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A) Teaching & Learning SOP -

1. Curriculum

BDS (Under Graduate) syllabus for Paediatric & preventive dentistry

This subject is covered in III BDS and IV BDS and the final examination is conducted at the end of final BDS.

Teaching plan for the year

: B.D.S. Final Year(Theory) = 2
Classes/Week
B.D.S Third Year (Theory) = 1
Class/Week
B.D.S Final Year (Clinics)
10am– 1pm/day =6 clinics per week
Classes/Week (18 hrs /Week)
B.D.S Third Year (Clinics)
2pm -5pm/day = 5 clinics per week
Classes/Week (15 hrs/Week)

SYLLABUS

UG (under Graduate) syllabus for Paediatric & preventive dentistry

Syllabus for undergraduate study is prepared according to Latest guideline issued by DCI & MUHS

THEORY:

1. INTRODUCTION TO PEDODONTICS & PREVENTIVE DENTISTRY.

- Definition, Scope, Objectives and Importance.

2. GROWTH & DEVELOPMENT:

- Importance of study of growth and development in Pedodontics.
- Prenatal and Postnatal factors in growth & development.
- Theories of growth & development.
- Development of maxilla and mandible and related age changes.

3. DEVELOPMENT OF OCCLUSION FROM BIRTH THROUGH ADOLESCENCE.

- Study of variations and abnormalities.

4. DENTAL ANATOMY AND HISTOLOGY:

- Development of teeth and associated structures.
- Eruption and shedding of teeth.
- Teething disorders and their management.
- Chronology of eruption of teeth.
- Differences between deciduous and permanent teeth.
- Development of dentition from birth to adolescence.
- Importance of first permanent molar.

5. DENTAL RADIOLOGY RELATED TO PEDODONTICS.

6. ORAL SURGICAL PROCEDURES IN CHILDREN.

- Indications and contraindications of extractions of primary and permanent teeth in children.
- Knowledge of Local and General Anesthesia.
- Minor surgical procedures in children.

7. DENTAL CARIES:

- Historical background.
- Definition, aetiology & pathogenesis.
- Caries pattern in primary, young permanent and permanent teeth in children.
- Rampant caries, early childhood caries and extensive caries:
- Definition, aetiology, 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 application.

8. GINGIVAL & PERIODONTAL DISEASES IN CHILDREN.

- Normal gingiva & periodontium in children.
- Definition, aetiology & Pathogenesis.

- Prevention & Management of gingival & periodontal diseases.

9. CHILD PSYCHOLOGY:

- Definition.
- Theories of child psychology.
- Psychological development of children with age.
- Principles of psychological growth & development while managing child patient.
- Dental fear and its management.
- Factors affecting child's reaction to dental treatment.

10. BEHAVIOUR MANAGEMENT:

- Definitions.
- Types of behavior encountered in the dental clinic.
- Non-pharmacological & pharmacological methods of Behavior Management.

11. PEDIATRIC OPERATIVE DENTISTRY:

- Principles of Pediatric Operative Dentistry.
- 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 materials like Glass Ionomer, Composites & Silver Amalgam. Stainless steel, Polycarbonate & Resin Crowns.

12. PEDIATRIC ENDODONTICS

- Principles & Diagnosis.
- Classification of Pulpal Pathology in primary, young permanent & permanent teeth.
- Management of Pulpally involved primary, young permanent & permanent teeth.
- Pulp capping – direct & indirect.
- Pulpotomy
- Pulpectomy
- Apexogenesis

- Apexification
- Obturation Techniques & material used for primary, young permanent & Permanent teeth in children.

13. TRAUMATIC INJURIES IN CHILDREN:

- Classifications & Importance.
- Sequelae & reaction of teeth to trauma.
- Management of Traumatized teeth.

14. PREVENTIVE & INTERCEPTIVE ORTHODONTICS:

- Definitions.
- Problems encountered during primary and mixed dentition phases & their management.
- Serial extractions.
- Space management.

15. ORAL HABITS IN CHILDREN:

- Definition, Aetiology & Classification.
- Clinical features of digit sucking, tongue thrusting, mouth breathing & various other secondary habits.
- Management of oral habits in children.

16. DENTAL CARE OF CHILDREN WITH SPECIAL NEEDS:

- Definition, Aetiology, Classification, Behavioural and Clinical features & Management of children with:
- Physically handicapping conditions.
- Mentally compromising conditions.
- Medically compromising conditions.
- Genetic disorders.

17. CONGENITAL ABNORMALITIES IN CHILDREN:

- Definition, Classification, Clinical features & Management.

18. DENTAL EMERGENCIES IN CHILDREN & THEIR MANAGEMENT.

19. DENTAL MATERIALS USED IN PEDIATRIC DENTISTRY.

20. PREVENTIVE DENTISTRY:

- Definition.
- Principles & Scope.
- Types of prevention.
- Different preventive measures used in Pediatric Dentistry including pit and fissure sealants and caries vaccine.

21. DENTAL HEALTH EDUCATION & SCHOOL DENTAL HEALTH PROGRAMMES.

22. FLUORIDES:

- Historical background.
- Systemic & Topical fluorides.
- Mechanism of action.
- Toxicity & Management.
- Defluoridation techniques.

23. CASE HISTORY RECORDING:

- Outline of principles of examination, diagnosis & treatment planning.

24. SETTING UP OF PEDODONTIC CLINIC.

25. ETHICS.

B. PRACTICALS:

- Following is the recommended clinical quota for under-graduate students in the subject of pediatric & preventive dentistry.

1. Restorations – Class I & II only: 45

2. Preventive measures e.g. Oral Prophylaxis – 20.

3. Fluoride applications – 10

4. Extractions – 25

5. Case History Recording & Treatment Planning – 10

6. Education & motivation of the patients using disclosing agents. Educating patients about oral hygiene measures like tooth brushing, flossing etc.

BOOKS RECOMMENDED & REFERENCE:

1. Pediatric Dentistry (Infancy through Adolescence) – Pinkham.
2. Kennedy's Pediatric Operative Dentistry – Kennedy & Curzon.
3. Occlusal guidance in Pediatric Dentistry – Stephen H. Wei.
4. Clinical Use of Fluorides – Stephen H. Wei.

MDS (Post Graduate) syllabus for Paediatric & preventive dentistry

Syllabus for postgraduate study is prepared according to Latest guideline issued by DCI & MUHS

SYLLABUS

1. Applied Anatomy & genetics
2. Applied Physiology
3. Applied Pathology
4. Nutrition and Diet
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 evaluation of growth.
6. Child Psychology: Development & Classification of behavior, personality, intelligence in children,
theories of 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 Anesthesia in Pediatric Dentistry: (Including Other
Drugs, Synergic & Antagonistic Actions of Various Drugs Used in Children
10. Preventive Pedodontics: Concepts, chair side preventive measures for dental diseases, high-risk caries 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.
13. Gingival & Periodontal diseases in Children:
 - Normal Gingiva & Periodontium in children.
 - Gingival & Periodontal diseases- Etiology, Pathogenesis, Prevention & Management.

14. Pediatric Operative Dentistry

- Principle Of Operative Dentistry along with modifications of materials/past, current & latest including 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 Ionomer, Composites, Silver, Amalgam & latest material (gallium)

- Stainless steel, Polycarbonate & Resin Crowns / Veneers & fibre post systems, strip crowns.

15. Pediatric Endodontics:

- a) Primary Dentition: - Diagnosis of pulpal diseases and their management - Pulp capping
- b) Young permanent teeth and permanent teeth, Pulp capping, Pulpotomy, Apexogenesis Apexification, Concepts, Techniques and Materials used for different procedures.
- c) Recent advances in Pediatric diagnosis and Endodontics.

16. Prosthetic consideration in Paediatric Dentistry.

17. Traumatic Injuries in Children:

- Classifications & Importance.
- Sequelae & reaction of teeth to trauma.
- Management of Traumatized teeth with latest concepts.
- Management of jaw fracture in children.

18. Interceptive Orthodontics:

- a) Concepts of occlusion and esthetics: Structure and function of all anatomic component:, of occlusion, mechanics of articulations, recording of masticatory function, diagnosis of ,Occlusal dysfunction, relationship of TMJ anatomy and pathology and related neuromuscular physiology.
- b) A comprehensive review of the local and systemic factors in the causation of malocclusion.
- c) Recognition and management of normal and abnormal developmental occlusions in primary, mixed and permanent dentitions in children (Occlusal Guidance).
- d) 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
- e) Myofunctional appliances: Basic principles, contemporary appliances: Design & Fabrication
- f) Removable appliances: Basic principles, contemporary appliances: Design & Fabrication
- g) Case selection & diagnosis in interceptive Orthodontics (Cephalometrics, Image Processing. Tracing, Radiation hygiene, Video imaging & advance Cephalometric techniques).
- h) Space Management: Etiology, Diagnosis of space problems, analysis, Biomechanics, Planned extraction in interception orthodontics.

19. Oral Habits in Children:

- Definition, Etiology & Classification
- Clinical features of digit sucking, tongue thrusting. mouth breathing &.various other secondary habits.
- Management of oral habits in children

20. Dental 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

21. Oral manifestations of Systemic Conditions in Children & their Management

22. Management of Minor Oral Surgical Procedures in Children

23. Dental Radiology as related to Pediatric Dentistry

24. Cariology

- Historical background
- Definition, Aetiology & Pathogenesis
- Caries pattern in primary, young permanent and permanent teeth in children.
- Rampant caries, early childhood caries and extensive caries. Definition, aetiology, Pathogenesis, Clinical features, Complications & Management.
- Role of diet and nutrition in Dental Caries .
- Dietary modifications & Diet counseling.
- Subjective & objective methods of Caries detection with emphasis on Caries Activity tests, Caries prediction, Caries susceptibility & their clinical Applications

25. Pediatric Oral Medicine & Clinical Pathology: Recognition & Management of developmental dental anomalies, teething disorders, stomatological conditions, mucosal lesions, viral infections etc.

26. Congenital Abnormalities in Children: Definition, Classification, Clinical features & Management.

27) Dental Emergencies in Children and their Management.

28) Dental Materials used in Pediatric Dentistry.

29) Preventive Dentistry:

- Definition
- Principles & Scope
- Types of prevention
- Different preventive measures used in Pediatric Dentistry including fissure sealants and caries vaccine.

30) Dental Health Education & School Dental Health Programmes

31) Dental health concepts, Effects of civilization and environment, Dental Health delivery system, Public Health measures related to children along with principles of Pediatric Preventive Dentistry

32) Fluorides:

- Historical background
- Systemic & Topical fluorides
- Mechanism of action
- Toxicity & Management
- Defluoridation techniques

33. Medicological aspects in Paediatric Dentistry with emphasis on informed consent.

34. Counseling in Pediatric Dentistry

35. Case History Recording, Outline of principles of examination, diagnosis & treatment planning

36. Epidemiology: Concepts, Methods of recording & evaluation of various oral diseases
Various national & global trends of epidemiology of oral diseases.
37. Comprehensive Infant Oral Health Care
38. Principles of Bio-Statistics & Research Methodology & Understanding of Computers and Photography –
39. Comprehensive cleft care management with emphasis on counseling, feeding, nasoalveolar bone remodeling, speech rehabilitation.
40. Setting up of Pedodontics & Preventive Dentistry Clinic.
41. Emerging concept in Paediatric Dentistry of scope of laser/minimum invasive procedures in Paediatric Dentistry. First Year

Preclinical Work

(Duration - first 6 Months of First Year MDS)

(One on Each Exercise)

