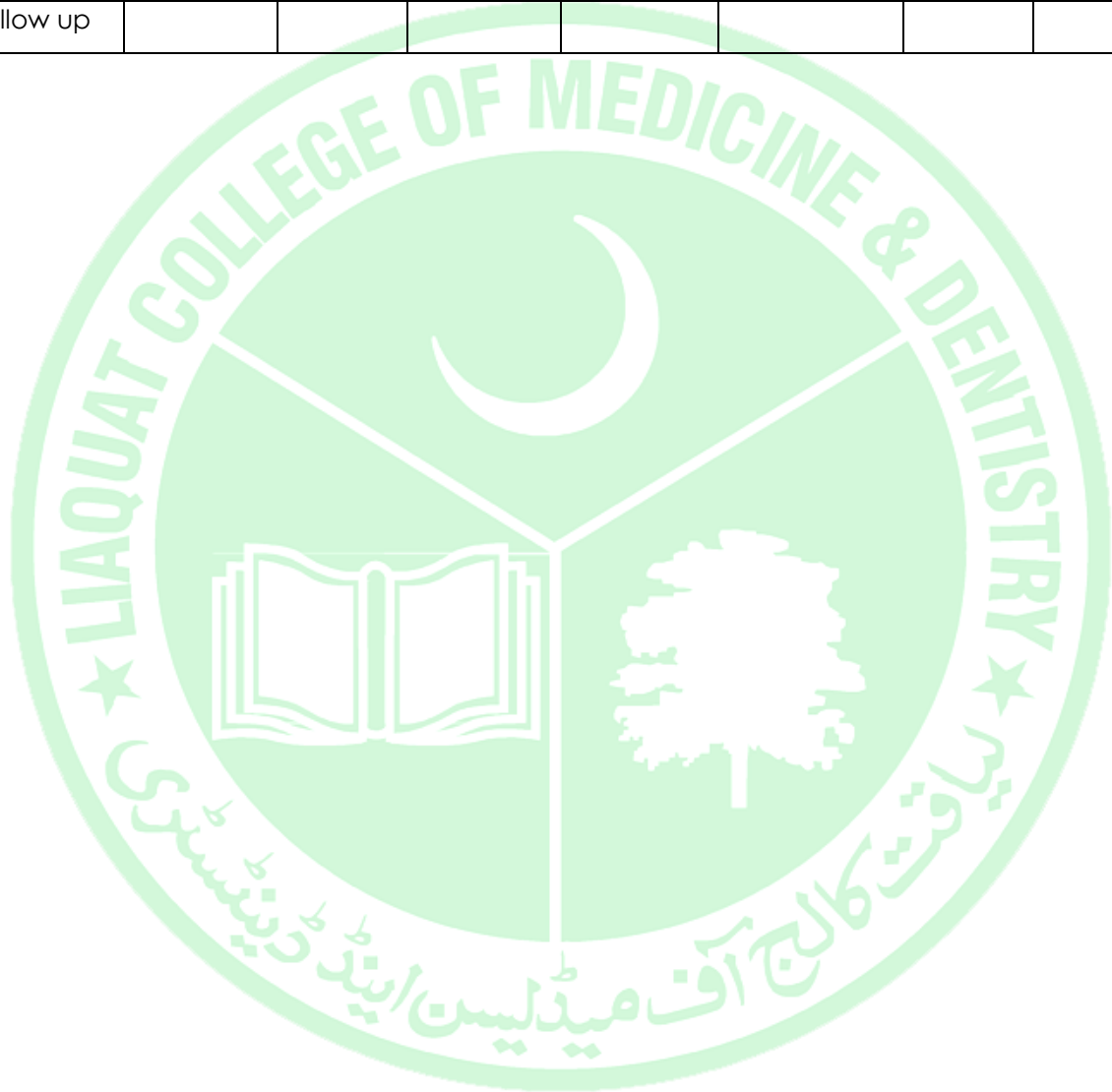
anesthesia									
Select appropriate incision and flap									
Demonstrate proper technique of incision									
Reflects adequate flap									
Protects the reflected flap									
Placement of lingual guard									
Removes overlying bone using a hand piece									
Sectioning of the tooth using a hand piece									
Delivery of the sectioned tooth using elevators									
Debridement of the wound									
Proper closure of the wound with sutures									
Hemostasis achieved									
Post op instructions									



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Communi- cation skills									
Considera- tion of patient/ profession- alism									
Overall ability to perform									
Follow up									





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ORAL AND MAXILLOFACIAL SURGERY
OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: MYOFACIAL PAIN DYSFUNCTION SYNDROME (MPDS)
OBJECTIVE – ASSESSMENT OF HISTORY TAKING SKILLS

S.	POINTS OBSERVED	1	2	3	4	5
1	Introducing him/herself					
2	Taking consent					
3	Recording chief complaint in patient's words					
4	Where is the pain?					
5	When did the pain start? Is it getting better or worse?					
6	Ask your patient to describe the pain, is it dull, aching? Or sharp, stabbing, tingling or burning					
7	Does the pain radiate to any other part of the head and neck?					
8	Any other signs and symptoms associated with the pain					
9	When is the pain the worst? Morning, night or is it continuous?					
10	What sets the pain off? Does anything make it better? Painkillers help?					
11	How severe is the pain, perhaps ask your patient to put it on a scale from 1-10					
12	Does pain aggravates on chewing?					
13	Is he or she emotionally disturbed?					
14	Is there a history of previous trauma?					
15	Is there a history of any parafunctional habits? Eg pan chewing, areca nut chewing,					
16	Is there any disturbance in sleeping pattern?					
17	Have you experienced similar kind of pain previously?					
18	Do you experience any difficulty in mouth opening?					



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY- ODONTOGENIC INFECTIONS

OBJECTIVE- ASSESSMENT OF HISTORY TAKING SKILLS

S.	POINTS OBSERVED	0	1	2	3	4	5
1	Introducing him/herself						
2	Taking consent						
3	Recording chief complaint in patient's words						
4	Where is the pain? Localize to at least a quadrant						
5	When did the pain start? Is it getting better or worse?						
6	Does the pain radiate to any other part of the head and neck?						
7	Any other signs and symptoms associated with the pain						
8	How severe is the pain, perhaps ask your patient to put it on a scale from 1-10						
9	Have you experienced fever?						
10	Do you feel bad taste or foul odor in your mouth?						
11	Does pain aggravates on chewing?						
12	Have you experienced similar kind of pain previously?						
13	Have you taken any treatment for this before?						
14	Have you experienced any trauma to soft tissue in that region?						
15	Have you experienced any trauma to hard tissue in that region?						



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: DENTOALVEOLAR FRACTURES

OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.	POINTS OBSERVED	0	1	2	3	4	5
1	Introducing him/herself						
2	Taking consent						
3	Recording chief complaint in patient's words						
4	How did the injury occur?						
5	When did the injury occur?						
6	Where did the injury occur?						
7	What was the object contacted?						
8	What was the direction of the hit?						
9	Was there loss of consciousness?						
10	Was any part of tooth dislodged during/ after trauma?						
11	Are you experiencing any altered sensation?						
12	Are you experiencing any visual disturbances?						
13	Are you experiencing any change in occlusion?						
14	Do you any difficulty in mouth opening?						
15	Can you open your mouth to the same extend as you could before the trauma?						
16	What treatment has been provided since the injury? If any?						
	Total						



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: WHITE LESIONS

OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.	POINTS OBSERVED	0	1	2	3	4	5
1	Introducing him/herself						
2	Taking consent						
3	Recording chief complaint in patient's words						
4	Where is the white lesion? Localize to at least a quadrant						
5	When did you notice the white lesion?						
6	Since when is the lesion present?						
7	Is there any change in the size of the lesion?						
8	Is there any change in the texture of the lesion?						
9	Do you feel any roughness in your mouth? E.g., cheek, tongue						
10	Do feel burning sensation on eating spicy food?						
11	Any other signs and symptoms associated with the lesion?						
12	Have you experienced similar kind of problem previously?						
13	History of trauma in that region?						
14	History of any fungal infection?						
14	Have you taken any treatment for this before?						
15	Presence of parafunctional habits?						

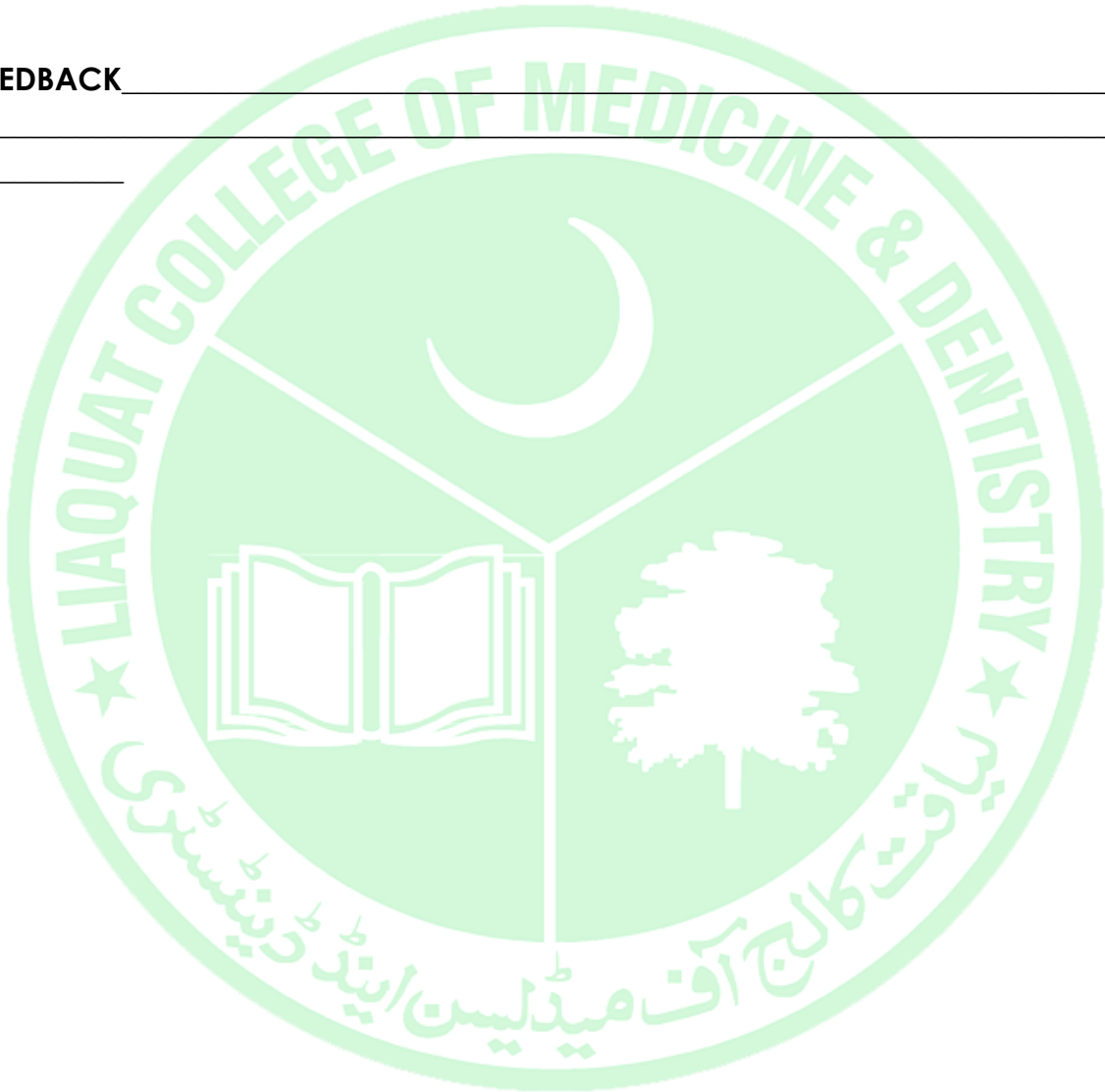


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16	Do you feel a sharp cusp or tooth in that region?								
17	Do you wear any removable prosthesis? (denture)								
18	Do you smoke? E.g., cigarette, pipe								
19	Are you suffering from any immunocompromising disease? E.g., diabetes, HIV								
	Total								

