DENTAL COLLEGE HITEC-IMS
Study Guide Y3 - T2 - D26
Term 2
Third Year BDS
Coordinator: Dr. Rabia Masood

NUMS Vision

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

Institutional Vision

Leading advancement in Oral & Dental health through excellence
in education, patient care and research

Institutional Mission

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

PROGRAM OUTCOMES

Code	Outcome Statement (Graduate will be able to…)	Keywords
PO1	Manage common oral diseases using safe and evidence-based practices.	Diagnosis · Treatment · Safety
PO2	Identify patients requiring referral for specialized oral and dental treatment.	Triage · Scope of Practice · Networks
PO3	Advocate preventive measures against common oral and dental disease.	Prevention · Risk Reduction · Health Promotion
PO4	Demonstrate professional, ethical, and culturally appropriate behavior.	Ethics · Altruism · Cultural Sensitivity
PO5	Engage in lifelong learning for continuous professional development.	CPD · Reflective Practice · Growth
PO6	Demonstrate effective verbal and written communication skills.	Counselling · Documentation · Clarity
PO7	Demonstrate basic skills to conduct research on common oral and dental issues.	Research Literacy · Audit · Inquiry
PO8	Work in healthcare teams and provide leadership when required.	Teamwork · Leadership · Collaboration

Curricular organization of the BDS program

<table>
<tr><th>BDS Year 1 (Integrated)</th><th>BDS Year 2 (Integrated)</th><th>BDS Year 3</th><th>BDS Year 4</th></tr>
<tr><td colspan="4">SUBJECTS</td></tr>
<tr><td>Anatomy
Physiology
Biochemistry
Oral Biology</td><td>Community Dentistry
Dental Materials
General Pathology
Pharmacology
Preclinical Operative Dentistry
Preclinical Prosthodontics</td><td rowspan="3">General Surgery
General Medicine
Periodontology
Oral Medicine
Oral Pathology
Oral & Maxillofacial Surgery
Operative dentistry
Prosthodontics</td><td rowspan="3">Operative Dentistry & Endodontics
Pediatric Dentistry
Prosthodontics
Oral & Maxillofacial Surgery
Orthodontics</td></tr>
<tr><td colspan="2">Pakistan Studies and Islamiat
Fahimul Quran</td></tr>
<tr><td>Clinical Photography Videography, Expository Writing</td><td>EOTO
ICT</td></tr>
<tr><td colspan="4">LONGITUDINAL THREADS</td></tr>
<tr><td colspan="4">Behavioral Sciences</td></tr>
<tr><td colspan="4">Research/ICT</td></tr>
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Introduction to the Study Guide:

Dear Students,

This study guide has been developed and updated by the faculty and the Department of Dental Education HITEC-IMS especially for you. This booklet is an aid to:

· Inform you about this part of curriculum and its organization.

· Help you organize and manage your studies throughout the module.

· Guide you on assessment methods, rules and regulations.

· Communicate information on management of the module. This will help you to contact the right person in case of any difficulty.

· Define the objectives which are expected to be achieved at the end of the module.

· Identify the learning strategies such as lectures, small group discussions, clinical skills, demonstrations, tutorials and case-based learning activities that will be implemented to achieve the module objectives.

· Provide a list of learning resources such as books, and journals for students to consult in order to maximize their learning.

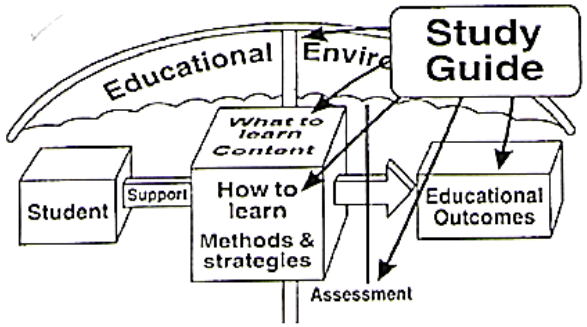

Figure 1. Objectives of the study Guide (HARDEN, J.M. LAIDLAW, E.A. HESKETH, 1999)

Block Committee

Block

Coordinator:Dr. Rabia Masood

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Blocks Organization BDS Year 3

Week	May	June July		August		September
	25th–29th	1st–19th	22nd–12th	13th	15th-18th	21st-25th
Term	**Term 2 (14 Weeks)**					
Plan	**Oro-Systemic Diseases and Management**					
Rotations	Rotations: General Surgery, General Medicine (Group A & B Thu & Fri) Oral Pathology, Oral Medicine (Group A & B Mon to Wed) Periodontology, Operative Dentistry, Prosthodontics & OMFS (Group A, B, C Mon to Wed)					
Blocks / Activities	**Block 2**	Summer Vacation	**Block 2 Continued**	Independence Day	**Block 2 Continued**	**2nd Block Exam**
Behavioral Sciences & Research						

Academic Calender Year 3

Commencement of classes: 2nd March 2026		
Disciplines taught in 3rd Year	Oral Pathology, Oral Medicine, Periodontology, General Medicine, General Surgery, Behavioral Sciences, OMFS, Operative and Prosthodontics	
Activity	**Dates**	**Duration**
1st Block (11 WEEKS) + 2 weeks Eid + 1-week sports + 1 week 1st block exam = 15 weeks		
Academics	2nd March – 6th March	1 week
Eid holidays	9th March – 23rd March	2 weeks
Academics	24th March – 10th April	3 weeks
Sports week	13th April – 19th April	1 week
Academics	20th April – 22nd May	5 weeks
Eid ul Azha	25th May – 29th May	1 week
Academics	1st June – 12th June	2 weeks
1st BLOCK Exam (written/viva)	15th June – 19th June	1 week
2nd Block (11 WEEKS) + 1 week 2nd block exam + 2 weeks summer vacation = 14 weeks		
Academics	22nd June – 26th June	1 week
Summer Vacation	29th June – 12th July	2 weeks
Academics	13th July – 18th Sep	10 weeks
2nd BLOCK Exam (written/viva)	21st Sep – 25th Sep	1 week
3rd Block (11 WEEKS) + 1 week 3rd block exam + 2 weeks Sendup exams = 15 weeks		
Academics	28th Sep – 11th Dec	11 weeks
3rd BLOCK Exam (written/viva)	14th Dec – 18th Dec	1 week
Prep Leaves Sendup	21st Dec – 25th Dec	1 week
Sendup Exam	28th Dec – 8th Jan	2 weeks
Prep Leaves	9th Jan – 7th Feb	4 weeks
Final Prof	8th Feb 2027	

Alignment of Course Outcomes with Program Outcomes (POs)

Block 2 Outcome	Aligned Program Outcome	Rationale
Differentiate between benign and malignant tumors and immune-mediated disorders on a histopathological basis	PO1, PO2	Supports accurate diagnosis and evidence-based management and identification of cases requiring specialist referral.
Plan medical management of orofacial disorders	PO1, PO2	Involves evidence-based management and recognition of conditions requiring referral.
Manage patients presenting in medical OPD with infectious, GIT, and liver diseases	PO1, PO4, PO8	Enhances safe patient management, professionalism, and teamwork.
Integrate the principles of medical ethics and psychosocial aspects of clinical practice in daily work life	PO4, PO6, PO8	Addresses professionalism, communication, and teamwork.
Apply the constructivist approach to polishing research skills	PO5, PO7	Promotes lifelong learning and research competencies.
Diagnose different periodontal pathologies	PO1, PO2, PO3	Supports disease management, referral decisions, and prevention.
Comprehend the basic concepts of management protocol regarding operative patient, trauma, ATLS, BLS, and introduction of anesthesia	PO1, PO2, PO4, PO8	Supports safe patient care, referral, professionalism, and teamwork.

DENTAL COLLEGE HITEC – INSTITUTE OF MEDICAL SCIENCES

RECORD FORMAT

YEARLY ROTATION PLAN

CLINICAL ROTATIONS FOR 3RD YEAR BDS (2026)

ORAL MEDICINE / ORAL PATHOLOGY

Dates	Batches	Subjects
9th March – 8th Dec 58+12 = 70 hours	Batch-A	Oral Pathology
	Batch-B	Oral Medicine
	Batch-A	Oral Medicine
	Batch-B	Oral Pathology

GENERAL SURGERY / GENERAL MEDICINE

Dates	Days	Batches	Subjects
12th March – 16th Oct	Thursday	Batch-A	General Surgery
	Thursday	Batch-B	General Medicine
	Friday	Batch-A	General Medicine
	Friday	Batch-B	General Surgery

DURATION DEPARTMENT

No.	Duration	Prosthodontics	OMFS	Operative	Periodontology
1	9th March – 22nd June 1st–11th Week 94 hours	A	B	C	D
2	3rd June – 19th Aug 11th–22nd Week 91 hours	B	C	D	A
3	24th Aug – 27th Oct 23rd–32nd Week (Monday) 91 hours	C	D	A	B
4	28th Oct – 11th Dec 32nd–38th Week 93 hours	D	A	B	C

Teaching And Learning Methodologies:

The following teaching/ learning methods are used to promote better understanding:

Educational Opportunities

Hospital Wards
Dental Clinics

Practical

Basic medical sciences practical related to Anatomy, Biochemistry, and Physiology are scheduled for firsthand learning of skills

Large Group Interactive Sessions - LGIS

In large group, the lecturer introduces a topic or common clinical condition and explains the underlying phenomena through questions, pictures, videos of patient's interviews, exercises, etc. Students are actively involved in the learning process.

Case-Based Learning - CBL

This is a small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the block.

