

*Post Graduate  
Handbook*

***Department of Pedodontics and Preventive  
Dentistry***

*I hereby solemnly declare that I have read the Post Graduate Handbook and have understood the guidelines towards this MDS course. I assure that I will abide by the rules and regulations put forth by the Department of Pedodontics and Preventive Dentistry.*

**Place: Chennai**

**Date:**

**Signature of PG Student**

## *Bio – Data*

**Name** :

**Age** :

**Date of Birth** :

**Year of Admission** :

**Blood Group** :

**Email ID** :

**Address** :

**Permanent Address** :

**Phone number** :

## *Our Department*

Pediatric Dentistry is a part of dentistry that is concerned with the patient from neonate to adolescent. The majority of the curriculum deals with the prevention of dental disease, restorative dentistry, cariology, dental anomaly, trauma, growth and development, occlusal guidance. It also deals with dental treatment for the disabled. As dental disease in adults is mainly related to that in child or adolescent, it is important to prevent and control the disease in the early stages of life. Pediatric dentistry is a specialty of an age group rather than a specific technique; therefore, extensive knowledge concerning normal growth and development, behavior management, and all phases of prevention-oriented dentistry in healthy and compromised patients is required.

The Department of Pedodontics and Preventive Dentistry at the Faculty of Dental Sciences of Sri Ramachandra University started Post Graduation in 2001 December, since then many batches have passed out successfully and are well placed all over the country. The students are well expressed to all disciplines of Pedodontics including preventive dentistry.

The Department of Pediatric Dentistry has developed programs to aid in improving access and providing care to children regardless of their medical or financial status. There is a long history of working with the community and public schools to provide oral health education and treatment to children.

The mission of the Department of Pediatric Dentistry is to promote the health of infants, children, adolescents, and persons with special needs, through education, research, and service, by:

- Educating pediatric dentists for a lifetime of continuous learning and leadership.
- Generating new knowledge through basic and clinical research.
- Promoting effective preventive measures to ensure a lifetime of oral health.
- Collaborating with other disciplines and organizations to develop policies to increase access to oral health care for all people.

It offers an Advanced Educational Program which is designed to provide the educational background and atmosphere necessary for training future clinical and academic leaders in Pediatric Dentistry. The department provides students with an in-depth understanding of, and clinical expertise in, the practice of dentistry for children and others with developmental disabilities. The programs in Pediatric Dentistry prepare students for careers in community practice and/or academics.

## *Aims*

The Pedodontics postgraduate program is aimed at developing skills in managing the following areas.

1. Obtain proper clinical history, methodological examination of the child patient; perform essential diagnostic procedures and interpretation and remarkable diagnosis and treatment appropriately.
2. Be competent to treat dental diseases which are occurring in a child patient.
3. Manage to repair and restore the lost tooth structure to maintain harmony between both hard and soft tissues of the oral cavity.
4. Manage the disabled children effectively and efficiently to the needs of individual requirement and conditions.
5. To acquire skills in managing efficiently life threatening conditions with emphasis basic life support measures.
6. Multidisciplinary approach in treating a patient.

## ***Facilities Provided for the Students***

- 1) Individual preclinical work area.
- 2) Air conditioned individual complete clinical work area.
- 3) State of the art dental chair exclusively for the post graduates.
- 4) Department library with various books related to pediatric dentistry and general dentistry.
- 5) Seminar room with audio visual facility.
- 6) Radiovisiography and latest technology devices for regular clinical practices.

## *Ownership and Measure of Progress*

Ownership is an abstract human relational concept. Ownership in our academic setup is a novel idea, which allows the postgraduate student to have their own practice, and choose a name for it. In due course, they build upon the image and brand value of their practice through clinical performance, while maintaining high standards of care to the patients and strictly adhering to the ethical code of conduct. Goal behind this concept is to allow the postgraduate student, the responsibility of owing up to the challenges faced in the real world with the functioning of practices, increasing their skill and productivity, while monitoring their performances continuously.

Measuring the progress of the postgraduate student is important, in developing and implementing instructional strategies and evaluating the program's effectiveness. Observation of the gathered data, such as the academic report, the clinical report, provides the faculty with highly accurate, detailed verifiable information on the postgraduate students, for

- Authentic assessment and comparison of documented performance over time in reliable and valid manner.
- Identifying the strengths and weakness of the postgraduate student and providing them a suitable environment for their improvement.
- Measuring progress.

## ***General Guidelines***

### **1. Duration of course – 3 years**

Working hours: Monday to Saturday – 8 a.m to 4 p.m

### **2. Personal Appearance**

Post graduate students should dress impeccably.

### **3. Attendance**

All the Post graduate students should report to the department by 7.45 am. It is mandatory for all post graduate students to record the in-time and out-time using biometric attendance. Attendance register in the department should also be signed with in-time and out-time every day. Any leave has to be availed after getting permission from the Head of the Department and a leave form has to be submitted to the Department.

#### Scoring criteria:

100% - Very good

95-99% - Good

90-94% - Satisfactory

80-89%' - Average

Less than 80% - Poor

### **4. Preclinical Work**

All the preclinical exercises given in the Preclinical log book must be completed within first 6 months of the post graduate program. Every exercise has a write up and a power point presentation to be done and approval obtained from the Head before the exercise is done on the models. The write up should be written after reading a minimum of 5 Text books. Referring other relevant journal articles is strongly recommended. It is handwritten on A4 size sheets and all write ups are finally separated into 5 broad headings as Restorative dentistry, Endodontic exercises, Space

maintainers/Regainers, Interceptive orthodontics, Miscellaneous and soft binded into 5 separate books for final exam submission. All exercises must be shown step by step and approval obtained from the concerned faculty as mentioned in the log book.

## **5. Seminars**

Title of the seminar should be taken from the list of seminars assigned. Once the title is chosen, the student has to prepare the content for this seminar from a minimum of 6 Pediatric Dentistry Text books. Referring other relevant books is strongly recommended. A write up on the topic to be presented is handwritten on A4 size sheets or on a separate note book. Once the write up is ready, it has to be approved by all faculties and the Head of the department. Any suggestions regarding the write up by any faculty has to be adhered and approval to be obtained from the concerned faculty. Once the write up is ready, power point presentation to be made and approved by at least two faculty members preferably by the faculty mentor assigned to that candidate and the Head of the department. Once the power point presentation is approved a date will be finalized (after checking of availability of faculties) for the Seminar presentation. A minimum of 3 evaluation forms to be submitted for each seminar. During the presentation an evaluation form for Seminars will be given to all the faculties for the session. A copy of the evaluation form can be found in annexure I. In the entire three years, a total of 15 Seminars (5 per year) are to be presented. This is mandatory for eligibility to write the final MDS examinations.

