



DENTAL COLLEGE HITEC-IMS

Third Year BDS

Block II Study Guide (Y3-B2-D24)

Oro-Systemic Diseases and Management

Year Coordinator: Dr. Faiqa Hassan



With faith, discipline and selfless devotion to duty, there is nothing worthwhile that you cannot achieve.

Muhammad Ali Jinnah





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TEXTBOOKS:	110
1. Davidson's Principles and Practice of Medicine 24th edition	110
REFERENCE BOOKS:	110
1. KUMAR AND Clarks Clinical Medicine 10th edition	
2. Harrison Manual of Medicine 20th edition	
Clinical methods:	
1. Macleod's Clinical Examination 14th edition	
2. Hutchison's clinical methods 24th edition	
OPERATIVE DENTISTRY	
GENERAL SURGERY	



List of Abbreviations

- PMC Pakistan Medical Commission
- NUMS National University of Medical Sciences
- LGIS Large Group Interactive Session
- SGD Small Group Discussion
- SDL Self-Directed Learning
- CBL Case Base Learning
- MIT Mode of Information Transfer
- EOB End of Block Examination
- TOS Table of Specification
- OSPE Objectively Structured Practical Examination
- OSCE Objectively Structured Clinical Examination
- SEQ Structured Essay Questions
- SAQ Short Answer Question
- MCQ Multiple Choice Question
- EECS Early Exposure to Clinical Skills
- FGD Focus Group Discussion
- WFME World Federation of Medical Education
- OMFS Oral & Maxillofacial Surgery
- MDT Multi-Disciplinary Team
- CSSD Central Sterile Supply Department
- LA Local Anaesthesia
- OSSC Oral Squamous Cell Carcinoma
- H & E Haematoxylin and Eosin



Vision -

• Leading advancement in oral & dental health through excellence in education, patient care and research

Mission

 To serve the local and global communities by producing competent, ethical, socially responsible, research oriented and life long learning oral health care professionals





NUMS Vision

The vision of National University of Medical Sciences is to improve the quality of life through education, research, innovation, and healthcare, thereby, contributing to endeavours to make Pakistan and this world better place to live in.



Block Committee

Year Coordinator: Dr. Faiqa Hassan

Assistant Professor, HoD Oral Medicine Contact No. 0321-5370292

S. No.	Name	Designation	Department	Contact No.
1.	Dr. Faiqa Hassan	Assistant Professor, Chair Block Committee	Oral Medicine	0321-5370292
2.	Dr. Azka Haroon	Assistant Professor	Oral Pathology	0303-4845144
3.	Dr. Sadia Moin	Senior Registrar	OMFS	0322-2290244
4.	Dr. Wajeeha Javed	Associate Professor	Periodontology	0330-5345078
5.	Dr. Sharaz Ahmad	Assistant Professor	Operative Dentistry	0335-5067704
6.	Dr. Aamir Rafiq	Associate Professor	Prosthodontics	0334-4353578
7.	Prof. Shahid Saleem	Professor	General Medicine	0333-5130757
8.	Prof. Zafar Iqbal	Professor	General Surgery	0333-5001414
9.	Dr Faizan Munir	Assistant Professor	Dental Education	0334-0031031
10.	Maryam Zia	Student GR	3 rd Year	0333-5482253
11.	Zeedan	Student	3 rd Year	0312-9658133



Curriculum Overview/ Implementation

<u>Preface</u>

The curriculum meets the standards of the Pakistan Medical Commission, the Higher Education Commission of Pakistan, and the World Federation of Medical Education, so that our students, on completion of the program, have the required competencies as defined worldwide in a graduate doctor.

Curricular Model

The curriculum of Dental College, HITEC-IMS, is based on the traditional, discipline-based model of educational strategies. However, we have incorporated some elements of the SPICES model i.e., its student-centered, integrated, community-oriented, and systematic aspects. As a result, our curriculum has evolved, considering traditional, experiential, behavioral, constructivist, and attributional perspectives of curricula.

Organization

The curriculum is organized and integrated along important vertical and horizontal dimensions. The content taught is integrated concurrently in the horizontal organization and vertically across the years of the BDS Program. The course of the 3rd year is divided into three blocks. In each block, the sequencing of the content is logical and integrated.

Teaching Strategies

Multiple teaching strategies are used. LGIS is used to provoke thought and understanding and standardize the concept delivery. It helps them to understand the general theme or subject matter, updated research, and best evidence medical/dental information. We are teaching the clinical implications of each topic to integrate basic and clinical sciences. This encounter is based on an experience that is contextual, realistic, and relevant. Small group discussions encourage students to learn socially and refine their schemas. Working in wards and clinical departments provides a hands-on, real-life, contextual learning experience.

Assessment

The students are summatively assessed by end-block and pre-annual examinations. Constructive feedback is provided via formative assessments, assignments, presentations, CBL, and class tests. At the end of the academic year, the annual professional examination is conducted according to the standards outlined by NUMS.

Institutional Competency Framework







Alignment of Block Outcomes with Institutional Competencies

S.No.	Block Outcomes	Block Outcome Codes	Institutional Competencies
1.	Differentiate between benign and malignant tumors and immune-mediated disorders on a histopathological basis	Y3-B2/O-1	IC 1 to IC 6
2.	Plan medical management of orofacial disorders	Y3-B2/O-2	IC 1, IC 2, IC 6
3.	Manage the patients presenting in medical OPD with infectious, GIT, and liver diseases	Y3-B2/O-3	IC 1 to IC 6
4.	Integrate the principles of medical ethics and psychosocial aspects of clinical practice in daily work life	Y3-B2/O-4	IC 1 to IC 6
5.	Apply the constructivist approach to polishing research skills	Y3-B2/O-5	IC 1, IC 2, IC 4
6.	Diagnose different periodontal pathologies	Y3-B2/O-6	IC 1, IC 2, IC 6
7.	Comprehend the basic concepts of management protocol regarding operative patient, trauma, ATLS, BLS, and introduction of anesthesia	Y3-B2/O-7	IC 1 to IC 6



Yearly Clinical Rotation Schedule

The clinical rotation schedule runs independently of blocks

Batch	Discipline				
Daten	Prosthodontics	Prosthodontics OMFS Operative Dentist		Periodontology	
Batch A – 10 Weeks Rotation	22 nd Jan – 22 nd March	25 th March – 4 th June	5 th June – 6 th Sept	9 th Sept – 1 st Nov	
Batch B – 9 Weeks Rotation	25 th March – 4 th June	22 nd Jan – 22 nd March	9 th Sept – 1 st Nov	5 th June – 6 th Sept	
Batch C – 9 Weeks Rotation	5 th June – 6 th Sept	25 th March – 4 th June	22 nd Jan – 22 nd March	9 th Sept – 1 st Nov	



Batch D – 9 Weeks Rotation	9 th Sept – 1 st Nov	5 th June – 6 th Sept	25 th March – 4 th June	22 nd Jan – 22 nd March
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Contact Hours Per Discipline – Per Week

Sr. No.	Discipline	Weekly Hours			
	Whole Year Rotation 1 st Swap Pair 22 nd Jan- 1st Nov				
1	Oral Medicine	3 hours 45 minutes (lecture + practical)			
1.	Oral Medicine	Monday – Batch B Tuesday – Batch A			
2	Oral Pathology	3 hours 45 minutes (lecture + practical)			
2.	orar ratiology	Monday – Batch A Tuesday – Batch B			
2 nd Swap Pair 22 nd Jan- 1st Nov					



3.	General Medicine	6 hours (lecture + ward)
		Thursday – Batch B
		Friday – Batch A
		6 hours (lecture + ward)
4.	4. General Surgery	Thursday – Batch A
		Friday – Batch B
8-9 Weeks Clinical Ro		ation/Academic Year
3.	Periodontology	11 hours/week (clinical rotation)
7.	Oral And Maxillofacial Surgery	11 hours/week (clinical rotation)
8.	Prosthodontics	11 hours/week (clinical rotation)
9.	Operative & Restorative Dentistry	11 hours/week (clinical rotation)
10.	SDL	8 hours /per block



Structured Summary of Block II

Code	Y3-B2-D24
Name	Oro-Systemic Diseases and Management
Duration Of Block	12 Weeks - On campus
Important Dates	May 7 ^{th,} 2024 – August 27 th , 2024
Horizontally Integrated Themes	Oral Pathology Oral Medicine
Vertically Integrated Themes	Research Behavioural sciences
Prerequisite Block(s)	1 st Block of 3 rd year



Academic Calendar

Commencement of classes 22 nd Jan 2024					
Disciplines taught in 3rd Year	Oral Pathology, Oral Medicine, Periodo	Oral Pathology, Oral Medicine, Periodontology, General Medicine,			
	General Surgery, behavioral sciences, (OMFS, Operative and			
	Prosthodontics				
Activity	Dates	Duration			
1 st Block (13 WEEKS) 12 weeks + 1 week 1 st bloc	ck exam			
Academics	22 nd Jan – 25 th Feb	5 weeks			
Sports week	26 th Feb – 4 th March	1 week			
Academics	5 th March – 5 th April	5 weeks (Ramazan)			
Eid holidays	8 th April- 14 th April	1 week			
Academics	15 th April – 26 th April	2 weeks			
1 st block Exam (written/viva)	written/viva) 29 th April – 6 th May 1 week				
2 nd Block (13 WEEK	S + 2 days) 12weeks + 1 week + 2 days	s (2 nd block exam)			
Academics	7 th May - 14 th June	6 weeks			
Summer vacations + Eid ul Fitr	17 th June – 7 TH July	3 weeks			
Academics	8 th July – 18 th Aug	6 weeks			
2 nd BLOCK Exam (written/viva)	19 th Aug – 27 th Aug	1 week + 2 days			
3 rd Block (12 WEE	KS + 3 days) 9 weeks 3 days + 3 weeks	s Sendup exams			
Academics	28 th Aug – 3 rd Nov	9 weeks + 3 days			
Sendup Exam4th Nov – 22nd Novweeks					
Prep Leaves 23 rd Nov – 22 nd Dec 1 month					
Final Prof	Final Prof 23rd December, 2024				



Sample Timetable:

Day/ Time	8:30-9:20	9:20-10:10	10:10- 10:30	10:30-1:30	1:30 – 1:45	1:45-3:30	
Monday 22-01-2024	Periodontology Introduction to Periodontology (Dr. Sohaib, DR. Wajeeha)	Oral pathology (Introduction to oral pathology) (Dr. Azka Haroon)		Practical /SGD Batch A- Prostho History taking (Dr. Uzair) Batch B- OMFS (Dr. Fatima) Batch C- Operative (Dr. Sheraz) Batch D- Perio (Introduction to department & Infection control) (Dr. Sohaib)	Practical/SGD Batch A- Oral-Pa (Introduction to o (Dr. Rida) Batch B- Oral-Ma (Introduction to o (Dr. Hamza Ama		logy pathology) sine medicine) t)
Tuesday 23-01-2024	Periodontology Gingiva (Dr. Sohaib)	Oral-Medicine Terminologies (Dr. Faiqa Hassan)	REAK	Practical /SGD Batch A- Prostho Clinical examination (Dr. Uzair) Batch B- OMFS (Dr. Fatima) Batch C- Operative (Dr. Sheraz) Batch D- Perio (History taking) (Dr. Izhar)	REAK	Practical/SGD Batch B- Oral-Patho (Introduction to oral (Dr. Ayesha) Batch A- Oral-Medic (Introduction to oral (Dr. Hamza Amanat	ology pathology) sine medicine) t)
Wednesday 24-01-2024	Oral pathology (Introduction to oral pathology) (Dr. Azka Haroon)	Periodontology Gingiva (Dr. Wajeeha)		Practical /SGD Batch A- Prostho Tray selection, impression recording, cast pouring (Dr. Uzair) Batch B- OMFS (Dr. Maimoona) Batch C- Operative (Dr. Sheraz) Batch D- Perio (Ergonomics, Operating the Dental Unit) (Dr. Sohaib)		Practical Batch A- Prostho Batch B- OMFS Batch C- Operative Batch D- Perio	
Thursday 25-01-2024	General Surgery Introduction to clinical ehics and professionalism (Dr. Zafar Iqbal)	General Medicine Chest pain (Dr. Shahid Saleem)		Practical /SGD Batch A- General Surgery Orientation of department and introduction to history taking (Dr. Afshan) Batch B- General medicine (History and GPE)		Practical2Batch A-FGeneralFSurgeryCBatch B-FGeneralamedicineC	2:30-3:30 Prosthodontics Classification of partially dentate arches (Dr. Uzair)



			(Dr. Rehman Arshad)			
Friday 26-01-2024	General Medicine Chest pain (Dr. Shahid Saleem)	General Surgery Anatomy of thyroid gland (Dr. Zafar Iqbal)	Practical /SGD Batch A- General Medicine (history and GPE) (Dr. Rehman Arshad) Batch B- General Surgery Orientation of department and introduction to history taking (Dr. Afshan)	1:30- 2:00	Practical Batch A- General Surgery Batch B- General medicine	Behavior Sciences (Neurological Basis of Behavior: Consciousness) (Ms. Amna Fayyaz)



Focus Group Discussion for Improvement of Curriculum

For assessing the effectiveness of the same block run last year (Y3-B2-D24), a focus group discussion with four students of 3rd year and two students of 4th year BDS was held. The students were selected randomly without any gender discrimination or academic record. They were informed about the purpose of the discussion, and they all consented willingly.