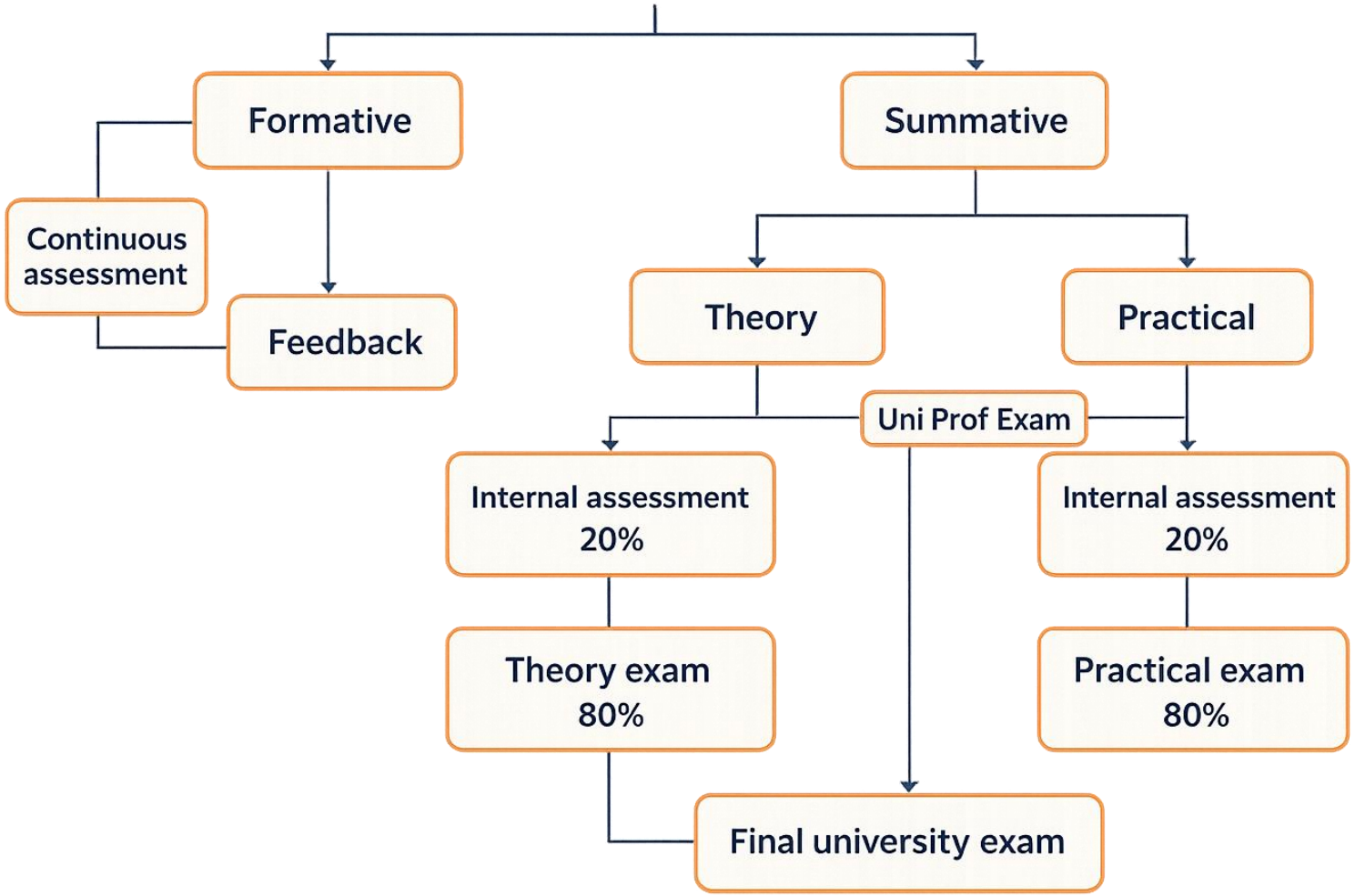
Self-Directed Study - SDL

Students assume responsibilities of their own learning through individual study, sharing and discussing with peers, seeking information from Learning Resource Center, teachers and resource persons within and outside the college. Students will be provided time within the scheduled college hours for self-study.

Small Group Discussion - SGD

This format helps students to clarify concepts, acquired skills, attitudes and achieve objectives for that particular session. Sessions are structured with the help of specific exercises such as patient case, interviews or discussion topics. Students exchange opinions and apply knowledge gained from lectures, tutorials and self-study. The facilitator's role is to ask probing questions, summarize, or rephrase to help clarify and correlate integrated concepts.

Assessment Map



Structured Summary – Block II

Term Code	Y4-T2-D26
Term Title	**Oro-Systemic Diseases & Management**
Duration Of Term	14 weeks
Important Dates	7th September, 2026 - 11th September, 2026.
Horizontally Integrated Themes	Oral Medicine, Oral Pathology, Periodontology, General Medicne, General Surgery
Vertically Integrated Themes	• Research Methodology • Behavior sciences
Prerequisite Blocks	1st Block Third Year

Introduction to the Block II

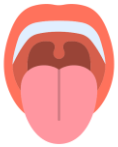
Block 2 of the Third Year BDS curriculum builds upon the foundational knowledge and clinical skills acquired in Block 1, with greater emphasis on the integration of basic sciences into patient-centered clinical practice. During this block, students strengthen their competencies in **Oral Medicine, Oral Pathology, Periodontology, Operative Dentistry, Prosthodontics, Oral and Maxillofacial Surgery, General Medicine, General Surgery, and Behavioral Sciences** through structured clinical rotations, practical sessions, case-based learning, and supervised patient care. Students are expected to enhance their **diagnostic reasoning, communication, professionalism, infection prevention practices, and evidence-based decision-**making while delivering safe and ethical patient care. The block also advances students' research competencies through data management and statistical analysis, preparing them for interpretation and scientific reporting in the subsequent block. By the end of Block 2, students should demonstrate increasing confidence in comprehensive patient assessment, treatment planning, interdisciplinary collaboration, and lifelong learning in accordance with PMDC graduate competencies.

Goodluck students

ICONS, CODES & HIGHLIGHTING KEY			
ITEM	**MEANING**		**PURPOSE (BRIEF)**
LGIS	Large Group Interactive Session		Interactive lecture with active student participation
CBL	Case-Based Learning		Small group discussion using clinical scenarios
SGD	Small Group Discussion		Concept clarification through guided discussion
SDL	Self-Directed Learning		Independent student learning
	Vignette (Clinical Scenario)		Short patient case used to apply knowledge clinically
	Red Text	Behavioural Sciences	Communication, ethics, professionalism, empathy
	Green Text	Patient Safety	Safety protocols, infection control, risk prevention
	Learning Icon	Learning Objective	Key competency students must achieve
	Clinical Icon	Clinical Skill	Hands-on skills during rotations

Class Test Schedule Block-2

Sr. No	Date	Subject
1	24-07-26	General Surgery
2	04-08-26	Periodontology
3	05-08-26	Oral Pathology
4	13-08-26	General Medicine
5	25-08-26	Oral Medicine
6	26-08-26	Oral Pathology
7	09-09-26	Oral Pathology



ORAL MEDICINE

TOPIC	LEARNING OBJECTIVES
Session – 1 **Halitosis / Mucocele**	**Mode of Delivery:** **LGIS**
 You should be able to	• Define halitosis and enlist its local and systemic causes • Describe the diagnostic approach and organoleptic assessment of halitosis • Enlist the management options for halitosis • Define mucocele and describe its pathogenesis (extravasation and retention type) • Describe the clinical features and common sites of mucocele and ranula • Enlist the treatment options for mucocele and ranula • Define glossopharyngeal neuralgia and describe its clinical features and trigger zones • Differentiate glossopharyngeal neuralgia from trigeminal neuralgia • Enlist the management options for glossopharyngeal neuralgia
Session – 2 **Glossopharyngeal neuralgia**	**Mode of Delivery:** **LGIS**

 You should be able to	• Define glossopharyngeal neuralgia and describe its clinical features and trigger zones • Differentiate glossopharyngeal neuralgia from trigeminal neuralgia • Enlist the management options for glossopharyngeal neuralgia.
Session – 3 **Trigeminal neuralgia**	**Mode of Delivery:** **LGIS**
 You should be able to	• Define trigeminal neuralgia and describe its epidemiology and classification. • Explain the etiology and pathophysiology of trigeminal neuralgia, including classical, secondary, and idiopathic forms. • Describe the anatomy of the trigeminal nerve relevant to the diagnosis and management of trigeminal neuralgia. • Recognize the characteristic clinical features of trigeminal neuralgia, including pain distribution, triggering factors, and diagnostic criteria. • Differentiate trigeminal neuralgia from other causes of orofacial pain, including odontogenic pain, temporomandibular disorders, post-herpetic neuralgia, atypical facial pain, and cluster headache. • Outline the appropriate clinical assessment and investigations required to diagnose trigeminal neuralgia. • Discuss the principles of pharmacological management, including the role of carbamazepine and other first-line medications. • Describe the indications and basic principles of surgical management for patients with refractory trigeminal neuralgia. • Apply clinical reasoning to develop a differential diagnosis for patients presenting with unilateral facial pain.

Session – 4 **Neurological & Psychogenic Pain**	**Mode of Delivery:** **LGIS, CBL**

 You should be able to	• Classify orofacial pain according to its etiology • Describe the characteristic features of neuropathic orofacial pain • Define trigeminal neuralgia and describe its clinical features and trigger zones • Enlist the diagnostic criteria and management options for trigeminal neuralgia • Describe atypical facial pain and its differentiating features • Define psychogenic pain and describe its clinical presentation • Discuss the role of psychological factors in chronic orofacial pain • Differentiate organic pain from psychogenic pain • Enlist the multidisciplinary approach to the management of chronic orofacial pain

Session – 5 **NUTRITIONAL Disorders/ GIT disorders**	**Mode of Delivery:** **LGIS**

 You should be able to	• Enlist the oral manifestations of vitamin B-complex deficiencies • Describe the oral features of vitamin C deficiency (scurvy) • Enlist the oral manifestations of iron deficiency and Plummer-Vinson syndrome • Describe the oral features of protein-energy malnutrition • Discuss the role of nutritional deficiencies in recurrent aphthous stomatitis • Enlist the dietary advice given to patients with nutritional deficiency-related oral lesions

Session – 6 **GIT disorders/Renal**	**Mode of Delivery:** **LGIS**

 You should be able to	• Enlist the oral manifestations of gastroesophageal reflux disease • Describe the oral features of peptic ulcer disease • Enlist the oral manifestations of inflammatory bowel disease (Crohn's disease and ulcerative colitis) • Describe orofacial granulomatosis and its association with GIT disease • Enlist the oral manifestations of liver disease • Discuss the dental management considerations in a patient with GIT disorders • Enlist the oral manifestations of chronic kidney disease • Describe the dental management modifications required in a dialysis patient • Discuss the precautions for dental treatment in a renal transplant patient
Session – 7 **TMJ Disorders**	**Mode of Delivery:** **LGIS**
 You should be able to	• Classify temporomandibular joint disorders • Describe the etiology and predisposing factors of temporomandibular disorders • Enlist the clinical features of myofascial pain dysfunction syndrome • Describe internal derangement of the TMJ and its stages • Enlist the diagnostic investigations used for TMJ disorders • Describe the conservative management options for TMJ disorders • Enlist the indications for surgical management of TMJ disorders
Session – 8 **White Lesions**	**Mode of Delivery:** **LGIS, CBL**

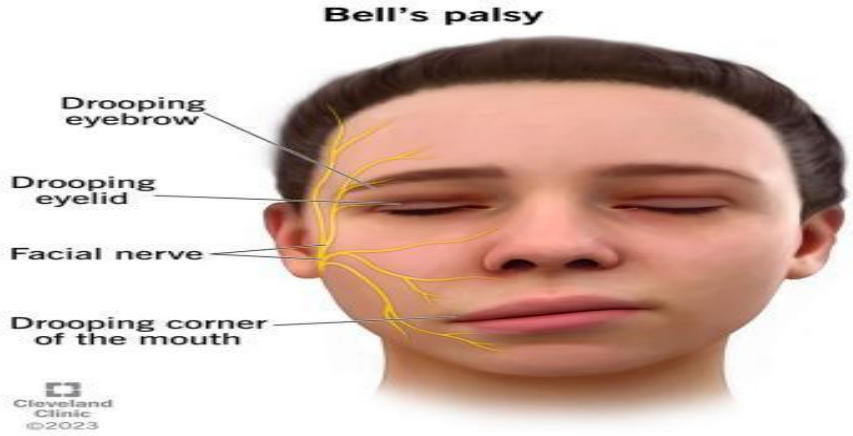
Vignette:

A 28-year-old male presents to the Oral Medicine Department with a 15-day history of peeling of the right buccal mucosa, associated with pain and a burning sensation, particularly during chewing. He denies any history of trauma, swelling, fever, or discharge and has no significant medical or dental history. He reports a habit of chewing tobacco, lime, and betel nut.