### Scoring criteria based on the evaluation forms:

Score 36-40 – Very good

Score 31-35 – Good

Score 26-30 – Satisfactory

Score 21-25 – Average

Score 20 and below – Poor

## **6. Journal Presentation**

A specific Journal will be assigned to every student when they enroll into the MDS program. The Journal will be rotated every year. Three or four articles from the assigned journal have to be selected by the student and brought to the Head of the department for approval of the article. One of the articles will be selected by the Head of the department for the Journal presentation. A write up on the selected journal article has to be written on A4 size sheets. The write up has to be approved by all faculties and the Head of the department. Once the write up is ready, power point presentation to be made and approved by at least two faculty members preferably by the faculty mentor assigned to that candidate and the Head of the department. There should be a separate section on critical appraisal of the journal at the end of the power point presentation. Once the power point presentation is approved a date will be finalized (after checking of availability of faculties) for the Journal presentation. A minimum of 3 evaluation forms to be submitted for each journal. During the presentation an evaluation form for Journals will be given to all the faculties for the session. A copy of the evaluation form can be found in annexure I. In the entire three years, a total of 15 Journal articles (5 per year) are to be presented. This is mandatory for eligibility to write the final MDS examinations.

### Scoring criteria based on the evaluation forms:

Score 36-40 – Very good

Score 31-35 – Good

Score 26-30 – Satisfactory

Score 21-25 – Average

Score 20 and below – Poor

## **7. Library Usage**

Post graduate students have to use the central library every day for a minimum of two hours which will be reviewed from the library biometric attendance.

## **8. Monthly theory Tests**

Monthly tests will be conducted twice every month for all post graduates. During the monthly meeting 2 of the previous year question papers will be selected and given to the post graduates for that month's test and the test dates will be finalized in the meeting. The same question paper will be given during the test. The paper will first be self evaluated and then exchanged with the batch mate for another evaluation. Finally the paper will be discussed with the Head of the department and marks finalized.

### Scoring criteria:

Mark obtained is 80-100 – Very good

Mark obtained is 60-79 – Good

Mark obtained is 40-59 – Satisfactory

Mark obtained is 20-39 – Average

Mark obtained is <20 – Poor

## **9. Monthly practical test**

Every month practical exam will be conducted for second and third year post graduates in the university exam format along with viva. Weekly one procedure [Pulpectomy/ Stainless Steel Crown/ Space maintainer] will be evaluated as practical test and marks will be scored based on the performance. Hence in a month all 3 procedures should be done in practical exam format. Criteria for case selection for this monthly test are made liberal since getting an ideal exam case every month may be difficult.

## **10. Log Book Maintenance**

Log book is the record of all the patient details. It has separate column for patient appointments. Each column is divided with half an hour slot for every patient. Post graduates are expected to enter all their patient details everyday according to the time slot. The log book should be maintained meticulously and kept up to date at the end of every day.

Scoring criteria:

Log book is up to date –Very good

Log book entry is pending for <2 days – Good

Log book entry is pending for <4days – Satisfactory

Log book entry is pending for 1 week – Average

Log book entry is pending for more than a week – Poor

**11. Monthly Report Presentation:**

Every month on the first Friday monthly report should be presented by all post graduates in the department seminar hall. A power point template will be provided for the monthly report presentation. A copy of the template can be found in Annexure II of this handbook. The Head of the department and all other faculties will be present during the session. It will be evaluated overall. The main indicators of progress will be the following.

1. Number of patients allotted to the doctor and the number of cases reported back.
2. The quantum of Preventive Dentistry practiced. Sealants, Fluoride application, Infant oral health care measures, Anticipatory guidance, Diet counseling
3. Follow up of old cases and recording the success/ failure of the cases done.
4. Number of cases done under General Anaesthesia/ Sedation.
5. Clinical pictures and Radiographs presented.
6. Maximum weightage will be given to the points 1, 2 and 3.

After the presentation a printed copy of the power point presentation should be made and submitted to the head of the department by the following Monday. Hence a copy of every month's presentation will be maintained in the department.

## **12. Patient Case Record Maintenance**

Post graduate students are expected to maintain records of all patients allotted to them. This includes photos, radiographs, study models, model analysis work sheets, cephalometric tracing sheets in a neat retrievable manner.

### **Patient Photographs**

The Postgraduate student shall take appropriate photographs of all the patients they treat. This should include pre operative/ Pre treatment, intra operative (where required), post operative/Post treatment and review for all patients treated.

The photographs shall be of sufficient quality, edited, catalogued and stored properly. These photographs should be added in the monthly report presented every month.

### **Patient Radiographs**

The postgraduate student shall prescribe and take radiographs as when necessary and maintain the same during the period of study. The radiographs taken should have clear images, be digitalized and catalogued regularly. The same shall be presented during the monthly report. At the end of the program the radiographs should be handed over to the department.

<b>Score</b>	<b>Photographs</b>	<b>Radiographs</b>	<b>Study models</b>	<b>Model analysis/ Ceph tracing</b>
Very Good	100%	100%	100%	100%
Good	90-99%	90-99%	90-99%	90-99%
Satisfactory	80 – 89%	80 – 89%	80 – 89%	80 – 89%
Average	70 – 79%	70 – 79%	70 – 79%	70 – 79%
Poor	Below 70%	Below 70%	Below 70%	Below 70%

### **Study Models**

The postgraduates should make study models for all patients undergoing interceptive and preventive orthodontics. The models

should be trimmed, finished and polished before commencement of definitive treatment. The same shall be stored in boxes provided by the department. The study models along with model analysis sheets and cephalometric tracings for each patient should be maintained by the student and then handed over to the department at the end of the program.

### **Model Analysis / Tracing sheets**

Appropriate model / cephalometric analysis should be done for all patients undergoing interceptive / preventive orthodontics. The analysis done should be recorded on the prescribed forms and countersigned by the faculty and stored in separate folders.

### **Evaluation criteria:**

The evaluation shall be based on the records of patients allotted and treated in the particular month. The scoring shall be based on the percentage of patients whose records are compliant with the above-mentioned specifications.

### **13. Participation In Treatment Planning Session**

Treatment planning session is for discussion of the cases with questionable diagnosis, rare cases, treatment success or failures etc. It is conducted on alternate Wednesdays at the department seminar hall. Post graduates present their cases with the possible diagnosis and literature review to support the diagnosis. All faculties and the Head together with the post graduates will discuss the cases presented and arrive at a diagnosis. All possible newer treatment options will also be discussed and implemented when possible.

#### **Scoring criteria:**

3 or more cases presented well in the previous and present session –  
Very good

3 cases presented in the previous session and minimum of 2 cases presented well in the present session – Good

2 cases presented well in the present session – Satisfactory

1 case presented in the present session – Average

No cases presented – Poor

#### **14. Maintenance Of Clinic**

The following points will be considered for the overall scoring in this regard.