The following were the discussion points of Block 1 that were incorporated into Block 2:

- 1. The Block II date sheet should be the same as the Block I date sheet.
- 2. Behavioral sciences lectures should be rescheduled.
- 3. More CBLs should be conducted for better understanding.

Discussion on various topics was generated by the appropriate prompts by Dr. Faiqa Hassan who conducted this FGD. The following areas were covered in the FGD:

CURRICULUM INTEGRATION

Interdepartmental integration of topics/lectures is more helpful.

TEACHING METHODOLOGY

The students were satisfied with the time and effort put in by staff/teachers regarding learning, concept building, and understanding the lectures.

ASSESSMENT METHOD

Students were satisfied with timely communication of the syllabus, date sheets, various tools of assessment (marking system), difficulty level, and application of knowledge checked in the exams conducted by all basics and clinical departments.

COMMUNICATION AND RESOURCE PERSON

Dr Faiqa timely addressed any problem regarding curriculum. All the timetables across the block were timely communicated and followed.



Assessment

Types and Schedules



Assessment will be continuous in the form of class tests, presentations, and assignments by the departments. It is for the purpose of giving feedback to students for the improvement of their learning and helping teachers to identify students' weak areas. Formative assessment tests may be surprise tests/ written assignment/ reflective writing, presentations and feedback to student during the teaching time. The purpose of formative assessment is to provide feedback to the students, for the purpose of improvement and to

teachers to identify areas where students need further guidance.

The class tests of oral medicine, periodontology, oral pathology, general surgery, and general medicine will be held on rotation basis respectively.

The EOB exam will comprise of theory and practical separately.

All these assessments along with pre annual assessment will contribute marks in internal assessment that is to be submitted to university.

Students must secure 50% marks in theory and practical exams separately, as per university criteria.

Internal assessment criteria for submission of internal assessment marks of 3rd Professional Examination NUMS

- 1. The weightage of internal assessment shall be 20 marks for a 100 marks paper (20%) in annual examination.
- 2. End of block and Pre annual examination shall contribute toward internal assessment.



Tentative End of Block Exam Schedule

Date	Subject	Time
19-08-2024	Oral Pathology	8:30-11:30
		12:00-3:30 OSPE/viva
20-08-2024	Behavioral Sciences	8:30-11:30
		12:00-3:30 OSPE /viva
22-08-2024	General Medicine	8:30-11:30
		12:00-3:30 OSPE /viva
23-08-2024	Oral Medicine	8:30-11:30
		12:00-3:30 OSPE /viva
26-08-2024	Periodontology	8:30-10:30
		12:00-3:30 OSPE /viva
27-08-2024	General Surgery	8:30-10:30
		12:00-3:30 OSPE /viva

Tentative Class Test Schedule

Day	Date	SUBJECTS (THEORY)
Monday	15.07.2024	Oral Pathology
Monday	18.07.2024	General Surgery
Monday	25.07.2024	General Medicine
Monday	05.08.2024	Oral Medicine
Monday	12.08.2024	Periodontology





LEARNING OUTCOMES FOR BLOCK II

ORAL MEDICINE

Topic /	Learning Outcomes	Learning Objectives	IC	MITs	Assessment
Theme			Codes		Tools
Facial Paralysis	 Differentiate between upper motor neuron lesions and lower motor neuron lesions based on their etiology Discuss facial palsy 	 Knowledge Discuss facial paralysis (Bell's palsy) Describe upper motor neuron & lower motor neuron lesions Discuss causes and management of upper and lower motor neuron lesions 	IC 2	LGIS SGD	MCQs SAQs Viva
Facial Pain	 Classify different types of headaches, their diagnosis and management using non-surgical methods 	 Knowledge Discuss and differentiate between migraine, cluster & tension headaches, giant cell arteritis 	IC 2	LGIS	MCQs SAQs Viva
Temporomandib ular Disorders (TMDs)	 Differentiate between temporomandibular joint dysfunction syndrome (TMPDS), Internal 	 <u>Knowledge</u> Explain anatomy of TMJ and disorders related to it Discuss the diagnostic modalities and brief treatment of such disorders Describe diagnostic methods of TMDs 	IC 2	LGIS	MCQs SAQs Viva



	 derangements, & Arthritis Advise appropriate management Demonstrate diagnostic methods of TMDs, especially TMJ examination 	 Skill Perform examination of TMJ 	IC 1 IC 4 IC 5	Demonstr ation Clinical rotation	OSCE
Swellings Of the face and Neck	 Perform neck examination and establish differential diagnosis of the face and pock swollings 	 Knowledge Classify types of neck swellings Describe the aetiology of cervical lymphadenopathy 	IC 2	LGIS	MCQs SAQs Viva
	and neck swenings	 Skill Perform neck examination & describe cervical lymph node levels 	IC 1 IC 4 IC 5	Demonstr ation Clinical rotation	OSCE
Gastro-Intestinal Disorders	 Identify and manage oral symptoms of different Gastro- intestinal disorders 	 Knowledge Discuss the oral manifestations of Coeliac disease, Crohn's disease, Ulcerative colitis, GERD, Orofacial granulomatosis & their management 	IC 2	LGIS	MCQs SAQs Viva
Disorders Of Nutrition	 Identify and manage oral symptoms of diseases due to nutritional deficiencies 	 Knowledge Describe the oral manifestations of nutritional deficiencies, scurvy, burning mouth syndrome & their management 	IC 2	LGIS	MCQs SAQs Viva
Bacterial Infections	 Describe the management of 	Knowledge Describe the oral manifestations of Syphilis	IC 2	LGIS	MCQs SAQs



Fungal Infections	 bacterial lesions presenting in the oral cavity due to specific bacteria after diagnosis Differentiate between candidosis and 	 <u>Knowledge</u> Describe the oral signs/ symptoms & treatment 	IC 2	LGIS	Viva MCQs SAQs
	 candidiasis Establish a diagnosis on basis of its causes, clinical examination and investigations 	of Superficial Oral Candidiasis Identify the causes of fungal infection			Viva
Viral Infections	 Discuss the management of oral lesions associated with viruses after their diagnosis 	 Knowledge Describe the diagnosis & management of Herpes Simplex, Varicella zoster, EBV, Coxsackie, & human papilloma viral infections Only oral features of HIV infection 	IC 2	LGIS	MCQs SAQs Viva
Halitosis + Mucocele	Discuss and diagnose halitosis and mucocele	 <u>Knowledge</u> Diagnose mucocele Describe the term halitosis and mucocele 	IC 2	LGIS	MCQs SAQs Viva
Salivary Gland Swellings	 Identify different salivary gland swellings, e.g. obstructive, viral, and bacterial infections after diagnosis Differentiate between unilateral 	 Knowledge Identify different salivary gland swellings, e.g., different obstructive, viral, bacterial infection Identify Mucocele and Ranula. Discuss the management of viral & bacterial sialadenitis, e.g., Mumps 	IC 2	LGIS	MCQs SAQs Viva



	and bilateral salivary gland swellings involving any of the three major salivary glands or minor salivary glands	Discuss Sialosis & its causes			
Disturbances Of Salivary Flow	 Discuss management of patients with dryness in the oral cavity based on aetiology and identify associated complications Assess patients presenting with dryness in the oral cavity 	 <u>Knowledge</u> Discuss management of patients with dryness in the oral cavity based on aetiology and identify associated complications Identify their causes, order investigations, & suggest suitable treatment 	IC 2	LGIS	MCQs SAQs Viva
Glossopharynge al Neuralgia And Headaches	 Discuss the management of a patient with glossopharyngeal neuralgia 	 <u>Knowledge</u> Discuss the medical management of glossopharyngeal neuralgia 	IC 2	LGIS	MCQs SAQs Viva
Facial paralysis	 Differentiate between UMNL and LMNL based on etiology Manage facial palsy 	 <u>Knowledge</u> Diagnose facial (bell's palsy) Recognize upper motor neuron and lower motor neuron lesions. Explain their causes and advise management 	IC2	LGIS	MCQs SAQs Viva



Trigeminal Neuralgia	• Discuss the diagnosis & medical management of Trigeminal neuralgia	 Knowledge Discuss the clinical features and medical management of Trigeminal neuralgia 			LGIS	MCQs SAQs Viva
Vesiculobullous Disease And Lichen Planus	 Discuss different mucosal symptoms with dermal signs to diagnose and discuss mucocutaneous blistering disorders Differentiate between all vesiculobullous lesions by means of comprehensive history and clinical evaluation & investigations 	 Knowledge Discuss the oral manifestations, investigations, and treatment of vesiculobullous diseases Discuss the characteristics of Lichen planus, Pemphigus vulgaris, Mucous membrane pemphigoid, Bullous pemphigoid, Epidermolysis bullosa, Erythema multiforme 		IC 2	LGIS	MCQs SAQs Viva
		Practical			1	I
•	 Identify instruments used in medical emergencies and describe their uses Endotracheal Tube Guedel's Airway 	 Knowledge Identify the relevant armamentarium used in medical emergencies Describe the indications and uses of instruments 	IC 2	L	.GIS	MCQs SAQs Viva



	Oxygen Mask	Skill	IC1	Demonstration	OSCE
	AMBU Bag	• Demonstrate the proper use of the	IC 4	Clinical rotation	
	IV Cannula	instruments	IC 5		
	Syringe				
	Nasogastric Tube				
	Identify essential Drugs	<u>Skill</u>	IC1	Demonstration	OSCE
	in medical emergencies	Identify drugs used in various medical	IC 2	Clinical rotation	
	used in A Dental OPD	emergencies along with their	IC 4		
	 Analgesics 	Indications/ contraindications/ dosage	IC 5		
	Steroids				
	Adrenaline				
	Nitroglycerine				
	 Anxiolytics 				
	Antibiotics				
	Glucagon				
	Salbutamol				
Lymph nodes	Perform	• Skill	IC1	Demonstration	OSCE
	Examination of	Student should be able to	IC 2	Clinical rotation	
	lymph nodes	examine lymph nodes	IC 4		
			IC 5		
Temporomandib	Perform	Knowledge	IC 2	LGIS	MCQs
ular Joint	examination of	Discuss the anatomy of			SAQs
	temporomandibular	Temporomandibular Joint			Viva
	joint (TMJ)	Discuss temporomandibular			
		Disorders			
		Skill	IC 1	Demonstration	OSCE
		Perform examination of TMJ	IC 4	Clinical rotation	



			IC 5		
Muscles of mastication	Perform examination of muscles of mastication	 Knowledge Discuss the anatomy of muscles of mastication 	IC 2	LGIS	MCQs SAQs Viva
		 Skill Perform examination of muscles of mastication 	IC 1 IC 4 IC 5	Clinical rotation Demonstration	OSCE
Investigations for clinical cases	 Advise relevant investigations for clinical cases encountered 	 Knowledge Advise relevant investigations based on history taken and clinical examination done Enumerate differential diagnoses 	IC 2	LGIS	MCQs SAQs Viva
Diagnosis and treatment planning	Diagnose and formulate treatment plan	Knowledge Formulate treatment plan according to the clinical presentation & diagnosis	IC 1 IC 2	SGD	VIVA