 You should be able to	• Define lichen planus and classify its clinical types (reticular, papular, plaque-like, atrophic, erosive/ulcerative, bullous). • Describe the etiology and pathogenesis of lichen planus, including its immunological (T-cell mediated) basis and recognized precipitating factors (stress, drugs — lichenoid drug reactions, dental restorative materials, hepatitis C association) • Identify the characteristic oral mucosal sites of involvement (buccal mucosa, tongue, gingiva) and recognize the clinical appearance of Wickham's striae. • Differentiate oral lichen planus from lichenoid reactions and other white/red lesions of the oral mucosa (leukoplakia, lupus erythematosus, candidiasis, mucous membrane pemphigoid) based on history and clinical features. • Formulate an appropriate diagnostic work-up for a patient with suspected oral lichen planus, including indications for incisional biopsy and direct immunofluorescence.

	• Discuss the malignant transformation potential of oral lichen planus and justify the need for long-term follow-up. • Plan the management of oral lichen planus, including topical and systemic corticosteroids, other immunomodulatory agents, and non-pharmacological measures (oral hygiene, avoidance of trigger factors). • Communicate appropriately with a patient regarding diagnosis, chronic nature of the disease, and the importance of regular review — demonstrating patient education and counseling skills.
Session-9&10 **Bell's Palsy**	**Mode of Delivery:** **LGIS,CBL,ROLE-PLAY**
	**Vignette:**

A 28-year-old male teacher comes to you with sudden onset of weakness on the right side of his face since yesterday morning. He says he is unable to close his right eye; water comes out from the right corner of his mouth while drinking, and his smile is deviated to the left. He also noticed decreased taste on the right side of his tongue and that normal sounds seem louder in his right ear. He had a mild cold last week and a dull pain behind his right ear 2 days ago. On examination, the right nasolabial fold is flattened, he cannot wrinkle his forehead or close his right eye completely, and air escapes when he tries to puff his cheeks. Intraorally there is drooling from the right side and no vesicles are seen in the ear or oral cavity. Sensation over the face is normal and there is no limb weakness.



You should be able to	• Define Bell's palsy and describe its etiology and pathophysiology • Enlist the risk factors associated with Bell's palsy • Describe the clinical features of Bell's palsy and differentiate an upper motor neuron from a lower motor neuron facial palsy • Enlist the differential diagnoses of acute facial nerve palsy (stroke, Ramsay Hunt syndrome, parotid tumor, Lyme disease) • Describe the investigations required to confirm the diagnosis and exclude other causes • Discuss the medical management of Bell's palsy (corticosteroids, antivirals) • Describe the physiotherapy and supportive/eye-care measures for Bell's palsy • Discuss the prognosis and possible complications of Bell's palsy

Session-11 **Blood Disorders**	**Mode of Delivery:** **LGIS**
 **You should be able to**	• Enlist the oral manifestations of anemia • Describe the oral manifestations of leukemia • Enlist the oral manifestations of bleeding and clotting disorders • Describe the dental management considerations in a patient on anticoagulant therapy.
Session-12 **Swelling of face and neck**	**Mode of Delivery: LGIS**
 **You should be able to**	• Classify the causes of facial and neck swelling • Describe the clinical approach to a patient presenting with facial swelling • Enlist the odontogenic causes of facial swelling • Describe the non-odontogenic causes of facial and neck swelling • Enlist the investigations required to diagnose the cause of facial and neck swelling • Discuss the differential diagnosis and management of Ludwig's angina
Session -13 **Salivary Glands**	**Mode of Delivery:** **LGIS**

 **You should be able to**	• Classify the disorders of the salivary glands • Describe the clinical features and management of sialadenitis • Enlist the causes, clinical features and management of sialolithiasis • Describe the clinical features and management of mumps • Define Sjögren's syndrome and describe its clinical features • Enlist the diagnostic investigations used for salivary gland disorders • Describe the clinical features of common salivary gland tumors (pleomorphic adenoma, mucoepidermoid carcinoma)
Session-14&15 **Immunity**	**Mode of Delivery:** **LGIS**
 **You should be able to**	• Define immunity and classify its major types (innate, adaptive, active, and passive immunity). • Explain the role of innate and adaptive immune responses in maintaining oral health and preventing oral infections. • Recognize the oral manifestations of immunodeficiency disorders, including HIV infection and congenital immunodeficiencies. • Describe hypersensitivity reactions relevant to dental practice, including allergies to local anesthetics, antibiotics, latex, and dental materials. • Explain the principles of autoimmunity and their relevance to oral mucosal diseases. • Interpret the role of immunity in periodontal disease, odontogenic infections, and opportunistic oral infections.

Session -16 **Disorders of teeth**	**Mode of Delivery:** **LGIS**
 **You should be able to**	• Classify the common developmental and acquired disorders of teeth. • Describe the etiology, clinical features, and oral manifestations of developmental anomalies affecting tooth number, size, shape, and structure. • Identify disorders of tooth eruption and exfoliation and discuss their clinical significance. • Explain the effects of systemic diseases, medications, and environmental factors on tooth development and appearance. • Interpret the clinical findings of common dental disorders and formulate appropriate differential diagnoses.
Session-17 **Bone Disorders**	**Mode of Delivery:** **LGIS**
 **You should be able to**	• Classify the common developmental, metabolic, inflammatory, and neoplastic bone disorders affecting the head and neck region. • Describe the etiology, pathogenesis, and clinical features of common jaw bone disorders, including fibrous dysplasia, Paget disease, osteopetrosis, osteoporosis, osteomalacia, and hyperparathyroidism. • Recognize the clinical and radiographic features of inflammatory bone diseases, including osteomyelitis and osteonecrosis of the jaws. • Differentiate benign fibro-osseous lesions of the jaws based on their clinical, radiographic, and histopathological features. • Explain the oral manifestations of systemic bone disorders and their implications for dental care. • Interpret the characteristic radiographic appearances of common bone disorders affecting the jaws. • Discuss the impact of bone disorders on tooth eruption, occlusion, and craniofacial growth.

	• Formulate an appropriate differential diagnosis for patients presenting with jaw swelling, facial asymmetry, or radiographic bone lesions. • Outline the principles of investigation, diagnosis, and multidisciplinary management of bone disorders affecting the head and neck.
Session -18 **BRONJ**	**Mode of Delivery:** **LGIS**
 **You should be able to**	• Define bisphosphonate-related osteonecrosis of the jaw (BRONJ) and describe its epidemiology. • Explain the mechanism of action of bisphosphonates and their role in the development of osteonecrosis of the jaw. • Identify the indications for bisphosphonate therapy and the medications commonly associated with BRONJ. • Describe the risk factors for BRONJ, including drug-related, local, and systemic factors. • Recognize the clinical presentation and staging of BRONJ based on established diagnostic criteria. • Interpret the radiographic and clinical features suggestive of BRONJ. • Discuss the differential diagnosis of exposed jaw bone and other osteonecrosis lesions. • Outline the principles of prevention of BRONJ before, during, and after bisphosphonate therapy, with emphasis on dental management. • Describe the current approaches to the conservative and surgical management of BRONJ.

Total no of sessions	Mode of Assessment
18	**(SAQs, MCQs, VIVA)**

BEHAVIOUR SCIENCES

Session -1,2,3,4,5&6 **Common psychiatric disorders in general health settings**	**Mode of Delivery: LGIS**
 **You should be able to**	• Identify the key symptoms and diagnostic criteria of panic disorder frequently encountered in general practice. • Explain prognostic and risk factors. • Outline basic principles of management for common psychiatric disorders in a general health setting, including when to refer. • Identify the key symptoms and diagnostic criteria of Unexplained somatic complaints frequently encountered in general practice. • Explain the biopsychosocial factors contributing to the onset and maintenance of these conditions. • Explain differential diagnosis of MUPS • Outline basic principles of management for common psychiatric disorders in a general health setting, including when to refer. • Identify the key symptoms and diagnostic criteria of Dissociation and Possession states. • Explain the biopsychosocial factors contributing to the onset and maintenance of these conditions. • Explain myths and misconception regarding the disorder. • Outline basic principles of management for common psychiatric disorders in a general health setting, including when to refer. • Identify the key symptoms and diagnostic criteria of Drug abuse and alcohol use, frequently encountered in general practice. • Explain the factors contributing to the onset and maintenance of these conditions. • Explain impact and onset of disorder in general public • Outline basic principles of management for common psychiatric disorders in a general health setting, including when to refer.