1. Carving of all deciduous' teeth :
2. Carving of Permanent teeth
3. Basic wire bending exercises
4. 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. Feeding appliances
5. Basic soldering exercise I - making of a lamppost of stainless steel wire pieces of different gauges soldered on either side of heavy gauge main post.
6. Fabrication of space maintainers
 - a. Removable type-
 - Unilateral Non - Functional space maintainer
 - Bilateral Non-Functional space maintainer
 - Unilateral 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
- a) Active space maintainers
 - b) Arch holding device
 - c) Functional space maintainer
7. Basics for spot welding exercise
8. 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. Phantom Head Exercises : Performing ideal cavity preparation for various restorative materials for both Deciduous and permanent teeth
 - d. Performing pulpectomy, root canal treatment.
- i. Tooth preparation and fabrication of various temporary and permanent restorations on fractured anterior teeth.
 - ii. Preparation of teeth for various types of crowns
 - iii. Laminates/veneers in composite ceramic.
 - iv. Tooth preparation to receive.
 - v. Bonding & banding exercise
9. Performing of behavioral rating and IQ tests for children.
10. Computation of: -
- a) Caries index and performing various caries activity' test. .
 - b) Oral Hygiene Index
 - c) Periodontal Index
 - d) Fluorosis Index
11. Surgical Exercises: a). Fabrication of splints b). Type of Wiring c).Suturing,
11. 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 landmarks as observed on Cephalometric radiographs and drawing of various planes and angles, further interpretation of Cephalometric radiographs is analysis. .
 - d. Mixed dentition cast analysis
12. Library assignment/dissertation.
13. 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 during &-36 months	Total	7to12 M	13to24 M	25to36 M
1	Behavior Management of different age groups children 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	17	2	10	5
3	Step-by-step chair side preventive dentistry Caries 11 scheduled for high risk children with gingival and periodontal diseases &Dental	11	1	5	5
4	Practical application of Preventive Dentistry concepts in a class of 35-50 children. Dental Health Education & Motivation	7	1	4	2
5	Pediatric Operative Dentistry with application of recent .concepts (a). Management of Dental Caries				
	(I) Class I	50	30	10	10
	(II) Class II	100	40	50	10
	(III) Other Restorations	100	20	50	30
	(b) Management of traumatized anterior teeth	15	04	16	05
	(c)Aesthetic Restorations.	25	05	10	10
	(d)Pediatric Endodontic Procedures				
	I. Pediatric Endodontic Procedures	150	30	50	70
	II. Pulpotomy / Pulpectomy	20	03	07	10
	III. Permanent Molars	15	02	03	10
	IV. Apexification & Apexogenesis	20	02	08	10
6	Stainless Steel Crowns	50	10	20	20
7	Other Crowns	05	01	02	02
8	Fixed: Space Maintainers Habit breaking appliances	20	05	07	08
9	Removable: Space Maintainers Habit brceking appliances	20	05	07	08
10	Functional Appliances	05	01	02	02
11	Preventive measures like fluoride applications & Pit & Fissure Sealants applications with complete follow-up and diet counseling	20	08	08	04
12	Special Assignments	03	01	01	01
	(i) School Dental Health Programmes	02	01	01	-
	(ii) Camps ect				

13. Library usage

14. Laboratory usage

15. Continuing Dental Health Programme

2. EXAM SOP-

a. INTERNAL EXAM

Under graduate course (BDS).

Theory & Practical:

The internal assessment examinations in theory and practical held at least thrice in a particular year as per university guideline. Internal assessment marks for a Student in a subject will be calculated as the average of the marks obtained in three internal examinations in the subject. This average mark will be reported to the University. For a student to be eligible to appear for the University examination he/she should have secured at least 50% of the maximum marks in internal assessment for both theory and practical separately (i.e. minimum 5/10 in theory and 5/10 in practical).

For a candidate to be eligible to write the university examination the first time he/she should have minimum attendance as per the MUHS and 50% of the maximum marks in internal assessment for both theory and practical in the subject as per university

Under Graduate SOP for Theory Examination:

Exam conduction:

Sr. No`	Duty	Duty Assigned to
1	Internal examination schedule is decided by college committee and the schedule is forwarded to department from EST section to department.	Committee/EST Section Clerk
2	Syllabus of each exam is planned. Schedule for lecture is planned.	HOD
3	Planned syllabus is completed as per schedule	Staff Incharge
4	Setting of question paper	Staff Incharge/HOD
5	Material required for examination will be collected for store and maintained consumable register	Clerk
6	Assignment of exam conduction and supervision staff (01 tutor +01 Lecturer+01Peon)	HOD
7	After completion of examination (Question paper, Attendance and Answer sheet) will be submitted to clerk.	Staff Incharge

Mark distribution

<u>1st Internal Theory Assessment Examination</u>			
Subject Type of Questions	No. of Questions	Marks of Questions	Total Marks
Multiple choice Question	20	01	20
Short Answer Question	10	02	20
Long Answer Question	02	10	20

<u>2nd Internal Theory Assessment Examination</u>			
Subject Type of Questions	No. of Questions	Marks of Questions	Total Marks
Multiple choice Question	20	01	20
Short Answer Question	10	02	20
Long Answer Question	02	10	20

<u>Preliminary Theory Internal Assessment Examination</u>			
Subject Type of Questions	No. of Questions	Marks of Questions	Total Marks
Multiple choice Question	20	01	20
Short Answer Question	10	04	40
Long Answer Question	02	20	40

Under Graduate SOP for Practical Examination:

Practical exam is conducted batch wise in department at the end of posting. Exam is conducted on case history taking

Sr.no	Duty	Duty assigned to
1.	Selection of patient is done from department OPD	Student
2.	Allotment of patient to student done after clinical examination	Staff Incharge
3.	Distribution of answer sheet to exam taking student	Clark
4.	Collection of answer sheet and radiograph after completion of exam	Staff Incharge

<u>1st Internal Practical Assessment Examination</u>	
Subject Type of Questions	Total Marks
Case history & Diagnosis	30
Chair Side Oral	20
Treatment Plan	10

<u>2nd Internal Practical Assessment Examination</u>	
Subject Type of Questions	Total Marks
Case history & Diagnosis	30
Chair Side Oral	20
Treatment Plan	10

<u>Preliminary Practical Assessment Examination</u>	
Subject Type of Questions	Total Marks
Case history & Diagnosis	40
Chair Side Oral	25
Treatment Plan	15

b. Any Other Exam conducted in department

Yearly, Exam will be conducted for repeater student as per university guideline. Two exams will be conducted for these students; each exam will be of 100 Marks.

<u>1st Theory Betterment Examination</u>			
Subject Type of Questions	No. of Questions	Marks of Questions	Total Marks
Multiple choice Question	20	02	20
Short Answer Question	10	04	40
Long Answer Question	02	20	40
Total			100

<u>2nd Theory Betterment Examination</u>			
Subject Type of Questions	No. of Questions	Marks of Questions	Total Marks
Multiple choice Question	20	01	20
Short Answer Question	10	04	40
Long Answer Question	02	20	40
Total			100

Post graduate course (MDS)

Internal Theory & Practical:

Evaluation Pattern for Post Graduate Student

It is essential to monitor the learning progress to each Student 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 throughout year.

Exam pattern by the department:

MDS 1 st Year	Once every three months	100 marks	3 hours
MDS 2 nd year	Once every two months	100 marks	3 hours
MDS 3 rd Year	Once every month	100 marks	3 hours

Pre-clinical and clinical examination is conducted accordingly.



UNIVERSITY SCHEME OF EXAMINATION - THEORY

Undergraduate (BDS university Theory)

Exam pattern :

The University examination for a subject shall be conducted twice in a year at an interval of not less than four to six months as notified by the university from time to time (Summer & Winter). The exam is conducted by two examiners one internal and other external assigned by university.

Examiners

Internal	From college
External	out of college

BDS Theory Examination			
Pediatric and preventive dentistry			
Subject Type of Questions	No. of Questions	Marks of Questions	Total Marks
Multiple choice of question	20	01	20
Short Answer Question	10	3	30
Long Answer Question	02	10	20

Undergraduate (BDS university Practical)

PRACTICAL EXAMINATION:

(i) **Practical and Clinical Evaluation** will also include Objective Structured Clinical Evaluation and Viva-voce.

(ii) Records / Log Books:

The candidate should be given credit for his/her records based on the scores obtained in the record. The marks obtained for the record in the first appearance can be carried over to the subsequent appearances if necessary.

(iii) Practical examination:

Practical examination will be conducted as per the university time table and guideline. The practical examinations should be evaluated by two examiners of which one shall be an external examiner appointed from other universities preferably outside the State.

BDS University Practical Examination		
Sr. No	Experiment	Max marks
1	Clinical case exam of a child, history taking and Diagnosis	40
2	Chair Side Oral	25
3	Treatment Planing	15
4	Clinical Work records(Journal +Communication Skills)	5+5=10
	Total	90

Post graduate course (MDS)

University Theory & Practical :

Written Examination for 1st year shall consist of one question paper for duration of three hours. Total marks for paper will be 100.

Written Examination for third year shall consist of four question paper each of three hours duration. Total mark of each paper mark will be 75. Paper I,II,III shall consist of 2 long question carrying 20 marks each and 5 short essay question carrying 7 marks. Paper four will be essay.

1st Year Post Graduate Examination			
Subject Type of Questions	No. of Questions	Marks of Questions	Total Marks
Long Answer Question	10	10	100

3rd Year Post Graduate Theory Examination			
Paper I- Applied Basic Sciences			
Subject Type of Questions	No. of Questions	Marks of Questions	Total Marks
Long Answer Question	2	20	40
Short Answer Question	5	7	35
Total			75
Paper II- Clinical Pedodontics			
Long Answer Question	2	20	40
Short Answer Question	5	7	35
Total			75
Paper III- Preventive & Community Dentistry as applied to Pediatric Dentistry			
Long Answer Question	2	20	40
Short Answer Question	5	7	35
Total			75
Paper IV- Essay			
Essay	1	75	75
Total			75

University Scheme of examination – Practical

The Clinical /Practical and Viva- Voce examination are conducted for minimum of two days. Conducted by four examiners, which is assigned by university.

List of examiners given by university

1	Convenor	01
2	Internal examiner	01
3	External examiner	02

First Day:

1. Case Discussion, Pulp Therapy i.e. Pulpectomy on a Primary Molar.

Case Discussion	: 20 Marks
Rubber Dam application	: 10 Marks
Working length X-ray	: 20 Marks
Obturation	: 20 Marks

Total : 70 Marks

2. Case Discussion, Crown Preparation on a Primary Molar for Stainless steel crown and cementation of the same.

Case Discussion	: 10 Marks
Crown Preparation	: 20 Marks
Crown Selection and Cementation	: 20 Marks

Total : 50 Marks

3. Case Discussion, band adaptation for fixed type of space maintainer and impression making.

Case discussion	: 20 Marks
Band Adaptation	: 20 Marks
Impression	: 20 Marks

Total : 60 Marks

Second Day:

1. Evaluation of fixed space maintainer and cementation : 20 marks

Viva Voice	: 100 marks
I) Viva- voice examination	: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

II) Pedagogy Exercise	: 20 Marks
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A topic be given to each candidate in the beginning of clinical examination. He/ She is asked to make a presentation on the topic for 8-0 minutes.

	PULP THERAPY	Total Marks	Marks Obtained
A	a) Case Discussion	20	
	b) Rubber Dam Application	10	
	c) Working Length X-ray	20	
	d) Obturation	20	
	Total (a+b+c+d)	70	

B	STAINLESS STEEL CROWN	Total Marks	Marks Obtained
	a) Case Discussion	10	
	b) Crown Preparation	20	
	c) Crown Selection & Cementation	20	
Total (a+b+c)		50	

C	SPACE MAINTAINER	Total Marks	Marks Obtained
	a) Case Discussion	20	
	b) Band Adaptation	20	
	c) Impression	20	
Total (a+b+c)		60	

		Total Marks	Marks Obtained
D	Space Maintainer Cementation	20	
E	A) I) Viva Voce Examination	75	
	II) Communication Skills	05	
	B) PEDAGOGY Exercise	20	
	Total (A+B)	100	
Total Marks (A+B+C+D+E)		300	

Student

a. Attendance

Attendance required for undergraduate study is taken as per the Latest guideline issued by DCI & MUHS.

The attendance record maintained as follow:

Sr. No.	Record	Record Maintenance register
1.	III & IV BDS	Theory
		Practical
U.G. Attendance register (Through III Year to IV Year)		
2.	Intern	Intern Attendance Register
3.	Post Graduate	P.G. Attendance Register

III year & IV Year

The attendance records of theory & practical are maintained by separate register. (III-I, III-II, & IV-I, IV-II.).
The final attendance is calculated at the end of academic year for each student and submitted to student section.