ORAL PATHOLOGY

Sr.	THEME	LEARNING	LEARNING OBJECTIVES	IC	MIT	ASSESSMENT TOOL
No.		OUTCOMES		CODES		
1.	Salivary Gland Pathology A) Reactive Lesions (Mucocele, Mucous Retention Cyst, Necrotizing Sialometaplasia) B) Immune- Mediated Diseases	 Classify salivary gland based on pathology and diagnose the lesions by correlating clinical and histological features 	 Knowledge Differentiate between reactive lesions, immune- mediated diseases of salivary glands, pathology by correlation of their clinicopathological features Distinguish benign 	IC 2	LGIS	MCQ SEQ VIVA
	(Sjogren Syndrome) C) Benign Tumours (Pleomorphic Adenoma, Warthin Tumour,		malignant tumours of salivary glands based and on clinical presentation and histopathological features			
	Monomorphic Adenoma) D) Malignant Tumours (Mucoepidermoid Carcinoma, Adenoid Cystic Carcinoma, Acinic Cell Carcinoma,		 Skills Prepare H& E slides Practice the use of microscopes Identify the microscopic features of slides Illustrate the salient features on the 	IC 1 IC 4 IC 5	Laboratory Demonstration	OSCE



Polymorphous Low-Grade Adenocarcinoma)	workbook with H & E pencils			
	 Attitude Follow the proper dress code of a medical laboratory Obtain before starting the procedure and thank them at the end 	IC 1 IC 4 IC 5	Laboratory Demonstration	OSCE

	2. Infections	 Identify the aetiology and histopathology of bacterial, viral and fungal infections 	 Knowledge Distinguish between tuberculosis, syphilis and actinomycosis on the basis of histopathological features Recall histopathology of Herpes Simplex, Varicella Zoster, Epstein-Barr, 	IC 2	LGIS	MCQ SAQs Viva	

HITEC

Cytomegalovirus, Human Herpes Virus 8, Human Papilloma viruses and Retrovirus • Identify superficial fungal infections (candidiasis) and deep fungal infections histoplasmosis, paracoccidiodomycosis, blastomycosis, aspergillosis, and zygomycosis on the basis of oral and histopathological features • Diagnose the pathology using the histopathological features viewed on slides			
 Skill Prepare H&E slides Demonstrate the use of microscopes Identify the microscopic features of slides Illustrate the salient features on workbook with H & E pencils 	IC 1 IC 4 IC 5	Laboratory Rotation/ demonstration	OSCE

HITEC								
					 Attitude Follow proper dress code of a medical laboratory Obtain consent before starting the procedure and thank in the end Maintain his/her workstation according to the prescribed SOPs Report any damage to lab equipment immediately 	IC 1 IC 4	Laboratory Rotation/ demonstration	OSCE
	3.	IMMUNE MEDIATED DISORDERS 1) Pemphigus vulgaris 2) Mucous- membrane pemphigoid 3) Epidermolysis bullosa	•	Distinguish between immune mediated disorders on histological and cytological basis	 Knowledge Differentiate between pemphigus vulgaris and mucous membrane pemphigoid on the basis of their cytological and histopathological features 2Discuss oral manifestations, 	IC 2	LGIS	MCQ SEQ Viva

HITEC



4) Erythema Multiforme Lichen	cytological and histopathological			
Planus	epidermolysis bullosa, erythema multiforme			
	and lichen planus			
	<u>Skill</u>	IC 1		
	Prepare H& E slides	IC 4		
	 Demonstrate the proper use of microscopes 	IC 5	Laboratory Demonstration	OSCE
	Identify the microscopic features of slides			
	 Differentially diagnose the pathology based on the slides 			
	 Illustrate the salient 			
	features on workbook			
	with H & E pencils			


			Attitude	IC 1	Laboratory	OSCE
			Follow proper dress code of a medical laboratory	IC 4	Demonstration	
			 Take consent before starting the procedure and thank them in the end Maintain his/her workstation according to the prescribed SOPs Report any damage to lab equipment immediately 			
4.	Granulomatous Disorders	Discuss various granulomatous	Knowledge	IC 2	LGIS	MCQs SAQ
	a. Crohn's Disease	disorders and	histonathological			VIVA
	b. Cheilitis	distinguish	features having caseating			
	Granulomatosa	between	and non-caseating			
	c. Wegener's	caseating and	granulomas on the basis			
	Granulomatosis	non-caseating	of microscopy of:			
	d. Sarcoidosis	granulomas	Crohn's disease			
	(Only Microscopy)		Cheilitis			
			granulomatosa			
			Wegener's			
			Granulomatosis			



HITEC



5.	Physical, chemical injuries	 Discuss various physical and chemical injuries and distinguish between various types of resorptions 	 Differentiate between various types of tooth injuries on the basis of etiology, clinical features, radiographic features as well as histopathological features 	IC2	LGIS	MCQs SAQ VIVA
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6.	Odontogenic	 Discuss the 	Knowledge	IC 2	LGIS	MCQs
	Tumours	diagnostic	 Differentiate between 			SAQ
		criteria of	odontogenic tumours of			VIVA
		odontogenic	epithelial origin using			
		tumours based	clinical, radiographic,			
		on clinical,	and histopathologic			
		radiographic,	correlation, tumours			
		and microscopic	including			
		features	ameloblastoma,			
			keratocyst odontogenic			
			tumour, calcifying			
			epithelial odontogenic			
			tumour, adenomatoid			
			odontogenic tumour,			
			squamous odontogenic			
			tumour			
			 Discuss the diagnostic 			
			criteria of odontogenic			
			tumours of odontogenic			
			origin based on clinical			
			and microscopic			
			features of tumours,			
			including Odontogenic			
			fibroma, odontogenic			
			myxoma,			
			cementoblastoma,			
			ameloblastic fibroma			
			and fibrodontoma			
			odontogenic carcinoma,			

HITEC					
		primary intra osseous carcinoma • Discuss the differential diagnosis of carcinomas using the histopathological features			
		 Skills Prepare H & E slides Practice the use of microscopes Identify the microscopic features of slides 	IC 1 IC 4 IC 5	Laboratory Rotation	OSCE



HITEC



GENERAL MEDICINE

General medicine

sr	Topic	Learning outcomes	Objectives	IC codes	MIT	assessment
			Should know at end of			
			session			

Respiratory system

1	Acid Peptic Disease-I	Introduction and Common Risk factors for APD 1. Common causes of gastritis 2. H.pylori pathophysiology	Knowledge Should know the risk factors for APD Should be familiar with Causes of APD Should know H.pylori triple and quardriple	.C 2 – Scholar I.C 4 - Communicator	LGIS C.B.L	MCQs SEQs
		 Role NSAIDs in Duedenal Ulcers H.pylori eradication therapy 	therapy Knowledge Shoul be familiar with H.pylori investigations	Communicator	C.B.L	



							· · · · · · · · · · · · · · · · · · ·
2 3	Acid peptic Disease- II Acute Hepatitis- <u>I</u>	1. 2. 3. 4. 1.	Surgical Treatment Complications of APD Zollinger- Ellison Syndrome and management Prevention of APD Introduction and definition of acute and chronic liver injury Acute Fulminant hepatic failure	KnowledgeShould Know treatmentand Management of APDalong with ComplicationsSKILLAble to write downprescription of tripleTherapy/QuardripletherapyKnowledgeShould know causes ofacute and chronic liverfailureHave an idea about	C 2 – Scholar I.C 4 – Communicator IC 5 – Collaborator C 2 – Scholar IC 5 – Collaborator	LGIS C.B.L LGIS	MCQs SEQs LONG case MCQs SEQs
4	Acute Hepatitis - <u>I</u> I	1.	Investigations for acute liver failure	fulminant hepatic failure SKILL Should able to interpret	C 2 – Scholar	LGIS	MCQs
		2. 3. 4. 5.	Prognostic criteria for acute hepatic failure Management of acute liver failure Liver transplant Hep A and E clinical features	Liver function test Should have knowledge about prevention of acute viral hepatitis	IC 1 – Professional IC 5 – Collaborator	Practical and clinical P.BL	Short cases



	+						
		6.	Investigations and treatment OF AVH	Able to mange the case of acute viral hepatitis and Complications			
5	Chronic hepatitis-1	1. 2. 3. 4.	Definition of chronic hepatitis Causes of chronic hepatitis Path-physiology of chronic hepatitis Introduction to hep B and C groups	<u>Knowledge</u> Should have knowledge of CLD and chronic hepatitis	C 2 – Scholar IC 1 – Professional	LGIS	MCQs SEQs
6	Chronic hepatitis-II	1. 2. 3. 4.	Clinical features of hep B and C Interpretation of hep B and c serology Complications of chronic hepatitis Management of chronic hepatitis	Skill Should be able to interpret hep B and C serology Should be able to prevent transmission of hep B and C Should know sterilization for hep B and C	C 2 – Scholar IC 1 – Professional IC 5 – Collaborator C 3 - Leader	LGIS Practical Clinical C.B.L	MCQs SEQs Short/long cases
7	<u>Cirrhosis I</u>	1. 2.	Introduction to cirrhosis Common causes of cirrhosis	Knowledge Should have knowledge of cirrhosis Knowledge	C 2 – Scholar	LGIS	MCQs SEQs



		3. Pa cir	ath-physiology of rrhosis	Should have knowledge of all Risk factors for cirrhosis Should be able to know most common causes of cirrhosis	IC 5 – Collaborator	S.G.D	
8	Cirrhosis- II	 Cli cir Cc cir Rr ma up 	inical features of rrhosis omplications of rrhosis resentation and anagement of oper GI bleed	Skill Should be able to recognize features of CLD Should have knowledge of CLD and its presentations	C 2 – Scholar IC 1 – Professional IC 5 – Collaborator	LGIS C.B.L	MCQs SEQs Short case Long cases
9	Ascitis and management	 Intas Ca Ca Pa as SA 	troduction to scites auses of ascities athophysiology of scites AAGs calculations	Knowledge Should know CLD and non CLD causes of ascites Should be able to interpret SAAGS calculation and ascetic fluid examination report	C 2 – Scholar IC 1 – Professional IC 5 – Collaborator	LGIS	MCQs SEQs
10	Liver and Dentistry	1. Int 2. De pr CL 3. De th	troduction ental esentation of D ental procedures at require liver nction tests	Knolwedge Should be able to identify the clinical features of CLD Should know Prerequisites of dental procedures in Liver disease patients	C 2 – Scholar IC 1 – Professional IC 5 – Collaborator	LGIS	MCQs SEQs



-			
	4. Contraindications		
	of liver disease in		
	dentistry		

Infectious diseases

11	Enteric Fever	1.	Introduction to	Knowledge	C 2 –	LGIS	MCQs
**			Enteric fever	Should know	Scholar		SEOs
		2.	Clinical features	common			JEQS
			of enteric fever	presentation of			
		3.	Path-physiology	enteric fever	IC 1 –	S.G.D	Short cases
			of S.thyphi and	<u>Knowledge</u>	Professional		
			parathyphi	Have knowledge	IC 5 –		
		4.	Investigations for	about 1 st line	Collaborator		
			enteric fever	investigations and			
		5.	Treatment	treatment of enteric			
			guideslines for	Fever			
			entric fever				
		6.	Complications				
17	Dengue	1.	Introduction to	<u>Skill</u>	C 2 –	LGIS	MCQs
TZ			dengue fever	Basic knowledge of	Scholar	Clinical and	SEOs
		2.	Epidemiology	epidemiology of			JLQS
		3.	Vector born	Dengue fever		ward teaching	OSPE
			diseases	<u>Skill</u>	IC 1 –		
		4.	Clinical	Should have	Professional	P.B.I	
			presentation of	knowledge about	IC 5 –		
			dengue fever	vector and its	Collaborator		
		5.	Treatment of	prevention			
			dengue fever				
		6.	Complications of				
			Dengue fever				

instatute of	milli dil Mildari Specces Tuna										
12	Malaria	1. In	ntroduction to	<u>Skill</u>	C 2 –	LGIS	MCQs				
13	fever	m	nalaria fever	Basic knowledge of	Scholar		SEOs				
		2. Ep	pidemiology	epidemiology of			52Q3				
		3. Ve	ector born	Dengue fever							
		di	iseases	<u>Skill</u>	IC 1 –						
		4. Cl	linical	Should have	Professional						
		pr	resentation of	knowledge about	IC 5 –						
		m	nalaria fever	vector and its	Collaborator						
		5. Tr	reatment of	prevention							
		m	nalaria fever								
		Complicat	tions of malaria								
		fever									
		Black wate	er fever								
1Л	HIV and STD-	1. In	ntroduction to	Knowledge	C 2 –	LGIS	MCOs				
14	1	Н	IV	should have	Scholar	2010	SEOc				
		2. Ep	pidemiology	knowledge of HIV			SEUS				
		3. Pa	ath-physiology	able to recognize			Ward test				
		4. Di	ifference	clinical features of	IC 1 –	C.B.L	Short				
		be	etween HIV and	HIV	Professional		casese				
		A	IDS		IC 5 –		cusese				
					Collaborator						
15	HIV and STD-	1. Cl	linical features	Knowledge	C 2 –	LGIS	MCOs				
TO	П	of	f AIDs	Should have basic	Scholar		SEOc				
		2. Sy	ystemic	knowledge about			SEQS				
		m	nanifestations of	HIV investigations		S.G.D	Long case				
		A	IDS		IC 1 –						
		3. In	vestigation for	Knowledge	Professional						
		H	IV	Should be familiar	IC 5 –						
		4. M	lanagement of	with HIV and its	Collaborator						
		H	IV	systemic							
		5. Co	omplications of	complications							
		Н	IV								