	• Identify the key symptoms and diagnostic criteria of Suicide and deliberate self-harm • Explain the biopsychosocial factors contributing to the onset and maintenance of these conditions. • Outline basic principles of management for common psychiatric disorders in a general health setting, including when to refer. • Identify the key symptoms and diagnostic criteria of Delirium frequently encountered in general practice. • Differentiate between delirium and dementia and their key features • Explain the biopsychosocial factors contributing to the onset and maintenance of these conditions. • Outline basic principles of management for common psychiatric disorders in a general health setting, including when to refer. • Identify the key symptoms and diagnostic criteria of Suicide and deliberate self-harm • Explain the biopsychosocial factors contributing to the onset and maintenance of these conditions. • Outline basic principles of management for common psychiatric disorders in a general health setting, including when to refer.
Session – 7 **Professional Misconduct and unprofessional attitudes:**	**Mode of Delivery: LGIS**
 **You should be able to**	• Define professional misconduct • Enlist elements of professional misconduct with examples • List the types of misconduct and its punishments • Define dental malpractice
Session -8 **Steps to inculcate dental professionalism in students**	**Mode of Delivery: LGIS**

You should be able to	• Identify key attributes of a professional dentist
Session – 9 **Interviewing/ Psychological History Taking**	**Mode of Delivery: LGIS**
You should be able to	• Define the components of a psychosocial history in the context of patient interviews. • Identify the common psychosocial factors (e.g., family dynamics, social support, cultural background) that can influence a patient's health and wellbeing. • Explain the significance of understanding a patient's psychosocial history in the context of overall health care.
Session –10 **Healthcare decision making and leadership**	**Mode of Delivery: LGIS**
You should be able to	• Describe the decision-making processes in healthcare. • Discuss risk management & mitigation. • Discuss the role of crisis leadership in dental emergencies.

Total no of sessions	Mode of Assessment
10	(SAQs, MCQs, OSCE VIVA)

ORAL PATHOLOGY

Session – 1,2&3 **Epithelial Pathology** **(Hereditary, Immunological & infective lesions)**	**Mode of Delivery:** **LGIS,**

You should be able to

- Define and classify different white lesions.
- Define and explain common histopathological terms associated with white lesions
- Explain different factors affecting mucosal color in oral cavity.
- Enlist infective white lesions of oral cavity
- Discuss etiology, clinical features, histopathological features and differential diagnosis of hereditary and traumatic white lesions; leukoedema, white sponge nevus, frictional/traumatic keratosis.
- Discuss etiology, clinical features, histopathological features and differential diagnosis of HPV associated oral lesions; Squamous papilloma, Condyloma acuminatum, Verruca vulgaris.
- Describe immunologic common white lesions of oral cavity
- Define lichen planus and discuss in detail Etiopathogenesis, clinical features, subtypes and histopathological features of lichen planus

Session – 4,5&6 **Epithelial pathology (Reactive & idiopathic lesions)**	**Mode of Delivery:** **LGIS,**
 You should be able to	• Define keratoacanthoma and discuss its etiology, clinical presentation and histopathological features. • Describe immunologic common white lesions of oral cavity • Define and discuss Etiopathogenesis, clinical features and histopathological features of hairy leukoplakia • Enlist common reactive white lesions of oral cavity. • Explain Etiopathogenesis, clinical and histological features of nicotine stomatitis, snuff diper's pouch, actinic cheilitis and oral submucous fibrosis. • Generate differential diagnosis for these lesions and apply this knowledge in clinical practice. • To be able to generate differential diagnosis on the basis of clinical and histopathological features
Session – 7&8 **Epithelial pathology (OSCC)**	**Mode of Delivery:** **LGIS,**
 You should be able to	• Define OSCC • Explain Etiopathogenesis, risk factors, genetic mutations, clinical and histological features of OSCC • Grade epithelial dysplasia and OSCC on histopathological grounds. • Define and describe TNM staging and stage OSCC • Elaborate factors effecting prognosis of OSCC • Briefly describe different variants of OSCC.
Session – 9,10 & 11	**Mode of Delivery:** **LGIS, Class Test**

Epithelial pathology (Pigmented lesions) **Odontogenic cysts**	
 You should be able to	• Define and describe benign and malignant pigmented lesions • Discuss etiology and pathogenesis of these lesions • Explain clinical and histological features of these lesions • To be able to differentiate between benign and malignant pigmented lesions on the basis of clinical and histopathological findings • Generate diagnosis on the basis of clinical and histopathological features • Define and classify cysts of jaws • Explain the pathogenesis of radicular cyst • Class test of epithelial pathology
Session – 12, 13 **Odontogenic cysts**	**Mode of Delivery: LGIS**
 You should be able to	• Explain the pathogenesis of dentigerous and eruption cysts. • Describe the clinicopathological features of dentigerous, and eruption cyst. • Enlist treatment options available for the management of these cysts • Explain the pathogenesis of paradental, OKC, Lateral periodontal, gingival cyst, dental lamina cyst of newborn and glandular odontogenic cyst • Describe the clinicopathological features of these cysts • Enlist treatment options available for the management of these cysts

Session – 14 & 15 **Odontogenic cyst (nonodontogenic cyst, pseudo cyst & soft tissue cysts)**	**Mode of Delivery:** **LGIS.**
 You should be able to	• Explain the pathogenesis of nasolabial, nasopalatine, thyroglossal, lymphoepithelial, dermoid, epidermoid, surgical ciliated and GI differentiation cyst. • Describe the clinicopathological features of these cysts • Enlist treatment options available for the management of these cysts
Session – 16, 17 & 18 **Odontogenic tumour's (odontogenic, mixed & ectomesenchyme tumours)**	**Mode of Delivery:** **LGIS.**
 You should be able to	• Describe the clinicopathological features of AOT, CEOT, COC and squamous odontogenic tumor • Enlist treatment options available for the management of these tumors • Define oncocytoma and explain its histopathology
Session – 19 & 20 **Salivary gland pathologies (Reactive lesions)**	**Mode of Delivery: LGIS, Class test**

 You should be able to	• Differentiate the clinical and histopathological features of reactive salivary gland lesions, including mucocele, mucous retention cyst, sialolithiasis, chronic sclerosing sialadenitis and necrotizing sialo metaplasia. • Apply clinical history, examination findings and radiographic features to formulate an appropriate diagnosis of common reactive salivary gland lesions. • Class test of odontogenic cyst and tumors

Session – 21 & 22 **Salivary gland pathologies (Infective lesions & immune mediated diseases)**	**Mode of Delivery: LGIS**

 You should be able to	• Differentiate the etiology, clinical features and pathological characteristics of acute parotitis, viral endemic parotitis (MUMPS) and bacterial sialadenitis. • Explain the immunopathogenesis and clinicopathological features of lympho-epithelial sialadenitis and Sjogren's syndrome. • Apply clinical history, examination findings and radiographic features to formulate an appropriate diagnosis of common infective & immune mediated salivary gland lesions

Session-23, 24 & 25 **Salivary glands pathology (Malignant Tumours)**	**Mode of Delivery: LGIS, Class test**

 **You should be able to**	• Describe epidemiology & common site of occurrence of benign & malignant salivary gland tumors • Recognize clinical features & histopathological features of malignant salivary gland tumors • Describe the criteria for histopathological grading of mucoepidermoid carcinoma • Class test

Total no of sessions	Mode of Assessment
25	(SAQs, MCQs, OSCE VIVA)

PERIODONTOLOGY

Session – 1&2 **Host Modulation/ Anti-infective therapy**	**Mode of Delivery: LGIS**

 **You should be able to**	• Define host modulation • Identify risk factors for periodontal disease • Describe host response in periodontal disease

Session –3&4 **Influence Of Systemic Conditions**	**Mode of Delivery: LGIS, SGD**
 **You should be able to**	• 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
Session –5&6 **Aggressive Periodontitis**	**Mode of Delivery: LGIS**
 **You should be able to**	• Define aggressive periodontitis • Differentiate between aggressive and chronic periodontitis • Describe histopathological features of the disease • Describe the management of the disease and its risk factors.
Session –7&8 **Chronic Periodontitis**	**Mode of Delivery: LGIS**
 **You should be able to**	• 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

Session –9&10 **Necrotizing Ulcerative Periodontitis**	**Mode of Delivery: LGIS**
 **You should be able to**	• Identify and correlate clinical features • Distinguish between different gingival diseases • Describe the management and risk factors of the disease
Session –11&12 **Treatment Of Desquamative Gingivitis**	**Mode of Delivery: LGIS, CPC**
 **You should be able to**	• Classify the types of gingival diseases • Discuss how to diagnose desquamative gingivitis • Plan its management
Session –13&14 **Gingival Enlargement**	**Mode of Delivery: LGIS**
 **You should be able to**	• Classify the types of gingival enlargement • Recognize and describe gingival enlargement • Decision tree for treatment of gingival enlargement

Session –15 **Gingival Pigmentation**	**Mode of Delivery: LGIS**
 **You should be able to**	• Discuss how to diagnose gingival hyperpigmentation. • Plan its management
Session –16&17 **Gingivostomatitis**	**Mode of Delivery: CBL**

Vignette:

A 7-year-old boy is brought to the dental clinic with a 4-day history of fever, painful oral sores, excessive drooling, and difficulty eating. His mother reports that he has become irritable and refuses to brush his teeth because of severe oral pain. On examination, his temperature is 38.8°C, with diffuse fiery-red, swollen gingiva that bleed easily. Multiple small vesicles and shallow ulcers are present on the gingiva, palate, buccal mucosa, and tongue.

You should be able to	• Discuss how to diagnose Gingivostomatitis • **State** the causative organism (HSV-1). • **List** the required investigations. • **Outline** the management of primary herpetic gingivostomatitis

Session –18&19 **Periodontal Non-Surgical Therapy**	**Mode of Delivery: LGIS**

You should be able to	• 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.

Session –20&21 **Periodontal Abscess**	**Mode of Delivery: LGIS**
 **You should be able to**	• Recognize types of periodontal abscess and have a clear concept of treatment plan in light of examination diagnosis risk involved clinical findings and its prognosis.

