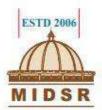
MAEER PUNE's



MAHARASHTRA INSTITUTE OF DENTAL SCIENCES & RESEARCH (DENTAL COLLEGE)



Address: Vishwanathpuram Ambajogai Road, Latur. 413531 (Maharashtra) Tel: (02382) 228063, 227703, 227424

Fax: (02382) 228063

Email : principal@mitmidsr.edu.in midsr.latur@gmail.com

Website: www.mitmidsr.edu.in

DEPARTMENT OF PAEDIATRIC & PREVENTIVE DENTISTRY SUBJECT PROGRAM OUTCOME AND LEARNING OUTCOME FOR UG & PG

The dental graduates during training in the institutions should acquire adequate knowledge, necessary skills and reasonable attitudes which are required for carrying out all activities appropriate to general dental practice involving the prevention, diagnosis and treatment of anomalies and diseases of the teeth, mouth, jaws and associated tissues. The graduate also should understand the concept of community oral health education and be able to participate in the rural health care delivery programmes existing in the country.

OBJECTIVES:

The outcomes are dealt under three headings (a) Knowledge and understanding (b) skills and (c) Attitudes.

KNOWLEDGE AND UNDERSTANDING:

The graduate should acquire the following during the period of training.

- Adequate knowledge of the scientific foundations on which dentistry is based and good understanding of various relevant scientific methods, principles of biological functions and be able to evaluate and analyze scientifically various established facts and data.
- Adequate knowledge of the development, structure and function of the teeth, mouth and jaws and associated tissues both in health and disease and their relationship and effect on general state of health and also bearing on physical and social well being of the patient.
- Adequate knowledge of clinical disciplines and methods which provide a coherent picture of anomalies, lesions and diseases of the teeth, mouth and jaws and preventive diagnostic and therapeutic aspects of dentistry.
- Adequate clinical experience required for general dental practice.
- Adequate knowledge of the constitution, biological function and behavior of persons in health and sickness as well as the influence of the natural and social environment on the state of health in so far as it affect dentistry.

SKILLS:

A graduate should be able to demonstrate the following skills necessary for practice of dentistry.

- Able to diagnose and manage various common dental problems encountered in general dental practice keeping in mind the expectations and the right of the society to receive the best possible treatment available wherever possible.
- Acquire the skill to prevent and manage complications if encountered while carrying out various surgical and other procedures.
- Possess skill to carry out certain investigative procedures and ability to interpret laboratory findings.
- Promote oral health and help prevent oral diseases where possible.
- Competent in the control of pain and anxiety among the patients during dental treatment.

ATTITUDES:

A graduate should develop during the training period the following attitudes.

- Willing to apply the current knowledge of dentistry in the best interest of the patients and the community.
- Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.
- Seek to improve awareness and provide possible solutions for oral health problems and needs through out the community.
- Willingness to participate in the CPED Programmes to update the knowledge and professional skill from time to time.
- To help and participate in the implementation of the national oral health policy.

PG Syllabus

PAEDODONTICS & PREVENTIVE DENTISTRY

Objectives

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

- 1. Create not only a good oral health in the child but also a good citizen tomorrow.
- 2. Instill a positive attitude and behavior in children.
- 3. Understand the principles of prevention and prevention dentistry right from birth to adolescence
- 4. Guide and counsel the parents in regards to various treatment modalities including different facets of preventive dentistry

5. Prevent and intercept developing malocclusion

Skills

- 1. obtain proper clinical history, methodological examination of the child patient, perform essential diagnostic procedures and interpret them. and arrive at a reasonable diagnosis and treat appropriately.
- 2. Be competent to treat dental diseases which are occurring in child patient.
- 3. Manage to repair and restore the lost *I* tooth structure to maintain harmony between both hard and soft tissues of the oral cavity.
- 4. Manage the disabled children effectively and efficiently, tailored to the needs of individual requirementand conditions.

Attitudes

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

Course Contents

- 1. Applied Anatomy
- 2. Applied Physiology
- 3. Applied Pathology
- 4. Nutrition and Dietics
- 5. Growth & Development: Prenatal and Postnatal development of cranium, face, jaws, teeth and supporting structures. Chronology of dental development and development of occlusion. Dimensional changes in dental arches. Cephalometric I; evaluation of growth.