Attendance requirement shall be as follows: a) 75% in theory and 80% in Practical in subject separately in academic year. b) In case of subjects in which the instructional programme extend through more than one academic year and when there is no University examination in the subject for a particular year (i.e. non-exam going subjects), the attendance requirement shall not be less than 75% in Lectures and 80% in Practical, in the non-exam academic year

Sr. No	Name of the Student	Total No. of Classes		No of Classes Present		No of Classes Absent		Percentage of Attendance		Signature of the Student
		Theory	Practical	Theory	Practical	Theory	Practical	Theory	Practical	

Intern:

Sr. No.	Intern Name	Date of Posting	Total No of Posting Days	Total No of Present Days	Total No of Absent Days	% of Attendance

Post Graduate:

Sr. No.	Name of the P.G. Student	Total No of Posting Days	Total No of Present Days	Total No of Absent Days	% of Attendance

Quota:

Quota required for undergraduate study is planned as per the Latest guideline issued by DCI & MUHS. Quota strictly monitor by teaching staff.

The Student should be given credit for his records based on the scores obtained in the record. The marks obtained for the record in the first appearance can be carried over to the subsequent appearances if necessary.

Clinical Exercises

BDS 3rd year to 4th year Student:

1. Oral Prophylaxis 20
2. Topical Fluoride application 10
3. Tooth Restoration 45
4. Extraction 25
5. Education & motivation of patients regarding oral hygiene practices.

Record Book: 10 Case history per student and Theory work assignment

Intern :

1. Oral Prophylaxis 05

2. Topical Fluoride applications	05
3. Restoration	10
4. Pulpotomy/Pulpectomy, Root canal	10
5. Extraction	10

Post Graduate Student :

Quota required for Post graduate study is planned as per the Latest guideline issued by DCI & MUHS. Quota strictly monitor by Guide and Head of the department.

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

Academic Quota

1 st year P.G.	Pre-clinical work as per DCI & MUHS guideline
	Basic sciences lectures for 1 st year as per DCI & MUHS guideline
	Seminar Presentation- 5
	Journal Club presentation - 5
	Library dissertation
	Thesis selection & Synopsis Preparation
	presentation in Conference - 1
2 nd year P.G.	Thesis Preparation
	Clinical Case Presentation - 5
	Seminar Presentation- 5
	Journal Club presentation - 5
	Short Study preparation
	Thesis selection & Synopsis Preparation
	presentation in Conference -2 (from 1 st year to the end of 2 nd year)
3 rd year P.G.	Thesis Preparation
	Clinical Case Presentation - 5
	Seminar Presentation- 5
	Journal Club presentation - 5
	Short Study preparation
	Thesis selection & Synopsis Preparation
	presentation in Conference- 3 (from 1 st year to the end of 2 nd year)

Clinical Quota:

Sr. No.	Clinical Work	Total	7 to 12 Months	13 to 24 months	25 to 36 Months
1	Behavior management of different age group children with complete record	17	02	10	05
2	Detailed case evaluation with complete records, treatment planning and presentation of case with chair side and discussion	17	02	10	05
3	Step-by-step chair side preventive dentistry scheduled for high risk children with gingival and periodontal diseases and dental caries	11	01	05	05
4	Practical application of preventive dentistry concept in a class of 35-50 children & dental health education and motivation.	07	01	04	02
5	Pediatric Operative dentistry with application of recent concepts.				
	a) Management of dental caries				
	I) Class I	50	30	10	10
	II) Class II	100	40	50	10
	III) Other Restorations	100	20	50	30
	B) Management of traumatized anterior teeth	15	04	06	
	C) Aesthetic Restorations	25	05	10	10
	d) Pediatric Endodontics procedures				
	• Deciduous teeth	150			
	• Pulpotomy/Pulpectomy	20	30	50	70
• Permanent Molars	15	03	07	10	
• Permanent incisor	20	02	03	10	
• Apexification & Apexogenesis		02	08	10	
6	Stainless Steel crowns	50	10	20	20
7	Other Crowns	05	01	02	02
8	Fixed : Space Maintainers Habit breaking appliances	20	05	07	08
9	Removable : Space Maintainers Habit breaking appliances	20	05	07	08
10	Functional Appliances	05	01	02	02
11	Preventive measures like fluoride application & pit and fissure sealants applications with complete follow up and diet counseling	20	08	08	04
12	Special assignments				
	i) School Dental Health Programmes	03	01	01	01
	ii) Camps etc.,	02	01	01	-

B) Clinical SOP–

Pediatric & Preventive Dentistry is the branch of dentistry dealing with children from birth through adolescence. Different generalized and specialized clinical procedures are carried out 0-13yrs.

List of procedure

Sr. No.	Clinical Procedures
1.	Screening
2.	Radiographs
3.	Emergency: Trauma
4.	Oral prophylaxis
5.	Restorations
6.	Pulp therapy
7.	Extractions
8.	Space maintainers
9.	Stainless Steel crowns
10.	Pit & Fissure sealant,
11.	Fluoride application

standard operating Protocol of screening:

Sr. No.	Protocol	Duty Assigned to
1	After Screening in department of Oral Medicine & Radiology the patient is referred In the Department of Pediatric Dentistry. the case paper in department is handed over to the staff nurse /attending doctor who enters the details (Name, Age /Sex, Case paper No,) of the patient in the OPD Register.	Nurse/Intern/P.G. Student
2	Patients requiring emergency care is handled by emergency doctor appointed that is OPD incharge and are examined on a priority basis.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty
3	The patient is call for to wait outside the Department and is then called by the staff nurse/ attending doctor as per his/her turns on a first come first examine basis.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty
4	The child and the parent are greeted. The child is then examined on the dental chair. A detailed medical history, past dental history and history of Present illness is documented on the patient's case paper. If any investigations like IOPAR / routine blood investigations are required, the patient is referred for the same and treatment is planned.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty
5	If patient requires emergency care, treatment is carried out on the same day by attending doctor. The doctor prescribes medications if necessary.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty
6	Schedule of follow up protocol is decided based on case, treatment carried out, and anticipated outcome. The same is recorded in the case paper and the patient is informed verbally. This record is maintained in Appointment register.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty
7	If the patient requires in-patient management, the child and the parent are informed and patient is then shifted to the ward as per in-patient management protocol.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty
8	If the patient requires routine treatment, an appointment is scheduled based on the waiting list which is recorded on the case paper, appointment register and verbally communicated to the parent/patient.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty
9	Children with special healthcare needs requiring non-emergency dental treatment are either treated 1) In the dental chair (if behavior/medical condition permit or 2) General Anaesthesia (if chair side treatment is not possible). If the child requires General Anaesthesia, their details are recorded on the General Anaesthesia wait list and worked up for in-patient management when it is their turn in coordination with Paediatric & Anesthesia department.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty

standard operating Protocol of Allotment:

After registering patient in departmental OPD register by clerk, patient examination is carried out and allotment is done on basis of clinical findings to undergraduates, post graduates and staff.

Routine oral prophylaxis cases are allotted to undergraduates and Interns. Third year and forth year students record case history and perform hand scaling. Interns perform ultrasonic scaling. All posted undergraduates have a staff mentor who monitors the case history recording and hand scaling done by the students.

Postgraduates are allotted cases based on severity of clinical findings. Post Graduate Students have to follow protocol like case presentation and proper diagnosis followed by nonsurgical and surgical treatment respectively.

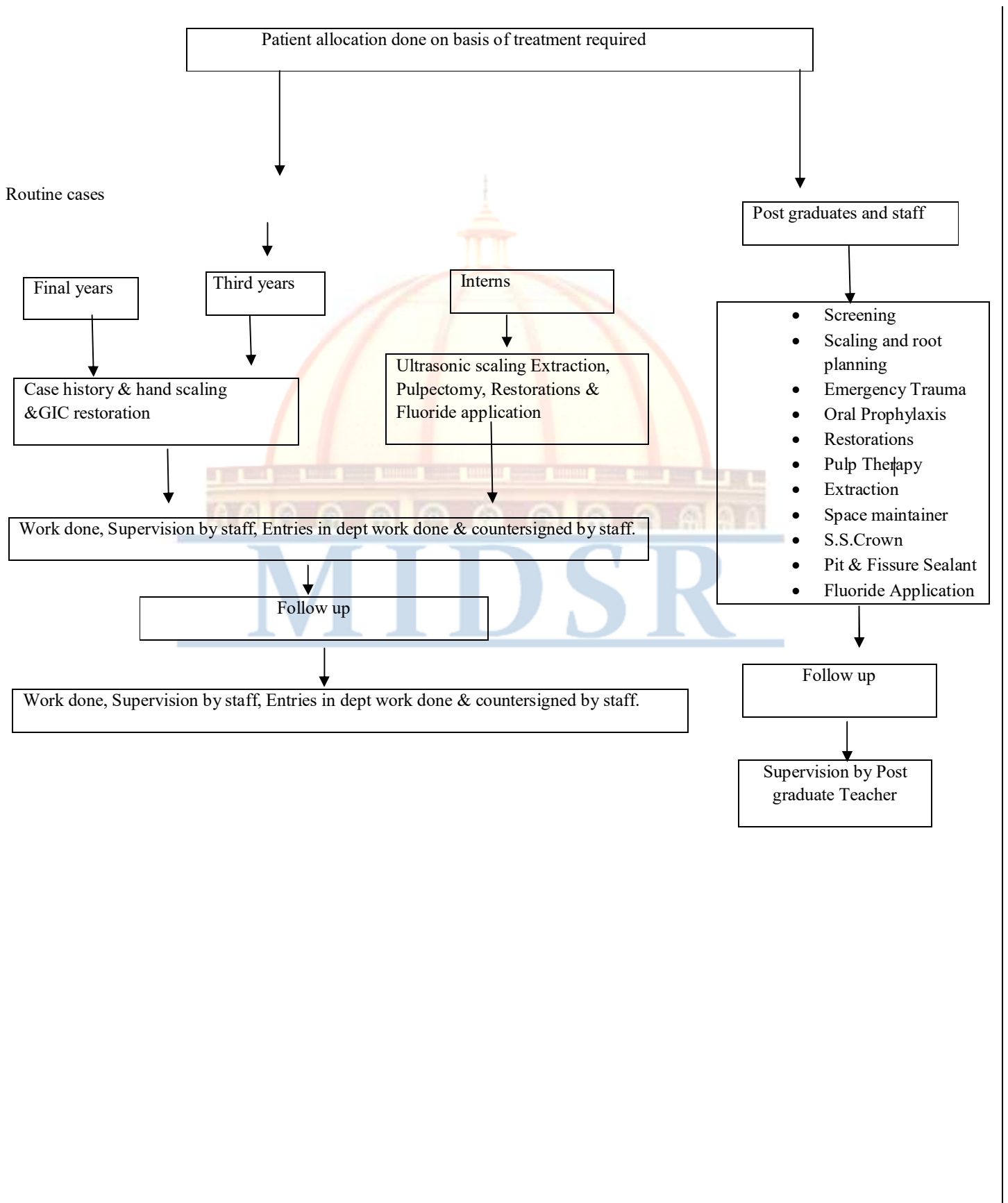
Cases which require skillful and advanced surgical procedures are allotted on the name of staff.

Responsibility:

Staff that is posted on OPD duty looks after patient examination & case allotment.

Head of department and Post graduate teacher observe the protocol followed by postgraduates and make necessary changes in it.





standard operating Protocol of Each Treatment:

I) standard operating Protocol of Radiographs:

Sr. No.	Protocol	Duty Assigned to
1	Whenever necessary the attending dentist refers the patient to the Oral medicine & Radiology department for radiographs to facilitate diagnosis and treatment.	Intern/P.G. Student/ Incharge OPD faculty
2	Radiographs received from the Oral medicine & Radiology department are interpreted and treatment is performed.	

