KMCT
DENTAL COLLEGE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the information in the attached document is verified by me and is true to the best of my knowledge.

Principal

Principal
KMCT Dental College
Mannassery, Mukkam

ANY OTHER RELEVANT INFORMATION

KMCT Medical College Campus, Mukkam, Kozhikode - 673602
0495-2292000 dental@kmct.edu.in
www.kmctdentalcollege.org

2.3.1 Student-centric methods are used for enhancing learning experiences by:

- **Experiential learning**
- **Integrated/interdisciplinary learning**
- **Participatory learning**
- **Problem solving methodologies**
- **Self-directed learning**
- **Patient-centric and Evidence-Based Learning**
- **Learning in the Humanities**
- **Project-based learning**
- **Role play**

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KMCT
DENTAL COLLEGE

Recognised Research Centre of Kerala University of Health Sciences
Recognised by Dental Council of India and Govt. of India
KMCT Medical College Campus, Mukkam, Kozhikode-673602
Phone: (0495)2292002, 2292004
E-mail: dental@kmct.edu.in, website: www.kmctdentalcollege.org

Experiential learning	Participatory learning	Problem solving methodologies	Integrated/ interdisciplinary learning	Patient centric	Self-directed learning	Project based learning and Role play
• Attending pre-clinical labs • Training on models • Attending community screening and dental treatment camps • Attending pain and palliative postibngs • Attending	• Seminar • Journal clubs • Field visit • Survey • CDE program • Participation in conferences and conventions	• Case scenarios • Case history discussion • CPC	• Inter departmental postings • Clinic pathological club • Functional MoUs with other institutions • Collaborative activities for research	• Clinical postings for students • Compulsory rotational residential internship • Collaborative activities for patient care	• Written assignments • Seminar presentations • Journal club presentations	• UG research projects • PG research projects • Publications • Role play • Short films • Youtube videos

K.M.C.T. DENTAL COLLEGE

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT
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casualities and major and minor operation theatres • Attending under graduate research program.						

K.M.C.T. DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT
DENTAL COLLEGE

EXPERIENTIAL LEARNING

KMCT Dental College prioritizes experiential learning as a cornerstone of its student-centric approach. Through experiential learning, students actively engage in hands-on experiences, enabling a deeper understanding of dental practices. The college employs various methods:

Clinical Exposure: Providing opportunities for students to work in clinics, assisting experienced professionals, and gaining firsthand experience in treating patients under supervision. This practical exposure helps in developing clinical skills and confidence.

Simulated Learning Environments: Creating simulated scenarios and dental laboratories that replicate real clinical settings. Students practice various procedures, techniques, and treatments in a controlled environment, enhancing their skills before working with actual patients.

Case-Based Learning: Presenting students with authentic dental cases, allowing them to analyze, diagnose, and devise treatment plans. This method encourages critical thinking, problem-solving, and decision-making skills.

Internships and Rotations: Offering internships and rotations in different departments and healthcare facilities, exposing students to diverse experiences and challenges within the field In KMCT Dental College, student-centric learning is greatly emphasized through experiential learning opportunities across various domains:

Pain and Palliative Clinical posting: Students actively participate in pain and palliative care clinics, learning to address and manage patient pain, enhancing their understanding of compassionate patient care.

Camps and Outreach Programs: Involvement in community camps and outreach programs allows students to apply their skills in diverse settings, catering to different patient populations while promoting oral health awareness.

Operation Theatre Postings: Exposure to operation theatre settings provides insights into surgical procedures, sterilization practices, and the collaborative nature of healthcare teams.

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Satellite Clinics: Involvement in satellite clinics offers a broader perspective on providing dental care in varied settings, often in underserved areas, fostering a sense of social responsibility among students.

Research Programs: Engagement in research activities exposes students to the scientific process, encouraging critical thinking and innovation while contributing to the advancement of dental knowledge.

By integrating these diverse experiential learning opportunities into the curriculum, KMCT Dental College ensures that students receive comprehensive practical exposure alongside theoretical education. These experiences not only enhance their clinical skills but also instill a deeper understanding of patient care, ethical practices, and community health needs. of dentistry.