- 6. Child Psychology: Development & Classification of behavior, personality, intelligence in children, theories child psychology, stages of psychological child development, fear anxiety, apprehension & its management
- 7. Behavior Management: Non pharmacological & Pharmacological methods.
- 8. Child Abuse & Dental Neglect
- 9. Conscious Sedation, Deep Sedation & General Anaesthesia in Paediatric Dentistry: (Including Other Drugs, Synergic & Antagonistic Actions of Various Drugs Used In children
- 10. Preventive Pedodontics: Concepts, chair side preventive measures for dental disease, high riskcaries including rampant & extensive caries – Recognition, Features & Preventive Management, Pit and Fissures Sealants, Oral Hygiene measures, Correlation of brushing with dental caries and periodontal diseases. Diet & Nutrition as related to dental caries. Diet Counseling.
- 11. Dental Plaque: Definition, Initiation, Pathogenesis, Biochemistry, and Morphology & Metabolism.
- 12. Microbiology & Immunology as related to Oral Diseases in Children: Basic concepts, immune system in human body, Auto Immune diseases, Histopathology, Pathogenesis, Immunology of dental caries, Periodontal diseases, Tumors, Oral Mucosal lesions etc.
- Normal Gingival & Periodontium in children Gingival & Periodontal diseases - Etiology, Pathogenesis, Prevention & Management

14. Pe

13. Gingival & Periodontal diseases in Children:

diat	ric Operative Dentistry
	Principle Of Operative Dentistry along with modifications of materials/past,
	current & latestincluding tooth colored materials.
	Modifications required for cavity preparation in primary and young permanent teeth
	Various Isolation Techniques
	Restorations of decayed primary, young permanent and permanent teeth in
	children using various restorative material like Glass lonomer, Composites
	Silver, Amalgam & latest material (gallium)

☐ Stainless steel, Polycarbonate & Resin Crowns / Veneers & Crowns

15. Pediatric Endodontics:

- Young permanent teeth and permanent teeth, Pulp capping, Pulpotomy, Apexogenesis, Apexification, Concepts, Techniques and Materials used for different procedures.
- c. Recent advances in Pediatric Endodontics.

16. Traumatic Injuries in Children:

- ☐ Classifications & Importance
- ☐ Sequalae & reaction of teeth to trauma
- ☐ Management of Traumatized teeth with latest concepts

17. Interceptive Orthodontics:

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

	Image processing, Tracing, Radiation hygiene, Video imaging & advance					
	Cephalometric techniques)					
g.	Space Management: Etiology, Diagnosis of space problems, analysis, Biomechanics,					
	Serial Extractions					
18. Oral I	Habits in Children:					
	Definition, Etiology & Classification					
	Clinical features of digit sucking, tongue thrusting, mouth breathing & various					
	other secondaryhabits.					
	Management of oral habits in children					
19. Denta	l care of Children with special needs:					
	-Definition Etiology, Classification, Behavioral, Clinical features & Management of children with :					
	Physically handicapping conditions					
	Mentally compromising conditions					
	Medically compromising conditions'					
	Genetic disorders					
20. Oral n	nanifestations of Systemic Conditions in Children & their Management					
21. Mana	gement of Minor Oral Surgical Procedures in Children					
22. Denta	l Radiology as related to Pediatric Dentistry					
23. Cariology						
	Historical background					
	Definition, Aeitology & Pathogenesis					
	Caries pattern in primary, young permanent and permanent teeth in children					
	Rampant caries, early childhood caries and extensive caries. Definition,					
	aeitology,Pathogenesis, Clinical features, Complications & Management					
	Role of diet and nutrition in Dental Caries					
	Dietary modifications & Diet counseling					
	Caries Activity tests, Caries prediction, Caries susceptibility & their clinical Applications					
24. Pediatric Oral Medicine & Clinical Pathology : Recognition & Management of						
develo	opmental dentalanomalies, teething disorders, stomatological conditions,					