C II) standard operating Protocol of Traumatic injury management:

Sr. No.	Protocol	Duty Assigned to
1	Complete case history is taken and initial evaluation of the patient is done in department OPD.	Intern/P.G. Student/ Incharge OPD faculty
2	Patient who require intraoral /extraoral radiographs are advised and refer to department of Oral Medicine & radiology.	Staff OMDR Department
3	In the event of craniofacial injury, the patient is referred to the department of Oral and Maxillofacial Surgery.	Intern/P.G. Student/ Incharge OPD faculty
4	In case of soft tissues injury the following treatment is done. Abrasion, –observe, Contused Lacerated Woundsutures, Contusion –Antiseptic application, observe. This is followed by prescribing antibiotics, analgesics and oral rinses Follow up: 24 hours and one week	Intern/P.G. Student/ Incharge OPD faculty
5	In case of Trauma to dentition A) Primary dentition B) Avulsion in permanent teeth C) Fractures and luxations in permanent teeth. The treatment will be carried out according to the Indian Association Dental Traumatology Guidelines 2012.	Intern/P.G. Student/ Incharge OPD faculty

C III) Routine:-

C III) a. Standard operating Protocol of Oral Prophylaxis:

Sr. No.	Protocol	Duty Assigned to	
1	Tray Arrangement	Cotton, Mirror, Probe, Tweezer	
		Scalers	
		Micromotor with polishing brush	
		Separate set for staff evaluation	
2	Anaesthesia	Topical anesthesia /Block for subgingival scaling if required.	Students (under supervision of Staff). Intern/P.G. Student/ Incharge OPD faculty
3	Removal of plaque, calculus and stains.	Supragingival scaling with hand scalers / ultrasonics.	Students (under supervision of Staff). Intern/P.G. Student/ Incharge OPD faculty
4	Polishing	Polishing paste	
5	Post Procedure Instructions	Brushing Instructions -Technique & frequency -Implements (Toothbrush & Toothpaste)-Change of toothbrush Flossing	Students (under supervision of Staff). Intern/P.G. Student/ Incharge OPD faculty
6	Follow up	6 months	Students (under supervision of Staff). Intern/P.G. Student/ Incharge OPD faculty

C IV) b. standard operating Protocol of Restorative:

Sr. No.	Protocol	Duty Assigned to
1	Tray Arrangement	Cotton, Mirror, Probe, Tweezer
		Spoon excavator
		Plastic filling instruments
		Condensers
		Universal scaler
		Cotton rolls
		Matrix band
		Burs 008, 010, 012

		Wedge	
		Separate set for staff evaluation	
		Air rotor	
		ZnOE/GIC/ amalgam/Composite	
		Glass slab/paper mixing pad/Spatulas	
2	Procedure	Check occlusion & mobility	Students (under supervision of Staff). Intern/P.G. Student/ faculty
		Administer Anaesthesia-block or topical anesthesia	
		Complete Excavation of caries	
		Cavity preparation	
		Selection of material	
		Isolation	
		Restoration of cavity	
		Removal of excess material	
		Check occlusion	
		Finishing & Polishing	
	If Class III	Placement of wedge	Students (under supervision of Staff). Intern/P.G. Student/ faculty
		Placement of matrix band	
		Evaluation of marginal ridge	
3	Post Procedure Instructions	Avoid eating or drinking for at least one hour. -In the event of local anaesthesia being administered active chewing and biting is to be avoided for 2-3 hours (to prevent inadvertent injury to the Anesthetized lip/cheek). -Take prescribed medication as directed. -In case of discomfort or any other complaint (swelling/chewing) please contact the number below.(Clinician's number).- Maintenance of meticulous oral hygiene	Students (under supervision of Staff). Intern/P.G. Student/ faculty
4	Follow up	Follow up schedule depends on the presenting complaint, type of treatment and risk assessment.	Students (under supervision of Staff). Intern/P.G. Student/ faculty

C V) c. standard operating Protocol of Pulp Therapy

Sr. No.	Protocol		Duty Assigned to
1	Tray Arrangement	Cotton, Mirror, Probe, Tweezer	Students (under supervision of Staff). Intern/P.G. Student/

2		Spoon excavator	Incharge OPD faculty
		Plastic filling instrument	
		Condenser	
		Formocresol/Calcium hydroxide/Metapex	
		Cotton rolls	
		Irrigating syringes Saline/Hypochlorite	
		Burs 008, 010, 012	
		Wedge	
		Separate set for staff evaluation	
		Airrotor	
	ZnOE/GIC/Cavit Glass slab/paper mixing pad/Spatulas		
	Procedure	Pulpotomy	Students (under supervision of Staff). Intern/P.G. Student/ faculty
		Complete Excavate caries	
		Access the pulp space	
		Amputate coronal pulp	
		Control bleeding	
		Apply formocresol(3-5 mins primary teeth)	
		Apply calcium hydroxide (permanent teeth)	
		Restore with GIC/Composite/SS Crowns	
		Pulpectomy	
Complete Excavate caries			
Access the pulp space			
Extirpate pulp			
Chemomechanical preparation			
Obturate uninfected cases			
Root canal dressing for infected cases followed by obturation at second visit			

		Post endodontic restoration with GIC/Composite/SS Crown	
3	Post Procedure Instructions	-Avoid eating or drinking for at least one hour. -In the event of local anaesthesia being administered active chewing and biting is to be avoided for 2-3 hours (to prevent inadvertent injury to the anesthetized lip/cheek). - Take prescribed medication as directed. -In case of discomfort or any other complaint (swelling/chewing) please contact the number below. (Clinician's number). -Maintenance of meticulous oral hygiene	Students (under supervision of Staff). Intern/P.G. Student/ faculty
4	Follow up	Follow up schedule depends on the presenting complaint & type of treatment.	Students (under supervision of Staff). Intern/P.G. Student/ faculty

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C VI) d. standard operating Protocol of Extraction:

Sr. No.	Protocol	Duty Assigned to
1	Tray Arrangement	Cotton, Mirror, Probe, Tweezer
		Moons probe
		Elevators
		Extraction forceps
		Moist cotton/Gauze
		Betadine
		Preloaded LA syringe
		Topical Anesthetic
		Sterile Drape
		Towel clips
		Separate set for staff evaluation
		Students (under supervision of Staff). Intern/P.G. Student/ Incharge OPD faculty

2	Technique of L.A	Surface anesthesia followed by identification Landmarks. Insertion of needle Aspiration Slow deposition	Students (under supervision of Staff). Intern/P.G. Student/ faculty
3	Evaluation of Efficacy of anesthesia	Subjective	Students (under supervision of Staff). Intern/P.G. Student/ faculty
		Objective	
4	Elevator	Choice	Students (under supervision of Staff). Intern/P.G. Student/ faculty
		Technique	
5	Choice of Forceps	Depend on site of extraction	
6	Technique of extraction	Movement & Direction	Students (under supervision of Staff). Intern/P.G. Student/ Staff
7	Control of Bleeding	Pressure Pack (Cotton Pack)	Students (under supervision of Staff). Intern/P.G. Student/ faculty
9	Post Extraction Instructions	-Bite on the gauze pack for half an hour following which it should be discarded. - Consume cold food , liquid and soft diet for 24 hours following extraction. (Avoid use if straw with cold liquids as this may dislodge the clot. -Take prescribed medication as directed. -Avoid active chewing and biting for 2-3 hours. -Take salt water rinses (To prevent inadvertent injury to the anesthetized lip/cheek). -In case of discomfort or any other complaint (swelling /chewing) please contact the number below. (Clinician's Number). -Maintenance of meticulous oral hygiene.	Students (under supervision of Staff). Intern/P.G. Student/ faculty
	Follow up	5 Days if deemed necessary.	

C VII) e. standard operating Protocol of Space Maintainer:

Sr. No.	Protocol	Duty Assigned to
1	Tray Arrangement	Cotton, Mirror, Probe, Tweezer
		Spoon excavator, Plastic filling Instrument, Condenser, Universal scaler, Cotton rolls.
		Students (under supervision of faculty).
		Intern, Faculty
		Alginate impression material
		Impression trays
		Dental stone
		Air rotor
		Micromotor with polishing brush
		Band Material
		Stainless steel Wire
		Band forming armamentarium
		Trimming and polishing kit
		Floss
		Luting Cement
		Paper Mixing pad
Spatula		
Separate set for staff evaluation		
2	Procedure	Check occlusion before band adaptation
		Band adaptation and occlusion evaluation
		Upper & Lower Alginate impression

		Cast preparation	
		Loop & wire fabrication	
		Soldering	
		Finishing & Polishing	
	Insertion	Final Insertion and cementation or space maintainer	
3	Post Procedure Instructions	-Avoid eating /drinking for one hour. - Maintenance of meticulous oral hygiene.	
4	Follow up	6 months	



C VIII) f. standard operating Protocol of Stainless Steel Crowns:

Sr. No.	Protocol	Duty Assigned to
1	Tray Arrangement	<ul style="list-style-type: none"> • Cotton, Mirror, Probe, Tweezer • Spoon excavator • Plastic filling instrument • Universal scaler • Divider & Scale/Boley's Guage • Cotton rolls • Alginate impression material • Rubber separators • Retraction cord/Dental floss • Air rotor • Micromotor • Crown cutting burs • Stainless steel Crowns • SS Crown trimming& finishing kit • SS Crown contouring & trimming pliers • Floss • Luting Cement • Paper Mixing pad • Spatula • Separate set for staff • evaluation

Students (under supervision of faculty).
Intern/ Faculty

2	Procedure	<ul style="list-style-type: none"> • Check occlusion • Select desired crown • Occlusal reduction • Proximal reduction • Minimal Buccal and /or lingual reduction • Crown try in Crown cementation • Remove Excess Cement • Check Occlusion 	Students (under supervision of faculty). Intern/ Faculty
3	Post Procedure Instructions	<p>Avoid eating or drinking for at least one hour. -In the event of local anaesthesia being administered active chewing and biting is to be avoided for 2-3 hours (to prevent inadvertent injury to the anesthetized lip /cheek). -Take prescribed medication as directed. -In case of discomfort or any other complaint (swelling/chewing) please contact the number below. (Clinician's number). -Maintenance of meticulous oral hygiene.</p>	
4	Follow up	6 months	

Sr. No.	Protocol	Duty Assigned to	
1	Tray Arrangement	<ul style="list-style-type: none"> • Cotton, Mirror, Probe, Tweezer • Plastic filling instrument • Condenser • Universal scaler • Cotton rolls • Matrix band • Fissurotomy Burs • Separate set for staff evaluation • Air rotor 	Students (under supervision of faculty). Intern/Faculty
2	Examination of the tooth	<ul style="list-style-type: none"> • Indicated • Contraindicated 	
3	Procedure	<ul style="list-style-type: none"> • Cleansing • Centric stop registration • Isolation • Etching of the tooth surface • Washing & Drying • Application of the bonding agent • Application of sealant 	
		<ul style="list-style-type: none"> • Occlusion check • Finishing & Polishing 	
4	Follow Up	6 Months	

C IV -II) Standard operating Protocol of Fluoride application:

Sr. No.	Protocol		Duty Assigned to
1	Tray Arrangement	<ul style="list-style-type: none"> • APF gel • Applicator trays • Suction tip/ drool cups • Cotton, Mirror, Probe, Tweezer 	Students (under supervision of faculty). Interns/ Faculty
2	Trial of applicator trays		
3	Loading of Trays		
4	Placement of Trays in the mouth	Maxillary	
		Mandibular	
		Both	
5	Communication continuously (distraction) during procedure		
6	Intermittent use of suction		
7	Removal of trays & Instructions to		
8	Post procedure instructions	<p>-Avoid eating /drinking for one hour after the procedure.</p> <p>-Following application of Fluoride varnish avoid heavy chewing for 14-18 hours and on the day of the application avoid night brushing.</p>	
9	Follow up	6 months	