FEEDBACK





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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: PULP NECROSED TOOTH

OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.	POINTS OBSERVED	0	1	2	3	4	5
1	Introducing him/herself						
2	Taking consent						
3	Recording chief complaint in patient's words						
4	Where is the pain? Localize to at least a quadrant						
5	When did the pain start? Is it getting better or worse?						
6	Ask your patient to describe the pain, is it dull, aching? Or sharp, stabbing, tingling or burning						
7	Does the pain radiate to any other part of the head and neck?						
8	Any other signs and symptoms associated with the pain						
9	When is the pain the worst? Morning, night or is it continuous?						
10	What sets the pain off? Does anything make it better? Painkillers help?						
11	How severe is the pain, perhaps ask your patient to put it on a scale from 1-10						
12	Is there any disturbance in salivary flow?						
	Total						

FEEDBACK _____



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: IMPACTED 3rd MOLAR

OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.	POINTS OBSERVED	0	1	2	3	4	5
1	Introducing him/herself						
2	Taking consent						
3	Recording chief complaint in patient's words						
4	Where is the pain? Localize to at least a quadrant						
5	When did the pain start? Is it getting better or worse?						
6	Does the pain radiate to any other part of the head and neck?						
7	Any other signs and symptoms associated with the pain						
8	How severe is the pain, perhaps ask your patient to put it on a scale from 1-10						
9	Have you experienced fever?						
10	Do you feel bad taste or foul odor in your mouth?						
11	Does pain aggravate on chewing?						
12	Have you experienced similar kind of pain previously?						
	Total						

FEEDBACK _____



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: FRACTURED TOOTH

OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.	POINTS OBSERVED	0	1	2	3	4	5
1	Introducing him/herself						
2	Taking consent						
3	Recording chief complaint in patient's words						
4	Where is the pain? Localize to at least a quadrant						
5	When did the pain start? Is it getting better or worse?						
6	Ask your patient to describe the pain, is it dull, aching? Or sharp, stabbing, tingling or burning?						
7	Does the pain radiate to any other part of the head and neck?						
8	Any other signs and symptoms associated with the pain						
9	Any history of trauma to the tooth?						
10	Was any part of tooth dislodged during/ after trauma?						
11	How severe is the pain, perhaps ask your patient to put it on a scale from 1-10						
12	Does the pain aggravate when on biting/chewing?						
	Total						

FEEDBACK _____



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: PERICORONITIS

OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.	POINTS OBSERVED	0	1	2	3	4	5
1	Introducing him/herself						
2	Taking consent						
3	Recording chief complaint in patient's words						
4	Where is the pain? Localize to at least a quadrant						
5	When did the pain start? Is it getting better or worse?						
6	Does the pain radiate to any other part of the head and neck?						
7	Any other signs and symptoms associated with the pain						
8	Difficulty in Mouth opening?						
9	Have you experienced fever?						
10	Do you feel bad taste or foul odor in your mouth?						
11	Does pain aggravate on chewing?						
12	Have you experienced similar kind of pain previously?						
	Total						

FEEDBACK _____



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: ORAL ULCER

OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

S.	POINTS OBSERVED	Insufficient	Below Expectations	Borderline	Meet observations	Outstanding
1	Introducing him/herself					
2	Taking consent					
3	Recording chief complaint in patient's words					
4	Where is the pain? Localise to at least a quadrant					
5	When did the pain start? Is it getting better or worse?					
6	Since when is the ulcer present?					
7	Is there any change in the size of the ulcer?					
8	Do feel burning sensation on eating spicy food?					
9	Any other signs and symptoms associated with the ulcer?					
10	Have you experienced similar kind of problem previously?					
11	History of trauma in that region?					
12	Presence of parafunctional habits?					

FEEDBACK _____



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: AVULSED TOOTH

OBJECTIVE: ASSESMENT OF HISTORY TAKING SKILLS

S.	POINTS OBSERVED	Insufficient	Below Expectations	Borderline	Meet observations	Outstanding
1	Introducing him/herself					
2	Taking consent					
3	Recording chief complaint in patient's words					
	When did the injury happen?					
4	How did the injury take place? Is there any associated injury?					
5	Where did the injury take place ?					
7	Previous dental history, including previous injuries, crowns or prostheses					
8	Location of permanent tooth fragments; suggest someone look for missing fragments or teeth at the site of injury.					
9	Where was the tooth kept after it came out of the oral cavity?					
10	Was there any sign of loss of consciousness, neck or head pain, and numbness?					

FEEDBACK _____



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ORAL AND MAXILLOFACIAL SURGERY

OSATS FORMS

GROUP _____
 STATION NO. _____
 NAME _____
 ROLL NO. _____

DATE _____
 TIME _____
 TOTAL MARKS _____

KEY: AVULSED TOOTH

OBJECTIVE: ASSESMENT OF EXAMINATION SKILLS

Scale: Not done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

S.	POINTS OBSERVED	0	1	2	3	4	5
1	Examine the tooth for any dirt particle or debris						
2	Look for the Symmetry in the mouth						
3	Bite; check for malocclusion						
4	Examine TMJ						
5	Numbness, intra-or extra oral bruising						
6	Bony steps in maxilla or mandible						
7	Lift the lips to look for gingival or oral mucosal injury						
8	Type of tooth and whether permanent or primary						
9	Look for any torn soft tissue, foreign body or fracture of the alveolar bone						
10	All lost teeth and fragments should be accounted for, including examining chest and soft tissues of mouth						
	Total						

FEEDBACK



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DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

FINAL PROFESSIONAL BDS

SUTURING OSAT FORM

DATE: _____ GROUP: _____ ALLOTTED TIME: _____ TOTAL MARKS: _____ MARKS OBTAINED: _____

STUDENT NAME: _____ ROLL #: _____ EXAMINER NAME & SIGN _____

SCALE: NOT DONE=0, UNSATISFACTORY=1, SATISFACTORY=2, FAIR=3, GOOD=4, OUTSTANDING=5

SR.NO	POINTS OBSERVED	0	1	2	3	4	5
1.	THE SELECTION OF APPROPRIATE SUTURE MATERIAL.						
2.	SUTURE PACK IS OPENED IN CORRECT MANNER.						
3.	SUTURE NEEDLE IS BEING HELD IN TWO THIRDS OF ITS POSITION.						
4.	HOLDING OF SOFT TISSUE ATRAUMATICALLY.						
5.	NEEDLE IS BEING PASSED THROUGH THE TISSUE AT PERPENDICULAR LEVEL.						
6.	<u>SIMPLE INTERRUPTED (IF NEEDED):</u> PASSING OF SUTURE NEEDLE FROM MOBILE TO IMMOBILE TISSUE.						
7.	<u>HORIZONTAL MATRESS (IF NEEDED):</u> NEEDLE IS PASSED FROM ONE EDGE OF INCISION LINE TO ANOTHER & AGAIN FROM THE LATTER EDGE TO THE FIRST EDGE & KNOT IS TIED.						
8.	<u>VERTICAL MATRESS (IF NEEDED):</u> NEEDLE IS PASSED FROM ONE EDGE OF INCISION LINE TO ANOTHER DEEPLY THAN AGAIN LATTER EDGE TO THE FIRST EDGE SUPERFICIALLY AND KNOT IS TIED.						
9.	KNOT IS TIED TWO TURNS CLOCKWISE & ONE TURN ANTICLOCKWISE.						
10.	SUTURE IS PLACED AT EQUAL DISTANCE ON BOTH SIDES OF INCISION LINE.						
11.	SUTURE IS PLACED AT EQUAL DEPTH ON BOTH SIDES OF INCISION LINE.						
12.	SUTURE CLOSED WITHOUT TENSION ON INCISION LINE.						
13.	PLACEMENT OF KNOT AWAY FROM INCISION LINE.						
14.	THERE IS NO EVERSION OF INCISION LINE AFTER SUTURE PLACEMENT						
15.	OVERALL ABILITY TO PERFORM THE PROCEDURE						

FEEDBACK _____



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DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

FINAL PROFESSIONAL BDS

Date: _____ Group: _____ Allotted Time: _____ Total Marks: _____ Marks Obtained: _____

Student Name: _____ Roll NO: _____ Examiner name & Sign _____

INTERMAXILLARY FIXATION (TO MAKE AN EYELET)

Scale: Not Done=0, Unsatisfactory=1, Satisfactory=2, Fair=3, Good=4, Outstanding=5

SR.NO	POINTS OBSERVED	0	1	2	3	4	5
1.	Selection of appropriate wire gauge						
2.	Wire stretched in appropriate manner with the appropriate instrument.						
3.	Cut a wire inch length of wire						
4.	Equalizing both legs of wire						
5.	Give 3-4 turns to make an eyelet						
6.	Holding of eye with appropriate instrument						
7.	Both ends pass Buccogingivally through gingival embrasure and drawn lingually						
8.	One end taken circumferentially around distal tooth and drawn to buccal side through distal embrasure						
9.	One end taken circumferentially around mesial tooth and drawn to buccal side through mesial embrasure						
10.	Distal end passed through the loop						
11.	Both ends tied by twisting clockwise on mesial side with twister						
12.	Twisted ends are cut with wire cutter and bend away from gingival						

FEEDBACK _____



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ORAL AND MAXILLOFACIAL SURGERY

ORAL AND MAXILLOFACIAL SURGERY

SUPERVISOR EVALUATION				
Name of the supervisor				
Department			Date	
Name of the supervisee				
Excellent	Very good	Good	Fair	Unsatisfactory
<i>Use the rankings above to rate the supervisor in relation to the following statements.</i>				
1. Very prompt when supervising & is dependable in times of any consultation.				
2. Very committed & interested in his supervision work.				
3. Displays respect on personal individual differences on his supervisee.				
4. Examines supervisor-supervisee relationship.				
5. Delivers relevant information on time.				
6. Helps in improving your personal & professional growth.				
7. Demonstrates interest & awareness of your professional & developmental levels.				
8. Able to identify & call attention to errors in a tactful manner.				
9. Makes specific suggestion to you when you need them.				
10. Delivers presentation on time.				
<i>Using on rating level provided in the scale above, give your overall rating of the performances of the supervisor.</i>				



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STUDENT FEEDBACK FORM

The supervisor should evaluate the student as objective as possible by circling the number in each range that best describes the student performance for that character.