mucosal lesions, viral infections etc. 25. Congenital Abnormalities in Children: Definition, Classification, Clinical features & Management. 26. Dental Emergencies in Children and their Management. 27. Dental Materials used in Pediatric Dentistry. 28. Preventive Dentistry: Definition Principles & Scope Types of prevention Different preventive measures used in Pediatric Dentistry including fissure sealants and caries vaccine. 29. Dental Health Education & School Dental Health Programmes 30. Dental health concepts, Effects of civilization and environment, Dental Health delivery system, PublicHealth measures related to children along with principles of Pediatric Preventive Dentistry 31. Fluorides: Historical background Systemic & Topical fluorides Mechanism of action

- 32. Case History Recording outline of principles of examination, diagnosis & treatment planning.
- 33. Epidemiology: Concepts, Methods of recording & evaluation of various oral diseases. Variousnational & global trends of epidemiology of oral diseases.
- 34. Comprehensive Infant Oral Health Care

Toxicity & Management.

Defluoridation techniques.

- 35. Principles of Bio-Statistics & Research Methodology & Understanding of Computers and Photography
- 36. Setting up of Pedodontic & Preventive Dentistry Clinic.

First Year Preclinical Work

(Duration -first 6 Months of First Year MDS)(One On Each

Exercise)

- 1. Carving of all deciduous teeth
- 2. Basic wire bending exercises
- 3. Fabrication of
 - a. Maxillary bite plate / Hawley's
 - b. Maxillary expansion screw appliance
 - c. Canine retractor appliance
 - d. All habit breaking appliances
 - I. Removable type
 - II. Fixed type
 - III. Partially fixed and removable
 - e. Two Myofunctional appliance
 - f. Making of inclined plane appliance
 - g. Acrylic inclined plane
- 4. Basic soldering exercise I -making of a lamppost of stainless steel wire pieces of different gaugessoldered on either sid~ of heavy gauge main post.
- 5. Fabrication of space maintainers
 - a. Removable type -
 - Unilateral Non -Functional space maintainer
 - Bilateral Non-Functional space maintainer
 - Bilateral functional space maintainer
 - b. Space Regainers -
 - Hawley's appliances with Helical space regainer
 - Removable appliance with Slingshot space regainer
 - Removable appliance with Dumbell space regainer
 - c. Fixed Space maintainers
 - Band & long loop space maintainer
 - Band & short loop space maintainer
 - Mayne's space maintainer
 - Transpalatal arch space maintainer
 - Nance Palatal holding arch

- Nance Palatal holding arch with canine stoppers
- Gerber space regainer
- Distal shoe appliance
- d. Active space maintainers
- e. For guiding the eruption of first permanent molar
- f. Arch holding device
- g. Functional space maintainer
- 6. Basics for spot welding exercise
- 7. Collection of extracted deciduous and permanent teeth
 - a. Sectioning of the teeth at various levels and planes
 - b. Drawing of section and shapes of pulp
 - c. Performing ideal cavity preparation for various restorative materials for both Deciduous and permanent teeth
 - d. Performing pulpotomy, root canal treatment and Apexification procedure.
 - e. Tooth preparation and fabrication of various lemporary and permanent restorations on fractured anterior teeth.
 - f. Preparation of teeth for stainless steel crowns
- 8. Performing of behavioral rating and IQ tests for children.
- 9. Computation of:
 - a. Caries index and performing various caries activity test.
 - b. Oral Hygiene Index
 - c. Periodontal Index
- 10. a. Taking of periapical, occlusal, bitewing radiographs of children
 - b. Developing and processing of films, thus obtained
 - c. Tracing of soft tissue dental and skeletal landmark is as observed on

Cephalometric radiographs and drawing of various planes and angles.