Total no of sessions	Mode of Assessment
21	(SAQs, MCQs, OSCE VIVA)

GENERAL MEDICINE:

Gastro intestinal system **Session –1** **Acute Hepatitis- I**	**Mode of Delivery: LGIS**

 **You should be able to**	• Describe the causes of acute liver failure. • Describe the causes of chronic liver failure. • Differentiate between acute and chronic liver failure. • Explain the clinical features and basic management of fulminant hepatic failure.
Session -2 **Acute Hepatitis - II**	**Mode of Delivery: PBL**
 **You should be able to**	• Interpret liver function test (LFT) results. • Describe the prevention of acute viral hepatitis. • Formulate the management plan for acute viral hepatitis. • Recognize and manage the complications of acute viral hepatitis.
Session –3 **Chronic hepatitis-I**	**Mode of Delivery: LGIS**
 **You should be able to**	• Describe the etiology and risk factors of chronic liver disease (CLD). • Describe the causes and clinical features of chronic hepatitis. • Differentiate between chronic hepatitis and chronic liver disease. • Outline the diagnosis and basic management of chronic liver disease and chronic hepatitis
Session –4 **Chronic hepatitis-II**	**Mode of Delivery: SHORT CASE, LONG CASE**

 **You should be able to**	• Interpret hepatitis B and hepatitis C serological markers. • Describe the modes of transmission and preventive measures for hepatitis B and C. • Explain infection prevention and sterilization protocols for hepatitis B and C in healthcare settings
Session –5 **Cirrhosis I**	**Mode of Delivery: LGIS**
 **You should be able to**	• Describe the pathophysiology and clinical features of cirrhosis. • List the risk factors for cirrhosis. • Identify the common causes of cirrhosis. • Recognize the complications of cirrhosis.
Session –6 **Cirrhosis- II**	**Mode of Delivery: LGIS,CBL**
 **You should be able to**	• Recognize the clinical features of chronic liver disease (CLD). • Describe the clinical presentation of chronic liver disease. • Identify the common signs and symptoms of chronic liver disease.
Session – 7 **Ascites and management**	**Mode of Delivery: LGIS, SGD**

 **You should be able to**	• Describe the causes of ascites in chronic liver disease (CLD). • Identify the non-CLD causes of ascites. • Differentiate between CLD-related and non-CLD-related ascites
Session –8 **Acid Peptic Disease-I**	**Mode of Delivery: LGIS**
 **You should be able to**	• Identify the risk factors for acid peptic disease (APD). • Describe the common causes of acid peptic disease. • Explain the principles of *Helicobacter pylori* triple and quadruple therapy. • List the investigations used to diagnose *Helicobacter pylori* infection.
Respiratory system **Session – 9** **Community acquired Pneumonia I**	**Mode of Delivery: LGIS, PBL**
 **You should be able to**	• Describe the common causative organisms of pneumonia. • Interpret the likely microbial spectrum of pneumonia based on the clinical presentation
Session –10 **Community acquired Pneumonia II**	**Mode of Delivery: LGIS**

 **You should be able to**	• Formulate an evidence-based management plan for patients with pneumonia.
Session – 11 **COPD -I**	**Mode of Delivery: LGIS, CBL**
 **You should be able to**	• Describe the etiology, clinical features, and presentation of chronic obstructive pulmonary disease (COPD)
Session –12 **COPD-II**	**Mode of Delivery: LGIS, CBL**
 **You should be able to**	• Describe the principles and indications of spirometry. • Interpret pulmonary function test (PFT) and spirometry results.
Session –13 **Bronchial asthma-I**	**Mode of Delivery: LGIS, CBL**

 **You should be able to**	• Describe the etiology and pathophysiology of asthma. • Recognize the clinical features and presentation of asthma
Session –14 **Bronchial Asthma -II**	**Mode of Delivery: LGIS**
 **You should be able to**	• Describe the principles and indications of spirometry. • Interpret peak expiratory flow rate (PEFR) measurements in patients with asthma
Session –15 **Tuberculosis**	**Mode of Delivery: LGIS, CBL**
You should be able to 	• Describe the microbiological spectrum of pulmonary tuberculosis. • Recognize the clinical manifestations of pulmonary tuberculosis. • Diagnose pulmonary tuberculosis in high-risk patients using appropriate clinical and laboratory investigations.
Nervous system **Session –16&17** **Epilepsy-I&II**	**Mode of Delivery: LGIS, CBL**

You should be able to 	• Describe the etiology, classification, and pathophysiology of epilepsy. • Recognize the clinical features of epilepsy. • Formulate a management plan for status epilepticus. • Describe the mechanism of action, indications, and adverse effects of commonly used antiepileptic drugs (AEDs).
Session – 18 **Headache**	**Mode of Delivery: LGIS, CBL**
You should be able to 	• Classify the common types of headaches. • Recognize the clinical features of different headache disorders. • Formulate an appropriate management plan for patients presenting with headache
Session –19&20 **Meningitis/encephalitis-I&II**	**Mode of Delivery: LGIS, CBL**
You should be able to 	• Identify the risk factors and common causative organisms of meningitis. • Recognize the clinical features of meningitis. • Demonstrate the examination for meningeal signs. • Interpret cerebrospinal fluid (CSF) analysis in suspected CNS infections. • Formulate a management plan for patients with CNS infections. • Describe the complications of CNS infections
Session –21&22 **Ischemic stroke- I&II**	**Mode of Delivery: LGIS.PBL**

You should be able to 	• Identify the causes and risk factors for stroke. • Correlate clinical features with the affected area of the brain. • Interpret CT brain images in patients with stroke. • Describe the principles of stroke care. • Formulate an initial management plan and provide primary care for patients with stroke.
Session –23 **Haemorrhagic stroke**	**Mode of Delivery:** LGIS
You should be able to 	• Describe the causes and pathophysiology of intracerebral hemorrhage and hemorrhagic stroke. • Recognize the clinical features of hemorrhagic stroke. • Differentiate hemorrhagic stroke from ischemic stroke. • Outline the initial management of hemorrhagic stroke.

Total no of sessions	Mode of Assessment
23	(SAQs, MCQs, OSCE VIVA)

GENERAL SURGERY

Session –1,2,3 **Trauma Management based on ATLS protocol**	**Mode of Delivery:** LGIS

 **You should be able to**	• Demonstrate basic comprehension 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 team work 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 • 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.
Session – 4&5 **Head injury**	**Mode of Delivery: LGIS,**
 **You should be able to**	• Demonstrate basic comprehension of the following with emphasis on clinical application: • Physiology of cerebral blood flow and the • Pathophysiology of raised intracranial pressure • Management of head injury and prevention of secondary brain injury
Session – 6&7 **Cervical spine injury**	**Mode of Delivery: LGIS,**
 **You should be able to**	• Demonstrate basic comprehension of the following with emphasis on clinical application: • Accurate initial assessment of spinal trauma • The pathophysiology and types of spinal cord injury • The basic management of spinal trauma and the major pitfalls • The prognosis of spinal cord injury, factors affecting functional outcome, and common associated complications

Session –8 **Maxillofacial trauma**	**Mode of Delivery: LGIS**
 **You should be able to**	• Demonstrate basic comprehension of the following with emphasis on clinical application: • Recognise the life-threatening nature of facial injuries through compromise of the airway and associated head and spinal injuries • A methodology for examining facial injuries • The classification of facial fractures • The diagnosis and management of fractures of the middle third of the facial skeleton and the mandible.
Session -9 **Neck trauma**	**Mode of Delivery: LGIS,**
 **You should be able to**	• Demonstrate basic comprehension of the following with emphasis on clinical application: • Overview of surgical anatomy of the neck • Pathophysiology of penetrating and blunt neck trauma • The neck zones used to describe neck injuries • Principles of management of neck trauma
Session –10,11&12 **Chest trauma and its management, Thoracotomy**	**Mode of Delivery: LGIS.CBL**

Vignette:

A 35-year-old previously healthy man presents to the Emergency Department after a high-speed road traffic accident in which his chest struck the steering wheel.
He is conscious but anxious and complains of severe left-sided chest pain and difficulty breathing.
The pain worsens on inspiration, raising concern for significant blunt chest trauma.

You should be able to

- Demonstrate basic comprehension 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
- The operative approaches to the thoracic cavity
- The special features of an emergency department 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.
Session – 13&14 **Burns**	**Mode of Delivery: LGIS,**
 **You should be able to**	• Demonstrate basic comprehension of the following with emphasis on clinical application: • The different causes and types of burns • The pathophysiology of burns • Factors leading to early and late mortality in burn patients • Pre hospital and ER room management of a burn patient • Assessing the area and depth of burns Fluids available for resuscitation of burn victims, advantages and disadvantages associated with their use • Methods for calculating the rate and quantity of fluids to be given Early monitoring of a burn patient • Techniques for treating burns patient • The pathophysiology of electrical and chemical burns

Total no of weeks.	Mode of Assessment
14	(DOPs, OSCE Mini-CEX, VIVA)

CLINICAL ROTATIONS:

ORAL MEDICINE

Session – 1, 2, 3 & 4 **Examination of TMJ**	**Mode of Delivery:** **Demonstration, SGD, ROLE PLAY**
 **You should be able to**	• Describe the anatomical landmarks relevant to examination of the TMJ • Demonstrate the correct technique for extraoral and intraoral examination of the TMJ • Elicit and record joint sounds (clicking, crepitus) on palpation of the TMJ • Assess the range of mandibular movements (mouth opening, protrusion, lateral excursions) • Identify deviation and deflection of the mandible during opening and closing • Palpate the TMJ and associated muscles for tenderness. • Obtain informed consent and explain each examination step before initiating TMJ assessment. • Perform temporomandibular joint examination using a gentle, patient-centered approach to prevent pain or joint injury. • Recognize signs and symptoms requiring urgent referral (e.g., suspected dislocation, infection, trauma, or malignancy
Session – 5 & 6 **Examination of Muscles of Mastication**	**Mode of Delivery:** **DEMONSTRATION, SGD, ROLE PLAY**

You should be able to	• Enlist the muscles of mastication and describe their actions • Demonstrate the technique of extraoral and intraoral palpation of the muscles of mastication • Elicit tenderness and trigger points in the masseter, temporalis and pterygoid muscles • Differentiate muscular pain from joint-related pain on clinical examination • Document the findings of muscle examination in a systematic format. • Perform palpation of muscles of mastication using appropriate pressure to avoid patient discomfort or tissue injury. • Differentiate normal tenderness from pathological findings and document them accurately to support safe clinical decision-making. • Modify examination techniques for patients with pain, limited mouth opening, or special healthcare needs
Session – 7 & 8 **Examination of Salivary Glands**	**Mode of Delivery:** **DEMONSTRATION, SGD, ROLE PLAY**
You should be able to	• Enlist the major and minor salivary glands and their anatomical locations • Demonstrate the technique of extraoral and intraoral examination of the salivary glands • Elicit and assess salivary flow from the parotid and submandibular duct openings • Palpate the salivary glands for enlargement, tenderness and consistency • Identify signs of sialolithiasis on bimanual palpation • Document the findings of salivary gland examination in a systematic format. • Examine salivary glands systematically while maintaining patient comfort, dignity, and privacy. • Identify red-flag findings (e.g., rapidly enlarging swelling, facial nerve involvement, abscess formation) requiring prompt referral. • Prevent cross-contamination during intraoral examination of salivary gland ducts by following aseptic principles.