STUDENT'S NAME: _____ **ROLL NO.:** _____ **GROUP:** _____

DATE: _____

ATTITUDE (DESIRE TO LEARN, ENTHUSIASM, CURIOSITY)	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
SKILLS & ACCURACY IN WORK (DECISION-MAKING)	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
QUANTITY OF WORK <ul style="list-style-type: none"> • NO. OF DIAGNOSIS • NO. OF EXTRACTIONS 1. UNDER SUPERVISION 2. INDEPENDENTLY • NO. OF SURGICAL CASES ASSISTED 	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
QUALITY OF WORK <ul style="list-style-type: none"> • ACCURACY • THOROUGHNESS • READINESS 	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
INTERPERSONAL RELATIONS (FACULTY, COLLEAGUES, STAFF) <ul style="list-style-type: none"> • COURTEOUS • FRIENDLY 	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
ATTENDANCE (PRODUCTIVITY, RELIABILITY)	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
COMMUNICATION SKILLS <ul style="list-style-type: none"> • WRITTEN • VERBAL 	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
SOPs FOLLOWED <ul style="list-style-type: none"> • INFECTION CONTROL • COVID-19 	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
TASKS ACCOMPLISHED <ul style="list-style-type: none"> • PRESENTATIONS GIVEN • LOG BOOK MAINTENANCE • SEMINARS/WEBINARS/CONFERENCES ATTENDED 	EXCELLENT	5	4	3	2	1	UNSATISFACTORY
EXTRA-CURRICULAR ACTIVITY <ul style="list-style-type: none"> • RESEARCH PUBLISHED • DEBATES • POSTER COMPETITION 							



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<ul style="list-style-type: none"> SPORTS PARTICIPATION CHARITY WORK 							
--	--	--	--	--	--	--	--

SCORE:

EXCELLENT: 40-50

VERY GOOD: 35-39

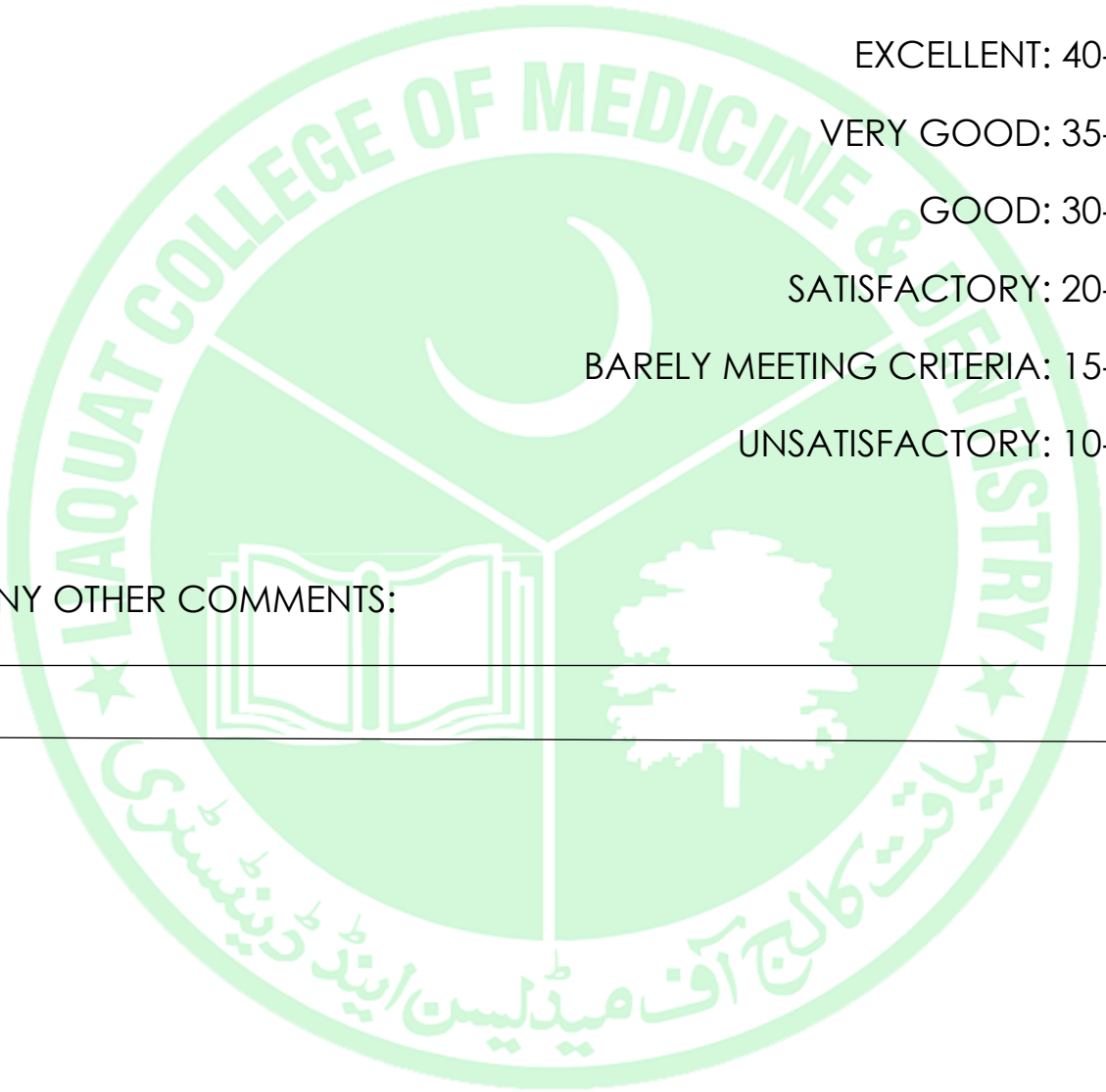
GOOD: 30-35

SATISFACTORY: 20-29

BARELY MEETING CRITERIA: 15-20

UNSATISFACTORY: 10-15

ANY OTHER COMMENTS:





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Mini-Clinical Evaluation Exercise
(mini-CEX) Rating Form

Basic Training

Trainee information

Trainee's/Student's name : Date of assessment : ___/___/___
 Year of Training/Studies : 1 2 3 4 Case number for that year : 1 2 3 4
(Full time equivalent)
 Assessor's name : Assessor's position :
 Assessor's email : Hospital/Location :
 Setting : In-patient Out-patient Emergency Other (please specify) :
 Patient problem/Dx(s) : Specialty :
 Patient age : Patient gender : Male Female Case complexity : Low Medium High

Strengths

.....

Suggestions for development

If a trainee or student receives a rating that is unsatisfactory, the assessor must complete this section or the form will not be submitted.

.....

Rate the trainee/student against what you'd expect of a trainee/student in that year of term.

	Unsatisfactory			Satisfactory			Superior			Not observed
1. Medical interviewing skills	1	2	3	4	5	6	7	8	9	n/o
2. Physical examination skills	1	2	3	4	5	6	7	8	9	n/o
3. Professional qualities/communication	1	2	3	4	5	6	7	8	9	n/o
4. Counselling skills	1	2	3	4	5	6	7	8	9	n/o
5. Clinical judgement	1	2	3	4	5	6	7	8	9	n/o
6. Organisation/efficiency	1	2	3	4	5	6	7	8	9	n/o
Overall clinical performance	1	2	3	4	5	6	7	8	9	

Time taken for observation : min

Time taken for feedback : min

Assessor satisfaction using mini-CEX LOW 1 2 3 4 5 6 7 8 9 HIGH

Trainee/Student satisfaction using mini-CEX LOW 1 2 3 4 5 6 7 8 9 HIGH

Data from formative assessments is collated for the purpose of evaluation. Individual, identifiable data will not be presented in any published reporting.

Assessor's signature :

Trainee's/ Student's signature :

Input validated by supervisor :

(Supervisor to initial once they have checked electronic record against this paper record)



Ratings

Unsatisfactory - gaps in knowledge or skills that you would not expect at this level of training. Some concerns about professionalism or patient safety.

Satisfactory - what you would expect for a trainee at this level at this stage of their training year. Generally clinically competent and with satisfactory communication skills and professionalism.

Superior - performing well above the level they are at. No concerns about their clinical method, professionalism, organisation, communication etc.

The details below outline the skills associated with each domain in this mini-CEX rating form and the mini-CEX framework. Please note that not all skills may be examined during each encounter—this is a guide to show what may be observed and rated.

Medical Interviewing Skills

- Ability to interact with patient
- Ability to direct questions at key problem
- Ability to use second order of questioning to optimise focus
- Ability to incorporate information from questions with other information
- Ability to identify and respond appropriately to non-verbal cues
- Ability to retain a range of diagnostic options

Physical Examination Skills

- Ability to conduct a systematic and structured physical examination
- Shows sensitivity to patient's comfort and modesty
- Ability to detect abnormal signs when present and weigh the significance of these findings
- Informs patient
- Ability to focus the examination on the most important components
- Ability to integrate findings on examination with other information to clarify diagnosis

Professional Qualities / Communication

- Shows respect for patient at all times
- Explains as well as asks
- Listens as well as tells
- Conscious of potentially embarrassing or painful components of interaction
- Shows awareness of issues surrounding confidentiality
- Able to adapt questioning and examination to patient's responses

Counselling Skills

- Explains rationale for test/treatment
- Addresses the transfer of information in a way which is clear and tailored to the patient's needs
- Able to respond to patient and modify or repeat information in a different way
- Recognises patient's own wishes and gives them priority
- Avoids personal opinion and bias

Clinical Judgement

- Ability to weigh importance of potentially conflicting clinical data
- Ability to determine best choice of investigations and management
- Ability to relate management options to the patient's own wishes or situation
- Considers the risks and benefits of the chosen management/treatment options
- Ability to come to a firm decision based on available evidence

Organisation / Efficiency

- Ability to synthesise a collection of data quickly and efficiently
- Demonstrates appropriate judgement and synthesis
- Demonstrates optimal use of time in collection of clinical and investigational data