1. Appropriate use of Indent forms for the clinic.
2. Proper handling of the dental materials.
3. Maintenance of Dental chair.
4. Sterilization and disinfection practices followed.

#### **15. Following Good Clinical Practices**

Assessment will be made based on the following points.

1. Regular and timely handing over of the used instruments to the staff nurse for cleaning and sterilization.
2. Appropriate appointment keeping of patients and prompt entry in the Appointment register.
3. No complaints from patient's parents regarding the length of waiting time, treatment explanation etc.
4. Appropriate use of feedback forms and the number of feedback forms received.

#### **16. Patient Management**

Assessment will be made based on the following criteria.

1. The quantum of clinical work done.
2. Income generated.
3. Number of special cases done.
4. Number of trauma cases seen.

#### **17. Maintaining Department Records**

##### **Crown Register**

The student should make appropriate entry in the crown register maintained by the department about the details of the crowns used

for their patients. Unused crowns should be returned appropriately and entry must be made in the crowns register. This shall be done on a case-to-case basis and signed by the consumables in charge (Hygienist / Nurse). Faculty in charge will countersign the same at the end of each day.

### **18. Patient Statistics**

The Postgraduate student is expected to fill in the census of the patients treated on that particular day until 2.30 pm (including any treatment done between 2.30pm – 4.00pm on the previous day) in the census sheet attached to their respective treatment registers by 2.45 pm.

### **19. Evaluation Criteria For Department Record Maintenance**

The evaluation shall be based on the records of all patients treated (in case of crowns) and all postings attended in the particular month. The scoring shall be based on the compliance with the details entered in the department register. Compliance is inclusive of completeness, promptness, clarity and punctuality of record entry and maintenance.

<b>Score</b>	<b>Crowns Register</b>	<b>Pediatric Postings</b>	<b>Camps</b>	<b>Patient census</b>
Very Good	100%	100%	100%	100%
Good	90-99%	90-99%	90-99%	90-99%
Satisfactory	80 – 89%	80 – 89%	80 – 89%	80 – 89%
Average	70 – 79%	70 – 79%	70 – 79%	70 – 79%
Poor	Below 70%	Below 70%	Below 70%	Below 70%

### **20. Hospital Dentistry (GA, Sedation)**

Children below 4 years of age and some special children are often uncooperative for dental treatment in chair side. Hence such patients and those requiring extensive dental care are managed under general anesthesia. These cases are posted in the Hospital Operation Theatre on all Mondays. For a child to be treated under

general anesthesia Pediatrician and Anesthetist fitness are mandatory. Once the fitness is obtained, Theatre is booked, sterile and unsterile instruments for use in the Theatre are packed by previous Friday. The procedure is done as a day care procedure. NPO instructions are given to the parent on Saturday and the patient is sent home. On the day of the procedure the patient is admitted early in the morning. Procedure is started around 9 am in the theatre after inducing anesthesia and completed by afternoon. During the procedure one faculty from the department and one Anesthetic faculty will be present in the theatre. After the procedure the patient is recovered and kept in the recovery room for 2 hours and then shifted to the ward. The post graduate in charge of the case checks on the patient in the ward at 4 pm. Once the patient is stable and starts taking oral fluids he/she is discharged by evening with a Discharge summary and post operative instructions.

Scoring criteria:

If the PGs have done the packing of instruments, got patient fitness, patient case sheet maintenance and got staff and Head signature on time, discharge of the patients done on time and messaged and informed Head and staff in charge, it is graded as very good. If any of the 4 mentioned above is done, it is graded as good. If any of the 3 is done, it is graded as satisfactory. If any of the 2 done, it is graded as average. If any of the 1 mentioned above done, it is graded as poor.

**21.Thesis Work**

The topic for thesis has to be chosen within the first 6 months of the post graduate program and the thesis has to be submitted by 30 months. The candidate is expected to get a slot for thesis dissertation discussion from the Head of the Department. During every discussion the research log book is filled by the candidate and the Head and the date for the next meeting is also finalized. In the log book the details of the previous discussion and the work to be completed by the next meeting are recorded. The template of the

forms in research log book can be found in Annexure III. Post graduates are expected to have at least one discussion with the Head on thesis work every week.

Scoring criteria:

Regular discussions every week – very good

At least 3 discussions every month – good

Discussions every alternate week – satisfactory

Once a month discussion – Average

No discussion – Poor

## **22. Library Dissertation Work**

The topic for dissertation has to be chosen within the first 6 months of the post graduate program and the dissertation has to be completed within 18 months. The candidate is expected to get a slot for library dissertation discussion from the Head of the Department. During every discussion the research log book is filled by the candidate and the Head and the date for the next meeting is also finalized. In the log book the details of the previous discussion and the work to be completed by the next meeting are recorded. The template of the forms in research log book can be found in Annexure III. Post graduates are expected to have at least one discussion with the Head on dissertation work every week.

Scoring criteria:

Regular discussions every week – very good

At least 3 discussions every month – good

Discussions every alternate week – satisfactory

Once a month discussion – Average

No discussion – Poor

## **23. Publication Work**

Scoring criteria:

Successful publication of more than 1 paper in a journal – very good

Successful publication of at least 1 paper in a journal – good

Initiating publication work and sustaining write up of manuscript for publication – Satisfactory

Initiating publication work and incomplete follow up – Average

No initiation of publication work – Poor

#### **24. Student – Teacher meeting**

Will be conducted for all batches separately every week and academic activities or problems can be discussed along with guide once in 15 days.

#### **25. Mentor Facility**

One faculty mentor is assigned to every post graduate student to be their guide during the program and also to discuss their problems.

**Your mentor is** \_\_\_\_\_

The faculty mentor will usually be the guide or one of the guides for library dissertation and thesis. Hence they should be regularly updated regarding the progress of work in both areas. The mentor should be present during all the discussions regarding the dissertation and thesis.

#### **26. School Dental Health Programs**

To carry out preventive care and management; interacting with schools; rural centers and the institution. 1<sup>st</sup> and 2<sup>nd</sup> year Post Graduate students are required to actively participate in the organization and conduction of the School Dental Health Programs.

#### **27. Teaching Skills**

All the trainees shall be encouraged to take part in UG teaching program either in the form of lectures or group discussion.

#### **28. Participation In Clinical Society Meeting**

Clinical society meetings are conducted every month and one post graduate from each department gets a chance to present a rare case

or a project done by the student in the meeting. It is conducted on one Friday every alternate month. Post graduates are supposed to prepare power point presentation one month before the meeting and get it approved from all faculties and the Head. Mock presentation should be done once approval is obtained.