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KMCT
DENTAL COLLEGE

DEPT. OF PERIODONTICS

EXPERIENTIAL LEARNING

It is the process of learning where educators purposefully engage with students , and learn through reflection on doing. Hands-on learning can be a part of experiential learning. It Helps to increase knowledge, develop skills and clarify values.

HANDS ON TRAINING ON SCALING AND ROOT PLANING



LEARNING OBJECTIVES:

- Perform effective scaling and root planing procedures using both hand and ultrasonic instruments.
- Develop proficiency in instrument handling and manipulation

The hands-on program on scaling and root planing for final year part 1 BDS students served as a pivotal component of experiential learning, providing a dynamic bridge between theoretical knowledge and practical application. This immersive initiative aimed to cultivate a comprehensive understanding of periodontal care by engaging students in real-world scenarios. Under the expert guidance of faculties, students actively participated in supervised clinical sessions, applying their theoretical knowledge to perform scaling and root planing procedures. The hands-on nature of the program facilitated a deeper integration of concepts, fostering a holistic learning experience that will undoubtedly contribute to the students' readiness for clinical practice and their ability to deliver high-quality oral healthcare.

KMCT
DENTAL COLLEGE

ATTENDING PRECLINICAL LABS AND TRAINING ON MODELS

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

KMCT Medical College Campus, Mukkam, Kozhikode - 673602
0495-2292000 dental@kmct.edu.in
www.kmctdentalcollege.org

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PG LOG BOOK

NAME OF THE STUDENT: DR.SWAPNA V K

YEAR OF STUDY: 2021-2024

REG NO:

KMCT DENTAL COLLEGE
MUKKAM, CALICUT

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DEPARTMENT OF CONSERVATIVE DENTISTRY
AND ENDODONTICS



PG
LOG BOOK

NAME OF THE STUDENT: DR. SWAPNA V K

YEAR OF STUDY: 2021-2024

REG NO:

KMCT DENTAL COLLEGE
MUKKAM, CALICUT

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CERTIFICATE

This is to certify that this log book is a bonafide work done by Dr.....,as a Postgraduate student for the award of degree, Masters of Dental Surgery in Conservative Dentistry and Endodontics from K.M.C.T Dental College, Mampetta, Mukkam, Calicut, Kerala.

This work was carried out during the academic year.....to.....in the Department of Conservative Dentistry and Endodontics.

Signature of Student

Signature of Guide

Signature of HOD

Place:

Date:

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PRECLINICAL EXERCISES

SL. NO:	Name of Exercises	Date	Grade	Signature
I	**WORK – PLASTER MODEL**			
A	**FOR SILVER AMALGAM**			
1.	36 Class II MOD Cavity with distal cusp capping	16/11/21	B+	
2.	16 Class II Cavity MO with Distal Pit and Palatal Extension	12/11/21	B+	
3.	36 Class II Distal Cavity	13/11/21	B+	
4.	36 Class II Conventional Distal Cavity	2/2/21	B+	
B	**FOR CAST RESTORATIONS**			
1.	36 Class II Box Preparation	17/11/21	B++	
2	36 Class II Slice Preparation	23/11/21	B+	
3.	36 Class II Modified Slice Preparation	24/11/21	B+	
4	36 Class II Modified Flare Preparation	23/11/21	B+	
5	36 Inlay Preparation with missing Buccal Cusps	2/2/21	B+	
C	**FOR ACID-ETCH RESTORATIONS**			
1.	11 Class III Typical Cavity	9/12/21	B++	
2.	11 Class III with Lingual Wall Missing	24/12/21	B+	
3.	11 Class IV with Both Line Angles Missing	24/12/21	B+	