- 11. Library assignment
- 12. Synopsis

Clinical work Requirements from 7 to 36 months

The following is the minimum requirement to be completed before the candidate can be considered eligible to appear in the final M.D.S Examinations: -

No.	Clinical Work	Total	7 to 12 months	13 to 24 months	25 to 36 months
1	Behavior Management of different age groupschildren with complete records	17	2	10	5
2	Detailed Case evaluation with complete records, treatment planning and presentation of cases with chair side and discussion		2	10	5
3	Step-by-step chair side preventive dentistry scheduled for high risk children with gingival and periodontal diseases & Dental Caries		1	5	5
4	Practical application of Preventive dentistry concepts in a class of 35-50 children& Dental Health Education & Motivation		1	4	2
5	Pediatric Operative Dentistry with application of recent concepts (a) Management of Dental Caries I) Class I II) Class II III) Other Restorations 100 (b) Management of traumatized anterior teeth (c) anaesthetic Restorations (d) Paediatric Endodontic procedures Deciduous teeth Pulpotomy / Pulpectomy Permanent Molars	50 100 20 15 25 150	30 40 50 04 05 30 3 2	10 50 30 06 10 50 07	10 10 05 10 70 10
	reimanent iviolars	15		08	10

	Permanent Incisor	20			
	Apexification &				
	Apexogenesis				
6	Stainless Steel Crown	50	10	20	20
7	Other Crown	05	01	02	02
8	Fixed Space Maintainers	30	08	12	10
9	Removable Space Maintainers	20	05	07	08

- 13. Library usage
- 14. Laboratory usage
- 15. Continuing Dental Health Programme

(The figures given against SI. No.4 to 12 are the minimum number of recommended procedures to be performed)

Monitoring Learning Progress

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

UG Syllabus

PEDODONTICS

Theory Hours ... 40 Hrs. Spread over III & IV BDS. Clinical Hours ... 150 Hrs. Spread over III & IV BDS.

Total Duration ... 190 Hrs.

LECTURES:

- Introduction, definition, scope, practice mangagement and importance of pedodontics.
- 2. Growth and development of Dental and oro- facial structure and normal occlusion. Developmental anomolies

Genetics related to pedodontics.

- 3. Morphology of Dentitions and its applications :
 - a) Allied Morphology and Histology of primary and young permanent teeth.
 - b) Importance of first permanent molar.
- 4. Fundamental of Dental Health.
 - a) Biological factors responsible for maintenance of dental andOral Health.
 - b) Contributory Local factors affecting oral health plaque & Saliva etc.
- 5. Child psychology and management of child patient.
 - a. Physical development of child
 - b. Milestone of child development & behavioral pattern as narrated in varioustheories.
 - c. Fear & anxiety related to pedodontics.
- 6. Preventic, intercepative and early corrective orthdontics forchildren.
- 7. Examination, diagnosis and treatment planning.
- 8. Preventive dentistry, fluorides, fissure sealants dietcounselling etc.Endemic flurosis.
- 9. Endodontics in pediatric dentistry.
- Clinical aspects of pediatric dentistry as related to Setting of pedodontic clinic.

Teeth disorders.

Development

AnomaliesDental

caries in children

Restorative

Dentistry

Pulp Therapy and Endodontics

Space Maintainers & Myofunctional

appliances. Treatment of traumatized

teeth.

Management of problems of the primary and mixed

dentitionperiod,

Gingival disorders in children.

Stomatological conditions in

children

Management of handicapped childrenMouth habits and their managements.

Epidemology- Definition and general principal

11. Current advances.

CLINICALS

Case history diagnosis & treatment planning of 10 cases.

EXAMINATION PATTERN:

I. Theory (maximum) -------60 Marks

Theory (written) paper shall be of three hours

duration. Theory paper shall have three parts A,B, &

C.

Section A: MCQ - Total 20 Marks.

20 multiple choice questions carrying one mark each. ... 20 marks.

Section B: SAQ - Total 20 marks.

Ten short questions carrying two marks each.................. 20 marks.

Section C: LAQ - Total 20 Marks.

Two long answer question carrying ten marks each 20 marks.