Scoring criteria:

Preparation of slides and approval done 1 month before the meeting  
– Very good

Preparation of slides and approval done 15 days before the meeting  
– Good

Preparation of slides and approval done 1 week before the meeting –  
Satisfactory

Preparation of slides and approval done in the last minute – Average  
No presentation done in the meeting – Poor

**29. Participation in Conferences and CDE Programs**

Information regarding Conferences and CDE programs are displayed on the department notice board for all the post graduates and faculties. It is compulsory for all post graduates to attend the yearly conference and convention organized by the Indian Society of Pedodontics and Preventive Dentistry. All postgraduates are encouraged to attend any other conference or CDE program of their choice with prior permission from the Head. They are also expected to participate in scientific presentations whenever possible. All presentations must be approved by the Head and mock presentation should be done in the department maximum 1 week before the actual event.

Scoring criteria:

Voluntarily comes forward for participation in conferences and CDE programs with presentations prepared well ahead and mock presentation done prior to the event – Very good

Regularly participates and presents short studies in conferences and CDE programs – Good

Merely participating in CDE programs and conferences without any presentations – Satisfactory

Presentations done in conferences with last minute preparation – Average

No participation in CDE programs and conferences – Poor

### **30. Weekly Report Mail**

Every Sunday a weekly report comprising of work done, work planned and work pending for the past week has to be sent to the head of the department and other faculties through mail. A template will be provided in Annexure III, which should be used for the weekly report mail. The mail has to be sent before 11.59 pm on Sundays. A hard copy of the weekly report should be taken and kept in the working area where the student will be able to read it frequently. A frame will be made available for keeping the printed weekly report.

### **31. Periodic Progress Forms**

A progress form will be filled every month after the monthly report presentation, using the above mentioned scoring criteria for each category. The forms have different color coding based on the year of study for easy identification.

I MDS – Green color

II MDS – Yellow color

III MDS – Pink color

The form will be signed by the Head of the department and all the other faculties. The parent's signature has to be obtained in this form and submitted before 15<sup>th</sup> of every month. A copy of this form will be maintained by the Head of the department and also by the student.

## ***Course Contents [Based on DCI regulations]***

1. Applied Anatomy and Genetics
2. Applied Physiology
3. Applied Pathology
4. Nutrition and Dietetics
5. Growth and development: prenatal and post natal 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 and classification of behaviour, personality, intelligence in children, theories of child psychology, stages of psychological child development, fear anxiety, apprehension and its management
7. Behaviour management: Non-pharmacological and pharmacological methods
8. Child abuse and dental neglect.
9. Conscious sedation, deep sedation and general anaesthesia in pediatric dentistry: (including other drugs, synergic and antagonistic actions of various drugs used in children)
10. Preventive Pedodontics: concepts, chair side preventive measures for dental disease, high risk caries including rampant and extensive caries- recognition, features and preventive management, pitand fissure sealants, oral hygiene measures, co relation of brushing with dental caries and periodontal diseases. Diet and nutrition as related to dental caries. Diet counselling.
11. Dental plaque: definition, initiation, pathogenesis, biochemistry and morphology and metabolism.
12. Microbiology and immunology as related to oral diseases in children:basic concepts, immunology of dental caries, periodontal diseases, tumors,oral mucosal lesions etc.
13. Gingival and periodontal disease in children:
  - Normal gingival and periodontium in children.

- Gingival and periodontal diseases –etiology, pathogenesis, Prevention and management.

#### 14. Pediatric operative dentistry

- Principles of operative dentistry along with modifications of materials/ past, current and latest including tooth colored materials
- Modifications required for cavity preparation in primary and young permanent teeth.
- Various isolation techniques.
- Restoration of decayed primary, young permanent and permanent teeth in children using various restorative material like Glass ionomer, composites, silver amalgam and latest material ( gallium)
- Stainless steel, polycarbonate and Resin crowns / veneers and fibre pivot systems.

#### 15. Pediatric endodontics :

- a) Primary dentition: - diagnosis of pulpal diseases and their management – pulp capping, pulpotomy, pulpectomy (materials and methods), controversies and recent concepts
- b) Young permanent 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 considerations in pediatric dentistry

#### 17. Traumatic injuries in children

- Classification and importance
- Sequelae and reaction of teeth to trauma.
- Management of traumatised 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 components of occlusion, mechanics of articulation, recording of masticatory function, diagnosis of

occlusal dysfunction, relationship of TMJ anatomy and pathology and related neuromuscular physiology.

- b) A comprehensive review of local and systemic factors in the causation 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 and comprehensive review of principles of teeth movement, review of contemporary literature, histopathology of bone and periodontal ligament, molecular and ultra cellular considerations in tooth movement.
- e) Myofunctional appliance: Basic principles, contemporary appliances: design and fabrication.
- f) Removable appliances: Basic principles, contemporary appliances: design and fabrication.
- g) Case selection and diagnosis in interceptive orthodontics (cephalometrics, image processing, tracing, radiation hygiene, video imaging and advance cephalometric techniques).
- h) Space management: etiology, diagnosis of space problems, analysis, biomechanics, planned extractions in interceptive orthodontics.

#### 19. Oral habits in children-

- Definition, etiology, and classification
- Clinical features of digit sucking, tongue thrusting, mouth breathing and various other secondary habits.
- Management of oral habits in children.

#### 20. Dental care for children with special needs:

- Definition, etiology, and classification, behavioural, Clinical features and management of children with –
- Physically handicapping conditions
- Mentally compromising conditions

- Medically compromising conditions
  - Genetic disorders
21. Oral manifestations of systemic conditions in children and their management
  22. Management of minor oral surgical procedures in children.
  23. Dental radiology as related to pediatric dentistry.
  24. Cariology
    - Historical background
    - Definition, etiology, pathogenesis
    - Caries pattern in primary, young permanent and permanent teeth in children
    - Rampant caries, early childhood caries and extensive caries. Definition, etiology, pathogenesis, clinical features, complications and management
    - Role of diet and nutrition in dental caries.
    - Dietary modifications and diet counselling.
    - Subjective and objective methods of caries detection with emphasis on caries activity tests, caries prediction, caries susceptibility and their clinical application
  25. Pediatric oral medicine and clinical pathology – recognition and management of developmental dental anomalies, teething disorders, stomatological conditions, mucosal lesions, viral infections etc.
  26. Congenital abnormalities in children - Definition, clinical features, complications and management
  27. Dental emergencies in children and their management
  28. Dental materials used in pediatric dentistry
  29. Preventive dentistry
    - Definition
    - Principles and scope
    - Types of prevention
    - Different preventive measures used in pediatric dentistry including fissure sealants and caries vaccine.