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II	TYPODONT EXERCISES			
A	FOR CLASS II SILVER AMALGAM			
1.	16 Conservative MO	15/2/22	AT	
2.	46 Conservative DO	15/2/22	B+T	
3.	36 Conservative MOD	15/2/22	AT	
4.	26 Conventional MO	11/2/22	BTT	
5.	36 Conventional DO	26/1/22	BTT	
6.	46 Conventional MOD	26/1/22	BTT	
B	FOR INLAY CAVITY PREPARATION			
1.	36 MO	15/2/22	B+T	
2.	46 MO	1/3/22	BT	
3.	16 DO	4/3/22	BT	
4.	26 DO	4/3/22	B+	
5.	36 DO	5/3/22	BT	
6.	46 DO	5/3/22	B TT	
7.	15 DO	5/3/22	BTT	
8.	35 DO	5/3/22	BT	
9.	36 MOD	5/3/22	?	
10.	46 MOD	6/3/22	B	
C	WAX PATTERNS			
1.	16 DO			
2.	26 DO	14/4/22	B1	
3.	36 MO	14/4/22		
4	46 MO	14/4/22		
5.	36 MOD	27/4/22	B1	
6.	46 MOD	29/4/22		
D	INLAY CASTING			
1.	Class II Inlay on Premolar	30/4/22	B11	
2.	Class II Inlay on Maxillary Molar	30/4/22		
3.	Class II Inlay on Mandibular Molar	9/4/22	B11	
4.	MOD on Mandibular Molar	9/4/22		

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E	ONLAY ON MOLARS			
1.	Onlay Preparation on Maxillary First Molar	20/5/22	B	
2.	Onlay Preparation on Mandibular First Molar	20/5/22		
3.	Onlay Processing on Mandibular First Molar	20/5/22		
F	FULL CROWNS – ANTERIOR TEETH			
1.	Maxillary Central Incisor	26/5/22	B	
2.	Maxillary Lateral Incisor	26/5/22		
3.	Maxillary Canine	26/5/22		
4.	Mandibular Lateral Incisor	23/5/22	B1	
5.	Mandibular Canine	23/5/22		
G	FULL CROWNS – POSTERIOR TEETH			
1.	Maxillary First Premolar	15/6/22	B	
2.	Maxillary Second Premolar	15/6/22		
3.	Maxillary First Molar	15/6/22		
4.	Mandibular First Premolar	15/6/22		
5.	Mandibular First Molar			
H	CROWNS TO BE PROCESSED			
1.	Maxillary Central Incisor	23/6/22	B1	
2.	Maxillary Lateral Incisor	23/6/22		
3.	Maxillary First Molar	6/7/22	B1	
4	Mandibular First Molar	6/7/22	B11	
I	7/8 CROWN			
1.	Maxillary First Molar	11/7/22	B	
2.	Mandibular First Molar	11/7/22		
3.	Maxillary First Molar to Be Processed	11/7/22	B1	
J	¾ CROWN ON PREMOLARS			
1.	Preparation on Maxillary Canine	29/7/22	B11	
2.	Preparation on Maxillary First Premolar	29/7/22	B	
3.	Maxillary First Premolar to Be Processed	29/7/22	B11	

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III.	FULL TOOTH WAX CARVING – ALL PERMANENT TEETH			
IV.	EXCERCISES ON NATURAL TEETH			
A.	Inlay			
	Preparation			
1.	Maxillary Molar – MO	2/8/22	B11	
2.	Maxillary Molar – DO	2/8/22		
3.	Maxillary Molar – MOD	3/8/22		
4.	Mandibular Molar – MO	3/8/22		
5.	Mandibular Molar – DO			
6.	Mandibular Molar – MOD	5/8/22	B11	
7.	Mandibular Premolar – MO	6/8/22		
8.	Mandibular Premolar – DO	6/8/22		
	Inlay Wax Pattern			
1.	Maxillary Molar – MO	12/8/22	B	
2.	Mandibular Molar – MOD	13/8/22		
	Inlay Casting			
1.	Class II inlay on Maxillary Molar	20/8/22	B1	
2.	Class II inlay on Mandibular Molar	20/8/22		
B.	**Amalgam Preparation**			
1.	Class II Conventional Preparation & Amalgam Restoration on Maxillary Molar		B1	
2.	Class II Conservative Preparation & Amalgam Restoration on Maxillary Molar			
3.	Class II Conventional Preparation & Amalgam Restoration on Mandibular Molar			
4.	Class II Conservative Preparation & Amalgam Restoration on Mandibular Molar		B1	
C.	**Pin Retained Amalgam Restoration**			
1.	Maxillary Molar			
2.	Mandibular Molar			