A. Priority Patients: Children with Special Health Care Needs, Camp Patients, Health card patient.

Sr. No.	Protocol	Duty Assigned to
1	In the Department of Pediatric Dentistry the case paper is handed over to the nurse /clinician who enters the details (Name, Age /Sex, Case paper No,) of the patient on the OPD register.	Nurse/ Intern/P.G. Student/Incharge OPD faculty
2	Patients requiring emergency care (swelling, referred from medical college ward, children with special health care needs, immune-compromised patients, camp referrals) are examined on priority basis.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty
3	The patient is requested to wait outside the Department and is then called by the nurse/ clinician on a priority basis.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty
4	Child patient with special health care needs: The child and the parent are greeted. The child is then examined on the dental chair. A detailed medical history, past dental history and history of present illness is taken. If any investigations like radiographs / routine blood haemogram are required, the patient is referred for the same and treatment is planned.	P.G. Student/ Incharge OPD faculty
5	Adult patient with special health care needs: The patient is greeted and examined on the dental chair. The consultants from the various specialties in the dental college are called to the clinic for patients with special needs for their respective expert dental opinion. A detailed medical history, past dental history and history of present illness is taken. If any investigations like radiographs / routine blood investigations are required, the patient is referred for the same and treatment is planned accordingly. If the adult patient is ambulatory then the consultants in the various departments are informed telephonically that the patient will be visiting their respective departments.	P.G. Student/ Incharge OPD faculty
6	If patient requires emergency care, treatment is carried out on the same day. The doctor prescribes medications if necessary	Intern/P.G. Student/ Incharge OPD faculty
7	Schedule of follow up protocol is decided based on case presentation, treatment carried out, and anticipated outcome. The same is recorded in the case paper and the patient is informed verbally.	Nurse/ Intern/P.G. Student/ Incharge OPD faculty

8	If the patient requires in-patient management, the child and the parent are informed and patient is then shifted to the ward as per in-patient management protocol.	Intern/P.G. Student/ Incharge OPD faculty
9	Children with special healthcare needs requiring non-emergency dental treatment are either treated 1)in the dental chair (if behaviour/medical condition permit or 2) General Anaesthesia (if chair side treatment is not possible). If the child requires General Anaesthesia, their details are recorded on the General Anaesthesia wait list and worked up for in-patient management when it is their turn.	Intern/P.G. Student/ Incharge OPD faculty



- **Standard operating Protocol of Feedback & Grievance redressal mechanism**

Patients are requested to fill the feedback forms of the treatment procedures in department the patients grievances redressal committee will look in to these feedbacks on a monthly basis and necessary actions will be taken immediately.

The grievance redressal mechanism will address the problems that the patients were facing during their treatment at the Department. Complaint box has been set up in the indoor and outdoor of department at the hospitals and also in front of the hospital superintendent. Which work through Grievance committee.

Department Grievance Committee	
Head of the Committee	HOD (Professor)
Incharge	Lecturer
Record maintaince incharge	Clerk

- **Standard operating Protocol of Payment Methodology**

All the patient payment for the department will be managed through billing department or account section of institution.

Sr. No.	Protocol	Duty Assigned to
1	Whenever necessary the attending dentist After final treatment planning patient will be referred to department clerk for payment	Clerk
2	Department Clerk will entered appropriate payment for procedure to be done according to department charges and refers the patient to the payment Department	
3	After receiving the payment slip from payment department the payment bill number will be entered in department register and patient is referred for treatment which will be performed in department	

Treatment charges

Sr No	Procedure	Charges
1	IOPA/RVG	- 50/-
2	Occlusal X-ray	- 80/-
3	Lat. Ceph/OPG	- 350/-
4	Extraction	- 50/-
5	Scaling	- 200/-
6	Fluoride Application	- 50/-
7	Sealant application	- 100/-
8	Amalgam	- 100/-
9	GIC/ Miracle mix	- 80/-
10	Composite Restoration	Interns - 150/-
		BDS - 200/-
		MDS Post Graduate - 200/- MDS - 300/-
11	IPC/DPC	-150/-
12	RCT/Pulpotomy/ Pulpectomy	Interns -300/-
		BDS - 400/-
		MDS Post Graduate - 400/-
		MDS - 700/-
13	Apexification / Apexogenesis	500+(200 with MTA/ Biodentin)
14	RPD/ Removable Space Maintainer	400-
		600/-
15	Fixed space Maintainer	400 per band
16	Appliances	Removable - 400/-
		Fixed - 600/-
17	S.S. Crown/ Strip/polycarbonate crown	-250/-
		S. s. crown -500/-
18	Post n core	- 300/-
19	Trauma / Minor Surgery	MDS Post Graduates -300
		-500



MAHARASHTRA INSTITUTE OF DENTAL SCIENCES AND RESEARCH,
(DENTAL COLLEGE) , LATUR MAHARASHTRA



		MDS	-600- 800
20	Conscious Sedation	400/-	-
21	General Anesthesia	6000 OT & other charges +additional dental charges	



• **Standard operating Protocol of Record Maintaining**

Unique identifier: Every patient is registered and assigned a specific xx-digit OPD No. The patient is given a registration card\OP card which he / she have to carry every time they visit the hospital. Contents of Dental records reflecting continuity of care: All entries shall be: Unique identifier of patient on every document page. Written in black/blue indelible ink for handwritten documentation. No pencil entries. Dated and signed (include day, month, and year). Never erase, obliterate or use liquid paper correction fluid on a patient's record. All forms in the record must have been previously approved. For the patients who requires dental treatment under general anesthesia, In- patient Care is documented in the medical Record and includes: Reason for admission, diagnosis, plan of care must be included in the documents. Documentation of nursing care provided, any operation /Procedure performed in detail.

To create a high stander and smooth working of department the department clinical record maintained as follows.

Sr. No	Register	Record	Duty Assigned to
1	OPD Register	1. New OPD 2. Old OPD	Departmental Clerk & Assigned Teaching Staff
2	Work Done Register	1. Student Work Done Register 2. P.G. Work Done Register 3. Staff Work Done Register	Student/PG & Assigned Teaching Staff
3	Appointment Register	1. Student Appointment Record Register 2. P.G. Appointment Record Register 3. Staff Appointment Record Register	Departmental Clerk & Assigned Teaching Staff
4	Maintainence register	repair and maintaince of all dental chair by dental technician	Departmental clerk & Chair Technician
	Waste management register	1. Disposable InjectionSyringes. 2. Plastic suction tips 3. Saline bottles 4. Bandages, cotton 5. Extracted Teeth 6. Endodontic files,Suture needles,	
	Special Cases Record	Record or patient special treatment , Multi disciplinary approach treatment cases	Assigned Teaching Staff & Departmental Clerk
	Dead Stock Register	Entries of non consumable material like Dental Chair, fan, furniture, Scaler, solder etc.	Assigned Teaching Staff & Staff Nurse/ Brother
	Consumable Stock Register	Entries of every day used material	Assigned Teaching Staff & Staff Nurse/ Brother
	Autoclave Register	UG & PG	Staff nurse/ Brother

• Biomedical Waste Management

Preface- Disposal of hospital waste **must** be done in a certain manner: without damaging the environment, or endangering the safety of patients or medical staff. Bio-waste management was made mandatory by the government of India for all health care institutions.

- Institute has its own hospital waste management programme comprised of Incinerator and compost preparation in the campus.
- Department is provided with Color coded large bins for collection of biomedical waste.
- As well small separate dust bins are there for every dental chair.
- Departmental peon takes proper precautions and separates the waste properly and disposal carried out on daily basis.
- A record register is maintained for disposal of waste.

Red bag	Yellow bag	Blue bag	Black carboy
Disposable Injection syringes, IV set without needle Saline bottles Plastic suction tips Toothbrushes, Disposable plastic/fiber instruments Plastic/rubber tubes Rubber lids of any vial Used plastic drapes	Extracted Teeth Any item which have been in contact with the patient Bandages, cotton Teeth (with/without fillings but without amalgam fillings) Dressings and swabs Disposables such as gloves, aprons, masks, drapes, contaminated wipes, gutta purcha points, absorbent points Disposable impression trays with impression material Plaster/stone casts Cheek retractors, tongue depressors, wedges Rubber dam material Plastic X-ray pouches (outer covering) Catheters (after draining) Unwanted laboratory	Glass bottles Broken glass Discarded medicines Antiseptics, disinfectants (not contaminated by body fluids) Used or unused drug vials Cartridges and ampoules	Used or unused sharps Needles without syringes Scalpel blades Metal objects Metal matrix bands Broken metal instrument tips Burs Endodontic files, broaches, reamers, spreaders, silver points Orthodontic metal brackets, wires, bands Suture needles Broken/discarded ultrasonic tips Metallic bars, dentures Metal lids of vials

	specimens Suture materials without needle		
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- Needle burners are mandatory to use in each department. Departmental nurse burns the needles of all syringes in undergraduate and post graduate section.
- Responsibility – it is duty of departmental peon to separate biowaste properly and submit to waste disposal department. Departmental nurse separates the sharp metal objects like needle and blades. Head of department monitors the procedure.

SOP OF BIOMEDICAL WASTE

Biomedical Waste disposal



At the end of every surgical procedure



Segregation of biomedical waste (injection syringes suture needles, surgical blades, cotton, gauze piece) is done as per color coding bags and type of container



Needles of injection syringes are disposed in needle burner by nurse



Rest infectious cotton/ gauze, gloves and mask is separated and collected in yellow dust bin



Collection of biomedical waste of each chair



All collected waste is taken to central hospital biomedical waste dispose department by peon



Record is kept in disposal register.



C)Administrative Work

MIDSR

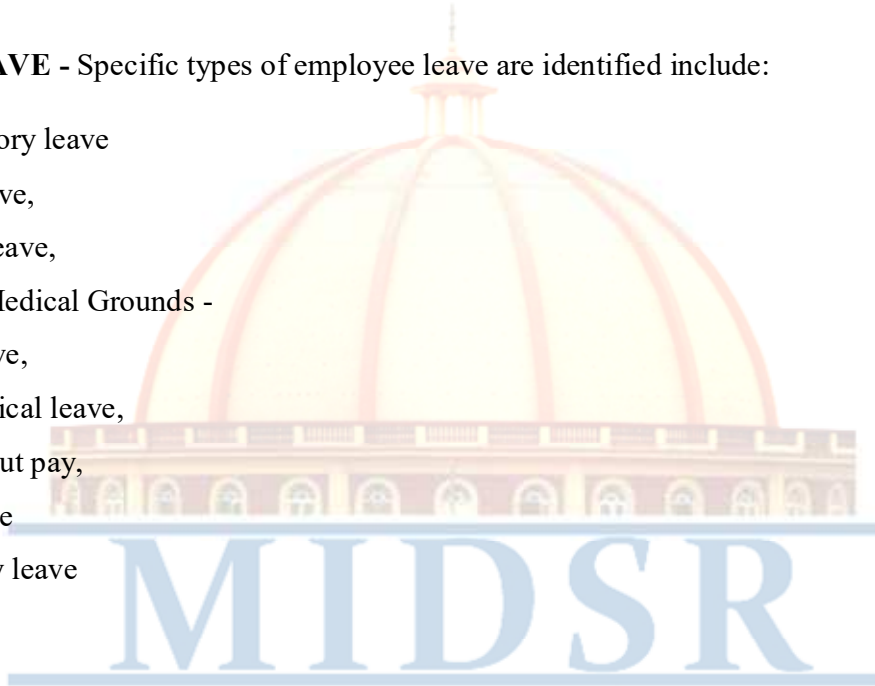
- **Standard operating Protocol of Leave Application**

PURPOSE

To provide guidelines defining the types of leave available to employees and specifying the procedures for use by personnel.

TYPES OF LEAVE - Specific types of employee leave are identified include:

- Compensatory leave
- Earned Leave,
- Half Pay Leave,
- Leave on Medical Grounds -
- Annual leave,
- family medical leave,
- leave without pay,
- Casual leave
- special duty leave



ACCRUAL OF LEAVE -

1. The officer/official intending to proceed on leave shall apply on the prescribed application form, at least 10 days in advance, to their Sanctioning Authority.
2. The officer/official concerned before submitting the application to the Sanctioning Authority, shall obtain a certificate from Management (Estt.) about the admissibility of leave in the columns incorporated in the Form.
3. The Leave after being sanctioned by the *Sanctioning Authority shall be marked to the Establishment branch, for processing it and issue of orders, which will be issued at the level of Section Officer.
4. The officer/official after availing the leave shall submit the joining report, on the prescribed form, which will be marked to the Establishment Branch, through the Personal Branch of the Sanctioning Authority, after being seen by the Sanctioning Authority.
5. The Establishment Branch will make necessary entries in the Service Book of the officer/official which will be attested by the Principal / vice Principal or the officer authorized. In case of extension of leave, the officer/official shall send another application, directly to the Establishment Branch. The Principal / vice Principal after recording the leave due certificate, shall send the application directly to Personal branch of the sanctioning authority for sanctioning the leave. The leave application shall subsequently be processed in the Establishment Branch on the lines indicated above.