30. Dental health education and school dental health programme
31. Dental health concepts, effects of civilisation and environment, dental health delivery system, public health measures related to children along with principles of pediatric preventive dentistry.
32. Fluorides
  - Historical background
  - Systemic and topical fluorides
  - Mechanism of action
  - Toxicity and management
  - De-flouridation techniques
33. Medico legal aspects in dentistry with emphasis on informed consent.
34. Counselling in pediatric dentistry
35. Case history recording, outline of principles of examination, diagnosis and treatment planning.
36. Epidemiology: concepts methods of recording and evaluation of various oral diseases. Various national and global trends of epidemiology of oral disease.
37. Comprehensive infant oral health care.
38. Principles of biostatistics and research methodology and understanding of computers and photography.
39. Comprehensive cleft care management with emphasis on counseling, feeding, nasoalveolar bone remodeling, speech rehabilitation.
40. Setting up of pedodontic and preventive dentistry clinic
41. Emerging concepts in pediatric dentistry of scope of laser/ minimally invasive procedures in pediatric dentistry.

## *Armamentarium*

The students are expected to have the following list of instruments

1. 10 packs of hand instruments containing
  - a) Mouth mirror
  - b) Straight probe
  - c) Tweezer
  - d) Cement spatula
  - e) Spoon excavator
  - f) Cement carrier
  - g) Condenser
  - h) Diamond carver
  - i) Ball burnisher
  
2. Glass Slab
  
3. Agate Spatula
  
4. Instruments for Pulpectomy
  - a) Rubber dam Kit
    - i. Clamp holder
    - ii. Rubber dam frame
    - iii. Rubber dam sheet
    - iv. Rubber dam punch
    - v. Clamps
    - vi. Template
  - b) Airotor handpiece
  - c) Airotor burs
    - i. Large round bur
    - ii. Small round bur
    - iii. Non end cutting bur
  - d) H files (15-45)- 21mm
  - e) K files (15-45)- 21mm  
(45-80)- 25mm

f) Broaches

5. Instruments for Stainless Steel Crown Procedure

- a. Airotor handpiece
- b. Airotor burs
  - i. Flame shaped burs
  - ii. Long tapered fissure bur
  - iii. Small round bur
- c. Straight micro-motor handpiece
- d. Heatless stone micro-motor bur
- e. Crown crimping pliers
- f. Crown contouring pliers
- g. Crown remover
- h. Straight hoe
- i. Crown cutting scissors

6. Instruments for Band & Loop Procedure

- a. Straight hoe
- b. Curved hoe
- c. Peak pliers
- d. Band seater
- e. Band pusher
- f. Band remover
- g. Optical pliers
- h. Three pronged pliers
- i. Band cutting scissors
- j. Universal pliers

## ***Clinical Protocol [Required by DCI]***

### **First Year**

1. Completion of preclinical work within 6 months
2. Submission of dissertation synopsis within 6 months
3. Submission of library dissertation within 18 months of starting course
4. Seminar Presentation - 5
5. Journal Discussion - 5
6. Clinical case Discussion - 10
7. Lectures for undergraduates - 1
8. Clinical work to be done
  - a. Pediatric Operative Dentistry - 250
    - Class I - 50
    - Class II - 100
    - Other restorations - 100
  - b. Aesthetic restorations - 25
  - c. Preventive measures for high risk children - 20
    - Fluoride application
    - Application of pit & fissure sealant
    - Application of diet counseling
  - d. Behaviour management of different age group children with complete records - 2
  - e. Detailed case evaluation with complete records, treatment planning and presentation of cases with chair side and discussion - 2
  - f. Pediatric Endodontic Procedures
    - Pulpotomy/ Pulpectomy - 30
    - Permanent molars - 3
    - Permanent Incisor - 2
    - Apexification & Apexogenesis - 2
  - g. Stainless Steel Crowns - 10
  - h. Other crowns - 1

- |  |   |   |
|--|---|---|
| i. Fixed: Spaced maintainers/<br>Habit breaking appliance  | - | 8 |
| j. Removable: Spaced maintainers/<br>Habit breaking appliance  | - | 5 |
| k. Functional Appliances   | - | 1 |
| 9. Special assignments   |   |   |
| • School dental health programme   | - | 3 |
| • Camps  | - | 2 |
| 10. Step by step chair side preventive dentistry scheduled for high risk children with gingival and periodontal diseases and dental caries - 1 |   |   |
| 11. Practical application of preventive dentistry concepts in a class of 35-50 children and dental health education and motivation - 1         |   |   |
| 12. Internal assessment examination – theory & clinical  |   |   |
| 13. Poster Presentation at National & International Conferences  |   |   |
| 14. Preparation & Presentation of scientific papers at Conferences   |   |   |

## **Second Year**

- |   |   |        |
|---|---|--------|
| 1. Clinical Case History Discussion   |   |        |
| a. Long case history  | - | 10 nos |
| b. Short case history   | - | 10 nos |
| 2. Seminar presentation   | - | 5 nos  |
| 3. Journal club Presentation  | - | 5 nos  |
| 4. Clinical work to be done   |   |        |
| a. Behavior management of different age groups children with Complete records             | - | 10     |
| b. Detailed case evaluation with complete records, treatment planning and presentation of |   |        |

cases with chairside discussion	-	10
c. Step by step chair side preventive dentistry scheduled for high risk children with gingival & periodontal diseases and dental caries	-	5
d. Practical application of preventive dentistry concepts in a class of 30—50 children & dental health education & motivation	-	4
e. Management of traumatized anterior teeth	-	04
f. Pediatric endodontics procedures		
• Deciduous teeth pulpotomy	-	25
• Deciduous teeth pulpectomy	-	25
• Permanent molars	-	7
• Permanent incisors	-	3
• Apexification & apexogenesis	-	8
g. Stainless steel crowns	-	20
h. Other crowns	-	2
i. Fixed space maintainer & habit breaking appliances	-	12
j. Removable space maintainer & habit breaking appliances	-	7
k. Functional appliances	-	2
a. Treatment under General Anaesthesia	-	2
Preventive measures for high risk children-		08
• Fluoride application		
• Application of pit & fissure sealant		
• Application of diet counseling		

m. Special assignments

- School dental health programme - 1
  - Camps - 1
5. Undergraduate teaching programme as assigned by the HOD-1
  6. Internal assessments will be held every month
    - a. Theory internal assessment
    - b. Clinical internal assessment
  7. Preparation & presentation of scientific papers at conference and clinical society meetings.