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ORTHODONTICS

TOPIC: TREATMENT PLANNING

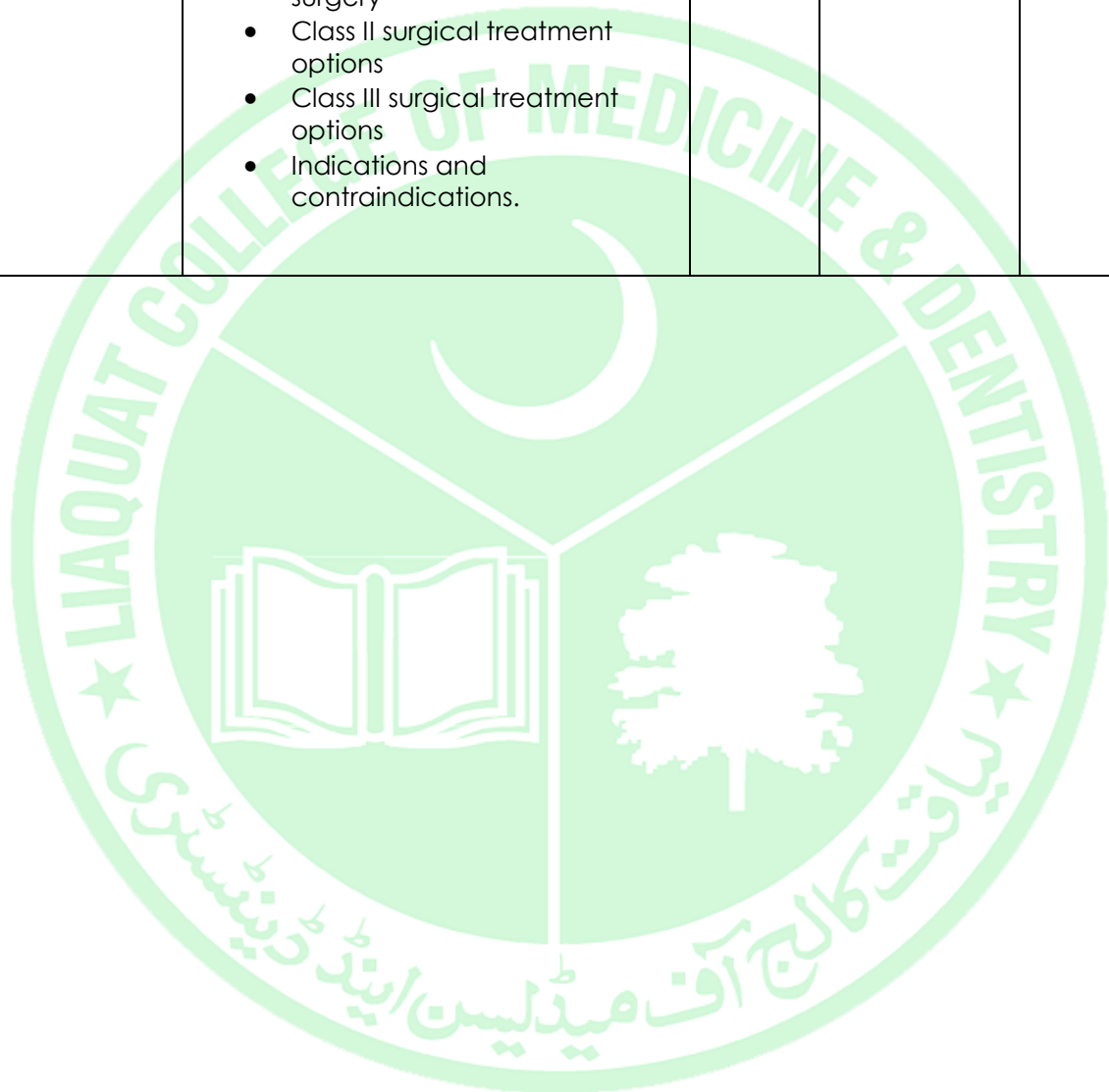
Lecture topic	Topic objectives	Mode of teaching		Assessment Tool
Treatment objectives	By the end of lecture student will be able to:	Lecture	Lecture, Small group discussion	<ul style="list-style-type: none"> • BCQ's • OSPE • VIVA
Management of Class I malocclusion	1. List the treatment objectives of the given case		Demonstration of formulation of problem list and treatment planning on different cases	
Management of Class II malocclusion	2. Formulate problem list of 5 cases.		Flipped classroom	
Div I	3. Formulate treatment plan of 5 cases.			
Div II	4. Distinguish various types of Non-skeletal and skeletal problems which include:			
Management of Class III malocclusion	i) Class I malocclusion			
Management of open bite	ii) Class II Div I and Div II			
Management of Cross bite	iii) Class III			
Problem List	iv) Crowding			
	v) Spacing			
	vi) Cross bite			
	vii) Open bite			
	viii) Deep bite			
	ix) Extractions			
	5. Summarize various extraction patterns in orthodontic treatment of class I, II and III malocclusions			
	6. Discuss the adjunctive treatment goals and principles for the management of malocclusion			



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COURSE TOPIC: ORTHOGNATHIC SURGERY				
Lecture topic	Topic objectives	Mode of teaching		Assessment Tool
Orthognathic Surgery	By the end of lecture student will be able to: Define the following: <ul style="list-style-type: none">• Principles of Orthognathic surgery• Class II surgical treatment options• Class III surgical treatment options• Indications and contraindications.	Lecture	Lecture small group discussion	<ul style="list-style-type: none">• BCQ• VIVA• OSPE





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COURSE TOPIC: RETENTION AND RELAPSE				
Lecture topic	Topic objectives	Mode of teaching		Assessment Tool
Factors responsible for relapse	<p>By the end of lecture student will be able to:</p> <ol style="list-style-type: none">1. Define retention and relapse2. Explain occlusal stability and factors related to retention3. Discuss strategies for prevention of relapse in different malocclusions like:<ol style="list-style-type: none">i) Class I malocclusionii) Class II Div I and Div II (Growing and non-growing)iii) Class III (Growing and non-growing)iv) Crowdingv) Spacingvi) Cross bitevii) Open biteviii) Deep bite4. List indications and contra indications of different retention appliances5. Discuss various strategies of management of patients during and after orthodontic treatment	Lecture	Lecture and small group discussions Flipped classroom	<ul style="list-style-type: none">• BCQ• VIVA• OSPE



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COURSE TOPIC: CLEFT LIP AND PALATE				
Lecture topic	Topic objectives	Mode of teaching		Assessment Tool
Introduction and etiology of cleft lip and palate	<p>By the end of lecture student will be able to:</p> <ol style="list-style-type: none"> 1. Define cleft lip and palate 2. State various genetic and environmental causes of cleft lip and palate 3. Discuss the etiology, clinical features, general and orthodontic management of cleft lip and palate 4. Describe the referral pathways 5. Discuss multidisciplinary approach and the role of orthodontist in the management of cleft lip and palate 	Lecture	<p>Lecture and small group discussions</p> <p>Flipped classroom</p>	<ul style="list-style-type: none"> • BCQ • VIVA • OSPE

Course TOPIC: IATROGENIC EFFECTS OF ORTHODONTIC TREATMENT				
Lecture topic	Topic objectives	Mode of teaching		Assessment Tool
Iatrogenic Effects of Orthodontic Treatment	<p>By the end of lecture student will be able to:</p> <ol style="list-style-type: none"> 1. Identify iatrogenic effects of orthodontic treatment 	Lecture	Lecture and small group discussions	<ul style="list-style-type: none"> • BCQ • VIVA • OSPE



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CLINICAL ROTATION PRACTICAL DEMONSTRATION CURRICULUM			
Lecture topic	Topic objectives	Mode of teaching	Assessment Tool
History and examination	At the end of the demo student must be able to: 1. Chart proper history of patient. 2. Demonstrate intra oral and extra oral examination on patient	Small group discussions (CBL) Demonstration on pictures and on patient	<ul style="list-style-type: none"> • OSPE • Mini CEX
Cephalometric Cephalostat and landmarks Cephalometric tracing and planes Cephalometric analysis Interpretation	At the end of the demo student must be able to: 1. Perform 5 Steiner and Down's cephalometric analysis on the given cephalometric radiograph. 2. Analyze the traced cephalograms of at least 05 patients complaining of orthodontic problems following the recommended steps; Cephalometric analysis, Sagittal analysis, Vertical analysis, Dental analysis, Soft tissue analysis	Demonstration on Cephalometric radiograph PBL/CBL	<ul style="list-style-type: none"> • OSPE • VIVA • BCQ
Wire Bending Z- spring Canine retractor Labial bow Adams Clasp Hawley's retainer Cantilever	At the end of the demo student must be able to: 1. Outline indications and components of Z-spring, Labial bow, Adam's clasp, Hawley's retainer, cantilever and canine retractor. 2. Construct 5 appliances each	Demonstration on 0.5mm and 0.7mm wire	<ul style="list-style-type: none"> • OSPE • OSATs



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Clinical procedures	<p>Execute simple orthodontic treatment procedures:</p> <ul style="list-style-type: none"> • Identify orthodontic materials and instruments • Identify different type of wires used in orthodontics • Insert and adjust active removable appliances to move a single tooth or to correct a cross bite, insert/adjust or remove different types of removable retainers, insert, adjust or remove a wire, ligature and separator. 	Demonstration of Functional Appliances on patient, activation and mechanism of action	<ul style="list-style-type: none"> • OSATs
Radiographic Analysis	<p>At the end of the demo student must be able to:</p> <ol style="list-style-type: none"> 1. Perform OPG analysis of 5 patients 2. Identify relevant anatomical structures and landmarks on OPG, lateral ceph 3. Identify occlusal radiograph. 	Demonstration on Orthopantomogram and on occlusal view PBL/CBL	<ul style="list-style-type: none"> • OSPE
Cast Analysis	<p>At the end of the demo student must be able to:</p> <ol style="list-style-type: none"> 1. Perform cast analysis of 5 patients 	Small group discussions Demonstration on cast	<ul style="list-style-type: none"> • OSPE • BCQ'S
Space Analysis	<p>At the end of the demo student must be able to:</p> <ol style="list-style-type: none"> 1. Perform space analysis and Bolton's analysis of 5 patients 	Small group discussions Demonstration on cast	<ul style="list-style-type: none"> • OSPE • BCQ'S
Space maintainer	<p>At the end of the demo student must be able to:</p> <p>1.Outline indications and components of different space maintainers.</p>	Demonstration on cast and on patient	<ul style="list-style-type: none"> • OSPE
Separator	<p>At the end of the demo student must be able to:</p> <p>1.Perform separator placement.</p>	Demonstration on typodont and patient.	<ul style="list-style-type: none"> • OSPE



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Banding	At the end of the demo student must be able to: 1. Perform band placement.	Demonstration on typodont and patient	<ul style="list-style-type: none"> • OSPE • OSATs
Bonding	At the end of the demo student must be able to: 1. Outline the bracket placement techniques.	Demonstration on typodont and patient	<ul style="list-style-type: none"> • OSPE • OSATs
Hawley retainer	At the end of the demo student must be able to: 1. Outline indications and components of Hawley retainer.	Demonstration on cast and patient	<ul style="list-style-type: none"> • OSPE
Appliances	At the end of the demo student must be able to: <ol style="list-style-type: none"> 1. List functional appliances 2. Discuss the mode of action of functional appliances 3. Illustrate concepts of growth modification treatment 4. Compare functional appliances and orthopedic appliances for growth modification 5. List the indications and contra indications of all appliances 6. Identify the major components of all appliances 7. Identify all functional appliances 	Demonstration on Functional Appliances, activation and mechanism of action	<ul style="list-style-type: none"> • OSPE • BCQ's • VIVA
Problem List	At the end of the demo student must be able to: <ol style="list-style-type: none"> 1. Construct problem list of 5 patients 	Demonstration of formulation of problem list on different cases PBL	<ul style="list-style-type: none"> • OSPE
Treatment planning	At the end of the demo student must be able to: <ol style="list-style-type: none"> 1. Propose treatment plan of 05 patients 2. Justify retention plan for at least 01 patient presenting with orthodontic problem. 	Demonstration of making treatment plan on different cases CBL	<ul style="list-style-type: none"> • OSPE • BCQ's



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ORTHODONTICS
CLINICAL ROTATION

1ST WEEK
<ul style="list-style-type: none"> • Introduction to OPD <ul style="list-style-type: none"> ◦ Discipline, protocols and ground rules ◦ Patient allotment • Log book Guidance • History & Clinical Examination (Intraoral, Extraoral) • Introduction of Cephalostat • Identification of Cephalometric landmarks • Cephalometric tracing. • Execution of simple orthodontic procedures
2ND WEEK
<ul style="list-style-type: none"> • Cephalometric planes and analysis. • Cephalometric planes and analysis • Wire bending (Adam's Clasp) • OPG interpretation
3RD WEEK
<ul style="list-style-type: none"> • Cast analysis and interpretation • Bolton's analysis • Demonstration of wire bending <ul style="list-style-type: none"> ◦ Labial bow) ◦ Canine retractor • Demonstration of space analysis
4TH WEEK
<ul style="list-style-type: none"> • Demonstration of mixed dentition analysis <ul style="list-style-type: none"> ◦ Tanaka and Jhonston analysis ◦ Huckaba analysis • Demonstration of wire bending <ul style="list-style-type: none"> ◦ Z spring • Demonstration of separator placement • Demonstration of molar band placement
5TH WEEK
<ul style="list-style-type: none"> • Identification and indications of Hawley retainer • Demonstration of functional appliances <ul style="list-style-type: none"> ◦ Identification ◦ Indications ◦ Components ◦ Effects • Demonstration of bonding
6TH WEEK
<ul style="list-style-type: none"> • Demonstration of space maintainers <ul style="list-style-type: none"> ◦ Identification ◦ Indications ◦ Contraindications ◦ Placement on cast ◦ Adjustment on cast ◦ Demonstration of space maintainers • Problem list
7TH WEEK
<ul style="list-style-type: none"> • Treatment planning <ul style="list-style-type: none"> ◦ Growing patients <ul style="list-style-type: none"> • Growth modification ◦ Non-growing patients <ul style="list-style-type: none"> • Camouflage • Orthognathic surgery
8TH WEEK
<ul style="list-style-type: none"> • Revision • End of rotation assessment • Feedback session II
TEST BASED ON CLINICAL SCENARIOS AND OSCEs EVERY THURSDAY



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FEEDBACK FORM

PRACTICAL DEMONSTRATION

BDS Profession: _____ Group: _____ Date: _____

Kindly grade the following from 0-5, 0 being the lowest and 5 being the highest regarding the OPD environment

A) Attitude Of Demonstrators:

1. Dr. SADAF TALHA _____
2. Dr. SIDDIQUE _____
3. Dr. NAZNEEN _____
4. Dr. IQRA _____
5. Dr. TALHA _____
6. Dr. AIMEN _____
7. Dr. MADIHA _____

B) Have you met the objectives regarding?