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D.	Post and Core			
	Anterior Teeth – Direct Post & Core Build Up			
1.	Maxillary Central Incisors – 11 & 21	22/6/22		
2.	Maxillary Lateral Incisor	22/6/22		
3.	Maxillary Canine	22/6/22		
4.	Mandibular Lateral Incisor	22/6/22		
	Anterior Teeth–Indirect Post & Core Build Up			
1.	Maxillary Central Incisor	21/9/22		
2.	Maxillary Lateral Incisor	4/9/22		
3.	Maxillary Canine	4/9/22		
4.	Mandibular Lateral Incisor	11/9/22		
5.	Mandibular Canine	11/9/22		
	Posterior Teeth – Indirect Post & Core			
1.	Maxillary 1st Premolar	14/9/22		
2.	Maxillary 1st Molar	14/9/22		
3.	Maxillary 2nd Molar	14/9/22		
4.	Mandibular 1st Molar	14/9/22		
5.	Mandibular 2nd Molar	14/9/22		
	Casting -Post & Core			
1.	Maxillary Central Incisor	22/9/22		
2.	Maxillary Lateral Incisor	22/9/22		
3.	Maxillary Canine	21/9/22		
4.	Mandibular Canine	22/9/22		
5.	Maxillary Premolar	22/9/22		
6.	Mandibular Molar	22/9/22		
E.	**Onlay on Molar**			
	Onlay Preparation			
1.	Maxillary 1st Molar	22/9/22		
2.	Mandibular 1st Molar	22/9/22		
3.	Mandibular 2nd Molar	22/9/22		
	Onlay – Casting			
1.	Mandibular 1st Molar	30/9/22		

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F.	Crown Preparation			
	Full Crown			
1.	Maxillary Central Incisor	2/6/22	B+1	
2.	Maxillary Lateral Incisor	2/6/22	B+1	
3.	Maxillary Canine	2/6/22	B+1	
4.	Maxillary Premolar	15/6/22	A	
5.	Maxillary Molar	15/6/22	A+1	
6.	Mandibular Central Incisor	23/6/22	B+	
7.	Mandibular Lateral Incisor	23/6/22	B+1	
8.	Mandibular Canine	25/6/22	B+1	
9.	Mandibular Premolar	25/6/22	B+	
10.	Mandibular Molar	25/6/22	B+	
	Full Crowns to Be Processed			
1.	Maxillary Central incisor	26/9/22	B+1	
2.	Maxillary Lateral Incisor	20/9/22	B+	
3.	Maxillary Canine	20/9/22	B+1	
4.	Maxillary Molar	20/9/22	B+1	
5.	Mandibular Molar	20/9/22	B+	
G.	**Veneers on Anterior Teeth – Indirect Method**			
1.	Full Veneer on Maxillary Central Incisor – Window Design	22/9/22	B+1	
2.	Full Veneer with Incisal Lapping on Maxillary Central Incisor – Incisal Lap Design	22/9/22	B+	
H.	**Composite Inlay**			
	Class II Composite Inlay Preparation			
1.	Class II DO on Maxillary 1st Premolar	16/9/22	B+1	
2.	Class II MO on Maxillary 1st Molar	16/9/22	B+1	
3.	Class II MO on Mandibular 1st Molar	16/9/22	B+	
	Composite Inlay to Be Processed			
1.	Class II MO on Mandibular 1st Molar	16/9/22	B+1	
I.	**Midline Diastema Closure of Maxillary Incisors**	16/9/22	B+1	