**Third Year**

1. Dissertation work to be submitted 6 months before final exam
2. Clinical Case History Discussion
  - Long case history - 10 nos
  - Short case history - 10 nos
3. Seminar presentation - 5 nos
4. Journal club - 5 nos
5. Clinical work to be done
  - a. Detailed case evaluation  
with complete records, treatment  
planning and presentation of cases  
with chairside discussion - 5
  - b. Step by step chair side  
preventive dentistry scheduled  
for high risk children with  
gingival & periodontal diseases  
and dental caries - 5
  - c. Practical application of  
preventive dentistry concepts in  
a class of 30—50 children  
& dental health education  
& motivation - 2

- d. Pediatric endodontic procedures
- Deciduous teeth
- |                                |   |    |
|--------------------------------|---|----|
| Pulpotomy                      | - | 50 |
| Pulpectomy                     | - | 50 |
| Permanent molars               | - | 10 |
| Permanent incisors             | - | 10 |
| Apexification and Apexogenesis | - | 10 |
- e. Stainless steel crowns - 20
- f. Other crowns - 2
- g. Fixed space maintainer & habit breaking appliances - 10
- h. Removable space maintainer & habit breaking appliances - 8
- i. Functional appliances - 2
- j. Treatment under General Anaesthesia- 3
- k. Preventive measures for high risk children-4
- Fluoride application
  - Application of pit & fissure sealant
  - Application of diet counseling
- l. Special assignments
- School dental health programme - 1
  - Camps - Nil
6. Undergraduate teaching programme as assigned by the HOD-1
7. Internal assessment will be held every month
- a. Theory internal assessment
  - b. Clinical internal assessment
  - c. Mock Exams to be held from January – March
8. Preparation & presentation of scientific papers at conference and clinical society meetings.
9. P.G. Profile book to be submitted 3 months before the final exam

## ***Periodic Internal Assessment***

### **MDS – (Part I) First Year**

Written test conducted every month on basic sciences viz –

1. Applied Anatomy of genetics
2. Applied physiology
3. Applied pathology
4. Nutrition & Dietics

### **MDS – (Part II) Second Year**

Written test with viva in

1. Case history recording
2. Setting up of pedodontics & preventive dentistry practice
3. Dental radiology
4. Traumatic injuries in children
5. Gingival & periodontal diseases in children
6. Management of minor oral surgical procedures in pediatric dentistry
7. Conscious sedation deep sedation & GA in pediatric dentistry
8. Dental care of children with special needs
9. Oral manifestations of systemic conditions in children and their management
10. Pediatric operative dentistry
11. Pediatric endodontics
12. Dental materials used in pediatric dentistry
13. Pediatric oral medicine & clinical pathology
14. Congenital abnormalities in children
15. Dental emergencies in children & their management
16. Interceptive orthodontics
17. Oral habits in children
18. Child psychology
19. Behavior management
20. Child abuse and neglect

21. Preventive pedodontics
22. Cariology
23. Infant oral health care
24. Fluorides
25. Epidemiology
26. Principles of bio statistics & research methodology & understanding of computers & photography
27. Dental health education & school dental health programme

### **MDS – (Part III) Third Year**

Written test with viva in

1. Pulp and Pulpal Diseases in pediatric dentistry
2. Mixed dentition Analysis & Space Management
3. Trauma and its management
4. Oral habits & Serial extraction
5. Cariology & Fluorides
6. Growth & Development
7. Child Psychology & Behavior Management
8. Community & preventive dentistry
9. Paper I
10. Paper II
11. Paper III
12. Paper IV
13. Model practical examination

## *Scheme of Examinations*

### **PAPER I Basic sciences**

1. Applied anatomy
2. Applied physiology
3. Applied pathology
4. Applied microbiology
5. Diet & Nutrition
6. Growth & development
7. Dental plaque & genetics

### **PAPER II Clinical Pedodontics**

1. Conscious sedation deep sedation & GA in pediatric dentistry
2. Gingival & periodontal diseases in children
3. Pediatric operative dentistry
4. Pediatric Endodontics
5. Traumatic injuries in children
6. Interceptive orthodontics
7. Oral habits in children
8. Dental care of children with special needs
9. Oral manifestations of systemic conditions in children and their management
10. Management of minor oral surgical procedures in pediatric dentistry
11. Dental radiology as related to pedodontics
12. Pediatric oral medicine & clinical pathology
13. Congenital abnormalities in children
14. Dental emergencies in children & their management
15. Dental materials used in pediatric dentistry
16. Case history recording
17. Setting up of pedodontics & preventive dentistry practice

**PAPER III Preventive & Community Dentistry as applied to Pedodontics**

1. Child psychology
2. Behavior management
3. Child abuse and dental management
4. Preventive pedodontics
5. Cariology
6. Preventive dentistry
7. Dental health education & school dental health programme
8. Fluorides
9. Epidemiology
10. Comprehensive infant oral health care / cleft case
11. Principles of bio statistics & research methodology & understanding of computers & photography

**PAPER IV Essay Recent Advances**

The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.

## *Practical Examination*

1. Case discussion, pulp therapy ie pulpectomy on a primary molar

Case discussion	20 marks
Rubber dam application	10 marks
Working length X-ray	20 marks
Obturation	20 marks
<b>Total</b>	<b>70 marks</b>

2. Case discussion ,crown preparation for stainless steel crown on a primary molar & cementation of the same

Case discussion	10marks
Crown preparation	20marks
Crown selection & preparation	20marks
<b>Total</b>	<b>50marks</b>

3. Case discussion, band adaptation & impression for fixed type of space maintainer.

Case discussion	20 marks
Band adaptation	20 marks
Impression	20 marks
<b>Total</b>	<b>60 marks</b>

The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some over lapping of topics is inevitable. Students should be prepared to answer over lapping topics.

**Department of Pedodontics & Preventive Dentistry  
Faculty of Dental Sciences of  
Sri Ramachandra University**

***Postgraduate Leave Application Form***

**Date:**

Name of the student : 

	30
--	----

Year of study :

Date & No. of days of leave :

Reason for leave :

Person substituting :

No of days availed in the

Current academic year :

No of days of leave eligible for in the current academic year :

**Signature of HOD**

**Signature of student**

## *Dates to Remember*

### **I Year**

- Date of Joining -
- Selecting topic for Library Dissertation -
- Submission of synopsis Dissertation -
- Completion of pre-clinical exercises -
- Completion of Library dissertation -
- Date of joining clinics -