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16	Acute febrile Ilness	1. 2. 3. 4. 5.	Introduction to acute febrile illness Pyrexia of unknown origin Causes of PUO Investigations of PUO Management and complications of PUO	Knowledge Should have knowledge about causes of Acute febrile illness Skill Should be able to know about workup about PUO	C 2 – Scholar C 3 - Leader IC 1 – Professional IC 5 – Collaborator	LGIS Clinical/practical	MCQs SEQs Short cases
17	<u>Infection-</u> I	1. 2. 3. 4.	Classification of fungal infection Presentations of fungal infections Systemic manifestation of fungal infections	Knowledge Should have knowledge about fungal infection Able to identify clinical features of fungal infection	C 2 – Scholar IC 1 – Professional IC 5 – Collaborator C 3 - Leader	S.G.D	MCQs SEQs
18	<u>Fungal</u> <u>infection-</u> II	1. 2.	Investigation for fungal infection Management of fungal infection	Skill Able to interpret the fungal infection results <u>Knowledge</u> Should have knowledge about systemic	C 2 – Scholar IC 1 – Professional IC 5 – Collaborator	LGIS S.G.D	MCQs SEQs



		2	0 I: .: .	1: ··· C			
		3.	Complications of	complication of			
			fungal infection	fungal infections			
10	Pneumonia I	1.	Introduction of	<u>Knowledge</u>	C 2 –	LGIS	MCQs
19			pneumonia	Should be familiar	Scholar		SEOC
				with organism			SLUS
		2.	Organism	spectrum of			
			spectrum of	pneumonia	IC 1 –	P.B.L	
			pneumonia	1	Professional		Short
				Skill	IC 5Collab –		
		3	Clinical features	<u>Abla to interpret</u>	orator		Cases/Long
		0.	and management	the are struct	0.000		cases
			according to	the spectrum of	C 3 - Leader		
			culture reports	organism			
	Proumonia II	1	Invostigation	chill	<u> </u>		MCOa
20	<u>Plieumonia n</u>	1.	Management	<u>Skill</u> Should be able to	C 2 -	LGIS	INICUS
		2.			Scholar		SEQs
		3.	Classification of	Manage the cases of			
			pneumonia	pneumonias			1
						C.B.L	Long cases
					Professional		
		1)	Complications of		IC 5 –		
			pneumonias		Collaborator		
21	<u>Tuberculosis-</u>	Introdu	uction of	<u>Knowledge</u>	C 2 –	LGIS	MCQs
~ 1	<u>l</u>	Tuberc	ulosis	Should know	Scholar		SEOs
				Microbiological			5203
		Pathog	enesis and	spectrum of			
		transm	ission of	pulmonary	IC 1 –	C.B.L	OPSE
		tuberc	ulosis	tuberculosis Should	Professional		
				have idea of Clinical	IC 5 –		
		Clinica	sign symptoms of	manifestation of	Collaborator		Long case
		tuberc	ulosis	tuberculosis			
				<u>Skill</u>			



	*						
				Should be able to diagnosed TB			
				In high risk patients			
				in ingrition pacients			
22	Tuberculosis-	1.	Diagnosis	Knowledge	C2-scholar	LGIS	MCQS
22	<u>II</u>	2.	Diagnostic test	Should know			
		3.	Management of	diagnostic test of TB			
			tuberculosis	<u>SKILL</u>	C1-		SEQs
		4.	Management and	Should Know ATT	professional		
			ATT	and its			Long case
		5.	Complicated	complications			20118 0000
			tuberculosis				
		6.	Complication of				
			ATT				
23	<u>COPD -I</u>	1.	Introduction		C 2 –	LGIS	MCQs
23		2.	Types of COPD	<u>Knowledge</u>	Scholar		SEOs
		3.	Symptoms of	Should have			
			COPD	knowledge about			0.005
		4.	diagnosis	COPD and its	IC 1 –	C.B.L	OPSE
				presentation	Professional		
					IC 5 –		Long case
					Collaborator		
24	<u>COPD-II</u>	1.	Spirometery	<u>SKILL</u>	C2-scholar	LGIS	MCQS
		2.	Management	Should Know about			
		3.	ivianagement of	spirometry and able			SEOs
			exacerbation of	to interpret PEIS	C1-		5203
					protessional		
		4.	LIUI and long				Long case
			term treatment				



	*						
25	Bronchial asthma-I	1. 2. 2	Definition Introduction	Knowledge Should have	C 2 – Scholar	LGIS	MCQs SEQs
		э.	symptoms	Asthma and its presentation	IC 1 – Professional	C.B.L	OPSE
					IC 5 – Collaborator		Long case
26	<u>Bronchial</u> Asthma -II	1.	diagnosis of bronchial asthma	<u>SKILL</u> Should Know about	C2-scholar	LGIS	MCQS
		2. 3. 4.	management PEFR monitoring Management of	spirometry and able to interpret PEFR	C1- professional		SEQs
			acute sever asthma		p. c. coolonal		Long case



General Surgery

		Learning Learning Objectives/				Assessment
S.No.	Topics/ Theme	Outcomes	Content	IC Codes	MITs	Tools
		By the end of this block students should be able to:				10013
			Trauma And Its Management			
1.	Trauma Management Based On ATLS Protocol	 Assess the patient presenting with trauma in dental practice Apply the knowledge of trauma management in clinical scenarios 	 <u>Knowledge</u> <u>Describe the basic principles</u> of the following with emphasis on clinical application: The importance of time in trauma management How to assess a trauma patient How to respond to a trauma patient Value of teamwork and planning in trauma care Sequence of priorities in the early assessment of the trauma patient Principle of triage in immediate management of the trauma patients 	IC 1 IC 2	LGIS	MCQs, SEQs. Viva Voce



		Learning	Learning Objectives/			Accorrect
S.No.	Topics/ Theme	Outcomes	Content	IC Codes	MITs	Assessment
		By the end of this b	lock students should be able to:			TOOIS
			 <u>Demonstrate basic</u> <u>comprehension of the</u> <u>following with emphasis on</u> <u>clinical application:</u> Concepts of injury recognition prediction based on the mechanism and energy of injury. Principles of primary and secondary surveys in the assessment and management of trauma. Techniques for the initial resuscitative and definitive care aspects of trauma based on ATLS protocol. Necessary protocols to allow early stabilization of the patient leading on to definitive care 	IC 2 IC 4	Practical Demonstration	OSPE, SEQs, Viva Voce.



		Learning	Learning Objectives/		MITs	Assessment
S.No.	Topics/ Theme	Outcomes	Content	IC Codes		
		By the end of this bl	ock students should be able to:			10015
2.	Head Injury	 Assess the patient presenting with head injury in dental practice Apply the knowledge of head injury in clinical scenarios 	 Knowledge <u>Describe the basic principles of</u> the following with emphasis on clinical application: Physiology of cerebral blood flow. Pathophysiology of raised intracranial pressure Management of head injury and prevention of secondary brain injury <u>Skill</u> Illustrate the early response protocol for a patient of head 	IC 2 IC 2	LGIS Practical Demonstration	MCQs, SEQs. Viva Voce. OSPE
			trauma			
3	Cervical Spine Injury	 Assess the patient presenting with Cervical spine injury in dental practice Apply the knowledge of Cervical spine injury in clinical scenarios 	KnowledgeDescribe the basic principles ofthe following with emphasis onclinical application:• Accurate initial assessment ofspinal trauma• The pathophysiology andtypes of spinal cord injury	IC 1 IC 2	LGIS, Student presentations, Bedside demonstrations during clinical rotations / O.R visits	MCQs SEQs Clinical Scenario based Viva Voce



		Learning	Learning Learning Objectives/			Assessment
S.No.	Topics/ Theme	Outcomes	Content	IC Codes	MITs	Assessment
		By the end of this block students should be able to:				10015
			 The basic management of spinal trauma and the major pitfalls The prognosis of spinal cord injury, factors affecting functional outcome, and common associated complications 			
4	Neck Trauma	 Assess the patient presenting with neck trauma in dental practice. Apply the knowledge of neck trauma in clinical scenarios. 	KnowledgeDescribe the basic principles ofthe following with emphasis onclinical application:• Overview of surgical anatomyof the neck• Pathophysiology ofpenetrating and blunt necktrauma• The neck zones used todescribe neck injuries• Principles of management ofneck trauma	IC 1 IC 2	Large Class Format Interactive Session, Student presentations, Bedside demonstrations during ward rotations.	MCQs SEQs Clinical Scenario based Viva Voce



		Learning	Learning Objectives/		MITs	Assessment
S.No.	Topics/ Theme	Outcomes	Content	IC Codes		
		By the end of this bl	ock students should be able to:			TOOIS
5	Chest Trauma And Its Management Thoracotomy / Use Of Chest Drains Haemorrhage And Its Types	 Assess the patient presenting with chest trauma in dental practice Apply the knowledge of chest trauma in clinical scenarios 	Knowledge Describe the basic principles of the following with emphasis on clinical application: • The gross and surgical anatomy of the chest and abdomen • The pathophysiology of torso injury • The strength and weaknesses of clinical assessment in the injured patient • The use of special investigations and their limitations Skills Demonstrate basic comprehension of the following with emphasis on clinical application: • The operative approaches to the thoracic cavity • The special features of an emergency department	IC 1, IC 2	LGIS, Student presentations, Bedside demonstrations during clinical rotations / O.R visits	MCQs SEQs Scenario based Viva Voce



	Topics/ Theme	Learning	Learning Objectives/		MITs	Accessment
S.No.		Outcomes	Content	IC Codes		Assessment
		By the end of this bl	ock students should be able to:			TOOIS
			thoracotomy for haemorrhage control • The philosophy of damage control surgery • Basic structure and working of a chest drain with an underwater seal • Insertion of a chest drain and its care • How and when to remove chest drains • Complications associated with use of chest drains			
6.	Benign And Malignant Disorders Of The Thyroid Gland	 Assess the patient presenting with disorders of the Thyroid gland Outline the management plan for disorders of the Thyroid gland. 	KnowledgeDescribe the basic principles ofthe following with emphasis onclinical application:• The embryology and anatomyof the thyroid and parathyroidgland• The physiology andinvestigations of thyroid gland• Various types of benign andmalignant thyroid swellings	IC 1 IC 2	LGIS, Student presentations, Bedside demonstrations during clinical rotations / O.R visits	MCQs SEQs Scenario based Viva Voce