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J.	**Composite Restorations**			
	Class I			
1.	Conventional Prep on Maxillary 1st Molar – Box	14/7/22	B11	
2.	Modified Prep on Maxillary 1st Molar – Splint	14/7/22	B11	
	Class II			
1.	Conventional Preparation on Mandibular Molar	22/7/22	B11	
2.	Beveled Conventional Prep on Maxillary Molar	22/7/22	B11	
3.	Modified Preparation on Maxillary Premolar	23/7/22	B11	
4.	Extensive Modified Prep on Mandibular 1st Molar	23/7/22	B11	
K.	**Endocrown Preparation on Mandibular Molar**			
L.	**Bridge for Missing Upper Second Premolar**			
V.	**ENDODONTIC PRECLINICAL EXERCISES ON EXTRACTED TEETH**			
A.	**Sectioning of Extracted Teeth**			
	Horizontal Sectioning Showing Pulp Chamber			
1.	Maxillary Central Incisor	4/6/22	B11	
2.	Maxillary Canine	4/6/22	B11	
3.	Maxillary First Premolar	4/6/22	B11	
4.	Maxillary Second Premolar	4/6/22	B11	
5.	Maxillary First Molar	4/6/22	B11	
6.	Mandibular Central Incisor	4/6/22	B11	
7.	Mandibular Canine	4/6/22	B11	
8.	Mandibular First Premolar	4/6/22	B11	
9.	Mandibular Second Premolar	4/6/22	B11	
10	Mandibular Molar			
	Vertical Sectioning Showing Pulp Chamber & Root Canals			
1.	Maxillary Central Incisor	4/6/22		
2.	Maxillary Canine	6/6/22	B11	
3.	Maxillary First Premolar	6/6/22	B11	
4.	Maxillary Second Premolar	6/6/22	B11	
5.	Maxillary Molar	6/6/22	B11	

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6.	Mandibular Central Incisor	6/6/22	BFF	
7.	Mandibular Lateral Incisor	6/6/22	BFF	
8.	Mandibular Canine	6/6/22	BFF	
9.	Mandibular Premolar	6/6/22	BFF	
10.	Mandibular Molar	7/6/22	BFF	
B.	**Access Cavity Preparation**			
1.	Maxillary Central incisor			
2.	Maxillary Canine	2/4/22	BFF	
3.	Maxillary First Premolar	4/4/22	BFF	
4.	Maxillary Second Premolar	11/6/22	BFF	
5.	Maxillary First Molar			
6.	Mandibular Central Incisor	11/6/22	BFF	
7.	Mandibular Canine	4/4/22	BFF	
8.	Mandibular First Premolar	11/6/22	BFF	
9.	Mandibular Second Premolar	11/6/22	BFF	
10.	Mandibular Molar			
C.	**Endodontic Exercises on Extracted Teeth Under Magnifying Loupe**			
1.	Step Back Preparation & Lateral Condensation Technique on 16 & 36	8/8/23	BFF	
2.	Preparation Using ProTaper & 4% Taper Instruments & Lateral Condensation	8/8/23	BFF	
3.	Crown Down Preparation & Vertical Condensation on 11 with Thermoplasticized Gutta Percha	9/8/23	BFF	
4.	Sectioning of Obturated Teeth & Observe Under Operating Microscope	9/8/23	BFF	

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K.M.C.T DENTAL COLLEGE

MANASSERY P.O, MUKKOM, KOZHIKODE
PHONE : 0495 - 2290693

DEPARTMENT OF PROSTHODONTICS

PRECLINICAL PROSTHODONTICS



Name	:	NANDAKISHORE.P
Date of Birth	:	14-06-1999
Name of the Parant /Guardian	:	ANILKALP
Residential Address with telephone No	:	'Nandanam' Kottooli
	:	Elavanakavu road
	:	Kozhikode, Kerala-673016
	:	8089080545
	:	
Present Adddress with telephone No	:	'Nandanam' Kottooli
	:	Elavanakavu road
	:	Kozhikode Kerala 673016
	:	8089080545
Date of Admission	:	February 2020
Specimen Signature	:	
Year of Study :		
I BDS	:	
II BDS	:	