II. A) CLINICALS

i) Case History & Diagnosis ... 35 Marks

ii) Chair side Orals ... 25 Marks.

iii) Treatment Planning ... 10 Marks.

iv) Journal	10 Marks.
Total	80 Marks.
B) Oral (Viva Voce)	20
Marks.A + B	=
	100 Marks

III. Int. Assessment (Theory 20 + Practical 20)----- 40 Marks

COMPETENCIES

List of competencies

At the completion of the undergraduate training programme the graduates shall be competent in the following.-

GENERAL SKILLS

- Apply knowledge& skills in day to day practice
- Apply principles of ethics
- Analyze the outcome of treatment
- Evaluate the scientific literature and information to decide the treatment
- Participate and involve in professional bodies
- Self assessment & willingness to update the knowledge & skills from time to time
- Involvement in simple research projects
- Minimum computer proficiency to enhance knowledge and skills
- Refer patients for consultation and specialized treatment
- Basic study of forensic deontology and geriatric dental problems

PRACTICE MANAGEMENT

- Evaluate practice location, population dynamics & reimbursement mechanism
- Co-ordinate & supervise the activities of allied dental health personnel Maintain all records
- Implement & monitor infection control and environmental safety programs
- Practice within the scope of one's competence
- Communication & Community Resources
- Assess patients goals, values and concerns to establish rapport and guide patient care
- Able to communicate freely, orally and in writing with all concerned
- Participate in improving the oral health of the individuals through community activities.

PATIENT CARE – DIAGNOSIS

- Obtaining patient's history in a methodical way
- Performing thorough clinical examination
- Selection and interpretation of clinical, radiological and other diagnostic information
- Obtaining appropriate consultation
- Arriving at provisional, differential and final diagnosis

PATIENT CARE - TREATMENT PLANNING

- Integrate multiple disciplines into an individual comprehensive sequence treatment plan using diagnostic and prognostic information
- Able to order appropriate investigations

PATIENT CARE – TREATMENT

- Recognition and initial management of medical emergencies that may occur during Dental treatment Perform basic cardiac life support
- Management of pain including post operative
- Administration of all forms of local anesthesia
- Administration of intra muscular and venous injections
- Prescription of drugs, pre operative, prophylactic and therapeutic requirements
- Uncomplicated extraction of teeth
- Tran alveolar extractions and removal of simple impacted teeth
- Minor oral surgical procedures
- Management of Oro-facial infections
- Simple orthodontic appliance therapy
- Taking, processing and interpretation of various types of intra oral radiographs
- Various kinds of restorative procedures using different materials available
- Simple endodontic procedures
- Removable and fixed Prosthodontics
- Various kinds of periodontal therapy

ADOPTED METHOD OF COLLEGE TO MEASURE THE ATTAINMENT OF COMPENTENCIES

Curriculum followed by Institution is designed by dental council of India and recognized by MUHS Nasik University. The students after joining the Course are introduced to different departments. Orientation program is arranged for every fresh batch to make them familiar to college environment details of course.

Once students acquire preclinical skills they are permitted to enter clinics. After entering to clinics staff guide and helps them to achieve clinical competencies and also sensitize them to principles and ethics of profession. The students have to perform and complete number of case department wise recommended by DCI under the supervision of staff of particular faculty.

Faculty assigned to specialty gives demonstration for every step that has to be followed by student while performing on patient in the clinics.

After allotting case to the student, student have to take detailed case history and need to present case in front of faculty on which faculty member ask relevant questions on diagnosis treatment planning.

Every student undergoes chair side evaluation before starting up case.

Students are monitored and guided for every step during procedure and faculty member does one to one assessment until that particular procedure is up to the mark.

Formative assessment of clinical competencies is done through chair side viva and practical examination.

Before appearing to university exam students have to finish patients' quota as per DCI norms.

Periodic evaluation of clinical knowledge and its application is done through three internal examinations. After all this student get certified by staff and head of the department for completing no of cases as per DCI norms and for acquiring clinical competencies.

Lastly student have to face university examination in which he/she have to perform exercises given by examiner on to patient and face viva and assessment of practical knowledge is done by examiner.

When student enters the internship he/she have to perform opd along with juniors and do the diagnosis along with student have to finish no of cases allotted to them with easy to advance difficulty level with the help of staff.

When he/she finish cases of all specialties as per DCI, he /she get certified with internship completion certificate.

PAEDIATRIC & PREVENTIVE DENTISTRY

- Able to instill a positive attitude and behavior in children towards oral health and understand the principles of prevention and preventive dentistry right from birth to adolescence.
- Able to guide and counsel the parents in regards to various treatment modalities including different facets of preventive dentistry.
- Able to treat dental diseases occurring in child patient.