		Learning	Learning Learning Objectives/			Assessment
S.No.	Topics/ Theme	Outcomes	Content	IC Codes	MITs	Assessment
		By the end of this b	lock students should be able to:			10015
			 Clinical history taking / examination of a patient presenting with thyroid swelling Clinical symptoms and signs that indicate thyroid malignancy Selection of appropriate investigations for thyroid swellings Overview of various treatment modalities available for treatment of thyroid disorders, their advantages, and disadvantages. 			
7.	Thyroidectomy & Its Complications	Outline the indications, preoperative preparation of a patient with thyroid disorder and postoperative complications of thyroidectomy	KnowledgeDescribe the basic principles ofthe following with emphasis onclinical application:• Indications of surgery inthyroid disorders• Pre-op preparation of apatient with thyroid disorder• Complications after thyroidsurgery particularly life-threatening complications thatcan occur after thyroidectomy	IC 1 IC 2	LGIS, Student presentations, Bedside demonstrations during clinical rotations / O.R visits	MCQs SEQs Scenario based Viva Voce



		Learning	Learning Objectives/	IC Codes	MITs	Assessment Tools
S.No.	Topics/ Theme	Outcomes	Content			
		By the end of this bl	ock students should be able to:			
			Hyperparathyroidism			
8	Disorders Of The Parathyroid Gland (Hyper And Hypoparathyroidism, Benign Hyperplasia, Malignancy, MEN Syndromes) And Their Surgical Management	 Assess the patient presenting with disorders of the Parathyroid gland Outline the management plan for disorders of the Parathyroid gland 	Knowledge Describe the basic principles of the following with emphasis on clinical application: • The embryology and anatomy of the parathyroid gland • The physiology and investigations of parathyroid gland, selection of appropriate investigations for parathyroid disorders • Various types of benign and malignant disorders of the parathyroid gland • Difference between primary, secondary, and tertiary hyperparathyroidism <u>Skills</u> <u>Demonstrate basic</u> comprehension of the following with emphasis on clinical application:	IC 1 IC 2	LGIS, Student presentations, Bedside demonstrations during clinical rotations / O.R visits	MCQs SEQs Scenario based Viva Voce



		Learning	Learning Objectives/			Accormont
S.No.	Topics/ Theme	Outcomes	Content	IC Codes	MITs	Assessment
		By the end of this b	lock students should be able to:			10015
			 Clinical history taking / examination of a patient presenting with parathyroid disorder Overview of various treatment modalities available for treatment of parathyroid disorders Parathyroidectomy and its complications The concept of auto- transplantation of parathyroids 			
9	Differential Diagnosis & Diagnostic Approach To Neck Swelling	Diagnose the patient presenting with neck swelling based on history and clinical examination	KnowledgeDescribe the basic principles of the following with emphasis on clinical application:• The differential diagnosis of a neck swelling based on the concept of anatomical triangles of the neck• Difference between types of cystic lesions (true cyst and false cyst), sinus and fistula Skills	IC 1 IC 2	LGIS, Student presentations, Bedside demonstrations during clinical rotations / O.R visits	MCQs SEQs Scenario based Viva Voce Long/ Short Cases



S.No.	Topics/ Theme	Learning Outcomes	Learning Objectives/ Content	IC Codes	MITs	Assessment
		By the end of this b	By the end of this block students should be able to:			Tools
			Clinical diagnostic landmarks of common neck swellings			
10	Cervical Lymphadenopathy	Diagnose the patient of cervical lymphadenopathy in clinical practice	KnowledgeDescribe the basic principles ofthe following with emphasis onclinical application:• Clinical anatomy of the lymphnodes and lymphatic drainageof the head and neck• The levels of neck lymphnodes• Common causes of localizedand generalizedlymphadenopathy and theirclinical featuresSkillsDemonstrate basiccomprehension of the followingwith emphasis on clinicalapplication:• Clinical differentiationbetween acute and chroniclymphadenitis• Cold abscess and the collarstud abscess	IC 1 IC 2	LGIS, Student presentations, Bedside demonstrations during clinical rotations / O.R visits	MCQs SEQs Scenario based Viva Voce



		Learning	Learning Objectives/			Accordent
S.No.	Topics/ Theme	Outcomes	Content	IC Codes	MITs	Assessment
		By the end of this bl	ock students should be able to:			TOOIS
			 Clinical features suggesting malignant lymphadenopathy Where to look for the primary disease in cases of secondary malignant deposits in the neck lymph nodes Planning a diagnostic workup for a patient presenting with 			
11	Oral Cancer And Precancerous Conditions (Carcinoma Tongue And Lip)	Apply the knowledge of oral cancer and precancerous conditions in clinical practice	KnowledgeDescribe the basic principles ofthe following with emphasis onclinical application:• Demography of oral cancer• Oral cancer prevalence inPakistan• Risk factors for developmentof oral cancer especially therelationship between oralcancers and the use of alcoholand tobacco• Premalignant lesions of theoral cavity, their diagnosis andmanagement	IC 1 IC 2	LGIS, Student presentations, Bedside demonstrations during clinical rotations / O.R visits	MCQs SEQs Scenario based Viva Voce



		Learning	Learning Objectives/			Accorr
S.No.	Topics/ Theme	Outcomes	Content	IC Codes	MITs	Assessment
		By the end of this b	lock students should be able to:			10015
			 The concept of 'Field change' in malignancies of the aerodigestive tract The cardinal clinical features and management of patients presenting with oropharyngeal cancer (employing carcinoma tongue and lip as the prototype disease conditions) Surgical reconstruction in patients undergoing treatment of oro-pharyngeal cancer 			
12	Neck Dissections & Its Types	Apply the knowledge of types of neck dissections, their pros, and cons in clinical scenarios	KnowledgeDemonstrate basiccomprehension of the followingwith emphasis on clinicalapplication:• The meaning of term 'Neckdissection'• The concept of en-blocresection of draining lymphnodes in surgical oncology	IC 1 IC 2	LGIS, Student presentations, Bedside demonstrations during clinical rotations / O.R visits	MCQs SEQs Scenario based Viva Voce



S.No.	Topics/ Theme	Learning Outcomes	Learning Objectives/ Content	IC Codes	MITs	Assessment	
		By the end of this block students should be able to:				10015	
				• The various types of neck			
				dissections used in surgical			
				practice, their pros, and cons			



PERIODONTOLOGY

Sr.	Theme/ Topics	Learning	Learning Objectives	IC	MITs	Assessment
		Outcomes		Codes		Tools
1.	Chronic Periodontitis	 Define periodontitis Diagnose chronic cases of periodontitis Managing the disease prognosis 	 Knowledge Describe diverse anatomical features of chronic periodontitis Identify histological features of the disease Diagnose chronic periodontitis on the basis of clinical and histological features Discuss risk factors of the disease Discuss management of chronic periodontitis 	IC 2	LGIS	SAQs MCQs VIVA
2.	Aggressive Periodontitis	 Distinguish and differentiate between aggressive and chronic forms of periodontitis 	 <u>Knowledge</u> Define aggressive periodontitis Differentiate between aggressive and chronic periodontitis Describe histopathological features of the disease 	IC 2	LGIS	SAQs MCQs VIVA



		 Plan management of disease 	 Describe the management of the disease and its risk factors Employ various adjuncts to non-surgical therapy to show rationale for use 			
			 Skill Classify interdental cleaning aids Demonstrate the importance of tooth brushing techniques, oral irrigation techniques and disclosing agents 	IC 1 IC 4 IC 5	Clinical rotation demonstration	OSCE
3.	Necrotizing Ulcerative Periodontitis	 Diagnose Acute Necrotizing Ulcerative Gingivitis (ANUG) Differentiate and manage cases of ANUG and Chronic ulcerative periodontitis 	 Knowledge Identify and correlate clinical features Distinguish between different gingival diseases Describe the management and risk factors of the disease 	IC 2	LGIS	SAQs MCQs VIVA
4.	Trauma From Occlusion	 Define trauma from occlusion (TFO) 	 <u>Knowledge</u> Differentiate trauma from occlusion Identify types of Occlusal trauma 	IC 2	LGIS	SAQs MCQs VIVA



		 Discuss different classes of trauma Plan management of trauma from occlusion (TFO) 	 Indicate consequences of trauma Examine and recall tissue response of trauma Enumerate treatment options 			
5.	Periodontal Non- Surgical Therapy	 Discuss the aims of non-surgical therapy Identify the procedures comprising of NSPT Distinguish different end points with NSPT 	 Knowledge Explain chemical and mechanical plaque control techniques Describe Oral hygiene instructions Employ various adjuncts to non-surgical therapy to show rationale for use Classify interdental cleaning aids Discuss the importance of toothbrush brushing techniques, oral irrigation techniques and disclosing agents 	IC 2	LGIS	SAQs MCQs VIVA VOCE



			 Skill Demonstrate various plaque control techniques 	IC 1 IC 4 IC 5	Clinical Rotation	OSCE
6.	Periodontal Pocket	 Define Periodontal pocket Classify periodontal pockets Management of all types of pockets Distinguish and differentiate features between different periodontal pockets 	 Knowledge Demonstrate gingival and periodontal probing Determine pathological signs of periodontal tissues Interpret normal and pathological structures found on dental radiographs Label periodontal pocket Point out techniques available for detecting change in bone heights on radiographs Identify and discuss clinical features of gingival inflammation, periodontal pocketing, and bone loss patterns 	IC 2	LGIS	SAQs MCQs VIVA



			 Skill Calculate the clinical attachment loss of attached gingiva 	IC 1 IC 4 IC 5	Clinical Rotation	OSCE
7.	Acute Gingival Infections	 Discuss the acute gingival infections Correlate histopathological differences between infections Management of acute gingival infections 	 Knowledge Define Identify and Describe gingival inflammation, periodontal pocket, and bone loss patterns Describe histopathological features associated with gingival inflammation Describe pathogenesis of gingival inflammation, pocket formation and bone destruction patterns 	IC 2	LGIS	MCQ SAQ VIVA
8.	Treatment Of Desquamative Gingivitis	 Define and correlate histopathology Discuss management of desquamative gingivitis 	 <u>Knowledge</u> Classify the types of gingival diseases Discuss how to diagnose desquamative gingivitis Plan its management 	IC 2	LGIS	MCQ SAQ VIVA
9.	Bone Loss And Patterns Of Bone Loss	 Define bone loss Discuss types of bone loss 	 <u>Knowledge</u> Discuss Bone destruction patterns in periodontal disease 	IC 2	LGIS	MCQ SAQ VIVA



		 Discuss the treatment modalities 	 Discuss bone destruction caused by trauma from occlusion, and systemic disorders Explain factors determining bone morphology in periodontal disease 			
10.	Chemotherapeutic Agents	 Discuss all available prophylactic agents Discuss use of agents as adjunctive therapy 	 Knowledge Define antimicrobial agent Classify antimicrobial agents used in periodontal disease Identify commonly used antimicrobial agents and Chlorhexidine in periodontal disease Differentiate between the use of Systemic and Local antimicrobial agents Identify serial and combination antibiotic therapy 	IC 2	LGIS	MCQ SAQ VIVA
11.	Host Modulation	 Discuss and define host modulation therapy Discuss doxycycline as 	 Knowledge Define host modulation Identify risk factors for periodontal disease Describe host response in periodontal disease 	IC 2	LGIS	MCQ SAQ VIVA



		 host altering agent Discuss interaction of agents with host 				
12.	Periodontal Pathogenesis	 Discuss pathogenesis of periodontal disease Differentiate between the bacterial species involved in periodontitis 	 <u>Knowledge</u> Enlist its causative factors Discuss histopathological changes associated with various periodontal diseases Discuss immune reactions in pathogenesis of periodontal diseases 	IC 2	LGIS	MCQ SAQ VIVA
13.	Influence Of Systemic Conditions	 Identify all the systemic conditions affecting periodontium Discuss management of periodontal disease influenced by different systemic conditions 	 Knowledge Identify the role of systemic diseases/ conditions in the etiology of periodontal disease Describe clinical features of periodontal disease associated with systemic diseases/ factors Tabulate common systemic diseases or conditions that have an impact of periodontal health 	IC 2	LGIS	MCQ SAQ VIVA


14.	Impact Of Periodontal Infections On Systemic Health	 Identify bacteria involved in periodontal infection Identify the role of periodontal disease affecting systemic health Plan management of periodontal infections 	 Knowledge Differentiate between clinical features of various systemic conditions/diseases Identify the role of AIDS on periodontium Identify treatment options for gingival disease 	IC 2	LGIS	MCQs SAQs VIVA
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ORAL & MAXILLOFACIAL SURGERY