Session – 9 & 10 **Infection Control and Biosafety**	**Mode of Delivery:** **DEMONSTRATION, SGD, ROLE PLAY**
 **You should be able to**	• Describe the principles of infection control in dental practice • Describe the correct technique for hand hygiene in a clinical setting • Describe the protocol for sterilization and disinfection of dental instruments • Discuss the protocol for safe disposal of biomedical and dental waste • Describe the post-exposure protocol following a sharps or needle-stick injury • Demonstrate correct hand hygiene before and after every patient encounter according to standard guidelines. • Select and appropriately use personal protective equipment (PPE) based on the clinical procedure and infection risk. • Apply standard precautions consistently to prevent cross-infection between patients and healthcare workers. • Perform proper cleaning, disinfection, and sterilization of instruments according to current infection control protocols. • Safely handle and dispose of sharps and biomedical waste in accordance with institutional and national guidelines. • . Recognize and appropriately manage occupational exposure incidents (e.g., needle-stick injuries or blood/body fluid exposure) following established reporting protocols

Total no of sessions.	Mode of Assessment
10	(DOPs, OSCE Mini-CEX, VIVA)

ORAL PATHOLOGY

Session –1 **Epithelial Pathology (Immunological lesions)**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Define lichen planus and explain its clinical significance • Enlist the clinical presentation and identify histopathological features along with its histopathological diagram.
Session–2 **Epithelial pathology (Infective lesions)**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Identify and differentiate between following oral mucosal lesions • Generate differential diagnosis on clinical features of these lesions • Describe briefly etiology of these lesions ➢ Squamous papilloma ➢ Oral leukoplakia ➢ Erythroplakia ➢ Oral hairy leukoplakia ➢ Linea alba
Session –3 **Epithelial pathology**	**Mode of Delivery:** **DEMONSTRATION, SGD, CBL**

Vignette

A 48-year-old chronic smoker presents with a non-healing, painful ulcer on the right lateral tongue for >8 weeks, which has recently increased in size. He reports pain during speaking and eating spicy foods, along with unintentional weight loss of 5 kg over 2 months. The lesion has not responded to topical gels or antibiotics. A right-sided cervical neck swelling is also noted.

You should be able to

- Differentiate between Erythroplakia, speckled leukoplakia and proliferative verrucous leukoplakia
- Differentiate histopathological features of mild, moderate, and severe dysplasia, carcinoma in situ
- Discuss red lesions, their pathogenesis and clinical presentation
- Describe the risk factors along with the mutagenic and carcinogenic ingredients
- Describe the clinical staging and histopathological grading of oral squamous cell carcinoma
- Differentiate between different variants of squamous cell carcinoma, including verrucous, adenosquamous, basaloid, adenoid squamous cell, nasopharyngeal carcinoma
- Describe benign epithelial lesions, including squamous papilloma and keratoacanthoma

Session–4 **Odontogenic Cyst**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Diagnose radicular cyst and odontogenic keratocyst on histopathological basis. • Evaluate various odontogenic cysts on clinical basis and generate differential diagnosis.
Session–5 **Odontogenic cyst & tumours**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Draw a well-labeled diagram of odontogenic keratocyst and radicular cyst.
Session –6 **Non-odontogenic cyst and tumors**	**Mode of Delivery:** **DEMONSTRATION, SGD**

You should be able to	• Classify ameloblastoma
	• Describe the clinical and radiographic features of ameloblastoma
	• Enlist salient histopathological variants and their features
	• Outline a brief treatment plan for ameloblastoma
	  • Draw a well-labeled diagram of ameloblastoma, demonstrating important histopathological features
	  • Draw well labelled diagram of AOT
	  • Draw a well labelled diagram of CEOT

Session–7 &8 **Odontogenic cyst & tumours.**	**Mode of Delivery:** **DEMONSTRATION, SGD, CBL**

Vignette

A 41year old asymptomatic man underwent panoramic radiography for implant planning, which revealed a well-defined, approximately 6-cm multilocular radiolucent lesion with a radiopaque halo in the posterior right mandible and ramus, distal and apical to the third molar. The third molar was vital, and there were no clinical swellings demonstrated a scalloped multilocular lesion with internal septa, without cortical perforation. Mild cortical expansion was present posteriorly, with greater lingual expansion of the ramus near the coronoid process. There was no root resorption, while the mandibular canal was displaced inferiorly.

 **You should be able to**	• Diagnose radicular cyst and odontogenic keratocyst on histopathological basis. • Draw a well-labeled diagram of odontogenic keratocyst, lateral periodontal, dentigerous and radicular cyst. • Evaluate various odontogenic cysts on clinical basis and generate differential diagnosis.
Session–9 **Salivary gland pathology**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Describe histopathological features of mucocele, pleomorphic adenoma, adenoid cystic carcinoma and Warthin's tumor along with its microscopic picture.
Session–10 **Salivary gland pathologies**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Describe histopathological features of mucoepidermoid carcinoma along with its microscopic picture.

Total no of Sessions.	Mode of Assessment
10	(DOPs, OSCE Mini-CEX, VIVA)

GENERAL MEDICINE

Session-1 **Clinical Assessment of Acute Viral Hepatitis.**	**Mode of Delivery:** **DEMONSTRATO N**
You should be able to	• Obtain a focused history from a patient presenting with acute viral hepatitis and common gastrointestinal symptoms. • Perform a relevant clinical assessment to identify features suggestive of acute viral hepatitis. • Interpret liver function test (LFT) results to support the diagnosis and assessment of acute viral hepatitis. • Identify common routes of transmission of viral hepatitis and provide appropriate patient counseling on preventive measures. • Apply implement standard infection prevention and control measures while assessing patients with suspected viral hepatitis and recognize the need for timely referral to prevent disease transmission and complications.
Session–2 **Clinical Assessment and Management of Ascites: History Taking, Abdominal Examination, and Ascitic Tap**	**Mode of Delivery:** **DEMONSTRATION**

You should be able to	• Obtain a focused history from a patient presenting with ascites. • Perform a systematic abdominal examination to identify the clinical signs of ascites. • Interpret clinical findings to formulate a provisional diagnosis and outline the initial management of ascites. • Describe the indications, contraindications, and basic procedure of diagnostic and therapeutic ascitic tap (paracentesis). • Apply verify patient identity, assess contraindications, maintain aseptic technique, and recognize potential complications before and after ascitic tap to ensure safe patient care.
Session-3 **Clinical Assessment of Chronic Liver Disease: Hepatitis B & C Transmission and History Taking.**	**Mode of Delivery:** **DEMONSTRATION**
You should be able to	• Obtain a focused history from a patient presenting with chronic liver disease (CLD). • Identify the common presenting complaints and clinical features of chronic liver disease. • Assess risk factors and modes of transmission of Hepatitis B and Hepatitis C during history taking. • Provide appropriate patient counseling on the prevention of Hepatitis B and Hepatitis C transmission. • Apply adhere to standard precautions and safe handling of blood and body fluids while assessing patients with suspected or confirmed viral hepatitis to minimize the risk of disease transmission.
Session –4 **Clinical Assessment and Management of Chronic Liver Disease (CLD) and Its Implications in Dentistry**	**Mode of Delivery:** **DEMONSTRATION, SGD**
You should be able to	• Obtain a comprehensive history from a patient with chronic liver disease, including common presenting complaints, risk factors for Hepatitis B and C transmission, and history of chronic diarrhea. • Perform a systematic clinical examination of a patient with chronic liver disease, including measurement of jugular venous pressure (JVP) and assessment of pedal and sacral edema. • Interpret clinical findings to identify complications of chronic liver disease and formulate a provisional diagnosis.

	• Develop an appropriate management plan for patients with acute viral hepatitis (AVH) and chronic liver disease, including modifications required for dental treatment and management of patients with clotting disorders. • Apply assess bleeding risk, review liver function and coagulation status, implement standard infection control precautions, and modify dental procedures appropriately to ensure safe management of patients with liver disease and bleeding disorders.
Session –5 **Clinical Assessment and Management of Acid Peptic Disease and Gastroesophageal Reflux Disease (GERD)**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Obtain a focused history from a patient presenting with acid peptic disease, GERD, and other common gastrointestinal complaints. • Identify the clinical features and risk factors associated with acid peptic disease and GERD. • Formulate a provisional diagnosis based on history and clinical findings. • Outline the principles of management, including the appropriate use of proton pump inhibitors (PPIs) and *Helicobacter pylori* eradication therapy. • Apply identify alarm symptoms requiring urgent referral, review contraindications and potential drug interactions before initiating therapy, and provide counseling on the safe use of medications and lifestyle modifications
Session –6 **Clinical Assessment and Management of Common Respiratory Diseases: Pneumonia and Bronchial Asthma.**	**Mode of Delivery:** **DEMONSTRATION, SGD**

You should be able to	• Obtain a focused history from patients presenting with common respiratory complaints suggestive of pneumonia or bronchial asthma. • Perform a systematic clinical examination of the respiratory system, including inspection, palpation, percussion, and auscultation, and identify abnormal findings associated with pneumonia and bronchial asthma. • Interpret chest X-rays to identify radiographic features of common pneumonia. • Perform and interpret spirometry findings to support the diagnosis of bronchial asthma. • Develop an initial management plan for patients with bronchial asthma, including the emergency management of acute severe asthma. • Assess the severity of respiratory distress, recognize red-flag features requiring urgent intervention, and administer oxygen and bronchodilator therapy safely while ensuring timely referral when indicated
Session –7 **Clinical Workup and Management of Tuberculosis.**	**Mode of Delivery:** **DEMONSTRATION, SGD**
You should be able to	• Perform the clinical workup of a patient with suspected tuberculosis, including focused history taking and relevant investigations. • Interpret the results of the Tuberculin Skin Test (Mantoux test) in the appropriate clinical context. • Outline the principles of anti-tuberculous therapy (ATT) and recognize its common adverse effects and complications. • Monitor patients receiving ATT for treatment response and drug-related complications requiring further evaluation. • Implement appropriate airborne infection control precautions, recognize suspected infectious tuberculosis early, and ensure timely isolation and referral to prevent disease transmission and promote safe patient care

Session –8 **Clinical Assessment of Neurological Disorders: Brain Hemorrhage, Epilepsy, and Cranial Nerve Examination**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Obtain a comprehensive neurological history, including presenting complaints, significant past medical history, and past surgical history in patients with suspected brain hemorrhage or epilepsy. • Perform a systematic cranial nerve examination and identify abnormal neurological findings. • Differentiate the common types of intracranial hemorrhage and correlate clinical features with the likely diagnosis. • Outline the initial diagnostic workup for a patient presenting with epilepsy and formulate a provisional diagnosis based on history and examination. • Recognize neurological red flags requiring urgent referral, ensure seizure precautions, and provide safe initial management to prevent patient injury and neurological deterioration
Session –9 **Clinical Assessment of Stroke: History Taking and Evaluation of Common CNS Presenting Complaints**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Obtain a focused history from patients presenting with common central nervous system (CNS) complaints suggestive of stroke. • Identify the risk factors and common clinical presentations of cerebrovascular accident (CVA). • Perform a focused neurological assessment to identify signs of acute stroke. • Differentiate stroke from other common causes of acute neurological deficits based on history and clinical findings. • Recognize the signs of acute stroke promptly, document the time of symptom onset, and initiate urgent referral to facilitate timely reperfusion therapy and improve patient outcomes