1. Patient handling: _____
2. Material handling: _____
3. Clinical skills: _____
4. Decision making: _____

C) Did you find the OPD learning sessions\ demonstrations helpful?

D) Was it up to your expectation? _____

E) If no, what are the reasons?

F) Kindly grade the demonstrators based on:

	Dr. SADAF	Dr. SIDDIQUE	Dr. NAZNEEN	Dr. IQRA	Dr. TALHA	Dr. AIMEN	DR.Madiha
Attitude							
Knowledge							
Clinical skills							
Teaching skills							

Comments:



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DEPARTMENT OF ORTHODONTICS

FACILITATOR EVALUTAION FORM

DATE: _____

NAME OF FACILITATOR: _____

Tick the appropriate box	Unaccepta ble	Needs work	Good	Excellent	Outstanding
Topic of lecture:	1	2	3	4	5
Topics were relevant and according to curriculum					
Completion of curriculum					
Enthusiasm of the lecturer					
Interaction with audience					
Spoke clearly and audibly					
Had thorough knowledge of subject					
Used case-based methods: related content to current evidence and research					
Handled questions appropriately and satisfies the audience					
Quality of audiovisual aids					

What are the two good things about the lecturer?

What are the two things you want the lecturer to improve?

OVERALL RATING OF LECTURER (1-5) _____



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**Mini-Clinical Evaluation Exercise
(Mini-CEX) Rating Form**

Trainee Information

Trainee/student's name: _____ Date of Assessment: ____ / ____ / ____

Year of Training/studies: 1 2 3 4 Case Number for that year: 1 2 3 4

Assessor' Name: _____ Assessor's Position: _____

Assessor's email: _____ Hospital/location: _____

Setting: Inpatient Outpatient Emergency Other (please specify): _____

Patient problem/Dx: _____ Specialty: _____

Patient Age: ____ Patient Gender: Male Female Case Complexity: Low Medium High

Strengths

Suggestions for Development

If a trainee or student receives a rating that is unsatisfactory, the assessor must complete this section or the form will not be submitted.

Rate the trainee/student against what you'd expect of a trainee/student in that year of term

	Unsatisfactory			Satisfactory			Superior			Not Observed
1. Medical Interviewing Skills	1	2	3	4	5	6	7	8	9	n/o
2. Physical Examination Skills	1	2	3	4	5	6	7	8	9	n/o
3. Professional Qualities/ communication	1	2	3	4	5	6	7	8	9	n/o
4. Counseling Skills	1	2	3	4	5	6	7	8	9	n/o
5. Clinical Judgment	1	2	3	4	5	6	7	8	9	n/o
6. Organization/efficiency	1	2	3	4	5	6	7	8	9	n/o
Overall Clinical Performance	1	2	3	4	5	6	7	8	9	

Time taken for observation: ____min

Time taken for feedback: ____min

Assessor satisfaction using mini-CEX **LOW** 1 2 3 4 5 6 7 8 9 **HIGH**

Trainee/student satisfaction using mini-CEX **LOW** 1 2 3 4 5 6 7 8 9 **HIGH**



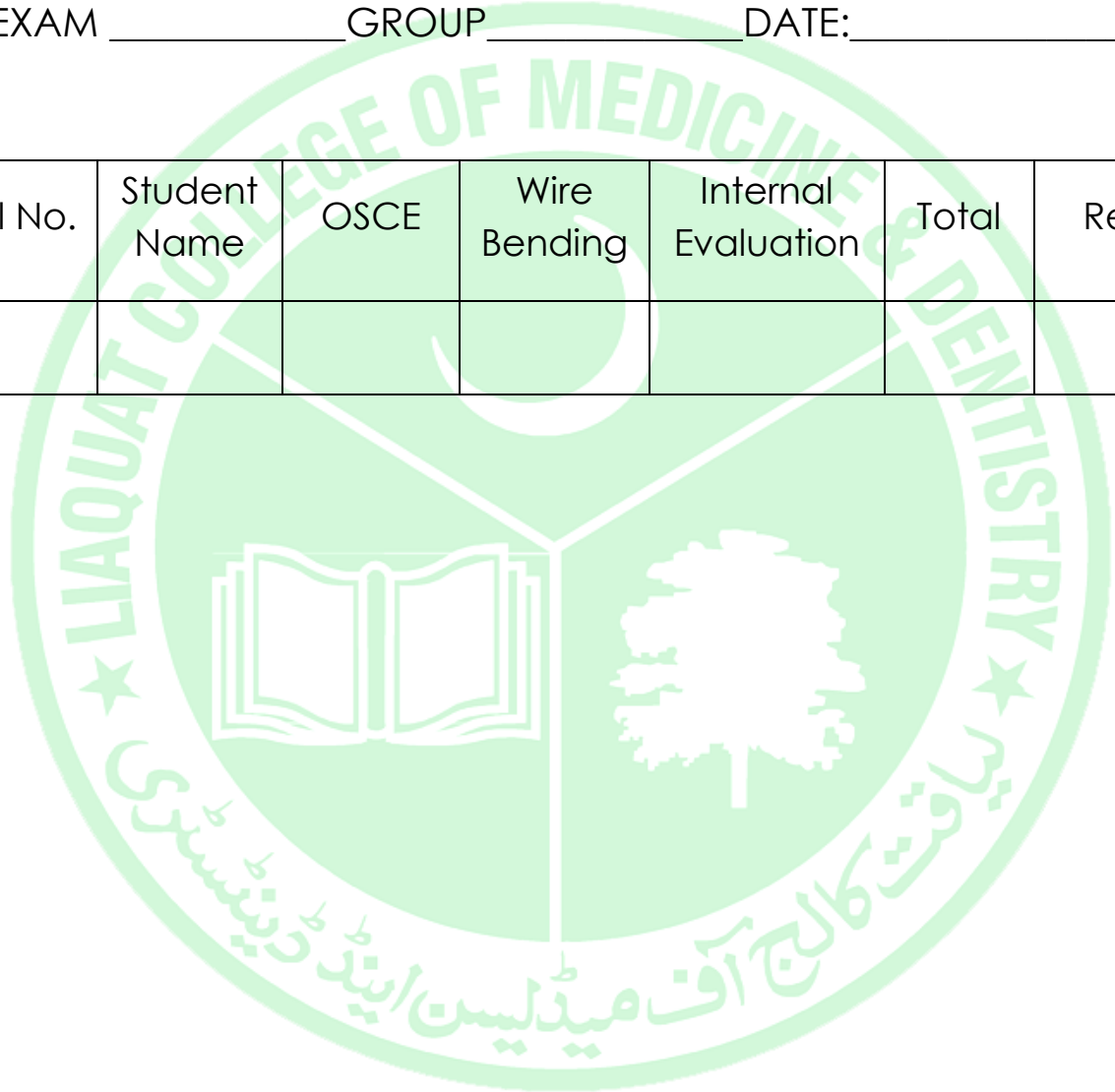
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SCORE CARD

EXAM _____ GROUP _____ DATE: _____

Roll No.	Student Name	OSCE	Wire Bending	Internal Evaluation	Total	Remarks





OPD GUIDELINES FOR STUDENTS

- All Students must wear white lab coat with ID- Cards
- Dressing should be culturally and socially acceptable
- Hair should be properly set and tied up
- 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

RULES AND SAFETY GUIDELINES FOR ORTHODONTIC LABORATORY

- Never operate machine without training.
 - Never work with loose hair, jewelry etc.
 - Never use machine when impaired.
 - Never work without proper eye protection.
 - Never bring hands close to sharp objects.
 - Never leave your work area in a mess
- Never wear gloves while working on rotating equipment.



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PROSTHODONTICS				
COURSE TOPIC: GERODONTOLOGY				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Effects of medication on oral health	1. Discuss i) Xerostomia ii) Sialorrhoea iii) Lichen planus iv) Aphthous like ulcers v) Pigmentation vi) Gingival enlargement vii) Burning mouth syndrome viii) Loss of taste ix) Pseudo-membranous candidiasis x) Angular cheilitis xi) Osteonecrosis of jaw	Lecture		Class Participation Term and final examination
Medical conditions having oral manifestation	1. Describe the following medical conditions having oral manifestations i) Pulmonary conditions ii) Skin diseases iii) Connective tissue disorders iv) Liver disease v) Hematological disorders vi) Autoimmune disease	Lecture		Class Participation Term and final examination
Xerostomia	1. Define xerostomia 2. Discuss the causes of xerostomia 3. Describe clinical features of xerostomia 4. Discuss the effect of xerostomia on prosthesis 5. Discuss the diagnosis and management of xerostomia	Lecture		Class Participation Term and final examination
Root Caries	1. Discuss the clinical features of root surface caries 2. Describe the microbiology of root surface caries 3. Discuss the diagnosis and factors predisposing to root caries	Lecture		Class Participation Term and final examination
Geriatric Nutrition	1. Discuss nutritional balance based on: i) Complex carbohydrate ii) Protein enriched diet iii) Calcium rich food iv) Excessive water 2. Discuss the disadvantage to Limit intake of	Lecture		Class Participation Term and final examination