S. N O	Topics/ Theme	Learning Outcomes	Learning Objectives By the end of the block the student will be able to:	IC Codes	MITs	Assessment Tools
1.	Introduction To Oral & Maxillofacial Surgery	 Discuss the basic concept of this subspecialty, various domains, and horizon Describe the role of maxillofacial surgeon Discuss the significance of this field in the health care system 	 Knowledge Define Oral & Maxillofacial Surgery and its significance Explain the implication of this field in various disease conditions Discuss the role of Multi-Disciplinary Team (MDT)and its significance 	IC 2	LGIS	Students' Presentations /Formative Ward Test



2.	Principles Of Surgery	 Discuss the steps of history taking Describe the steps of General patient evaluation/examina tion, documentation, Consent, and Ethics 	 Knowledge Enlist common areas of dental litigation Enlist the steps to reduce the risk of litigation Describe the role of a dentist in forensic odontology Describe Consent, its significance, and its types 	IC 2	LGIS	Students' Presentations /Formative Ward Test
			 Skill Record relevant history of the patient Identify the Chief Complaint Perform relevant systemic examination related to oral surgery Record vitals Document the patient history and record sheet 	IC 1 IC 4 IC 5	Clinical rotation Demonstra tion	Formative Ward Test
			 <u>Attitude</u> Follow the proper dress code of the clinical department Obtain consent before starting the procedure and thank in the end Maintain his/her workstation according to the prescribed SOPs Report any damage to the armamentarium and equipment immediately 	IC 1 IC 3 IC 4 IC 5	Clinical rotation Demonstra tion	Formative Ward Test



3.	Infection Control In Surgical Practice	 Describe Aseptic Techniques Define sterilization and disinfection Differentiate between clean and sterile technique 	 Knowledge Describe various sterilization techniques and tests to ensure sterilization Describe various disinfection means and methods Define Clean and sterile techniques and their application in oral surgery Describe the functions of CSSD 	IC 2	LGIS	Students' Presentations /Formative Ward Test
4	Cross Infection Control	 Describe infectious pathogens (blood- borne), their transmission, prevention and exposure Apply universal precautions Follow Protocols for Hepatitis B exposure and vaccine 	 Skills Follow the Protocols for needle stick injury Implement universal precautions and hand hygiene Recall and apply Covid-19 SOP and protocols Manage sharps, needle handling (scoop technique) & their waste 	IC 1 IC 4 IC 5	Clinical Rotation Demonstra tion	Formative Ward Test
5	Pain And Anxiety Management	 Describe the significance of pain and anxiety management, pre- operative, 	 Knowledge Describe various anaesthetic techniques, local anaesthesia, general anaesthesia, sedation (nitrous oxide), and their application in OMFS 	IC 2	LGIS	Students' Presentations /Formative Ward Test



6		 intraoperative and postoperative Implement the Anxiety Reduction Protocol 	 Skill Describe various anaesthetic techniques, local anaesthesia, general anaesthesia, sedation (nitrous oxide), and their application in OMFS 	IC 1 IC 4 IC 5	Clinical rotation Demonstra tion	Formative Ward Test
6.	Anaesthesia	 Describe types of Local Anaesthesia (LA) on the pharmacological basis, pharmacology, mechanism of action Describe Types of LA on the duration of action Describe the composition of LA cartridge Describe vasoconstrictors and their effects in local anaesthesia 	 Knowledge Recall the composition of Local Anaesthesia (LA) cartridge which is used in the dental office Describe recommended dosages of various types of LA 	IC 2	LGIS	Students Presentations /Formative Ward Test
7.	Local Anaesthesia Armamentariu m	 Identify armamentarium for local anaesthesia in oral surgery 	 Knowledge Identify different parts of the dental syringe and LA cartridge 	IC 2	LGIS	Students' Presentations /Formative Ward Test
8.	Techniques For Administering	 Identify anatomical landmarks and recall relevant 	 Skills Perform Maxillary anaesthetic injection 	IC 1 IC 4 IC 5	Clinical rotation	Formative Ward Test



	Local Anaesthesia	 anatomy Enlist sensory innervation of jaws and individual teeth Compare various techniques of inferior alveolar nerve block 	 Perform Mandibular anaesthetic injection (Mental nerve block, I.A.N nerve block, long buccal nerve block, infiltration) Perform Periodontal ligament & Intra-osseous anaesthetic injection technique 		Demonstra tion	
9.	Complications Of Local Anaesthesia	 Enlist and recognize possible complications of local anaesthesia injection and toxicity 	 <u>Knowledge</u> Differentiate between local and systemic complications of LA and their management 	IC 2	LGIS	Students' Presentations /Formative Ward Test
10.	Simple Exodontia	 Enlist indications and contra- indications for the removal of teeth Perform radiological interpretation Formulate and finalize a treatment plan Enumerate the nerves that need anaesthetized to extract individual teeth 	 <u>Skills</u> Elicit relevant medical and dental history and examination (patient assessment) Perform clinical evaluation of tooth to be removed, making a diagnosis Interpret relevant radiographic investigations 	IC 1 IC 4 IC 5	Clinical rotation Demonstra tion	Formative Ward Test



11.	Exodontia	 Identify 	<u>Knowledge</u>	IC 2	LGIS	Students'
	Armamentariu	armamentarium for	Explain mechanical principles of			Presentations
	m & Techniques	simple exodontia	elevators and forceps			/Formative
		Perform Chair				Ward Test
		positioning	<u>Skills</u>	IC 1	Clinical	Formative
		 Enlist steps of tooth 	Practice chair positioning	IC 4	rotation	Ward Test
		extraction	Demonstrate knowledge of use of	IC 5	Demonstra	
		Explain Mechanical	forceps and elevators		tion	
		principles involved in				
		tooth extraction				
		Describe Post-				
		operative instruction				
		(exodontia only)				



Vertically Integrated Modules

Research - Student Research Interest Groups

Activities Timeline:

Behavioral Sciences Learning Outcome– Block II

S. No	Topics/Theme	Learning Outcomes By the end of this block, studen	Learning Objectives ts of 3 rd year will be able to:	IC Code	MIT	Assessment Tools
1.	 Common psychiatric disorders in general health settings 	 Discuss common psychiatric disorder that can be encountered in general health settings Equip medical students with knowledge and skills in order to respond to common psychiatric disorders in hospital settings. 	 Knowledge Define the most common psychiatric disorders (e.g., depression, anxiety, somatization) seen in general health settings. Identify the key symptoms and diagnostic criteria of psychiatric disorders frequently encountered in general practice. Explain the bidirectional relationship between physical health and psychiatric disorders, emphasizing the concept of psychosomatic symptoms. Describe the risk factors and management guidelines associated with psychiatric disorders in general health settings. Analyse patient history and symptoms to differentiate between 	IC 2	LGIS Case Vignettes	MCQs SEQs/SAQs

HITEC	
	psychiatric and physical causes of presenting complaints.
	Develop a management plan that
	includes both pharmacological and
	non-pharmacological interventions
	for patients with coexisting
	psychiatric and physical health
	1ssues.
	• Evaluate the need for referral to a
	specialist when managing
	psychiatric disorders in a general
	health setting.



<u>Block 2 Syllabi</u>

Behavioral Sciences

Lectures – Block II

Weeks	Topics/Theme	MIT	Instructor
Week 1	Introduction	LGIS	Ms. Amna Fayyaz
Week 2	Introduction to common psychiatric disorders Mixed anxiety and depression	LGIS, Case vignettes	Ms. Amna Fayyaz
Week 3	Panic disorder	LGIS, Case vignettes	Ms. Amna Fayyaz
Week 4	Unexplained somatic complaints	LGIS, Case vignettes	Ms. Amna Fayyaz
Week 5	Gagging reflex	LGIS, Case vignettes	Ms. Amna Fayyaz
	Summer Vacations (15th June, 2024 – 06th	July, 2024)	
Week 6	Psychosocial assessment/interviewing: brief intro.	LGIS	Ms. Amna Fayyaz
Week 7	Discussion	LGIS	Ms. Amna Fayyaz
Week 8	Substance related disorders	LGIS	Ms. Amna Fayyaz
Week 9	4Ps assessment model	LGIS	Ms. Amna Fayyaz
Week 10	Delirium	LGIS	Ms. Amna Fayyaz
Week 11	Revision	LGIS	Ms. Amna Fayyaz



<u>Lectures</u>

Sr. no.	TOPICS	WEEKS	FACILITATOR	MITs
1.	Gastro-Intestinal Disorders	16 th Week	Dr Hamza Amanat	LGIS
2.	Bacterial Infection and swelling of face and neck	16 th Week	Dr Faiqa Hassan	LGIS
3.	Viral infections	17 th week	Dr Hamza Amanat	LGIS
4.	Vesiculobullous lesions	18 th & 19 th week	Dr Faiqa Hassan	LGIS
5.	Salivary gland Swellings	20 th Week	Dr. Faiqa Hassan	LGIS
	Disturbances of salivary flow			
6.	TMJ Disorders	21 st week	Dr. Faiqa Hassan	LGIS
7.	Medical Emergencies	23 rd week	Dr. Amna Khan	LGIS
8.	Facial Pain	25 th Week	Dr. Faiqa Hassan	LGIS
	Trigeminal Neuralgia			
9.	Frey's syndrome/ Bell's Palsy	25 th Week	Dr. Faiqa Hassan	LGIS
10.	Disorders of nutrition	Week	Dr. Faiqa Hassan	LGIS



Weeks	Торіс	Demonstration Faculty Name	SGD Faculty Name
	Examination of lymph	Dr Tooba Asim	Dr Faiqa Hassan
16 & 17	nodes		Dr Amna Khan
	Examination of cranial	Dr Hamza Amanat	Dr Faiqa Hassan
18 & 19	nerves		Dr Amna Khan
			Dr Tooba Asim
20 & 21	Instruments used in medical	Dr Amna Khan	Dr Faiqa Hassan
	emergencies		Dr Tooba Asim
			Dr Hamza Amanat
	Examination of temporo-	Dr Hamza Amanat	Dr Faiqa Hassan
22 & 23	mandibular joint+ muscles		Dr Amna Khan
	of mastication		Dr Tooba Asim
24 & 25	Basic drugs used in a dental	Dr Amna Khan	Dr Faiqa Hassan
	OPD		Dr Hamza Amanat
			Dr Tooba Asim
26 & 29	Advise Investigations	Dr Amna Khan	Dr Faiqa Hassan
			Dr Hamza Amanat
			Dr Tooba Asim
26 & 29	Diagnosis and treatment	Dr Amna Khan	Dr Faiqa Hassan
	planning		Dr Hamza Amanat
			Dr Tooba Asim



LECTURES

SR. NO		TOPICS	MIT	FACILITATOR
	DISTRIBUTION			
2)	WEEK 14	Salivary Gland Pathology	LGIS	Dr. Azka Haroon
3)	WEEK 15	Salivary Gland Pathology	LGIS	Dr. Azka Haroon
4)			LGIS	
	WEEK 16	Salivary Gland Pathology		Dr. Azka Haroon
5)	WEEK 17	Class test/Infections	LGIS	Dr. Azka Haroon/ Dr.Rida /Dr.
				Ayesha
6)	WEEK 18	Infections	LGIS	Dr.Rida Batool
7)	WEEK 19	Immune Mediated Disorders/ Granulomatous	LGIS	Dr. Azka Haroon
		Disorders		
8)	WEEK 20	Immune Mediated Disorders/ Granulomatous	LGIS	Dr. Azka Haroon
		Disorders		
9)	WEEK 21	Class test/ Physical Chemical Injuries	LGIS	Dr. Azka Haroon/ Dr.Rida /Dr.
				Ayesha
10)	WEEK 22	Physical Chemical Injuries	LGIS	Dr. Ayesha Jabeen
11)	WEEK 23	Odontogenic tumors	LGIS	Dr. Azka Haroon
12)	WEEK 24	Odontogenic tumors	LGIS	Dr. Azka Haroon
13)	WEEK 25	Odontogenic tumors / Class Test	LGIS	Dr. Azka Haroon/ Dr.Rida /Dr.
				Ayesha
14)	WEEK 26	2 ND BLOCK EXAMINATION		