GENERAL INSTRUCTIONS

1. Bring this record book to all practical classes and the record must be kept neat and in good condition.
2. Credit will be given to the records kept neat and submitted in time.
3. Students should wear apron with identity cards while working in the laboratories.
4. After doing the practicals, record your observations and results in the book. Write a relevant inference to the experiment.
5. Submit the record book complete with observations, discussions, diagrams and calculations for valuation when you come to the next practical examinations.
6. Marks will be awarded for the records during practical examinations.
7. Unnecessary wastage of water, gas or any other materials should be avoided
8. Containers of materials/ chemicals must be kept closed in their proper places when not in use.
9. Excess or waste materials must be thrown into the waste bins and should not be thrown into the sink.
10. Students should enter the laboratories with all the required instruments. Borrowing will not be permitted.
11. Equipments borrowed from the departments should be returnded before leaving the laboratory.
12. Students should keep the laboratory neat and tidy and should not cause any damage to the furniture, equipments etc.
13. Student is liable to replace or compensate for the equipment that is lost or damaged.
14. Strict discipline should be maintained while working in the laboratory.

STUDENTS DECLARATION

I have carefully read the above rules and undertake to abide by them.

Signature of the Student

PRE CLINICAL EXERCISES

CERTIFICATE

This is to certify that Mr./Miss...NANDAKISHORE P.....

.....

.....

Reg.No.....200021073.....has satisfactorily compleated the excercise in **Preclinical Prosthodontics** prescribed by the University for the Second Year BDS Coursee during the year.....2022 - 23.....

Date

Lecturer-in-charge

Head of the Department

DEPT. OF PROSTHODONTICS
KMCT DENTAL COLLEGE
CALICUT-673 602, KERALA

Record of submission

Name of the candidate....NANDAKISHORE P.....

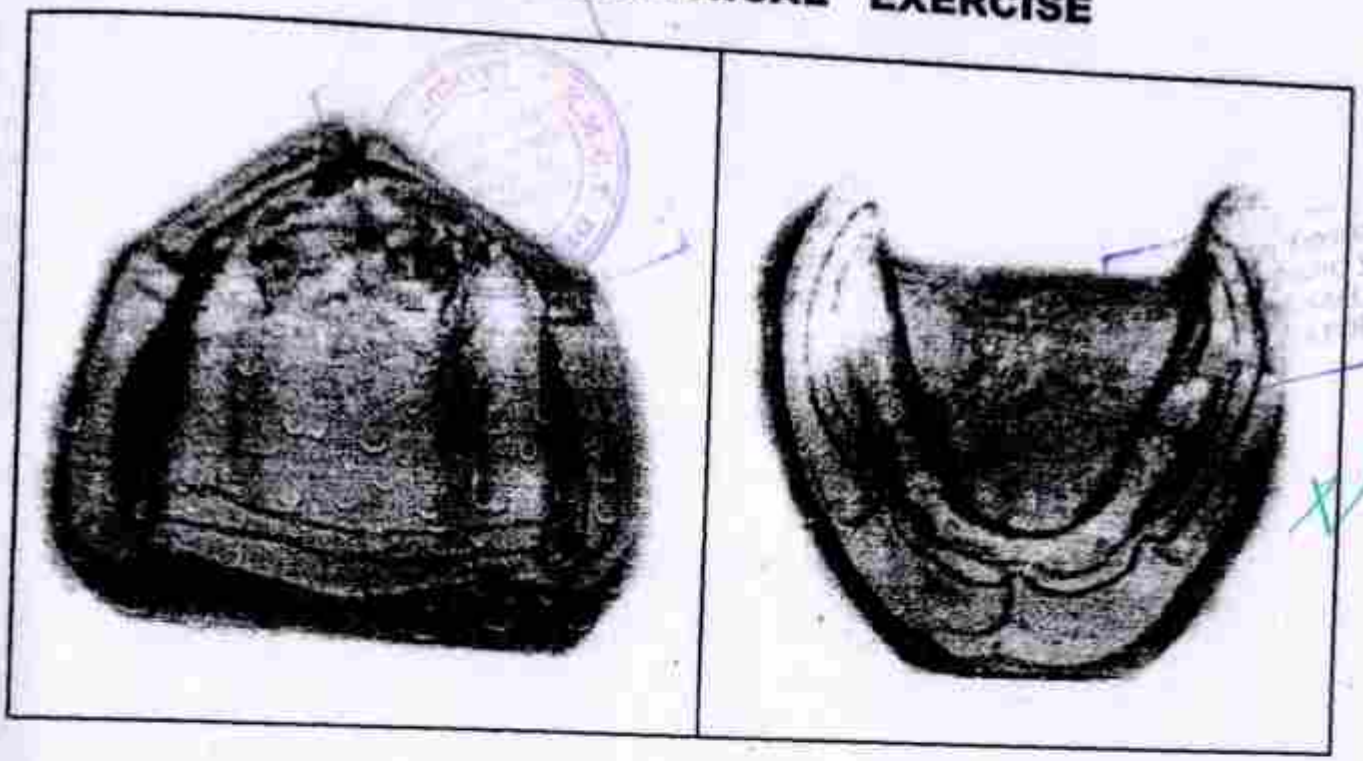
University Reg.No .....200021073.....