1. Compensatory Leave -

Employees will be allowed to carry Compensatory Leave within a month; however, they will no longer be allowed to earn Compensatory Time. They will be compensated at overtime (1 and ½ times their normal hourly rate) rates for hours worked in excess of normally scheduled hours. The Accounts Clerk / Secretary and the EMS Billing Clerk / Secretary will continue to be allowed to earn compensatory time in lieu of overtime as defined in institution manual.

2. Annual and Sick Leave - Annual and Sick Leave are accrued at the end of each calendar month. Accrual rates are based on the employee's years of service. Further policies related to the accrual of leave are provided in institution manual. The use of sick leave falls into the two categories: scheduled and unscheduled sick leave.

Scheduled Sick Leave -

- The use of scheduled sick leave is contingent on obtaining advance approval for the time away from work.
- Scheduled Sick Leave must be requested at least 2-3 days in advance.
- Scheduled Sick Leave must be requested no more than 90 days prior to the date of the requested leave.

❖ Use of Sick Leave

Sick leave may be taken for one of the following reasons:

- Personal Sick Leave
- Medical Appointments
- Family Illness
- Workers' Compensation Injuries
- Pregnancy
- Family and Medical Leave Purposes
- The above reasons are to be used as defined in the University and Institutional Manual.

Employees may not call out sick less than one hour prior to the start of their duty day.

If an employee becomes sick while at work or believes that they will become physically or medically unable to complete their duty, they should notify the on-duty staff / Supervisor as soon as possible so that relief for the employee can be found to cover the remainder of their duty. Employees that attempt to call out after the start of their duty will be considered late for work. Sick Leave may not be used in advance of its accrual. Leave will not be scheduled if the employee does not have a leave balance that will support the requested leave at the time that the request is submitted. If an employee is out sick and does not have any accrued annual, sick or compensatory leave:

- The employee will not be paid for the time that they are absent from work.
- The employee shall be considered absent without leave and subject to disciplinary actions

Unscheduled Sick Leave Requests -

- Unscheduled Sick Leave should be requested when the employee becomes aware of the need to use Sick Leave less than 72 hours prior to the start of the shift.
- Notification should occur at least an hour before the start of the employees shift. Notification after the start of the shift shall be considered “tardiness”.
- Notification of unscheduled sick leave requests should be made to the HOD / In-charge on-duty staff. If the HOD / in-charge staff is unavailable, notification should be made to the colleague staff.

3. Special Duty Leave -

Specific overtime-exempt employees are eligible to earn Special Duty Leave. Please see the University and Institutional policy for additional details regarding accrual and use.

4. In case of leave on medical grounds –

The officer/official intending to avail leave on Medical grounds, are advised to send intimation in writing to the office of the Sanctioning Authority immediately, enclosing the Medical Certificate, which, after being seen by the Sanctioning Authority, will be sent to the Establishment Branch.

The officer/official after he/she joins, will submit the application on the prescribed form along with the Medical Fitness Certificate, and get the leave due verification done from the Establishment Branch, in the appropriate columns of Leave Application Form.

The Form, along with the copy of intimation earlier sent, will be submitted to the Office of the Sanctioning Authority for sanction.

The leave after being sanctioned by the Sanctioning Authority, shall be marked to the Establishment Branch, where it shall be processed for issue of orders and making entries in Service Book as per the procedure described above.

5. Special Casual Leave for all officers/ officials -

- (i) The request for Special Casual Leave with full justification and documentary support, if any, shall be submitted through the concerned Dean/ Head of the School/ Branch officer, to the Vice Chancellor on the prescribed format enclosed (Form-II) sufficiently in advance.

(ii) The officer / official concerned before submitting the application to Dean/ Head of the School concerned shall obtain a certificate about the admissibility of leave on the format.

(iii) Special Casual Leave records will be maintained in the Establishment Branch.

6. Extra-ordinary Leave / Study Leave / Sabbatical Leave/ Leave Not Due -

Application for Study Leave/ Sabbatical Leave which are generally of long duration shall be submitted at least three months in advance through the Deans/ Heads of School / Branch Officers to the Establishment Branch on the Form. Likewise, application for Extra-ordinary Leave/ Leave Not Due, will be submitted well in advance through the Deans/ Heads of Schools/ Branch Officer to the Establishment Branch on the Form-IV. These proposals shall be processed in the Establishment Branch and submitted through the Registrar to the competent authority as laid down.

7. Maternity Leave/ Paternity Leave/ Adoption Leave etc -

(i) The officers/ officials proceeding on Maternity Leave, shall intimate to their Controlling Officer, concerned Dean / Head of the School / Branch Officer 6 weeks in advance about the likely date of their proceeding on Maternity Leave for information and making alternate arrangement, if required. This information shall also be forwarded to the Establishment Branch.

(ii) The officers / officials when they proceed on leave, shall submit the application on the prescribed proforma (Form-III) to the Controlling Officer / concerned Dean / Head of the School / Branch Officer, who will forward it to the Establishment Branch. The Establishment Branch will process it and submit in file for approval of competent authority.

8. Casual Leave -

The Casual Leave should be submitted on the prescribed proforma to the competent authority, as laid down in the delegation powers. The broad guidelines for award of Casual Leave are as below:

(i) Casual Leave is a concession granted to an employee to stay away from office for short period on account of illness or to enable him to attend to urgent private matters.

The employee intending to avail Casual Leave are expected to get the prior sanction of the leave, however in case of emergent situation, the information about the availing of leave should be given to the Branch Officer

on telephone, followed by the application on the prescribed form, which may be sent through fax or otherwise, if the leave is of more than one day.

The maximum period of a Casual Leave, which an employee is allowed to avail is of 10 days (including two in view of R/H) in a calendar year, subject to a limit of 5 days at a time. It is expected that the Casual Leave should be evenly availed during the course of the year.

The official joining duty in the middle of the year will be entitled for availing Casual Leave proportionately.

Note: The procedure as laid down above is subject to the provisions of the Regulations relating to Leave Rules for Teaching and Non-teaching Staff.

D. NOTIFICATION OF LEAVE BALANCES –

Notification of Leave balances will be noted on the employee's register. Additionally, leave balances will be posted in the administrative office program. Online balances will be updated monthly.

Employees should check periodically to determine whether the information reported is accurate.

Discrepancies should be reported to the employee's immediate supervisor.

LEAVE USAGE -

The minimum increment of time in which leave may be taken is one day prior. The use of annual leave and compensatory leave is contingent on:

- Obtaining advance approval from Principal / Head of Institution for the time away from work.
- Leave cannot be approved by a subordinate or an officer of the same rank.
- Employees may request the use of scheduled leave in one of two ways:
 - Every year, employees can submit leave requests for blocks of leave
 - Blocks may be up to 3 weeks of leave at a time.

- Blocks of Annual Leave will not be granted to individuals that do not have a leave balance that will support the request.
- This balance must be present at the time of the request, not when the leave will occur.
- Instances in which there are conflicting leave requests will be reviewed and the leave will be granted based on available leave slots, employee seniority, and in some situations, consideration will be given to special circumstance.
- Long range annual leave requests will be accepted as per university rules each year for the coming 12 months period. Outside of this long-range, request period, annual leave request will be granted at any time throughout the year so long as:
 - It is being made at least four days in advance of the requested leave.
 - It is being made no more than 90 days prior to the requested leave.

Annual Leave will not be granted to individuals that do not have a leave balance that will support the request. If a leave request is denied by an officer, only a superior officer may override the decision.

Doctors statement/extended sick leave -

When Required by Head of institution / Supervisor, or the employee's supervisor, may require an employee requesting sick leave to present a physician's or health care provider's statement as a condition of approving the use of sick leave. Sick Leave Lasting 1 Week or More-When an employee is on sick leave for more than one week or has missed work due to a chronic medical condition, the leave shall be designated provisionally as Family and Medical as well as sick leave. Medical Clearance After Extended Absence-Before the employee returns to work from an extended absence or from treatment for a medical condition that may limit the employee's ability to perform normal job duties, the supervisor may require a statement from the treating health care provider confirming the employee's ability to return to normal work duties. Reasonable Accommodations-If there are limitations placed on an employee's ability to perform the duties of the position, the County may consider alternative assignments as a reasonable accommodation for the employee's disability.

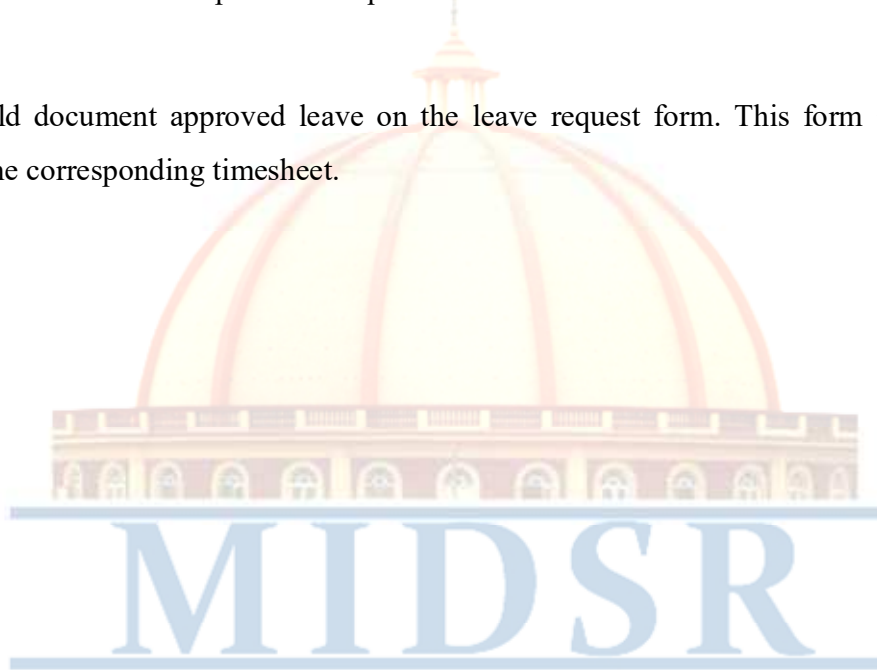
FAMILY MEDICAL LEAVE -

Purposes for Which Family Medical Leave May Be Taken may be found in the University and institutional Manual.

I. DOCUMENTATION OF LEAVE USED -

The Establishment and account department requires a record of leave use be submitted with each employee's timesheet.

Employees should document approved leave on the leave request form. This form should be signed and submitted with the corresponding timesheet.



Standard Operational Procedure to be Followed For Joining of New Staff -

1. Newly appointed / recruited staff should report at the department.
2. The newly appointed staff should inform the Head of the department for his / her appointment and joining to the department.
3. On the first day, all the joining formalities should be completed.
4. He / she should submit the joining letter duly signed by HOD to the office.
5. The staff personnel should submit following documents to the department clerk -
 - Resume
 - Education certificates - 10th, 12th, graduation, post-graduation, others
 - Relieving letter from the last employer, Experience letter from previous employers
 - Appointment letters from previous employers
 - Latest copy of Form 16 as per Income Tax (Not applicable to freshers)
 - Proof for current and permanent address
 - Passport size photographs-6
 - Address Proof - Aadhaar Card, Electricity bill, Telephone bill, License photocopy.
 - PAN Card
 - Proof of last salary drawn – Previous Three Months pay slips (if applicable)
 - Nationality Proof/ Work Visa / Passport
 - Verification from appropriate authorities as required in case of Expatriates

Standard operating Protocol of Work Distribution:

- Job Description will be provided by Head of Department / Department In-Charge.
- Key roles & responsibilities will be in written format will also be explained by the HOD.
- Special task will be defined by Principal as per work priorities or importance.