Session –10 **Neurological Assessment: Glasgow Coma Scale, CNS Examination, and Motor System Evaluation.**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Obtain a comprehensive neurological history, including demographic information and presenting complaints. • Assess the level of consciousness using the Glasgow Coma Scale (GCS) and interpret the findings. • Perform a systematic examination of the central nervous system, including motor examination of the upper and lower limbs. • Differentiate upper motor neuron (UMN) and lower motor neuron (LMN) lesions based on clinical examination findings. • Recognize altered consciousness and focal neurological deficits requiring urgent medical attention, and ensure appropriate patient positioning, fall prevention, and timely referral for definitive management

Total no of weeks.	Mode of Assessment
10	(DOPs, OSCE Mini-CEX, VIVA)

PERIODONTOLOGY

Session-1 **Introduction to Periodontal Clinical Practice, Infection Control, Ergonomics & Patient Positioning.**	**Mode of Delivery:** **DEMONSTRATION.** **ROLE PLAY**

You should be able to	• Obtain a comprehensive periodontal history using effective communication skills. • Perform a systematic extraoral and intraoral examination following a standardized clinical sequence. • Demonstrate correct operation of the dental unit and identify its essential components. • Position the patient and operator according to ergonomic principles for safe and efficient clinical practice. • **Apply** standard infection prevention and control protocols, including hand hygiene, appropriate use of PPE, and aseptic techniques to ensure patient and operator safety during periodontal examination
Session-2 **Instrument Grasps, Instrumentation Strokes, and Chairside Ethics & Professional Conduct.**	**Mode of Delivery:** **DEMONSTRATION, PRESENTATIONS, DIGITAL TOOLS**
You should be able to	• Demonstrate the correct modified pen grasp and appropriate finger rest for periodontal instrumentation. • Perform basic periodontal instrumentation strokes (assessment, exploratory, scaling, and root planning strokes) on simulation models using correct technique. • Demonstrate professional chairside etiquette by communicating respectfully with patients and maintaining patient comfort, privacy, and dignity during clinical procedures. • Maintain appropriate operator posture and ergonomic principles while performing periodontal instrumentation. • **Apply** safe instrument handling and transfer techniques to prevent sharps injuries and ensure the safety of patients, operators, and assisting staff.
Session-3 **Periodontal Examination and Identification of Healthy and Diseased Gingiva.**	**Mode of Delivery:** **DEMONSTRATION, SGD**

You should be able to	• Perform a systematic periodontal examination using a standardized clinical approach. • Identify the anatomical landmarks of the gingiva and periodontium during clinical examination. • Differentiate the clinical features of healthy gingiva from gingival and periodontal disease in patients. • Record periodontal examination findings accurately using appropriate clinical terminology. • **Apply** infection prevention and patient comfort measures while performing periodontal examination to minimize the risk of cross-infection and patient discomfort

Session-4 **Clinical Diagnosis of Periodontal and Gingival Diseases and Plaque Control Measures**	**Mode of Delivery:** **DEMONSTRATION, SGD**

You should be able to	• Examine patients and identify the clinical features of common gingival and periodontal diseases. • Formulate a provisional clinical diagnosis of gingival and periodontal diseases based on history and clinical examination. • Demonstrate mechanical plaque control techniques, including proper toothbrushing and interdental cleaning methods, on patients or simulation models. • Provide individualized patient education on appropriate chemical plaque control agents (e.g., mouth rinses) and their correct use. • **Apply** patient-centered oral hygiene instructions by selecting safe and appropriate plaque control measures according to the patient's oral condition, while minimizing the risk of soft tissue injury and ensuring infection control practices

Session-5 **Oral Hygiene Instructions, Prescription Writing, and Periodontal Treatment Planning.**	**Mode of Delivery:** **DEMONSTRATION, SGD**

You should be able to	• Demonstrate individualized oral hygiene instructions based on the patient's periodontal condition. • Write accurate and complete prescriptions for commonly used periodontal medications according to standard prescribing principles. • Develop an appropriate treatment plan for patients with different types of gingival and periodontal diseases based on clinical findings.

	• Communicate the proposed treatment plan effectively, including preventive and maintenance strategies, while obtaining informed patient participation. • **Apply** safe prescribing practices by verifying patient identity, medical history, allergies, contraindications, and drug interactions before prescribing medications and planning periodontal treatment.
Session-6 **Interpretation of Periodontal Radiographs and Diagnosis of Gingival Recession & Furcation Involvement**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Assess and interpret orthopantomograms (OPGs) and periapical radiographs for periodontal findings. • Identify radiographic features of periodontal bone loss and other periodontal abnormalities. • Examine and diagnose gingival recession and furcation involvement using appropriate clinical examination techniques. • Correlate clinical and radiographic findings to establish a periodontal diagnosis. • Apply radiation protection principles, including adherence to the ALARA (As Low As Reasonably Achievable) principle and appropriate patient shielding, while requesting and interpreting periodontal radiographs
Session-7 **Non-Surgical Periodontal Management, Ultrasonic Scaling, and Periodontal Surgical Instruments.**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Demonstrate the steps involved in the non-surgical management of patients with periodontal disease. • Identify the components of an ultrasonic scaler and demonstrate its safe setup and basic operating procedure. • Identify and handle commonly used periodontal surgical instruments according to their indications and functions. • Select appropriate instruments for non-surgical periodontal procedures based on clinical requirements.

	• Apply safe instrumentation practices, including correct use of personal protective equipment (PPE), infection control measures, and ergonomic principles to minimize the risk of cross-infection, aerosol exposure, and operator or patient injury during periodontal procedures.
Session-8 **Ultrasonic Scaling: Equipment, Procedure, and Management of Medical Emergencies**	**Mode of Delivery:** **DEMONSTRATION, SGD**
 **You should be able to**	• Identify the components of the ultrasonic scaling unit and demonstrate its correct setup and operation. • Demonstrate the basic technique of ultrasonic scaling on simulation models or patients while maintaining proper instrument angulation and ergonomics. • Recognize common medical emergencies encountered during periodontal procedures and demonstrate the immediate initial management according to basic life support (BLS) principles. • Prepare the dental operatory by ensuring the availability and functionality of emergency drugs and equipment before initiating treatment. • Apply pre-procedural patient safety measures, including review of medical history, risk assessment, and appropriate infection control protocols to prevent and effectively manage complications during ultrasonic scaling
Session-9 **Ward exit exam**	**Mode of Delivery: CHAIR SIDE**
 **You should be able to**	• Procedures under direct supervision

Total no of weeks.	Mode of Assessment
9	(DOPs, OSCE Mini-CEX, VIVA)

GENERAL SURGERY

Session-1 **Cardiopulmonary Resuscitation (CPR) and Introduction to Advanced Trauma Life Support (ATLS**	**Mode of Delivery:** **DEMONSTRATION**
 **You should be able to**	• Demonstrate the basic steps of adult cardiopulmonary resuscitation (CPR) according to current BLS guidelines. • Identify the principles of the primary survey (ABCDE approach) used in Advanced Trauma Life Support (ATLS). • Recognize patients requiring immediate resuscitation and activation of the emergency response system. • Apply timely recognition of life-threatening emergencies and initiate appropriate basic life support while ensuring patient, rescuer, and team safety.
Session-2 **Disaster Preparedness and Emergency Response.**	**Mode of Delivery:** **DISASTER DRILL**

 **You should be able to**	• Describe the principles and objectives of disaster preparedness and disaster drills in the emergency department. • Demonstrate the basic roles and responsibilities of healthcare professionals during a disaster drill. • Apply the principles of triage to prioritize casualties during simulated disaster scenarios. • Communicate effectively with team members during disaster response using appropriate emergency communication protocols. • Apply follow established disaster response and safety protocols to ensure the safety of patients, healthcare personnel, and the clinical environment during emergency situations.
Session-3 **Introduction to the Operation Theatre: Code of Conduct and Safety Practice.**	**Mode of Delivery:** **DEMONSTRATION**
 **You should be able to**	• Demonstrate appropriate professional behavior and adherence to the code of conduct in the operation theatre. • Identify the different zones of the operation theatre and the principles of movement within sterile and non-sterile areas. • Demonstrate proper operating theatre attire and aseptic behavior before entering the OT. • Recognize the roles and responsibilities of members of the operation theatre team. • Apply aseptic principles and operation theatre safety protocols to prevent surgical site infections and maintain a safe environment for patients and healthcare personnel
Session-4 **Airway Management: Identification and Use of Basic Airway Devices**	**Mode of Delivery:** **DEMONSTRATION**

You should be able to	• **Identify** commonly used airway management devices, including the Guedel airway, endotracheal tube (ETT), laryngeal mask airway (LMA), and tracheostomy tube. • **Demonstrate** the indications and basic technique for the use of airway management devices on simulation models. • **Differentiate** the indications, advantages, and limitations of various airway devices used in emergency airway management. • **Prepare** the required equipment for basic airway management in emergency settings. • **Apply** verify patient suitability, equipment functionality, and correct device selection before airway management to minimize the risk of airway trauma, hypoxia, and other complications
Session-5 **Introduction to the General Anesthesia Apparatus**	**Mode of Delivery:** **DEMONSTRATION**
You should be able to	• Identify the major components of the general anesthesia apparatus and describe their functions. • Demonstrate the basic setup and pre-use inspection of the anesthesia machine. • Recognize the indications and safe operation of the anesthesia apparatus during surgical procedures. • Identify common safety features and monitoring devices associated with the anesthesia machine. • Apply perform a pre-use safety check of the anesthesia apparatus and verify oxygen supply, breathing circuit integrity, and equipment functionality to ensure safe anesthesia delivery
Session-6 **Interpretation of Chest X-rays and Identification of Common Thoracic Pathologies**	**Mode of Delivery:** **DEMONSTRATION**