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	i) Simple sugar ii) Fat iii) Sodium		
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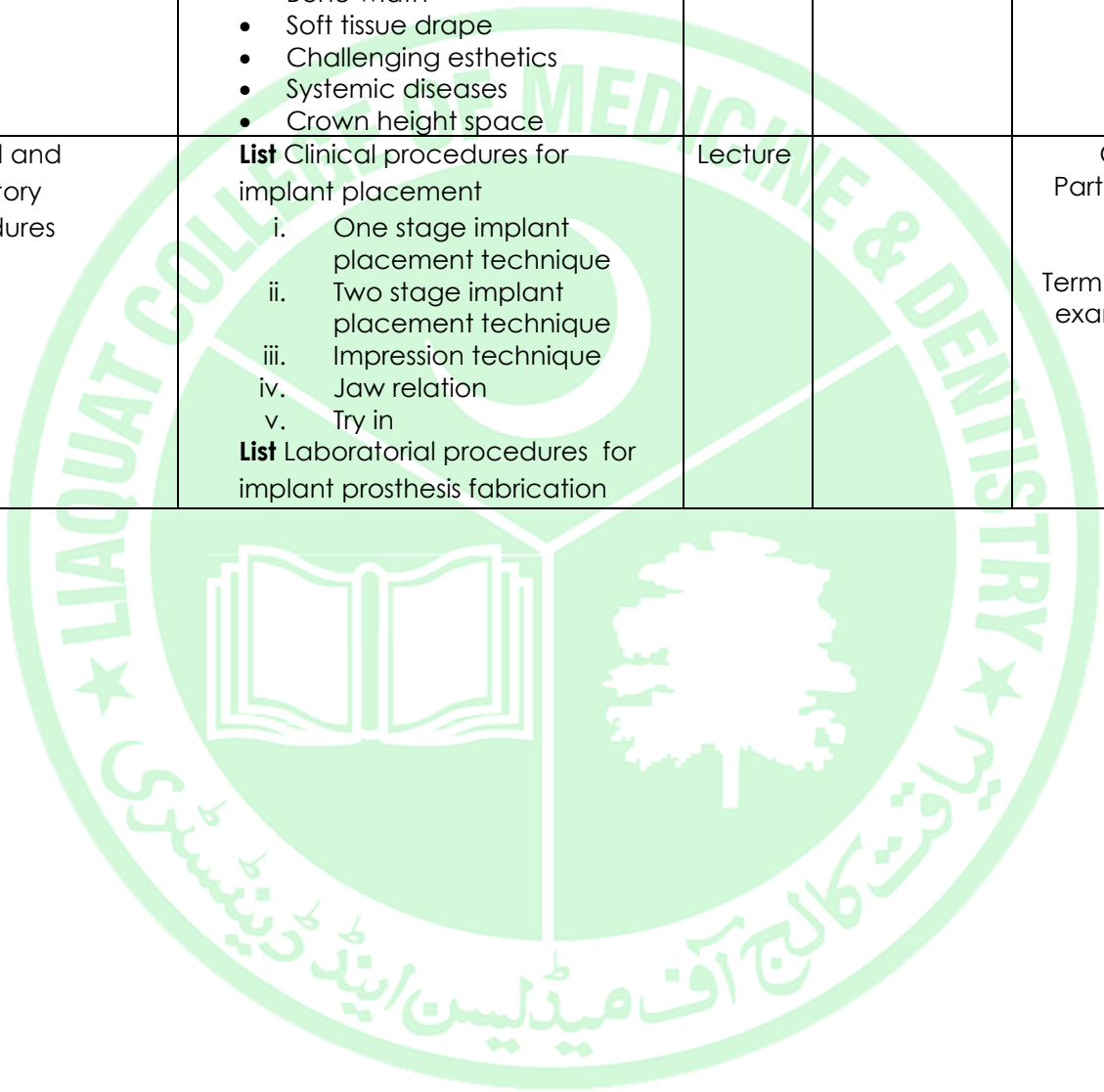
COURSE TOPIC:IMPLANT				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Types of implants	1. Define endosteal implant i) Root form ii) Blade form 2. Define subperiosteal and transosteal implants 3. List down the components of implants 4. Explain advantages, disadvantages, indications and contraindications of implants 5. Describe impression techniques for implants	Lecture		Class Participation Term and final examination
Osseo-integration and biocompatibility	1. Describe integration and bio-integration 2. Discuss mechanism of osseo-integration 3. Discuss stages of osteointegration 4. Explain theories of bone to implant interface 5. Discuss the factors influencing osteointegration	Lecture		Class Participation Term and final examination
Prosthetic options	Discuss the prosthetic options of implant dentistry <ul style="list-style-type: none"> • FP 1 • FP 2 • FP 3 <ul style="list-style-type: none"> • Fixed prosthesis • Hybrid prosthesis • RP 4 • RP 5 Discuss Advantages and disadvantages of screw retained and cement retained prosthesis	Lecture	CBL	Class Participation Term and final examination



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Limitation of implants	<p>List limitations of dental implants</p> <ul style="list-style-type: none"> • Age • Patient desire • Patient fear • Time of treatment • Consequence of failure • Cost to patient • Adjacent tooth mobility • Bone height • Bone length • Bone width • Soft tissue drape • Challenging esthetics • Systemic diseases • Crown height space 	Lecture		<p>Class Participation</p> <p>Term and final examination</p>
Clinical and laboratory procedures	<p>List Clinical procedures for implant placement</p> <ol style="list-style-type: none"> i. One stage implant placement technique ii. Two stage implant placement technique iii. Impression technique iv. Jaw relation v. Try in <p>List Laboratorial procedures for implant prosthesis fabrication</p>	Lecture		<p>Class Participation</p> <p>Term and final examination</p>





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COURSE TOPIC: MAXILLO-FACIAL PROSTHESIS

Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Classification of congenital and acquired defects	<ol style="list-style-type: none"> List maxillary defects and mandibular defects Define velo-pharyngeal defects 	Lecture Flipped class		Class Participation Term and final examination
Principles governing treatment and management of defects	<ol style="list-style-type: none"> Discuss treatment of soft and hard palate defects <ol style="list-style-type: none"> Obturator Speech-aid 	Lecture		Class Participation Term and final examination
Types of obturators	<ol style="list-style-type: none"> Explain the fabrication, indication, contraindications, advantages and disadvantages of <ol style="list-style-type: none"> Surgical obturator prosthesis Interim obturator prosthesis Definitive obturator prosthesis 	Lecture	Practical	Class Participation Term and final examination
Cleft palate and speech aid prosthesis	<ol style="list-style-type: none"> Discuss pre surgical naso-alveolar molding appliance Classify soft palate defects according to Veau's classification. Classify physiological and anatomical defects List types of speech-aid Describe advantages, disadvantages, indication and contraindications of speech-aid prosthesis Discuss: <ol style="list-style-type: none"> Design features of speech-aid Impression procedure of speech-aid. Technical consideration of speech-aid 	Lecture		Class Participation Term and final examination
Facial prosthesis	<ol style="list-style-type: none"> Discuss <ol style="list-style-type: none"> Auricular defects Nasal defects Ocular defects Lips and cheek defects 	Lecture		Class Participation Term and final examination
Splints , bite raising appliances and stents	<ol style="list-style-type: none"> List down the types of splints Discuss the prosthetic importance of bite-plane appliances Describe its complication Explain indication, fabrication and impression technique for stents 	Lecture	Practical	Class Participation Term and final examination



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COURSE TOPIC: REMOVABLE PARTIAL DENTURE

Contents	Learning Objectives	Mode of Teaching		Assessment Tools
		Lecture	Practical	
Physiology, terminology and types of removable partial denture(RPD)	<ul style="list-style-type: none"> • Define: <ol style="list-style-type: none"> 1. Abutment 2. Retainer 3. Tooth supported RPD 4. Tooth tissue supported RPD 5. Temporary RPD 6. Interim denture 7. Transitional denture 8. Treatment denture 9. Stability 10. Support 11. Retention 12. Reciprocation 13. Bracing 14. Appliance 15. Saddle 16. Prosthesis • Classify the types of removable partial denture • Describe indication, Contraindications, advantages and disadvantages of removable partial denture 	Lecture(1)	tutorial	Class Participation
Partially Edentulous Epidemiology, Physiology And Terminology	<ul style="list-style-type: none"> • Define <ol style="list-style-type: none"> 1. Abutment 2. Retainer 3. Extra coronal partial denture 4. Tooth supported RPD 5. Tissue supported RPD 6. Tooth-tissue supported RPD 7. Temporary RPD 8. Interim denture 9. Transitional denture 10. Treatment denture 11. Centric relation 12. Centric occlusion 13. Eccentric relation 14. Support 15. Retention 16. Reciprocation 17. Bracing 18. Appliance 19. Saddle area 20. Stability 	Lecture(1)		Class participation
Applied Anatomy And Physiology	<ul style="list-style-type: none"> • Discuss clinical application of anatomy of oral cavity • Brief physiology of jaw movements. 	Lecture(1)		Class test Class Test Class participation Final examination
Oral Manifestations Of Systemic Diseases	<ul style="list-style-type: none"> • Discuss problem related to xerostomia • Discuss Problem related to poor healing • Discuss Problem related to osteoporosis • Discuss Problem related to osteopenia • Discuss Problem related to autoimmune diseases. 	Lecture(1)		Class test Class participation Final examination
Diagnosis And	CLINICAL EXAMINATION	Lecture(1)		MINI C-EX



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<p>Treatment Planning</p> <p>Patient Evaluation, History, General Examination And Problem Oriented Treatment Planning</p>	<p>A. HISTORY</p> <ul style="list-style-type: none"> • Demographic data • Chief complaint • History of presenting complaint • Dental history • Medical history • Social history <p>B. EXAMINATION</p> <p>a. General Examination</p> <ul style="list-style-type: none"> • Gait. • Complexion and personality • Cosmetic index • Mental attitude of patient <p>b. Extra Oral examination</p> <ul style="list-style-type: none"> • Facial features • Facial form • Facial profile • Lower facial height • Muscle tone • Complexion • Lip competency • TMJ examination <ul style="list-style-type: none"> • Examination of muscles of mastication • Deviation • Deflection • Limited mouth opening • Clicking sounds/crepitating • Neuromuscular examination <p>c. Intra Oral Examination</p> <p>1) Existing teeth</p> <ul style="list-style-type: none"> • Number of teeth • Tilting • Drifting • Supra eruption • Rotation <p>2) Mucosa</p> <ul style="list-style-type: none"> • Color of mucosa • Condition of mucosa • Thickness of mucosa <p>3) Saliva</p> <ul style="list-style-type: none"> • Normal • Thick and ropy • Xerostomia <p>4) Occlusion</p> <ul style="list-style-type: none"> • Canine guided • Group function • Mutually protected <p>5) Others: Midline, mouth opening, occlusal stops, periodontal condition, residual roots, tooth surface loss</p> <p>C) Radiographic examination</p> <ul style="list-style-type: none"> • Crown to root ratio • Periapical pathology • Retained residual roots • Thickness of mucosa • Bone support and quality • Root configuration of abutment teeth <p>D) Diagnostic casts</p> <ul style="list-style-type: none"> • Purpose of diagnostic cast • Mounting diagnostic cast • Sequence of mounting maxillary cast to axis orbital plane • Jaw relation for diagnostic cast • Material and methods for centric relation <p>E) Diagnostic findings</p> <p>F) Interpretation of examination data</p> <ul style="list-style-type: none"> • Radiographic interpretations • Periodontal consideration 			
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	<ul style="list-style-type: none"> • Caries activity • Evaluation of prosthesis foundation teeth and residual ridge. • Surgical preparation • Analysis of occlusal factors • Fixed restorations • Orthodontic treatment <p>G) Differential diagnosis; fixed or removable partial denture</p> <ul style="list-style-type: none"> • Indications of FPD • Indications of RPD <p>E) Choice between complete denture and removable partial denture</p> <p>I) Clinical factors related to metal alloys used for metal framework.</p>			
Biomechanics Of Removable Partial Denture	<ul style="list-style-type: none"> • Discuss the biomechanical considerations. • Discuss the concept of <ul style="list-style-type: none"> • Lever 1 • Lever 2 • Lever 3 • Discuss Stress consideration in partial denture <ul style="list-style-type: none"> • Vertical <ol style="list-style-type: none"> i. Displacing stresses ii. Dislodging stresses <ul style="list-style-type: none"> • Horizontal • Torsional • Discuss Factors influencing magnitude of stress • Describe Differential support • Discuss Role of periodontal ligaments in removable partial denture 	Lecture(1)	Tutorial	
Components of RPD (major connector and minor connector)	<ul style="list-style-type: none"> • Define major connectors • List types of major connectors • Discuss the location, indication contraindication of major connectors • Describe ideal requirements and design consideration of major connector • Describe functions of minor connectors • Explain form and location of minor Connectors • Discuss tissues tops and finishing Line of removable partial dentures. 	Lecture(4)	Skills designing	Class Participation Class Test
Rest and rest seats	<ul style="list-style-type: none"> • Define rest • Classify rest and rest seats on the basis of location • Describe form, support & design of occlusal rest and rest seat • Relate the role of rest in control of prosthesis movement 	Lecture(2)	Small Group Discussion Tutorial Practical	Class Participation Class Test Final examination DOPS
Direct retainers	<ul style="list-style-type: none"> • Define direct retainers • State the role of direct retainer in prosthesis movement control • Classify direct retainers on the basis of extra coronal and intra coronal prosthesis • Discuss the contours of tooth for the fabrication of retentive clasps • Describe functional requirement of clasp • Discuss criteria for selecting given clasp design • List basic parts of clasp assembly • Describe basic principles of clasp design • List types of clasp assembly 	Lecture(4)	Small Group Discussion Tutorial Practical	Class Participation Class Test Final examination DOPS