### **II Year**

- Dissertation Protocol -

### **III Year**

- Completion of Dissertation -
- Mock examination -
- Final examination -

## *Journals in the College Library*

1. ACTA Odontologica Scandinavia
2. American Journal of Orthodontics and Dentofacial Orthopedics
3. Angle Orthodontist
4. British dental Journal
5. British journal of Orthodontics and maxillofacial surgery
6. Cleft palate – Craniofacial Journal
7. Community dental health
8. Community dentistry and oral epidemiology
9. Dental abstracts
10. Dental clinics of North America
11. Dental material
12. Endodontic Dental traumatology
13. Dental Maxillofacial radiology
14. International endodontic journal
15. International journal of oral and maxillofacial surgery
16. International journal of pediatric dentistry
17. International journal of periodontics and restorative dentistry
18. International journal of prothodontics
19. Journal of clinical orthodontics
20. Journal of clinical pediatric dentistry
21. Journal of clinical periodontology
22. Journal of cranio maxillofacial surgery
23. Journal of dental research
24. Journal of dentistry for children
25. Journal of endodontics
26. Journal of oral and maxillofacial surgery
27. Journal of oral pathology and medicine
28. Journal of orthodontics
29. Journal of periodontal research
30. Journal of periodontology

31. Journal of prosthetic dentistry
32. Journal of public health dentistry
33. Journal of American dental association
34. Operative dentistry
35. Oral and maxillofacial surgery clinics of North America
36. Oral surgery, Oral medicine, Oral pathology, Oral radiology  
and endodontics
37. Pediatric dentistry
38. Periodontology 2000
39. Quintessence International
40. Journal of conservative dentistry
41. Journal of Indian academy of oral medicine and radiology
42. Journal of Indian orthodontic society
43. Journal of Indian society of pedodontics and preventive  
dentistry

## ***Books Available In the Department***

### **Textbooks**

1. Minor surgical procedures -Geoffrey.L.Howe
2. Handbook of Local Anaesthesia-Stanley F Malamed
3. Oral medicine – Diagnosis & Treatment-Burkitts
4. Occlusal guidance in pediatric dentistry-Nakata
5. Endodontics Practice-Grossman
6. Kennedy's Pediatric Operative Dentistry- D.B.Kennedy
7. Medical emergencies in dental office – Stanley.F.Malamed
8. Science of Dental Materials – Skinners/ Anusavice
9. Manual Of Pediatric Dentistry–Andlaw
- 10.Dentistry for the child & adolescent – McDonald & Avery
- 11.Preservation & restoration of tooth structure– Graham Mount
- 12.Hand book of Pediatric Dentistry–Cameroon & Widmer
- 13.Orthodontic cephalometry–Athanasics
- 14.Pediatric Dentistry–Welbury
- 15.Essentials of Traumatic Injuries to the teeth – Andreason
- 16.An introduction to risk prediction & preventive dentistry– Axelsson
- 17.Fundamentals of pediatric dentistry–Mathweson
- 18.Treatment planning for traumatized tooth – Tsuhiboshi
- 19.Clinical periodontology–Carranza Newman
- 20.Dental anatomy, Physiology & occlusion – Ash Wheeler
- 21.Oral Histology–Tencate
- 22.Endodontics–Ingle
- 23.Pain & anxiety in dental office – Raymond.A.Dixone
- 24.Textbook of pediatric dentistry–Shobha Tandon
- 25.Contemporary orthodontics–Proffit
- 26.Basic anatomy & physiology–H.G.O.Rowett
- 27.Jong's Community Dental Health- Gluck
- 28.Pathways of pulp – Cohen
- 29.Clinical Pedodontics–Finn

30. Minimally invasive restoration with bonding – Michel /  
Degrange
31. MCQ's in Pediatric dentistry–M.S.Muthu
32. Oral health survey
33. Pedodontics Q & A–BDS/ CBS
34. Understanding dental caries–Gordon Nikifarouk
35. Textbook of Pedodontics–Pinkham
36. Pediatric Dentistry : total patient care–Stephen Wei
37. Ten years after–Dr.T.K.Parthasarathy

## ***Library Dissertation Available In the Department***

1. Non-pharmacological approach of child and behaviour management in dental clinic
2. Professionally applied Topical Fluoride
3. Enamel hypoplasia
4. Minimal Interventional dentistry
5. Early childhood caries
6. Mineral trioxide aggregate
7. Caries vaccine
8. Sports Dentistry
9. Child Abuse and Neglect
10. Atraumatic Restorative Treatment
11. Dentin Bonding Agent
12. Dental perspective of cleft lip & palate
13. Orofacial pain
14. Growth prediction and assessment
15. Diagnostic aids for dental caries
16. Minor orthodontic procedures in primary and mixed dentition
17. Lasers in Pediatric dentistry
18. Forensic dentistry
19. Dental pulp stem cells
20. Oral Habits in children
21. Rotary endodontics
22. Rat as a study model for in vitro study

## ***Thesis Available In the Department***

1. Presence of Traumatic Injuries to Anterior teeth among out School going children in Porur– Chennai.
2. Evaluation of Pediatricians Knowledge On Oral Health & Preventive Oral Care.
3. Maternal / Caretakers Awareness about ECC & their feeding practice in 6-24 months old children.
4. In Vitro Bond strength comparison of Total Etch Vs Self Etch Adhesive system.
5. Prevalence of dental caries in children with cleft lip and palate.
6. Prevalence of dental fluorosis and the influence of water fluoride level on caries activity.
7. A comparative evaluation of caries prevalence between visually impaired and normal school going children in the age group. 3-12 years in Chennai, Tamilnadu. A prevalence study.
8. Evaluation of retention of pit & Fissure sealants. In vivo Study.
9. A comparative shear bond strength, evaluation of 3 tooth coloured restoration materials – an invitro study.
10. To compare inorganic elements and physiochemical properties of saliva in caries free, and caries active children – An invitro study.
11. Correlation between body mass index and dental caries in children aged 3 to 12 years – An epidemiological study.
12. Comparative study of the effects of two rotary and hand instruments preparation techniques on root canal geometry of primary molars assessed by spiral computed tomography. *In vitro* study.
13. Comparison of the effects of 3 different remineralising agents on artificial caries like lesion in primary teeth . *In- vitro* study.

14. Comparison of anti bacterial efficacy of Chlorhexidine and Sodium Hypochlorite at two different concentrations against *E.fecalis*- *In-vitro* study.
15. Reliability and feasibility of using teledentistry base programs for screening of dental caries in children between the age group 3-6 years.
16. Prevalence of dental caries on 6-12 year old asthmatic children – A cross sectional study.
17. Prevalence of ECC and OHI status of orphan children in the age growing from 6 years in the Chennai city.
18. In Vitro evaluation of anti-microbial activity of commercially available chocolate syrup, tomato ketchup, cocoa powder, dates syrup and honey against streptococcus mutans.
19. Oral Health status of children residing in orphanages in Chennai.
20. In vivo assessment of primary tooth enamel permeability in children with and without ECC using scanning electron microscopy.
21. Comparison of permeability of enamel in primary teeth with and without ECC :An in-vitro study.
22. Extrinsic stains and early childhood caries.
23. Prevalence of early childhood caries in rural areas using ICDAS –II.
24. Comparative evaluation of canal centering ability, canal transportation and volume of dentine using hand and rotary files in primary teeth using CBCT-An in-vitro study.
25. Effect of Pre natal fluorides administered to pregnant rats, on the enamel of the offspring.