Date of Practical Examination

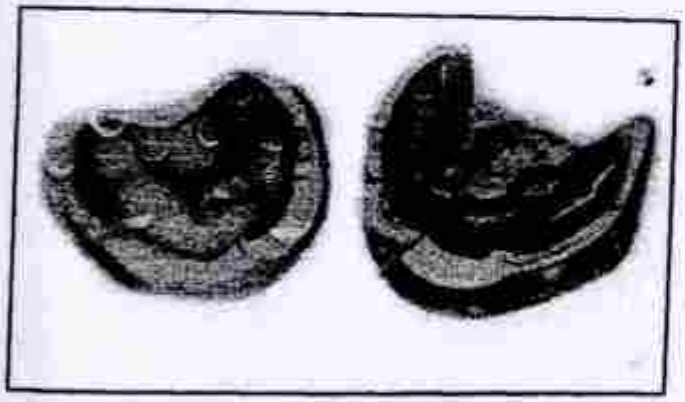
Signature of Examiners 1).DR. NICHOLAS MATHEW..... 25/7/23

2).DR. GIBI BABU PHILIP.....

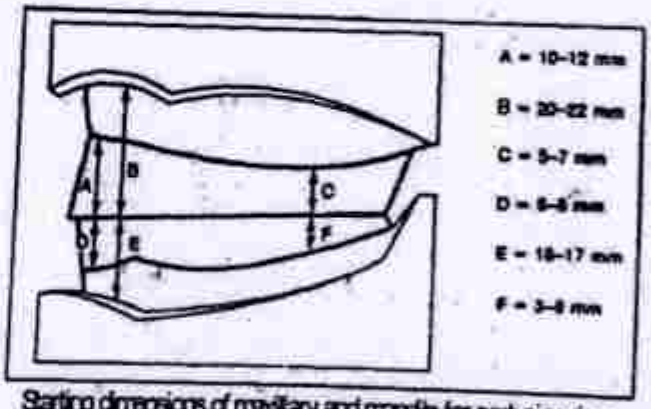
25/7/23



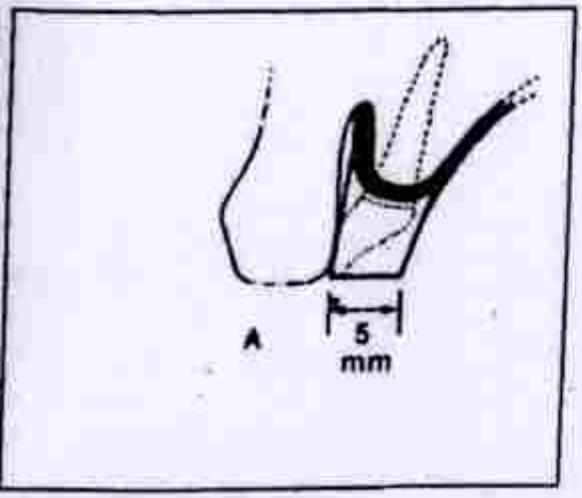
A. Outline for relief wax is drawn on cast. B.Edge of relief wax is usually 2 to 3mm short of tray border.