Duties of Various Post involved in Academic Department –

➤ **Head of the Department (HOD) -**

1. Setting up high standards of the professional conduct in the department.
2. Development, planning, implementation & evaluation of academic program BDS, MDS.
3. Develop philosophy & objectives for educational program.
4. Identifies present needs related to the educational programs, investigates, evaluates & secure resources.
5. Direct planning activities & put programs in place with staff to ensure attainment of departmental vision.
6. Determines the number of position & scope & responsibility of each teaching & non-teaching staffs.
7. Prepares the job description, indicate line of authority, responsibility in the relationship & channels of communication by means of organization chart & other method.
8. Provides an organizational framework for effective staff functioning such as meeting of the staff etc.
9. Subscribes & encourages developmental aspects for student welfare.
10. Consistently makes administrative decision based on established / Hed policies.
11. Facilitates participation in community, professional & institutional activities by providing time, opportunity for support for such participation.
12. Interprets Pedodontics and preventive education to other related disciplines & to the public.
13. Prepare periodic report which review the progress & problems of the entire program & presents plans for its continuous development.
14. Act as a one of the head persons for various committees.
15. Prepare, secure, approve & administrates the departmental budget.
16. Participate in various programs based at University, institutional, professional & community service activities.
17. Conducting & participating in department meetings & attending various meetings at the institution and the University.
18. Initiates & participates in research studies for the improvement of educational programs.
19. Recognizes the needs for continuing education for self & staff and provides stimulation of opportunities for such development.
20. Development of student as well as code of conduct for departmental hand books to ensure discipline.

21. Conduct regular conferences with parents & students about departmental issues.
22. To act as mentor to subordinate.
23. Participates in the conduct of continuing education programs and programs for the visitors.
24. Assists Principal and vice principal in identifying needs for professional development of faculty & facilitates staff development program.
25. Identify the present needs related to educational program and Select & organizes learning experiences.
26. Assists in the conduct of admission procedures & final University examinations if asked by the higher authorities.
27. Supervises clinical experience of all educational program in the department in coordination with other coordinators.
28. Review student progress reports & activities & offers academic guidance.
29. Guides & monitors students cumulative record for all educational programs, maintained by respective program coordinators.
30. Guides faculty in day-to-day academic activities of all educational programs.
31. Assists Principal and Vice Principal in administration & supervision of college activity.
32. Supervises overall functioning of Department.
33. Inform students about changes in college, departmental policies, procedures & standards.
34. Share responsibility with Principal in identifying conflicts among staff members & initiates
35. Facilitates guidance & counseling services to staff & students as per need.
36. Inform parents about student status & reviews reports of student performance.
37. Organization of seminars, panel discussions, symposia, debates, journal clubs and other learning activities.
38. Guiding PGs in their PG curriculum, thesis, LD and short research studies.
39. Conduct various exams related to the departments.
40. Supervision of maintenance of departmental cleanliness, patient's records, x rays and other clinical documents, OPD attendance etc.

➤ **Professor (Existing) / Associate professor -**

1. Setting up of high standard of professional conducts in the unit / the department.
2. Taking active participation in the preparation of the course contents, teaching schedule of U.G. and P.G., Teaching didactic lecture classes for U.G. & P.G.
3. Co-ordinating the unit activities.
4. Attending Seminars, Panel Discussions, Symposia, Debates, JournalClubs and other learning activities of the department/College.
5. Carrying out teaching work with assistance from members of staff.
6. Conduct of Internal assessment tests and compilation and dispatch of marks list to principal / academic sections of the institutions.
7. Guiding the P.G.s in their Dissertation.
8. Conducting U.G, P.G exams.
9. Carrying out Out-patient work.
10. Admission and discharge of hospitalized patients.
11. Supervision of pre-operative, operative and post-operative care of the patients.
12. Supervision of maintenance of departmental cleanliness.
13. Supervision of maintenance of patient's records, X-rays and other documents.
14. Any other work entrusted by HOD/Principal /Director/ University.
15. To ensure department discipline, document and conduct of patient services.
16. Hands on teaching of cases for academic interest.
17. To conduct clinical and epidemiological work and to present paper at conferences and chairing sessions.
18. It is mandatory that one shall not refuse any work related to examination of university / government / national board without any valid reason.
19. In case of any other emergency, any other official work, professional services should be made available for 24 hours even on holidays as it is essential service.
20. OPD attendance for all working days be assigned to his subordinates to perform emergency surgeries. In case, if assistant professor wants opinion of chief, he should be available for 2nd opinion and also in case of difficult procedures if needed in situations.
21. On surgical day, or critical procedures, he is responsible to keep subordinate on duty for smooth functioning of the department.

➤ **Associate professor –**

1. He should ensure smooth and successful completion of assigned official work entrusted with him by the unit head both regarding the teaching work as well as patient care.
2. He should be available in the hospital premises during duty hours and as assigned by unit chief.
3. He shall consult his seniors whenever he feels necessary in the interest of the patient.
4. Take part in the teaching programs of the department.
5. Heling the post graduate students in preparation of the dissertation, seminar, journal clubs as assigned by the HOD.
6. Carrying out OPD and IPD work.
7. Assisting the unit chief in examination work.
8. Any other work entrusted by the unit chief / HOD, in interest of the teaching / administration / examination / patient services or in interest of public / patient / student / department.
9. To carry out research work in co-ordination with HOD.
10. To Support and guide students in their curricular and extra-curricularactivities, maintenance of the department and other subordinate staff.
11. To participate national Level in to Seminars, present papers Conferences or to participate of State national and International conferences.
12. Promptly carry out the examination duties as assigned by superiors / university and if not complied, considered as dereliction of duty.
13. On OPD day duty is from 9 am to 9 am next day, when posted for duty he should be available in the premises for consultation, examination and to surgery in case of emergency. On operation day he should do duty as assigned by unit chief.
14. On VVIP duties there should not be any complaints from any of them in discharging duties. Leave should not be applied on the days on which they have teachingschedule.
15. In case of emergency or any other official work, his services should essential and available for 24 hours on any day including holidays as this is essential service.
16. Attending VIP & VVIP's as per protocol as and when required.

➤ **Lecturer –**

1. Lecturer works under the direction of departmental head and assists him/her in curriculum Instruction & Teaching.
2. Participate in curriculum development evaluation and curriculum revision.
3. Identifies the needs of the learners in terms of the program by utilizing the records of previous experience, personal interviews, tests & observation.
4. Participates in formulation & implementation of the Philosophies & objectives of departmental work.
5. Participates in University, professional & community service activities.
6. Plan with the educational other units with pediatric dental service & allied groups.
7. Ascertains, selects & organizes facilities equipment and materials necessary for learning.
8. Acts as a counselor for staff & students services students conducting research.
9. Participates and promote student welfare activities.
10. Guide the students in conducting seminars, discussions & presentations etc.
11. Assists in teaching & supervision in clinical courses for undergraduate students.
12. Co-ordinates with the external Lecturer for various courses as assigned.
13. Assist in initiating & participating in research studies for the improvement of educational programs.
14. Conduct teaching, guidance and counseling & assist in research activities.
15. Participates in determination of educational purposes & policies in consultation with the HOD/ Vice Principal/Principal.
16. Contributes to the development & implementation of the philosophy & purposes of the total education program.
17. Identifies the needs of the learners in terms of the objectives of the program by utilizing records of previous experience, personal interviews, tests & observations.
18. Planning of clinical teaching program with the cooperation & collaboration of clinical staff.
19. Teaching of all department subjects by using various teaching strategy with assistance from other members of the teaching staff.
20. Guidance to students in methods of study and use of reference book and library.
21. Helps the learner with special problems to seek & use additional help as indicated.
22. Encourages and promotes continuous growth & development towards maturity.
23. Assure that the assignments of students are fulfilled.
24. Maintains and uses adequate and accurate records.
25. Prepare and channelize clear and concise reports.

26. Visits hospital wards, departments & other clinical fields integrated within inter-departmental activities regularly.
27. Any other duty that may be assigned to her/him from time to time relating to education.

Tutors / Demonstrator –

1. Tutor / demonstrator works under HOD and assists him/her along with another staff in curriculum Instruction & Teaching.
2. Collaborate with another faculty in course development.
3. Participates in University, professional & community service activities.
4. Ascertains, & organizes facilities equipment and materials necessary for learning.
5. Help the students in using problem solving process.
6. Devices teaching methods appropriate to objectives & content.
7. Participates and promote student welfare activities.
8. Assists in teaching & supervision in clinical courses for undergraduate students.
9. Assist in research studies for the improvement of educational programs.
10. Identifies the needs of the learners in terms of the objectives of the program by utilizing records of previous experience, personal interviews, tests & observations.
11. Planning of clinical teaching program with the cooperation & collaboration of clinical staff.
12. Teaching of all department subjects by using various teaching strategy with assistance from other members of the teaching staff.
13. Guidance to students in methods of study and use of reference book and library.
14. Conduct of periodical & terminal tests, and assure that assignments of students are fulfilled.
15. Participate in preparation and maintenance of record systems.
16. Assist in preparing annual reports of department.
17. Maintain inventory of classroom's supplies & equipment.
18. Any other duty that may be assigned to her/him from time to time relating to departmental education.

➤ **Staff nurse / Brother –**

1. She / He will assess the needs of the patients in the department coming for the treatment.
2. She / He will provide comfort to the patient and maintain safety of the patient.
3. She / He will ensure to make department clean and tidy including all the equipment and instruments.
4. She / He will keep all articles arranged properly and maintain the inventory.

5. She / He will keep a sub stock of drugs, linen and other supplies for department maintenance.
6. She / He will sterilize all articles, maintain all equipment, gadgets, electrical connections light, fan etc.
7. She / He will indent drugs, materials, instruments stationeries and other supplies necessary.
8. She / He will assist the ward sister in orientation programme of new staff and students.
9. She / He will keep herself up to date with nursing knowledge by taking part in -service education programme.
10. She / He will participate in clinical teaching programme of the students and other nurse.
11. She / He will assist and participate in any in-service education programme.

Department Clerk –

1. Answer telephones, direct calls and take messages.
2. Compile, copy, sort, and file records of office activities, departmental transactions, and other activities.
3. Maintains departmental OPD records, entries in OPD and work done register, from PG students, Interns and UG students.
4. Reports the HOD or Department In-Charge for any issues or deficiencies at the department.
5. Handle patient appointments at departmental clinics at UG and PG sections.
6. Complete and mail bills, contracts, policies, invoices, or checks.
7. Operate office machines, such as photocopiers and scanners, and personal computers.
8. Compute, record, and proofread data and other information, such as records or reports.
9. Maintain and update filing, mailing, and departmental data, either manually or using computer.
10. Review files, records, and other documents to obtain information to respond to requests.
11. Inventory and order materials, supplies, as well as manage calendars and department events.
12. Process and prepare documents, various forms and expense reports.
13. Type, format, proofread and edit correspondence and other documents, from notes, using computers or typewriters.
14. Train other staff members to perform work activities, such as using computer applications.
15. Prepare meeting agendas, follows instructions given by HOD and record points of meetings.
16. Report to IT office for problems involving office equipment, such as computer hardware and software.

➤ Departmental peon / attender–

1. As soon as he comes to department, he should open all the doors and windows, to make it aerated.

2. He should dust all the office tables, chairs, almirahs, windows, book-shelves, what-nots, file cabinets and other furniture and keep the department clean and tidy.
3. He should clean all the departmental floor and dustbins at priority basis.
4. All the dustbins should be cleaned as per bio waste management and waste disposal policies.
5. He should clean all the dental chairs, their all the visible parts like handles, rest seats pipes and tumblers.
6. He should help in arranging departmental instruments, equipment, machines, desks and tables.
7. He should bring all the materials, medicines, stocks and stationaries from the central store.
8. He must not leave office until all in the staff and students have left.
9. If he has to go early, he must take prior permission of HOD and Superintendent of the college to whom he is attached.
10. Before leaving department, he should switch off all lights, fans and heater, if any, and close the windows.
11. He should fill up the water jug/glass for use of the staff, if required so.
12. He should assist in any departmental, or office work as may be required of him.
13. He should know the priority involved in the movement of documents and papers and act accordingly.