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Indirect retainers	<ul style="list-style-type: none"> • Define indirect retainers • Explain factors influencing effectiveness of indirect retainers • Discuss the forces acting on the denture • Define fulcrum line • Describe auxiliary functions of indirect retainers • List types of indirect retainers 	Lecture(2)		Class Participation
Denture base consideration	<ul style="list-style-type: none"> • Discuss ideal denture base material used in the fabrication of removable partial dentures. • Describe advantages and disadvantages of metal and acrylic denture bases • Explain methods of attaching artificial teeth to the denture base • Discuss the need for relining the denture base. • Define stress breakers for denture base 	Lecture(1)		
Principles of RPD design	<ul style="list-style-type: none"> • Describe the difference in prosthesis support and the influence on design • Differentiate between types of removal partial denture • Describe the components partial dentures which are part of partial Denture design 	Lecture(2)	Group Discussion Tutorial Practical skills	DOPS
Surveying	<ul style="list-style-type: none"> • Define surveying • List the types of the dental surveyor • Identify the parts of the dental surveyor • List the types of survey lines • Explain the purpose of surveyor • Discuss the factors that determine the path of placements and removal • List the steps of the procedure in surveying a diagnostic cast • Explain final path of placement and relation to cast to surveyor • Discuss surveying the master cast (not repetition diagnostic and master cast are different) • Describe measuring retention and retentive undercut • Explain blocking out the master cast and relieving the master cast 	Lecture(2)	Tutorial Practical Skills	DOPS
Mouth preparation for removal partial denture	<ul style="list-style-type: none"> • Describe oral surgical procedures • Explain conditioning of abused and irritated patient • Describe periodontal preparations • Explain the diagnosis of occlusal disharmony • Discuss endodontic treatment necessary before fabrication of removable partial dentures 	Lecture(1)		
Preparation of abutment teeth	<ul style="list-style-type: none"> • Classify the abutment teeth according to tooth preparation • Explain the sequence of the abutment teeth preparation on sound teeth and existing restoration • Discuss the preparation of the guide planes and rest seats • Discuss the techniques used to create undercuts for retentive clasps • Explain abutment preparation using crowns and conservative restorations • Explain the use of isolated teeth as abutment 	Lecture(1)		



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<p>Impression techniques and modifications</p>	<ul style="list-style-type: none"> • List the types of impression materials use for RPD • Describe the anatomic and functional form of impression • Discuss indication of functional impression • Describe impression techniques: <ol style="list-style-type: none"> 1. Mclean's physiologic 2. Impression technique 3. Hindel's modification 4. Functional relining method 5. Selective pressure impression technique 6. Fluid wax technique 7. Altered cast technique 8. Modifications of altered cast technique 	<p>Lecture(2)</p>	<p>Practical skill</p>	<p>DOPS</p>
<p>Trail of metal frame work</p>	<ul style="list-style-type: none"> • Define examination of metal framework • Discuss the procedure of fitting frame work to teeth and supporting structures • Explain the correcting discrepancies • Explain the fitting frame work to opposite occlusion • Describe the finishing of the framework 	<p>Lecture(1) + videos</p>		
<p>Maxillomandibular relations</p>	<ul style="list-style-type: none"> • Describe desirable occlusal contact relationship for removable partial denture • Describe the methods for establishing occlusal relationship • Explain the use of articulators • Describe the articulation techniques <ol style="list-style-type: none"> 1. Split cast technique • Discuss the jaw relation for mandibular removable partial denture opposing a maxillary complete denture 	<p>Lecture(1)</p>	<p>Small group discussion</p>	
<p>Selection & arrangement of teeth</p>	<ul style="list-style-type: none"> • List anterior and posterior teeth selection on the basis of <ol style="list-style-type: none"> 1. Size of teeth 2. Form of teeth 3. Color of teeth 	<p>Lecture(1) + videos</p>	<p>Practical</p>	
<p>Lab procedure</p>	<ul style="list-style-type: none"> • Describe duplicating a cast stone • Describe the waxing framework of removable partial denture • Define <ol style="list-style-type: none"> 1. Spruing 2. Investing 3. Burn out 4. Casting 5. Removing the cast from investment 6. Finishing • Discuss the making of record bases • Explain the making of a stone occlusal template from a functional occlusal record • Demonstrate the arrangement of anterior and posterior teeth • Discuss the waxing and flasking of removable partial denture before processing acrylics in base • Describe the processing and polishing of the denture 	<p>Lecture(3) + videos</p>	<p>Practical Laboratory demonstration</p>	



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CLINICAL QUOTA

ON PATIENT:	
<ul style="list-style-type: none"> • History taking • Examination • 5 sets of Alginate Impressions • 5 Models of impressions with bases • 1 case of complete denture • 1 Complete denture history examination and diagnosis • 2-3 partial dentures • 2-3 partial denture history examination and diagnosis • 5 Clasp formation • Observation of clinical steps of distal extension partial dentures • Observation of tooth preparation. 	
ON MODEL/PHANTOM TEETH:	
Fixed Prosthodontics	
<ul style="list-style-type: none"> • 2 PFM crown preparations on anterior and posterior teeth • Temporary crown fabrication 	
Removable Prosthodontics	
<p>Complete Denture</p> <ul style="list-style-type: none"> • Self cure denture base: <ul style="list-style-type: none"> ○ Ideal die model pouring for maxilla and mandible ○ Separating media application ○ Mixing of material ○ Fabrication of tray ○ Finishing ○ Polishing ○ Wax rim formation ○ Articulation ○ Class 1 teeth setup ○ Flasking ○ Dewaxing ○ Separating media application ○ Packing ○ Curing ○ Deflasking ○ Finishing ○ Polishing - Handling of impression material (impression compound and green stick) on ideal model - Observation of obturator fabrication on ideal model. 	<p>For Removable Partial Denture</p> <ul style="list-style-type: none"> • 5 clasps formation <ul style="list-style-type: none"> ○ Ideal die model pouring for maxilla and mandible ○ Designing of clasp ○ Clasp formation • Kennedys class 1 <ul style="list-style-type: none"> ○ Ideal die model pouring for maxilla and mandible ○ Base formation ○ Undercut blocking ○ Designing ○ Articulation ○ Wire work ○ Wax up ○ Teeth setup • 1 occlusal splint fabrication <ul style="list-style-type: none"> ○ Oral examination ○ Impression record and model pouring with base formation ○ Bite registration ○ Articulation ○ Wax-up and finishing of occlusal splint ○ flasking ○ Dewaxing ○ Separating media application ○ Packing ○ Curing ○ Deflasking ○ Finishing ○ Polishing
OTHERS	
<ul style="list-style-type: none"> • Presentations • 	



LIST OF INSTRUMENTS AND MATERIALS

FOR PATIENTS:

- Face mask
- Surgical gloves
- Examination instruments sets with tray
 - ✓ Mouth mirror
 - ✓ Explorer
 - ✓ Cotton forceps
- Set of partial denture trays
- Set of complete denture trays

MATERIAL

- Alginate impression material

FOR PRACTICAL WORK:

- | | |
|------------------------|-------------------------|
| ➤ Pliers | ➤ Plaster knife |
| ✓ Round | ➤ Wax knife |
| ✓ Flat | ➤ Wax carver |
| ✓ Adam's | ➤ Glass slab |
| ➤ Wire cutter | ➤ Articulator |
| ➤ Stainless steel wire | ➤ Dental flasks |
| ➤ Rubber bowls | ➤ Spirit lamps |
| ✓ Alginate | ➤ Plaster scissors |
| ✓ Plaster | ➤ High speed hand piece |
| ➤ Spatulas | |
| ✓ Curved | |
| ✓ Straight | |
| ➤ Burs | |
| ✓ Straight fissure bur | |
| ✓ Tapered fissure bur | |
| ✓ Topedo ended bur | |
| ✓ Wheel bur | |

Phantom teeth (2 premolars lower, 2 premolars upper, 2 molars lower, 2 molars upper, 4 maxillary central incisors)



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Assessment Form

PRESENTATIONS

KEY:

Excellent	Good	Fair	Satisfactory	Needs Improvement
9-10	8-7	6-5	4-3	2-1

S.NO	TOPIC	SUPERVISOR	GRADE	DATE	SIGN
1.	KENNEDY'S CLASSIFICATION AND APPLIGATE'S RULE				
2.	DENTAL WAXES				
3.	ALGINATE				
4.	IDEAL TEETH ARRANGEMENT IN COMPLETE DENTURE				
5.	MAXILLARY MAJOR CONNECTORS				
6.	MANDIBULAR MAJOR CONNECTORS				
7.	MINOR CONNECTORS				
8.	DIRECT RETAINERS (OCCLUSALLY APPROACHING)				
9.	DIRECT RETAINERS (GINGIVALLY APPROACHING)				
10.	INDIRECT RETAINERS				
11.	REST AND REST SEATS				
12.	SURVEYOR AND SURVEYING				
13.	DESIGNING OF KENNEDY'S CLASS I AND CLASS II				
14.	DESIGNING OF KENNEDY'S CLASS III AND CLASS IV				
15.	IMPRESSION OF KENNEDY'S CLASS I AND II				
16.	ALTERED CAST TECHNIQUE				
17.	PONTICS				
18.	TYPES OF BRIDGES				
19.	TYPES OF ABUTMENTS				
20.	PRINCIPLES OF CROWN PREPARATION				