 **You should be able to**	• Interpret a systematic chest X-ray using a standardized approach. • Identify radiographic features of pneumothorax, pleural effusion, and cervical spine injury on appropriate imaging. • Correlate radiographic findings with the patient's clinical presentation to support diagnosis. • Recognize radiological findings that require urgent surgical or emergency referral.
Session-7 **Interpretation of CT Brain: Identification of Intracranial Hemorrhages**	**Mode of Delivery:** **DEMONSTRATION,CBL**
 **You should be able to**	• **I**nterpret CT brain images using a systematic approach. • Identify the characteristic CT features of extradural hematoma, subdural hematoma, and subarachnoid hemorrhage. • Differentiate between extradural, subdural, and subarachnoid hemorrhages based on their radiological appearance. • Correlate CT findings with the patient's clinical presentation to support diagnosis
Session-8 **Basic Surgical Skills Workshop**	**Mode of Delivery:** **DEMONSTRATION**
 **You should be able to**	• Demonstrate basic surgical skills, including instrument handling, knot tying, and simple suturing techniques on simulation models. • Select appropriate surgical instruments and suture materials for basic surgical procedures. • Maintain proper aseptic technique and ergonomics during basic surgical procedures. • Demonstrate safe handling and disposal of sharps and surgical instruments. • Apply adhere to aseptic principles and safe sharps handling practices to minimize the risk of surgical site infection and needlestick injuries

Session-9 **TRAUMA CARE WORKSHOP**	**Mode of Delivery:** **DEMONSTRATION**
 **You should be able to**	• Perform the primary survey (ABCDE approach) in the initial assessment of a trauma patient. • Demonstrate basic trauma management skills, including hemorrhage control and immobilization techniques. • Recognize life-threatening injuries requiring immediate intervention and referral. • Demonstrate effective communication and teamwork during simulated trauma scenarios. • Apply prioritize patient safety by following trauma protocols, maintaining cervical spine protection, and ensuring timely escalation of care during emergency management

Total no of weeks.	Mode of Assessment
9	(DOPs, OSCE Mini-CEX, VIVA)

RESEARCH/ICT

Session-1 **Introduction to Data Management and Coding**	**Mode Of Delivery: Hands-on Computer Lab**

 **You should be able to**	• Organize research data for statistical analysis. • Develop a coding scheme for questionnaire responses. • Prepare a codebook for data entry • Maintain confidentiality of participant information during data preparation
Session-2 **Data Entry Using SPSS.**	**Mode Of Delivery:** **Hands-on** **Computer Lab**
 **You should be able to**	• Create a database in SPSS. • Define variables and value labels. • Enter research data accurately. • Research Ethics LO: Verify data accuracy while preserving participant confidentiality
Session-3 **Data Cleaning and Validation**	**Mode Of Delivery:** **Computer-based practical session**
 **You should be able to**	• Detect missing values and outliers. • Correct data entry errors. • Prepare a clean dataset for analysis. • Research Ethics LO: Ensure data integrity by documenting all corrections without altering original findings

Session-4 **Descriptive Statistics.**	**Mode Of Delivery:** **Hands-on** **Computer Lab**
 **You should be able to**	• Generate frequencies, percentages, means, and standard deviations using SPSS • Select appropriate descriptive statistics according to data type. • Export statistical output. • Report statistical findings honestly without data manipulation
Session-5 **Data Presentation: Tables and Graphs**	**Mode Of Delivery:** **Hands-on** **Computer Lab**
 **You should be able to**	• Create tables, bar charts, pie charts, and histograms using SPSS • Format tables and figures for research reports. • Export publication-quality outputs. • Present research findings objectively without misleading graphical representation.
Session-6 **Selection of Statistical Tests**	**Mode Of Delivery:** **Computer laboratory session, demonstration, guided practice**

 **You should be able to**	• Classify variables and data types. • Select appropriate parametric and non-parametric statistical tests. • Match statistical tests with research objectives. • Select appropriate analytical methods to ensure valid and reliable research conclusions
Session-7 **Inferential Statistics Using SPSS**	**Mode Of Delivery:** **Interactive Tutorial ,** **Computer laboratory session**
 **You should be able to**	• Perform Chi-square, t-test, ANOVA, and non-parametric tests using SPSS. • Generate inferential statistical outputs. • Save and organize analysis files. • Perform statistical analysis objectively without selective reporting or data fabrication
Session-8 **Preparing Statistical Outputs for Research Report**	**Mode Of Delivery:** **workshop**
 **You should be able to**	• Organize SPSS outputs for inclusion in the research report. • Export tables and figures in publication format. • Maintain organized electronic research records. • Store research data securely and maintain confidentiality in accordance with institutional ethical guidelines

SAMPLE TIME TABLE

20th WEEK **TIMETABLE 3rd YEAR BDS (2026)**

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 03-08-2026	Periodontology ANUG **(Dr.Sohaib Siddique)**	**Oral Pathology**/oral Med **Epithelial Pathology** Dr Rabia Masood		Practical/SGD Batch B- Prostho - history taking and clinical examination- dr uzair Batch C- OMFS Batch D- Operative Batch A- Perio		**Practical/SGD** Batch B- Oral-Pathology **Odontogenic cysts** **Dr Saleha, Dr Khadija** Batch A- Oral-Medicine Examination of salivary glands **(Dr Hamza/Dr Khadija)**
Tuesday 04-08-2026	**Oral Pathology**/oral med **Odontogenic Cysts and tumors** **Dr Rabia Masood**	Periodontology **CLASS TEST** **(Dr.Sohaib Siddique)**		Practical/SGD Batch B- Prostho - impression pouring and cast fabrication - dr uzair Batch C- OMFS Batch D- Operative Batch A- Perio	------ ----B REA K---- ------	**Practical/SGD** Batch A- Oral Pathology **Odontogenic cysts** **Dr Saleha, Dr Khadija** Batch B- Oral-Medicine Examination of salivary glands **(Dr Hamza/Dr Khadija)**
Wednesday 05-08-2026	PERIODONTOLOGY Dr Sohaib	Oral Pathology/oral medicine **Test** **Epithelial Pathology- All faculty**	----- ----- BR EA K--- ----- --	Practical/SGD Batch B- Prostho clasp fabrication and wax up - dr uzair Batch C- OMFS Batch D- Operative Batch A- Perio		Practical/SGD Batch B- Prostho Batch C- OMFS Batch D- Operative Batch A- Perio
Thursday 06-08-2026	**General Surgery** NECK TRAUMA **(Dr. Zafar Iqbal)**	**General Medicine** COPD**(Dr. Shahid Saleem)**		Practical Batch A- General Surgery(DR AFSHAN) CARDIO-PULMONARY RESUSITATION Batch B- General medicine S.G.D(Bronchial Asthma &Its diagnosis) Management of acute Severe Asthma Spirometery & diagnosis of asthma SGD(Work up of a case of Tuberculosis) ATT and its complications Interpretation of Tuberculin test		**Oral-Medicine CBL** TMJ disorders **(Dr. Faiqa Hassan)**
Friday 07-08-2026	**General Surgery** NECK TRAUMA **(Dr. Zafar Iqbal)**	**General Medicine Asthma** **(Dr. Shahid Saleem)**		Practical Batch B- General Surgery(DR AFSHAN) CARDIO-PULMONARY RESUSITATION Batch A- general medicine S.G.D(Bronchial Asthma &Its diagnosis) Management of acute Severe Asthma Spirometery & diagnosis of asthma SGD(Work up of a case of Tuberculosis) ATT and its complications Interpretation of Tuberculin test	**Prayer & Lunch Break**	**Oral-Medicine CBL** Blood disorders/renal disorders **(Dr. Faiqa Hassan)**

LEARNING RESOURCES

Clinical & Dental Sciences • Study Guide

ORAL PATHOLOGY

TYPE	LEARNING RESOURCE
Textbook	Contemporary Oral and Maxillofacial Pathology, 3rd Edition — J. Philip Sapp, Lewis R. Eversole & George P. Wysocki
Reference Book	Oral and Maxillofacial Pathology, 4th Edition — Brad W. Neville, Douglas D. Damm, Carl Allen & Angela C. Chi
Reference Book	Oral and Maxillofacial Pathology: Clinical Pathological Correlations, 6th Edition — J. Regazi, James Sciubba & Richard Jordan

ORAL MEDICINE

TYPE	LEARNING RESOURCE
Textbook	Tyldesley's Oral Medicine, 5th Edition — Anne Field & Lesley Longman
Reference Book	Oral and Maxillofacial Medicine: The Basis of Diagnosis and Treatment, 2nd Edition — Crispian Scully
Reference Book	Medical Problems in Dentistry, 6th Edition — Crispian Scully

PERIODONTOLOGY

TYPE	LEARNING RESOURCE
Textbook	Clinical Periodontology — Glickman
Reference Book	Clinical Periodontology — Manson
Reference Book	Colour Atlas of Clinical and Surgical Periodontology — Strahan & Waite
Reference Book	A Textbook of Clinical Periodontology — Jan Lindhe

ORAL & MAXILLOFACIAL SURGERY

TYPE	LEARNING RESOURCE
Textbook	Contemporary Oral and Maxillofacial Surgery, 7th Edition — James R. Hupp
Reference Book	Handbook of Local Anaesthesia, 7th Edition — Stanley F. Malamed
Reference Book	Fractures of the Facial Skeleton, 2nd Edition — Peter Banks
Reference Book	Scully's Medical Problems in Dentistry, 7th Edition — Crispian Scully

GENERAL MEDICINE

TYPE	LEARNING RESOURCE
Textbook	Davidson's Principles and Practice of Medicine, 24th Edition
Reference Book	Kumar and Clark's Clinical Medicine, 10th Edition
Reference Book	Harrison's Manual of Medicine, 20th Edition

CLINICAL METHODS

TYPE	LEARNING RESOURCE
Textbook	Macleod's Clinical Examination, 14th Edition
Reference Book	Hutchison's Clinical Methods, 24th Edition

OPERATIVE DENTISTRY

TYPE	LEARNING RESOURCE
Textbook	Art & Science of Operative Dentistry — Sturdevant
Reference Book	Fundamentals of Operative Dentistry — Summit's

GENERAL SURGERY

TYPE	LEARNING RESOURCE
Textbook	Bailey & Love's Short Practice of Surgery, 27th Edition
Reference Book	An Introduction to the Symptoms & Signs of Surgical Disease — Norman S. Browse
Reference Book	A Manual on Clinical Surgery — S. Das
Reference Book	Clinical Methods in General Surgery — Hamilton & Bailey

Recommended resources for guided study and clinical correlation

Feedback on the study guide:
We value your feedback and will use it for improvement of this study guide. Kindly provide feedback at the given email address: dental.education@hitec-ims.edu.pk