MIDSR

Standard operating Protocol of Record keeping & documentation

Purpose:

To define the policy to ensure accurate and complete dental record for every patient. Dental records shall reflect the continuity of care.

Scope:

Department of Paediatric & Preventive Dentistry - All Patient care areas

Responsibility: Departmental clerk & Teaching Staff.

Policy:

All the entries are identified by the Name and Signature of the author along with date and time. Persons authorized to make entries in the Dental Records of the patients are: MDS & BDS Staff. All entries in the patient Dental entries are signed, dated, timed, named only controlled forms and formats, which are approved by administration, shall be used by the service providers for the dental records.

PROCEDURE:

Unique identifier: Every patient is registered and assigned a specific xx-digit OPD No. The patient is given a registration card\OP card which he / she have to carry every time they visit the hospital. Contents of Dental records reflecting continuity of care: All entries shall be: Unique identifier of patient on every document page. Written in black/blue indelible ink for handwritten documentation. No pencil entries. Dated and signed (include day, month, and year). Never erase, obliterate or use liquid paper correction fluid on a patient's record. All forms in the record must have been previously approved. For the patients who requires dental treatment under general anesthesia, In- patient Care is documented in the medical Record and includes: Reason for admission, diagnosis, plan of care must be included in the documents. Documentation of nursing care provided, any operation /Procedure performed in detail.

Policy and Procedures on confidentiality, integrity and security of information:

Purpose: To protect the Dental records from any damage/tamper, unauthorized use. Dental /departmental records and information regarding patient's matters are legally protected for protection of privacy.

Responsibility – Departmental Clerk and assigned Teaching Staff

Procedure for safeguarding data against loss, destruction and tampering:

All the records are placed in a safe and secure environment with the controlled access to the department. It is the responsibility of the departmental clerk and IT department to ensure adequate back up of records in case of unexpected events like system crash, virus attack or any other damages. It is the responsibility of the departmental clerk and IT department to restrict access to records once closed through issuing passwords to different users restricting their access to different modules in the system.

Personal information of each staff member

Purpose: -To provide a guideline for maintaining the personnel records.

Scope:

This policy is applicable to all departmental staff (Teaching, Non- Teaching & P.G. Students) of the department.

Responsibility: Departmental clerk

Policy:

On reporting for joining by new recruits, joining report shall be obtained from the candidate.

All certificates and testimonials shall be verified for authenticity. Personal files shall be opened for each staff through a defined process. Every staff shall have a discrete personal file with unique staff code number.

The file shall contain the following records updated in realtime:

- Personnel data (data shall be updated for further addition of qualifications if any.)
- Copy of credentials and testimonials
- Copy of registration and other statutory records applicable for the post.
- Candidates application before recruitment
- Recruitment records
- Medical fitness certificate
- Appointment order

- Joining report
- SSC Passing Certificate (Birth date Proof)
- HSC Passing Certificate
- Aadhar Card Copy
- Pan-Card Copy
- BDS degree Certificate
- MDS degree Certificate
- Registration Certificate
- Previous college Appointment orders
- Experience Certificate and Relieving orders.
- Form 16 & TDS certificate.
- Publications
- Conference attendance & Paper/Poster Presentation Certificates
- University Education Training Certificates

The file shall be under the custody of the Departmental clerk under lock and key control and retrievable when desired. Store the personal record of resigned employees. Keep the Records room neat and clean and safeguard the personal record.

List of Registers/ File:

1. Out Patient Register (New / Old)

Purpose – Daily entries of all patients reported to the department.

Responsibility - Departmental Clerk & Assigned Teaching Staff

2. Appointment Registers (UG/ PG)

Purpose – To give schedule day and time for patient dental treatment for smooth functioning of clinic and patient flow.

Responsibility - Departmental Clerk

2. Work Done Register (UG/ PG)

Purpose – Number of patients treated in the department on particular day. Type of patient of work done on particular patient or particular day.

3. Special Cases Record

Purpose – Record of patient special treatment , Multi disciplinary approach treatment cases

Responsibility – Assigned Teaching Staff & Departmental Clerk

5.General Anaesthesia Register

Purpose – Patient record documents who needs dental treatment under general anesthesia, fitness certificate, consent form and other patient information.

Responsibility - Assigned Teaching Staff & Departmental Clerk

6.Workshop work Record Register

Purpose – Documentation required for carrying any workshop/ CDE programme. Record and certificates of conference convocation CDE programme attended or presented by staff.

Responsibility - Departmental Clerk & Assigned Teaching Staff

7. Dead Stock Register

Purpose – Entries of non consumable material like Dental Chair, fan, furniture, Scaler, solder etc. in alphabetical order

Responsibility – Assigned Teaching Staff & Staff Nurse/ Brother

8. Consumable Stock Register

Purpose – Entries of every day used material in alphabetical order

Responsibility – Departmental Teaching Staff & Staff Nurse

9. Indent Book

Purpose –Demand for material daily Require for the departmental from central Dental Store

Responsibility – Incharge Teaching Staff & Staff Nurse

10. Student attendance Register

Purpose – Maintain the record of student’s attendance of theory classes and clinics/ Practical

Responsibility – Departmental clerk & Teaching Staff

11. Staff leave Record Register

Purpose – To maintain the number of leaves sanctioned, leaves taken and balance leave of all teaching & Non teaching staff

Responsibility – Departmental clerk.

12. Internal Assessment Register

Purpose – record of all internal/ termed/ preliminary exam conducted for UG, PG student including maintain answer sheet and mark list

Responsibility – Assigned Teaching Staff & departmental Clerk

13. Inspection file with updated Performa

Purpose – To maintain record of all documents needful for Inspection by DCI. Latest Performa should be downloaded and filled before any UG or PG DCI inspection

Responsibility – Departmental clerk and Incharge Staff.

14. Library Register

Purpose – Entries of all books in the department and also maintain record of issue and return of particular book

Responsibility – Departmental clerk

15. Outward Register

Purpose – Maintain record within number and date of all applications and documents given to all departments, office and central store

Responsibility – Departmental clerk

16. Inward Register

Purpose – Letter, Application issued to department from office and other department

Responsibility – Departmental clerk

17. Staff movement Register

Purpose – to maintained record of any staff going out and coming to the department for his/ her work after taking permission from the HOD

Responsibility – Departmental clerk

18. Fish Tank Register

Purpose – To maintain record of water change and cleaning. and also food packets received for feeding of fishes.

19. Chair Maintain Register

Purpose –To maintain record of repair and maintainece of all dental chair by dental technician time to time for proper functioning of dental chairs in the department.

Responsibility – Departmental clerk & Chair Technician

20. Autoclave Register – UG & PG

Purpose - To maintain record of daily Aughtoclaving of instruments by aughtoclave signal strips.

Responsibility: Staff nurse/ Brother

21. Condemnation register

Purpose – record of non repairable equipment and furniture

Responsibility – Departmental staff Nurse and Counter check by assigned teaching staff.



Standard operating Protocol of Data Storage:

Policy: To define the processes for effective management of data.

Scope: Departmental

Responsibility: Departmental Clerk and IT department

Policy:

All data including dental records of patients to be recorded and save in software provided by administration. All necessary resources are allocated for the analysis of data. All personal record of staff and student record should be stored in departmental computer. Only assigned staff and departmental clerk should have access to data.

Management of Data:

All the records are placed in a safe and secure environment with the controlled access to the department. It is the responsibility of the departmental clerk and IT department to ensure adequate back up of records in case of unexpected events like system crash, virus attack or any other damages. It is the responsibility of the departmental clerk and IT department to restrict access to records once closed through issuing passwords to different users restricting their access to different modules in the system. All the form and formats for data collection are standardized and controlled.

Storing and retrieving data:

The IT department is responsible for electronic backup of data and for storing them in a secured location. Electronic data shall be available on the server.

Departmental Store & Equipment Management : PURPOSE:

To provide guidelines on storage and dispensing of dental materials.

POLICY:

All Dental materials must be stored as per manufacturer's instructions. Materials shall be stored as per the storage requirement specified by the manufacturers, (these should address issues pertaining to temperature (refrigeration), light, ventilation, preventing entry of pests / rodents and vermin's) at all location of storage. The storage of medications is done in alphabetical order of their generic names in all the areas. Materials shall be protected from loss and theft.

Responsibility- Assigned Teaching staff & staff Nurse

Storage of Materials:

Materials are stored in the store/floor according to the manufacturer's recommendation and as per government recommendations. Expired, Short expiry & damaged materials shall be stored in a separate designated area. All drugs storage container/racks shall be clearly & legibly labeled. Dental material requiring cold chain rest shall be stored at room temperature. Medicine requiring maintenance of cold chain, are stored in refrigerators and maintained in low temperature.

Maintain of Stock Register:

There should be two separate registers maintained 1st for consumable material used in the department and 2nd register for maintain dead stock. All materials and equipments are recorded in alphabetical orders. Once material/equipment received from central store will be entered in respective registers, after issuing of any consumable material to the department entry should be made in register and balance stock recorded.

Issuing of material:

All material shall be stored under lock and key in the cupboard. Staff nurse responsible for issuing material and also maintain record of the available and use in the department.

Expired:

Dental materials shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.

Departmental Equipment management:

Proper maintenance of dental equipment not only helps alleviate the possibility of sudden problems, but can also help to extend the life of the equipment. Equipment invoices should also be kept in case warranty issues arise. Skilled professional technicians are specifically trained to install troubleshoot and repair. The equipment

shall be protected from loss and theft. Organization shall conduct audits at regular intervals every quarter. Installation reports by the concerned manufacturer /supplier. Handing over of sufficient copies of the Operating Manual, Service Manuals, Circuit Diagrams etc, as applicable.

Maintaince of Dental Chair & Equipments:

Policy:

To ensure that the dental chairs and other equipment in the department are functional and thus facilitate smooth functioning of the department.

Scope:

It involves all dental chairs and equipment used during treatment in the department.

Responsibility:

The staff nurse/ Brother and dental technician are responsible for checking functioning of dental chairs and equipments.

Protocol:

All Dental Chairs and equipments are adequately sufficient and records are maintained. If any chair or equipment is not functioning properly complaint is made to maintaince department. After receiving complaint chair technician check the equipment or dental chair, accordingly technician repairs it or gives a report if some part needs to be ordered. Condemnation register should be maintained for record of non repairable equipment and furniture.

Standard operating Protocol of Staff grievance & redressal

A formal policy on disciplinary procedure is laid down to implement in the Department. The policy and procedures are formal in nature for all teaching and non teaching staff to know. To make all staff to be aware of the process approach when they feel grieved. To define the guidelines for redress procedure to resolve the grievances when raised.

SCOPE:

This policy is applicable to all Teaching, Non Teaching & Students of the department

Responsibility:

Incharge Staff & Head of the department

Disciplinary Protocol:

The term discipline refers to a condition in the organization when all staff conduct themselves in accordance with the organizations' rules and standards of acceptable behavior. The behavior and code of conduct staff are very much essential in the functioning of department and providing patient care. A decent behavior with co-employees, superiors, patients /to those accompanying the patients and other visitors is essential commensurate to the decorum of the department. Defaulters are liable for disciplinary proceeding as per organizational procedure. Negligence in patient care is a serious act of indiscipline. Indiscipline cases shall be subjected to through enquiry after giving opportunity for the defaulter to explain, before imposing the disciplinary action.

Objective of disciplinary action:

Make disciplinary action corrective rather than punitive to the best extent possible. Never be lenient where disciplinary action is deserved. Ignoring disciplinary actions where required can encourage more people to follow the path of indiscipline. For every minor thing to take disciplinary action is undesirable as this leads to de-motivation.

Departmental Enquiry:

If there is any complaint of any staff misconduct/negligence in patient care. Head of the department can form enquiry committee to know whether misconduct/negligence in patient care happened or not. Staff has the right to take the assistance of a co-worker to defend the case. The person in the accused list of misconduct or pending enquiry cannot become an assistant. The head of the department shall submit his / her report to the principal.