## *Seminars Available In the Department*

1. Cephalometrics
2. Space management
3. Biostatistics
4. Stainless steel crowns
5. Pulp therapy in primary teeth
6. Dental caries etiology, classification & histopathology
7. School dental health program
8. Dental plaque – its development, relation to dental caries & periodontal disease.
9. Pediatric operative dentistry
10. Composite resin restoration
11. Trauma to anterior teeth
12. Pulp therapy in young permanent teeth
13. Mixed dentition analysis
14. Malocclusion & transient malocclusion
15. Prenatal & Postnatal growth & development of cranium, maxilla, mandible and TMJ.
16. Basic Pedodontics
17. Case history, diagnosis, & treatment planning
18. Early childhood caries.
19. Medical emergencies in pediatric dentistry
20. Theories of child psychology
21. Growth prediction & assessment
22. Principles of growth & development
23. Fluorides in dentistry
24. Theories of growth & development
25. Ephebodontics
26. Principles of cavity preparation and modification in primary teeth.
27. Isolation of teeth
28. Serial extraction

29. Behavior – definition, classification, factors influencing behavior and behavioural disorder.
30. Clinical aspects of pulpotomy and space maintainers.
31. Management of handicapped children
32. RCT – obturation
33. Radiology in pediatric dentistry
34. Emotional development
35. Topical fluorides
36. History of fluorides
37. Oral hygiene
38. Pulp capping
39. Pulpotomy
40. Preclinical assessment and record for serial extraction
41. Development of occlusion
42. Preventive dentistry
43. Preventive & interceptive orthodontics
44. Eruption of teeth
45. Genetics
46. Systemic fluorides
47. Pit & fissure sealants
48. Basic Pedodontics
49. Toxicity of fluoride & Defluoridation
50. Infection control in dentistry
51. Microflora of oral cavity
52. Non- pharmacological behavior management of children
53. Developmental anomalies of teeth & jaws
54. Introduction to pedodontics
55. Emergencies in pedodontics
56. Preventive orthodontics
57. Glass Ionomer Cement
58. Applied anatomy & physiology of child
59. Diseases of pulp
60. Oral habits.

## *Seminar topics*

### **I MDS**

1. Case history taking
2. Chronology of human dentition
3. Development of dentition and occlusion
4. Analgesics used in pediatric dentistry
5. Antibiotics used in pediatric dentistry
6. Non pharmacological behaviour management
7. Indices- PUFA, ICDAS, DMFT
8. Infant oral health care measures/Anticipatory guidance/First dental visit
9. Isolation/Rubber dam
10. Local anesthetics – composition/injection techniques
11. Restorative dentistry
12. Pit & fissure sealants
13. Topical fluoride application
14. Epidemiology and study designs
15. Early childhood caries

## **II MDS**

1. Management of medically compromised children
2. Medical emergencies in pediatric dentistry
3. Crowns in pediatric dentistry for posterior teeth
4. Pulp anatomy , morphology, pulp dentin complex and root canal  
  
morphology of primary dentition
5. Eruption & shedding
6. Factors to be evaluated for space maintenance and mixed dentition  
  
analysis
7. Thumb sucking, mouth breathing, nail biting
8. Tongue thrusting, lip biting, bruxism
9. Dental care for children with special needs
10. Pulp capping/Stepwise excavation
11. Pulpotomy
12. Pulpectomy
13. Nitrous oxide/Conscious sedation
14. Oral/IV sedation
15. Practice management

### **III MDS**

1. Crowns in pediatric dentistry for anterior teeth
2. Fluorides - part 1
3. Fluorides - part 2
4. Crown fractures in primary and permanent teeth
5. Crown root fractures in primary and permanent teeth
6. Root fractures in primary and permanent teeth
7. Rotary Endodontics
8. Apexification, apexogenesis and revascularization
9. Radiographs in pediatric dentistry
10. Materials and medicaments used for pulp therapy procedures
11. General anesthesia in pediatric dentistry
12. Molar incisor hypomineralization
13. IADT guidelines – Avulsion
14. IADT guidelines – Permanent teeth injuries
15. IADT guidelines – Primary teeth injuries

*Annexure I*

*Evaluation forms*

**JOURNAL REVIEW PRESENTATION**

**DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY  
EVALUATION FORM**

Name of the student:

Date:

Topic:

S.No.	Items for observation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Article chosen was					
2	Whether other relevant publication consulted					
3	Cross references consulted					
4	Completeness of preparation					
5	Clarity of presentation					
6	Understanding of subject					
7	Ability to answer question					
8	Time scheduling					
9	Appropriate use of audio visual aids					
10	Overall performance/Critical appraisal					
	Total score					

Comments:

Signature of Faculty:

Signature of Student:

Professor and Head:

# SEMINAR

## DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY EVALUATION FORM

Name of the student:

Date:

Topic:

S.No.	Items of observation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Whether other relevant publication consulted					
2	Cross references consulted					
3	Completeness of preparation					
4	Clarity of presentation					
5	Understanding of subject					
6	Ability to answer question					
7	Time scheduling					
8	*Appropriate use of audio visual aids					
9	**Preciseness of contents in the slides					
10	Overall performance					
	Total score					

Comments:

Signature of Faculty:

Signature of Student:

Professor and Head:

\*Color, background, use of template and quality of power point presentation.  
\*\*Font size, spelling mistake, errors in citing references, appropriate marking on pictures.

*Annexure III*

# Weekly Report – DATE

Name: _____		Year of study: _____	
<u>Work completed:</u>		<u>Mention the other postings attended:</u> (Eg. Pediatrics, Vayalanoor, OMFS, Endodontics etc)	
<ul style="list-style-type: none"><li>• .</li></ul>		<ul style="list-style-type: none"><li>• .</li></ul>	
<u>Work planned for the forthcoming week:</u>		<u>Other postings for the forthcoming week:</u> (Eg. Pediatrics, Vayalanoor, OMFS, Endodontics etc)	
<ul style="list-style-type: none"><li>•</li></ul>		<ul style="list-style-type: none"><li>•</li></ul>	
<u>Work pending from the previous week:</u>			
<ul style="list-style-type: none"><li>•</li></ul>			

\*To be written in bullet points below each heading.

If any postgraduate student has any difficulty in abiding by the rules they should contact their mentor and Head to put forth their problems. It is the student's responsibility to otherwise follow all the rules and regulations of the department. Any deviation from the norms will be dealt with strictly.