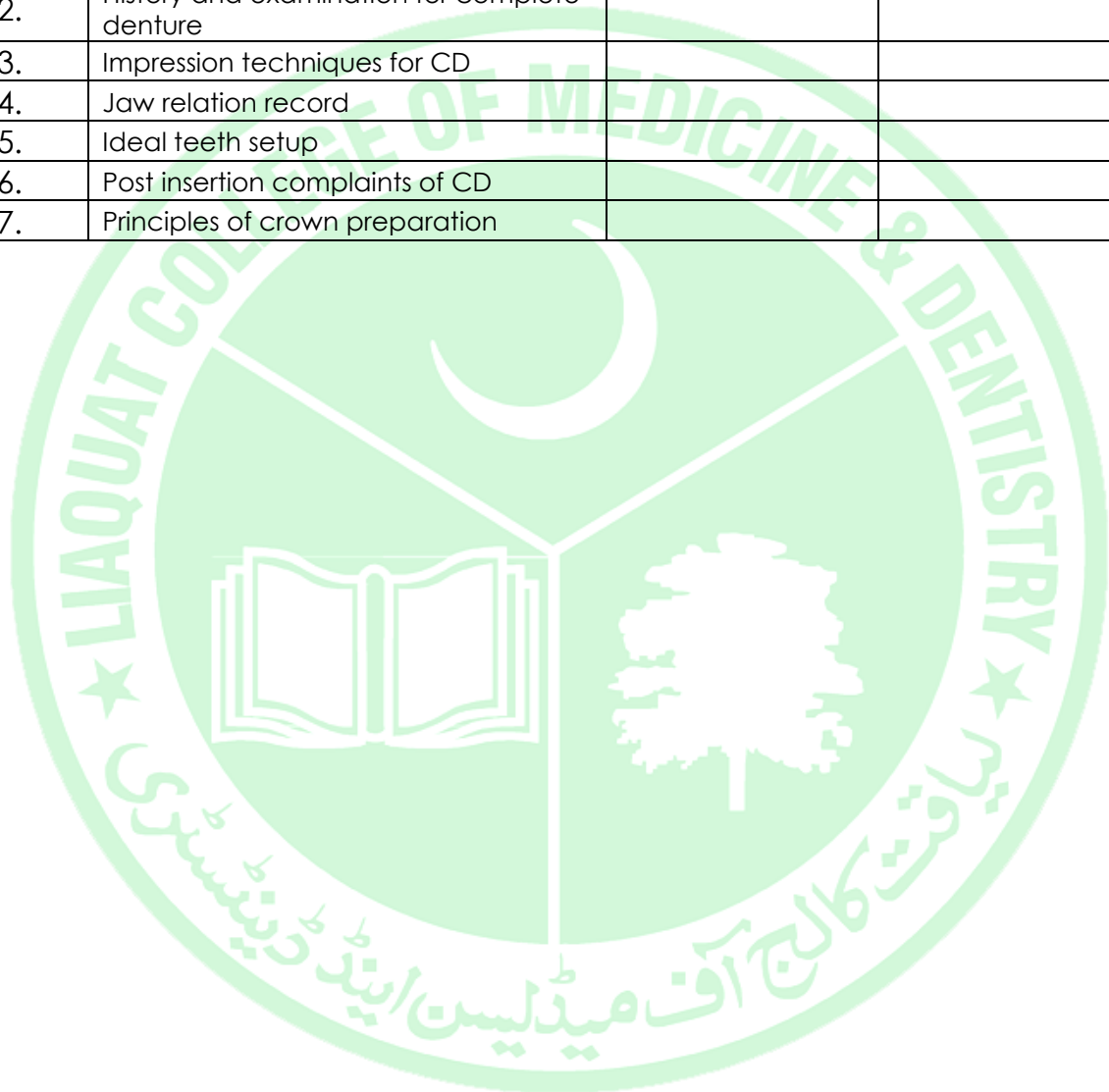
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Assessment Form

TUTORIALS

S.NO	TOPIC	SUPERVISOR	STUDENT SIGN
1.	Steps of complete denture fabrication		
2.	History and examination for complete denture		
3.	Impression techniques for CD		
4.	Jaw relation record		
5.	Ideal teeth setup		
6.	Post insertion complaints of CD		
7.	Principles of crown preparation		





CLINICAL WORK DEMONSTRATION

S.NO	TASK	DATE	SUPERVISOR NAME	STUDENT SIGN
1.	Alginate impression for RPD			
2.	Bite registration for RPD			
3.	Trial for RPD			
4.	Insertion for RPD			
5.	Primary impression for CD			
6.	Border moulding for CD			
7.	Secondary impression for CD			
8.	Jaw relation record for CD			
9.	Trail for CD			
10.	Insertion for CD			
11.	Complains for CD/RPD			
12.	Special impression techniques			



PRACTICAL WORK DEMONSTRATION

S.NO	TASK	DATE	SUPERVISOR NAME	STUDENT SIGN
<u>COMPLETE DENTURE</u>				
Fabrication of self-cure denture base				
a)	Undercut seal and separating media application			
b)	Finishing and polishing			
c)	Wax rim formation			
d)	Articulation			
e)	Class - I ideal complete denture teeth setup			
f)	Flasking			
g)	Dewaxing			
h)	Separating media application			
i)	Packing			
j)	Deflasking			
k)	Finishing			
l)	Polishing			
<u>CLASPS</u>				
a)	Anterior clasp			
b)	Posterior clasp			



<u>PARTIAL DENTURE</u>				
a)	Kennedy's class - I teeth setup			
<u>IMPRESSION WITH MODEL POURING</u>				
a)	Maxillary and Mandibular impression with model pouring			
<u>OCCUSAL SPLINT</u>				
a)	Oral examination			
b)	Impression record and model pouring with base formation			
c)	Bite registration			
d)	Articulation			
e)	Wax-up and finishing of occlusal splint			
f)	flasking			
g)	Dewaxing			
h)	Separating media application			
i)	Packing			
j)	Curing			
k)	Deflasking			
l)	Finishing			
m)	Polishing			
<u>FIXED PROSTHODONTICS</u>				
a)	All ceramic anterior crown preparation			
b)	PFM posterior crown preparation			
c)	Temporary crown fabrication			



PRACTICAL WORK PERFORMANCE

S.NO	TASK	DATE	GRADE	SUPERVISOR SIGN
<u>COMPLETE DENTURE</u>				
Fabrication of self-cure denture base				
a)	Undercut seal and separating media application			
b)	Finishing and polishing			
c)	Wax rim formation			
d)	Articulation			
e)	Class I teeth setup			
g)	Flasking			
h)	Dewaxing			
i)	Separating media application			
j)	Packing			
k)	Deflasking			
l)	Finishing			
m)	Polishing			
<u>CLASPS</u>				
c)	Anterior clasp			
d)	Anterior clasp			
e)	Posterior clasp			
f)	Posterior clasp			
g)	Posterior clasp			
<u>IMPRESSION WITH MODEL POURING</u>				
b)	1 st maxillary and mandibular impression with model pouring			
c)	2 nd maxillary and mandibular impression with model pouring			
d)	3 rd maxillary and mandibular impression with model pouring			
e)	4 th maxillary and mandibular impression with model pouring			
f)	5 th maxillary and mandibular impression with model pouring			



<u>OCCLUSAL SPLINT</u>				
d)	Oral examination			
e)	Impression record and model pouring with base formation			
f)	Bite registration			
g)	Articulation			
h)	Wax-up and finishing of occlusal splint			
i)	flasking			
j)	Dewaxing			
k)	Separating media application			
l)	Packing			
m)	Curing			
n)	Deflasking			
o)	Finishing			
p)	Polishing			
<u>FIXED PROSTHODONTICS</u>				
a)	1 st All ceramic anterior crown preparation			
b)	2 nd All ceramic anterior crown preparation			
c)	1 st PFM posterior crown preparation			
d)	2 nd PFM posterior crown preparation			
e)	Temporary crown fabrication			



ASSESSMENT FORM FOR IMPRESSION

KEY:

EXCELLENT	GOOD	FAIR	SATISFACTORY	NEEDS IMPROVMENT
5	4	3	2	1

Alginate Impression Record:

S. NO	UNIT PROTOCOLS	MARKS	REMARKS	SIGN
1.	Covering of unit			
2.	Chair positioning			
3.	Consent			
4.	Gloves			
5.	Mask			
6.	Head cap			
7.	Material			
	IMPRESSION TAKING			
1.	Mixing of impression material			
2.	Selection of instruments			
	a. Bowl			
	b. Spatula			
	c. Tray			
3.	Chair positioning			
4.	Operator positioning			
5.	Method of impression taking			
6.	Water powder ratio			
7.	Final Impression			



ASSESSMENT FORM FOR TEETH SETUP

KEY:

EXCELLENT	GOOD	FAIR	SATISFACTORY	NEEDS IMPROVMENT
5	4	3	2	1

Alginate Impression Record:

S. NO	STEPS	MARKS	REMARKS	SIGN
1.	RECORD BLOCK			
	a) DENTURE BASE			
	b) WAX RIM			
2.	ARTICULATION			
3.	MIDLINE			
4.	TEETH SETUP			
	a) OVERJET			
	b) OVERBITE			
	c) INCLINATION OF ANTERIOR TEETH			
	d) CUSPID-CUSPID LINE			
	e) CUSPID-MOLAR LINE			
	f) CUSPID RETROMOLAR LINE			
	g) MOLAR RELATIONSHIP			
	h) POSTERIOR TEETH INCLINATION			
5.	FINISHING AND FISTUNING			



ASSESSMENT FORM FOR CLASP

KEY:

EXCELLENT	GOOD	FAIR	SATISFACTORY	NEEDS IMPROVEMENT
5	4	3	2	1

TEETH SETUP FOR PARTIAL DENTURE:

S. NO	STEPS	MARKS	REMARKS	SIGN
1.	DESIGNING ON MODEL			
2.	WROUGHT WIRE CLASP FORMATION ON MOLAR			
3.	WROUGHT WIRE CLASP FORMATION ON PREMOLAR			
4.	WAXUP			
5.	TEETH SETUP			



PEDIATRIC DENTISTRY				
COURSE TOPIC: ANOMALIES OF TOOTH FORMATION AND ERUPTION				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Anomalies Of Tooth Formation And Eruption	<ul style="list-style-type: none"> ➤ Discuss the prevalence, etiology and management of variation in number of teeth. ➤ Discuss various anomalies in tooth size and their management. ➤ Describe various anomalies of tooth form and their management. ➤ Describe disturbances in eruption and exfoliation and its clinical significance. By the end of paedodontics OPD rotation final year student will be able to: ➤ Diagnose anomalies of tooth size and form based on clinical and radiographic findings. ➤ Diagnose disturbances in eruption and exfoliation based on history, clinical and radiographic findings 	Lecture/ Flip class room (5)	Tutorial/ Small Group Discussion	Class Test Class Participation Final Examination

COURSE TOPIC: THE PEDODONTIC-ORTHODONTIC INTERFACE				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
The Pedodontic-Orthodontic Interface	<ul style="list-style-type: none"> ➤ Explain the importance of screening patients for orthodontic referral at the correct time. ➤ Define interceptive orthodontics. ➤ Describe the rationale and sequence of serial extractions. ➤ Summarize various space maintainers used in mixed dentition. ➤ List various habit breaking appliances in pediatric patients. By the end of paedodontics OPD rotation final year student will be able to: ➤ Formulate a referral letter to an orthodontist when required. 	Lecture (1)	Tutorial/ Small Group Discussion	Class Test Class Participation Final Examination

COURSE TOPIC: ORAL SURGERY AND PATHOLOGY IN PEDIATRIC PATIENTS				
Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Oral Surgery And Pathology In Pediatric Patients	<ul style="list-style-type: none"> ➤ Describe lesions affecting the oral soft tissues in children: <ol style="list-style-type: none"> i) Infections, ii) Ulcers, iii) Vesiculobullous, iv) White lesions, v) Cysts, vi) Tumors. ➤ Describe lesions affecting the jaws in children: 	Lecture (2)		Class Test Class Participation Final Examination



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	i) Cysts, ii) Developmental, iii) Osteodystrophies, iv) Tumors.			
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LEADERSHIP, PROFESSIONALISM & ETHICS (LeaPE)

BIOETHICS

Lecture Topic	Learning Objectives	Mode of Teaching		Assessment Tools
		Lectures	Clinical	
Environmental Ethics	<ul style="list-style-type: none">• Discuss ethical dilemmas arising from environmental health issues• Discuss ethical obligations relating to the environment	Lecture (1)	Knowledge	MCQS
Research Ethics	<ul style="list-style-type: none">• Discuss ethical principles of and challenges in research	Lecture + Project Based Learning	Knowledge/ Skill/ Attitude	MCQS