SR NO.	WEEK WISE	TOPICS	MIT	FACILITATOR
	DISTRIBUTION			
1)	WEEK 14	Salivary Gland Pathology	SGD	Dr.Rida Batool/Dr. Ayesha
				Jabeen
2)	WEEK 15	Salivary Gland Pathology	SGD	Dr.Rida Batool/Dr. Ayesha
				Jabeen
3)	WEEK 16	Infections	HIT	Dr.Rida Batool/Dr. Ayesha
			Laboratory	Jabeen
4)	WEEK 17	Infections	SGD	Dr.Rida Batool/Dr. Ayesha
				Jabeen
5)	WEEK 18	Infections	SGD	Dr.Rida Batool/Dr. Ayesha
				Jabeen
6)	WEEK 19	Immune Mediated Disorders/ Granulomatous	SGD	Dr.Rida Batool/Dr. Ayesha
		Disorders		Jabeen
7)	WEEK 20	Immune Mediated Disorders/ Granulomatous	CBL	Dr.Rida Batool/Dr. Ayesha
		Disorders		Jabeen
8)	WEEK 21	Immune Mediated Disorders/ Granulomatous	SGD	Dr.Rida Batool/Dr. Ayesha
		Disorders		Jabeen
9)	WEEK 22	Odontogenic tumors	SGD	Dr.Rida Batool/Dr. Ayesha
				Jabeen
10)	WEEK 23	Odontogenic tumors	SGD	Dr.Rida Batool/Dr. Ayesha
				Jabeen
11)	WEEK 24	Odontogenic tumors	SGD	Dr.Rida Batool/Dr. Ayesha
				Jabeen
12)	WEEK 25	Block 2 microscopic slide session	SGD	Dr. Azka Haroon



HITEC

PERIODONTOLOGY					
Weeks	Theory Topics	INSTRUCTOR	MIT		
1	Chronic Periodontitis	Dr. Wajeeha	1. LGIS		
			2. Clinical demonstration		
2	Aggressive periodontitis	Dr. Wajeeha	1. LGIS		
			2. Clinical demonstration		
3	Necrotizing ulcerative periodontitis	Dr. Sohaib	1. LGIS		
			2. Clinical demonstration		
4	Trauma from occlusion	Dr. Sohaib	1. LGIS		
			2. Clinical demonstration		
5	Non-surgical periodontal therapy	Dr. Wajeeha	1. LGIS		
6	Periodontal Pocket	Dr. Sohaib	1. LGIS		
7	Acute gingival infections	Dr. Sohaib	1. LGIS		
8	Treatment of desquamative gingivits	Dr. Sohaib	1. LGIS		
		Dr. Shahan	2. SDL		
9	Bone loss	Dr Wajeeha	1. LGIS		
	Patterns of bone loss		2. SDL		
10	Chemotherapeutic agents	Dr Shahan	1. LGIS		
			2. SDL		
11	Host modulation Therapy	Dr Shahan	1. LGIS		
			2. SDL		



12	Periodontal pathogenesis	Dr Wajeeha	1. LGIS
			2. SDL
13	Influence of systemic conditions	Dr. Shahan	1. LGIS
			2. SDL
14	Impact of systemic conditions	Dr. Wajeeha	1. LGIS
			2. SDL

WEEKS	ΤΟΡΙϹ	MITs	FACILITATOR	DSA
1st	1. History Taking	Clinical rotation	Dr. Wajeeha	Khawar
	2. Intra-Oral/Extra-Oral Examination	Demonstrations	Dr. Shahan	Sohail
	3. Operating the dental unit		Dr. Sohaib	Tayyaba
	4. Chair and Operator Positioning		Dr. Izhar	
	5. Infection Control			
2nd	1. Instrument grasps and stroking methods	Clinical rotation	Dr.Wajeeha	Khawar
	2. Chair side ethics and manners	Demonstrations	Dr Sohaib	Sohail
			Dr. Shahan	Tayyaba
			Dr. Izhar	
3rd	1. Periodontal examination	Clinical rotation	Dr. Wajeeha	Khawar Sohail
	2. Identifying anatomy and features of healthy	Demonstrations	Dr. Shahan	Таууаbа
	gingiva and diseased gingiva on patients		Dr. Sohaib	
			Dr. Izhar	
4th	1. Clinical diagnosis of periodontal and gingival	Clinical rotation	Dr. Wajeeha	Khawar
	diseases of patients	Demonstrations	Dr. Sohaib	Sohail
	2. Chemical and mechanical plaque control measures		Dr. Shahan	Tayyaba
			Dr. Izhar	



5th	1. Oral Hygiene instructions and prescription writing	Clinical rotation	Dr. Wajeeha	Khawar
	2. Treatment planning of patients with different	Demonstrations	Dr. Sohaib	Sohail
	types of periodontal diseases		Dr. Shahan	Tayyaba
			Dr. Izhar	
6th	1. Assessment and interpretation of OPG and	Clinical rotation	Dr. Wajeeha	Khawar
	periapical radiographs.	Demonstrations	Dr. Shahan	Sohail
	2. Detection and diagnosis of gingival recession		Dr. Sohaib	Tayyaba
	and furcation involvement		Dr. Izhar	
7th	1. Non-surgical Management of patients	Clinical rotation	Dr. Wajeeha	Khawar
	2. Introduction to ultrasonic scaling (Equipment	Demonstrations	Dr. Shahan	Sohail
	and Procedure)		Dr. Sohaib	Tayyaba
	3. Identifying periodontal surgery instruments		Dr. Izhar	
8 th	1. Ultra sonic scaling (equipment and procedure)	Clinical rotation		Khawar
	2. Medical emergencies	Demonstrations		Sohail
				Tayyaba
9 th	WARD EXIT EXAM		Dr. Wajeeha	Khawar
			Dr. Shahan	Sohail
			Dr. Sohaib	Tayyaba
			Dr. Izhar	



BLOCK II (Lectures)

SR	week	ΤΟΡΙϹ	Facilitator	MIT
1	1	Acid peptic disease -! Acid peptic disease II	Prof.Shahid	LGIS
2	2	Acute hepatitis- I Acute hepatitis- <u>I</u> I	Prof.Shahid	LGIS
3	3	Cirrhosis-I Cirrhosis-II	Prof.Shahid	LGIS
4	4	Chronic hepatitis- I Chronic hepatitis- II	Prof.Shahid	LGIS
5	5	Ascitis and its management	Prof.Shahid	LGIS
6	5	Liver and dentistry	Prof.Shahid	LGIS



7	6	Enteric fever	Prof.Shahid	LGIS
8	6	Dengue Fever	Prof.Shahid	LGIS
9	7	HIV/AIDS and STDS- I HIV/AIDS and STDS- II	Prof.Shahid	LGIS
10	8	Malaria	Prof.Shahid	LGIS
11	8	Acute febrile illness	Prof.Shahid	LGIS
12	9	Fungal Infections and Management-I Fungal Infections and Management-II	Prof.Shahid	LGIS
13	10	Pneumonia –I Pneumonia –II	Prof.Shahid	LGIS
14	10	Tuberculosis-I Tuberculosis-II	Prof.Shahid	LGIS
15	11	Bronchial Asthma-I Bronchial asthma-II	Prof.Shahid	LGIS
16	12	COPD-I COPD –II	Prof.Shahid	LGIS



BLOCK II(CLINICAL/Practical)

Sr #	week	Topic/Clinical	facilitator	MIT
1	1	S.G.D(acid peptic disease & GERD presentation) History Taking with Presenting complaints/common gastrointestinal presenting complaints (PPIs and H.pylori eradication Therapy)	DR Rehman Arshad	SGD
2	2	S.G.D(acute viral hepatitis and transmission) History Taking with Presenting complaints/common GI Symptoms (interpretations of Liver function test)	DR Rehman Arshad	SGD
3	3	S.G.D(hepatitis B and C transmission) History Taking with Presenting complaints/common presenting complaints/history of CLD cases P.B.L(management of an case of needle stick injury(B and C serology interpretaion)	DR Rehman Arshad	SGD P.B.L



4	4	S.G.D (cirrhosis and its complications) History taking with Demographic Information/examination of a case of CLD (management of a case of Upper GI Bleed)	DR Rehman Arshad	SGD
5	5	 S.G.D(ascitis and its management) History Taking and abdmoninal examination) (management of a case of ascitis and ascetic tap) 	DR Rehman Arshad	SGD
6	6	S.G.D (Enteric fever) History taking and abdominal examination (workup of a case of acute febrile illness)	DR Rehman Arshad	SGD
7	7	S.G.D (workup and management of Water born diseases) Significant Past medical and past surgical history Examination (abdominal examination and signs of dengue fever) (workup and management of a case of STDs)	DR Rehman Arshad	SGD
8	8	S.G.D(common fungal infections) History of Presenting illness(Common presenting complaints in gastroentrology)	DR Rehman Arshad	SGD



		(interpretation of LFTS and synthetic liver function test)		
9	9	S.G.D (CLD and dentistry) Examination(JVP Measurement and pedal and sacral oedema) (Management of a case of AVH)	DR Rehman Arshad	SGD Short case
10	10	S.G.D(management of patient with clotting disorder in dentistry) History Taking with Presenting complaints chronic diarrhea Systemic examination in case of CLD P.B.L(Approach to patient with Acites)	DR Rehman Arshad	SGD Short case
11	10	S.G.D (Common pneumonias) History taking of common respiratory problems Interpretation of chest x-ray	DR Rehman Arshad	SGD Short case
12	11	SGD(Work up of a case of Tuberculosis) ATT and its complications Interpretation of Tuberculin test	DR Rehman Arshad	SGD Short case
12	12	S.G.D(Bronchial Asthma &Its diagnosis) Management of acute Sever Asthma	DR Rehman Arshad	SGD



	Spirometery & diagnosis of asthma	Short
		case

GENERAL SURGERY

LECTURE SCHEDULE

Week	Торіс	Faculty	MIT
1	Anaesthesia And Pain Management	Prof Zafar Iqbal	LGIS
1	Introduction To Trauma Management Based On ATLS Protocol	Prof Zafar Iqbal	LGIS
1	Head And Spine Trauma	Prof Zafar Iqbal	LGIS
1 & 2	Cervical Spine Injury	Prof Zafar Iqbal	LGIS
2	Neck And Cervical Trauma +History And Clinical Exam	Prof Zafar Iqbal	LGIS



Week	Торіс	Faculty	ΜΙΤ
2	Chest Trauma And Its Management	Prof Zafar Iqbal	LGIS
2	Neck And Cervical Trauma +History And Clinical Exam	Prof Zafar Iqbal	LGIS
2 & 3	Use Of Chest Drain ,Haemorrhage And Its Type	Prof Zafar Iqbal	LGIS
3	Benign And Malignant Diseases Of Thyroid	Prof Zafar Iqbal	LGIS
3	Thyroidectomy And Its Complication	Prof Zafar Iqbal	LGIS
3 & 4	Disorder Of Parathyroid Gland	Prof Zafar Iqbal	LGIS
3 & 4	Differential Diagnosis And Diagnostic Approach To Neck Swelling	Prof Zafar Iqbal	LGIS
4	Cervical Lymphadenopathy	Prof Zafar Iqbal	LGIS
4	Revision Of Trauma (General + Neck + Spine + Thoracic)	Prof Zafar Iqbal	LGIS
4	Oral Cancer And Precancerous Condition	Prof Zafar Iqbal	LGIS
4 & 5	Thoracic Trauma +History Taking	Prof Zafar Iqbal	LGIS
5	Drains ,Diathermy And Laparoscopic Surgery (Overview) Part 2	Prof Zafar Iqbal	LGIS



Week	Торіс	Faculty	MIT			
5	Revision Of Trauma (General + Neck + Spine + Thoracic)	Prof Zafar Iqbal	LGIS			
5	Thyroidectomy And Its Complications	Prof Zafar Iqbal	LGIS			
6	Diagnostic Imaging	Prof Zafar Iqbal	LGIS			
6	Examination Videos Revision	Prof Zafar Iqbal	LGIS			
	Practicals					
To be decided	Introduction To TRAUMA And ATLS	Dr Afshan	Practical/ SGD			
To be decided	History Taking And Examination	Dr Afshan	Practical/ SGD			
To be decided	Examination Of a Swelling	Dr Afshan	Practical/ SGD			
To be decided	Case Discussion Regarding Swelling	Dr Afshan	Practical/ SGD			
To be decided	Examination Of Ulcer	Dr Afshan	Practical/ SGD			
To be decided	Case Discussion	Dr Afshan	Practical/ SGD			
To be decided	Discussion Of Chest X-Rays Of Pneumothorax And Case Review	Dr Afshan	Practical/ SGD			