• Able to manage the physically and mentally challenged disabled children effectively and efficiently, tailored to the needs of individual requirement and conditions.

LEARNING OUTCOME ASSESSMENT FOR BDS:-

Formative assessment-over the study course the teachers use continuous evaluation to assess and enhance performance of the students. The approaches used generate valuable information to evaluate an individual's knowledge and skills development, assess strategic reasoning, decision-making and problem-solving capabilities. The methods employed include viva voce and internal assessment during delivery of the course. They allow trainers to monitor the Extension of achievement of course outcomes. Its main objective is to identify the shortcomings in such a way that the correct Learning interventions which encourage students to master the necessary skills and knowledge.

The clinical /practical examination: The clinical /practical examination includes different procedures for the candidate to express their skills. Examinations can include clinical procedures, lab experiments, spotters, instrument description, etc.

Attendance & Records/Log Books:The candidate should be assessed based on regular attendance (Theory-75% & Practical/clinical-80%), clinical records books and scores obtained in the record.

End posting Clinical and practical examinations: Clinical procedures/experiments to be performed and to be discussed with faculty. Faculty will assess their presentation and clinical skills.

Viva voce: Viva voce can determine the student's problem solving skill. An effective-domain evaluation is also possible through viva voce.

Seminar: The students are expected to present a seminar during course period. The purpose of the presentation of the seminar is to evaluate the interactions of students with students and teachers on assigned topic. The competencies in information, planning, presentation and communication are evaluated.

Project work: To evaluate Students' skill-to prepare and then carry out the plan by planning and performing experiments; analyze& interpret data and produce results within a time frame is evaluated

Summative assessment - Comprehensive evaluation of learning outcomes is carried out at the end of the academic year. The methods employed are the annual theory and practical University examination conducted at the end of the academic year covering the complete syllabus.

POST GRADUATES (MDS) LEARNING OUTCOMES

The goal of the courses for post graduates are to develop professional and skilled dental post graduates who serve the society responsibly

PAEDIATRIC& PREVENTIVE DENTISTRY

Learning outcome:

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

- Create not only a good oral health in the child but also a good citizen tomorrow.
- Instill a positive attitude and behavior in children.
- Understand the principles of prevention and prevention dentistry right from birth to adolescence Guide and counsel the parents in regards to various treatment modalities including different facets of preventive dentistry
- Prevent and intercept developing malocclusion.

Skills

- Obtain proper clinical history, methodological examination of the child patient, perform essential diagnostic procedures and interpret them and arrive at a reasonable diagnosis and treat appropriately.
- be competent to treat dental diseases which are occurring in child patient.
- Manage to repair and restore the lost *I* tooth structure to maintain harmony between both hard and soft tissues of the oral cavity.
- Manage the disabled children effectively and efficiently, tailored to the needs of individual requirement and conditions.

Attitudes

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

•

ASSESSMENT PROCESSES FOR POST GRADUATES:

Attendance & Records/Log Books:The candidate should be assessed based on regular attendance (Theory-75% & Practical/clinical-80%), clinical records books and scores obtained in the record.

Journal club: The journal club shall be held at least once a week. It is required that all PGs and staff associated will actively participate and enter relevant details in the logbook. A standard checklist to follow when assessing the presentation of journal clubs

Case discussions: Regular case discussions to be held with postgraduate students to evaluate their case based problem solving skills.

Clinical postings: Each PG shall work in the department clinics on regular basis to gain adequate professional skills and competency in managing various cases of pertaining specialty.

Teaching skills: All PG's should be encouraged to engage either by lectures and case discussions in undergraduate teaching programmes. A model check list to be followed for assessment of the teaching

Synopsis/Dissertation / Thesis: The PG's should submit synopsis & prepare a dissertation based on the clinical or experimental work or any other research performed by them under the supervision of the guide.

Short term studies: The PG's are assessed for research skills through shot term studies.

Written and practical assessment exam: Written and practical assessment exam should be conducted after completion of each academic year during pot graduate curriculum at institutional level.