Week	Торіс	Faculty	MIT
To be decided	Examination Of Thyroid	Dr Afshan	Practical/ SGD
To be decided	Visit To Emergency Room And Discussion Of Basic Surgical Procedures	Dr Afshan	Practical/ SGD
To be decided	Case Discussion Regarding Neck Swellings	Dr Afshan	Practical/ SGD



Area		TOPIC/ CAVITY DESIGN	INSTRUCTORs	DSA			
		1 st Week					
Day 1	Operative department						
Day 2	Skill lah	Orientation + history taking	Dr Sharaz + Dr Yumna	Basharat			
Day 3	Skiir lab						
	2 nd Week						
Day 1	Skill lab						
Day 2		Dr Sharaz + Dr Yumna	Basharat				
Day 3	Operative department						
		3 rd Week					
Day 1							
Day 2	Operative department	Class I compound & class I maxillary & mandibular premolars	Dr Sharaz + Dr Yumna	Basharat			
Day 3							
		4 th Week					
Day 1	Skill lab						
Day 2	Operative department	Class II maxillary & mandible molars	Dr Sharaz + Dr Yumna	Basharat			
Day 3	Operative department						
5 th Week							
Day 1							
Day 2	Operative department	Class II premolars	Dr Sharaz + Dr Yumna	Basharat			
Day 3							
		6 th Week					
Day 1	Skill lab	Class III + Class V	Dr Sharaz + Dr Yumna	Basharat			



Area		TOPIC/ CAVITY DESIGN	INSTRUCTORs	DSA				
Day 2	Operative department							
Day 3	Operative department							
	7 th Week							
Day 1								
Day 2	Operative department	Class III + Class V	Dr Sharaz + Dr Yumna	Basharat				
Day 3								
		8 th Week						
Day 1			Exam + Assessment					
Day 2	Operative department	Endo on extracted single rooted tooth						
Day 3			Viva					
9 th Week + 10 th Week								
Day 1								
Day 2	Operative department	EXIT EXAM	Dr Sharaz + Dr Yumna	Basharat				
Day 3								



Lecture Schedule

S. No	Weeks	Theory Topics	Instructor	МІТ
1	14	Introduction to prosthodontics	Dr uzair	LGIS
2	19	Surveying	Dr.Aamir	LGIS
3	19	Major and minor connectors	Dr.Aamir	LGIS
4	19	Systemic health aspects and nutritional considerations	Dr.Aamir	LGIS

Clinical Demonstrations

Week	Practical	Demonstration	Group Discussion	Laboratory Staff	
1.	History taking	Dr. Aamir	Dr. Uzair, Dr. Sameen	Qasim	
2.	Clinical examination	Dr. Uzair	Dr. Sameen, Dr. Aamir	Atif	
3.	Tray selection/ impression making/ cast pouring	Dr. Uzair	Dr. Sameen, Dr. Amna	Imran Khan/ Qasim	
4.	Designing and surveying	Dr. Aamir	Dr. Uzair, Dr. Sameen	Tahir Khan/ Atif	



Week	Practical	Demonstration	Group Discussion	Laboratory Staff	
5	Clasp fabrication	Dr. Uzair	Dr. Aamir, Dr. Sameen	Imran Khan/ Ifra	
5.	Wax up	Dr. Uzair	Dr. Aamir, Dr. Sameen	Tahir Kazmi / Qasim	
6.	Articulation	Dr. Aamir	Dr. Sameen, Dr. Amna	Imran Khan/ Atif	
7.	Teeth setup	Dr. Uzair	Dr. Aamir, Dr. Sameen	Tahir Kazmi/ Ifra	
8.	Flasking/ Curing	Dr. Uzair	Dr. Aamir, Dr. Sameen	Imran Khan/ Qasim	
	Polishing Finishing/Insertion	Dr. Uzair	Dr. Aamir, Dr. Amna	Tahir Kazmi/ Atif	
9.	Ward Test	Dr. Uzair	Dr. Aamir, Dr. Sameen	Tahir Kazmi/ Atif	



Innovative Teaching Strategies

Group Presentations

In alignment with the institutional outcomes which expect graduating learners to be a collaborator and communicators, in accordance with the PMC guidelines, student group presentations were planned and scheduled on the important topics during their clinical rotation. Each student clinical batch will be divided into groups and presentations will be given on the topics assigned by the clinical faculty and will be assessed according to the scoring guide. The clinical case-based and the history-taking and examination approach to the patients will be assessed during their clinical and end-of-rotation assessment accordingly.

Date:

Oral Presentation Scoring Guide

Dental College HITEC-IMS Taxila

Topic/ Title:

Name

I.	Content					
	Rating scale	Poor	Fair	Good	Average	Excellent
		1	2	3	4	5
Α.	Knowledge of the topic					
	(Depth of knowledge, well researched)					
		1	2	3	4	5
В.	Evidence of support and clear reasoning					
	(supporting details literature cited is thorough and relevant)					
		1	2	3	4	5
C.	Professional and thorough discussion					
	(Polite, fields question/ comments accur	rately)				

Batch/Group:



		1	2	3	4	5
II.	<u>Organization</u>					
	A. Development of idea (Relevance)	1	2	3	4	5
	B. Clear, engaging, introduction, body, a	and conclu	usion			
		1	2	3	4	5
	C. Logical sequence/ smooth flow of ide	eas				
	(smooth transitions, easy to follow th	nought pro	ocess)			
		1	2	2	Л	5
		<u>т</u>	~		-+	J



Group Presentation Evaluation

Group Member's Names:

Your presentation will be evaluated using the following scale in each of the categories below.

		Needs Ir	mprovem	ent>>>>>	>>>Excelle	nt
1.	Introduction	1	2	3	4	5
	 Got our attention 					
2.	Preparation	1	2	3	4	5
	 Preparation apparent 					
	 Practice apparent 					
	 Each member prepared equally 					
3.	Organization	1	2	3	4	5
	Project well organized?					
	 Easy to follow? 					
	 Did the overall presentation have an introd 	luction, ol	ojective, a	body wit	h support	ing material, and a definite conclusion?
4.	Meeting assignment objectives	1	2	3	4	5
	 Did the presenters give clear and concrete exp 	lanations	and exam	ples?		
5.	Presentation style	1	2	3	4	5
	 Was it delivered extemporaneously? (Mem 	bers knev	w their ma	aterial, use	ed minor i	notes, and did not read it to us!)
	Language used was appropriate and clear?					
6.	Delivery	1	2	3	4	5
	 Eye contact 					
	 Volume, vocal variety 					
	 Nonverbal body language (fidgeting, posture 	re, gestur	es, etc.)			
	 Verbal fillers (ah, um) 					
	 Did the speakers show sincerity or enthusia 	asm when	they spo	ke?		



7. Conclusion	1	2	3	4	5
 Ended with a summary Had finality to cap off presentation 8. Overall team cohesiveness: 	1	2	3	4	5
 Connected to each other Other team members were attentive while individuals spoke 					
 Met time requirements 					
9. Overall rating of project	1	2	3	4	5
 Includes presentational style, content, organization, and creativity 					

GRADE OR ASSIGNED POINTS:

COMMENTS:



CASE-BASED LEARNING SESSIONS

Conducted by Periodontology, Oral Medicine, General Medicine, General Surgery, Oral Pathology

Case based learning sessions were held in which students were taught about history taking, clinical presentation and examination along with relevant investigations. Students are taught regarding planning of management of ongoing cases under discussion.

Innovative Teaching Methodologies(General Medicine)

1. Case based/problem based learning sessions

Case bases learning session or problem based learning session held in practical hours. At start or end of Clinical part there is session of problem based learning in every teaching week. In this session students are teaches about the clinical cases along with proper workup finding. Every batch is taught about ongoing management. The purpose of case/problem based learning is everyone should know how to workup case completely presentation to OPD or ER till discharge. Case based session are completely matched with units teaching in lectures.

2.Small group discussions

Small group discussion strategies are to facilitate the students. There is time given to students with given topics asked to read the subject thoroughly. Then there is through discussion about that topic and subject .One of the benefit of this technique is some students share wrong detail about subject they can be corrected. Most of the students participate with proper involvement. Mostly small group discussions topics will be or part of lecture delivered that day.

3.Ward teaching through skill labs

As the matter of facts mostly all cases not present in wards which needs to be shown to students. Skill lab is being used to teach the students about procedures and clinical methods. These things are necessary to be taught. Students were going to skill lab with instructors 'and learn basic procedure.



Benefits of skill lab is widely accepted so a best practice skill lab training of intravenous cannulation and nasogastric tube insertion skill, catherization skill is to be taught in skill labs keeping in view of patient safety. Similarly ward teaching clinical methods are to be practice in skill lab make students to learn effectively.


Learning Resources

ORAL PATHOLOGY

<u>Textbook</u>

- 1. Contemporary Oral and Maxillofacial Pathology (3rd edition)
- Authors: J. Philip Scap, Lewis R Eversole, George P. Wysocki.

Reference Books

1. Oral and Maxillofacial Pathology (4th edition)

Authors: Brad W. Neville & Douglass D. Dam & Carl Allen & Angela C. Chi

• Oral and Maxillofacial Pathology (6th edition); Clinical Pathological Correlations

Authors: J. Regazi, James Sciubba, Richard Jordan.

ORAL MEDICINE

- 1. Tyldesley's Oral Medicine, 5th Edition, by Anne Field & Lesley Longman.
- 2. Oral and Maxillofacial Medicine, the Basis of Diagnosis and Treatment, 2nd Edition, By Crispian Scully.
- 3. Medical Problems in Dentistry, 6th Edition, by Crispian Scully.

PERIODONTOLOGY

- 1. Clinical Periodontology by Glickman.
- 2. Clinical Periodontology by Manson.
- 3. Colour Atlas of Clinical and Surgical Periodontology by Strahan & Waite.



4. A Textbook of Clinical Periodontology by Jan Lindhe.

ORAL & MAXILLOFACIAL SURGERY

- 1. Contemporary Oral and Maxillofacial Surgery, 7th edition, James R. Hupp.
- 2. Handbook of Local Anaesthesia, 7th edition, Stanley F. Malamed.
- 3. Fractures of the Facial Skeleton, 2nd edition, Peter Banks.
- 4. Scully's Medical Problems in Dentistry, 7th edition, Crispian Scully.

General Medicine

TEXTBOOKS:

1. Davidson's Principles and Practice of Medicine 24th edition

REFERENCE BOOKS:

- 1. KUMAR AND Clarks Clinical Medicine 10th edition
- 2. Harrison Manual of Medicine 20th edition

Clinical methods:

- 1. Macleod's Clinical Examination 14th edition
- 2. Hutchison's clinical methods 24th edition

OPERATIVE DENTISTRY

- 1. Art & Science (Sturdevant).
- 2. Fundamentals of Operative Dentistry (Summit's).



GENERAL SURGERY

1. Bailey and Love's Sort Practice of Surgery – 27th edition	Bailey & Love's SHORT PRACTICE of SURGERY Edited by MORIANN S. WILLIAMS P. ROMAN O'CONNELL ANDRIVE V. M. CASKE 27 th EDITION CONCEPTED CONCEPTED CONCEPTED
 An Introduction to the Symptoms & Signs of Surgical Disease by Norman S Browse 	BROWSES INTRODUCTION TO THE SYMPTOMS SAND SIGNS OF SURGICAL DISEASE WITH THE SAND SAND SAND SAND SAND SAND SAND SAND
3. A Manual on Clinical Surgery by S. DAS	A manual on Chinical Surgery Indus: • STECAL INVESTIGATIONS • DIFFERENTIAL DIAGONS B. Das B. Das B. Das B. Das B. Das B. Das B. Das B. Das



4. Clinical Methods in General Surgery by Hamilton & Bailey