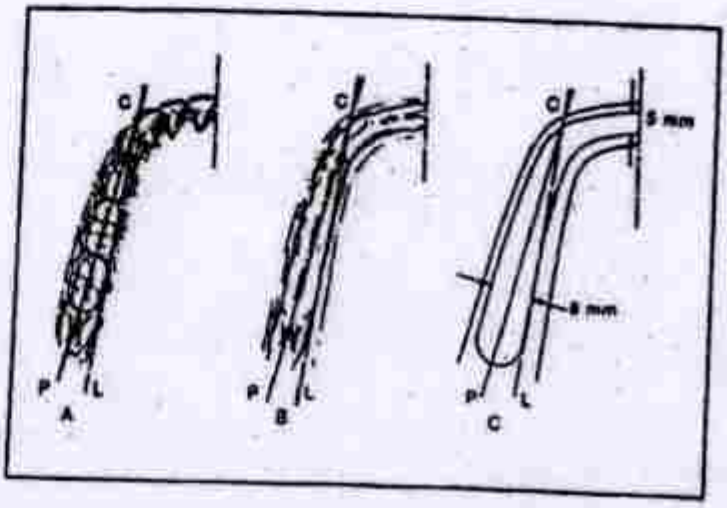


Special Trays

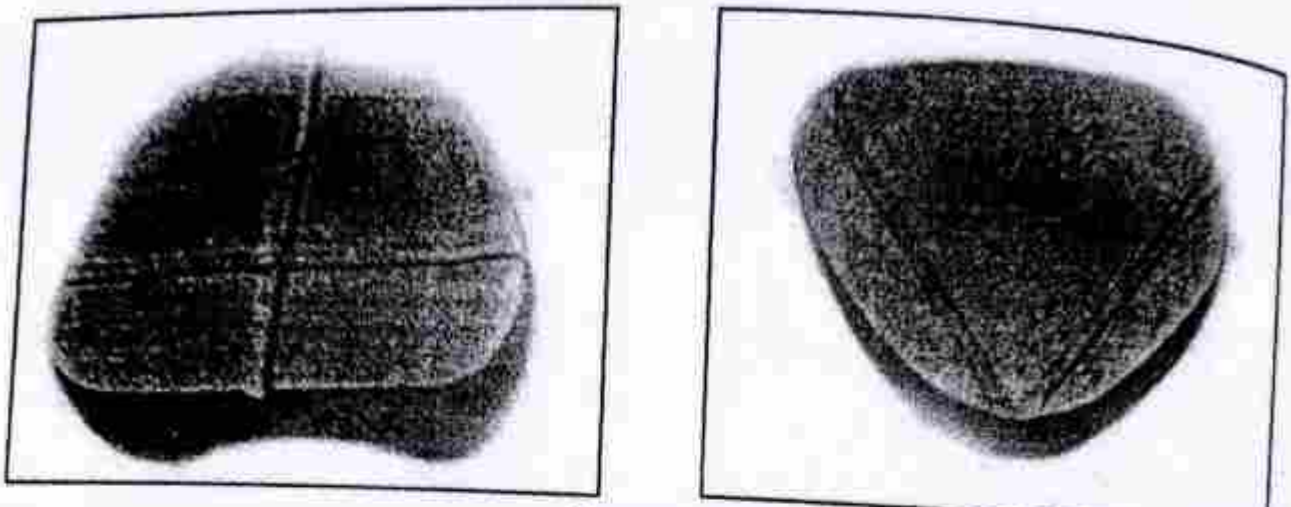


Starting dimensions of maxillary and mandibular occlusion rims.

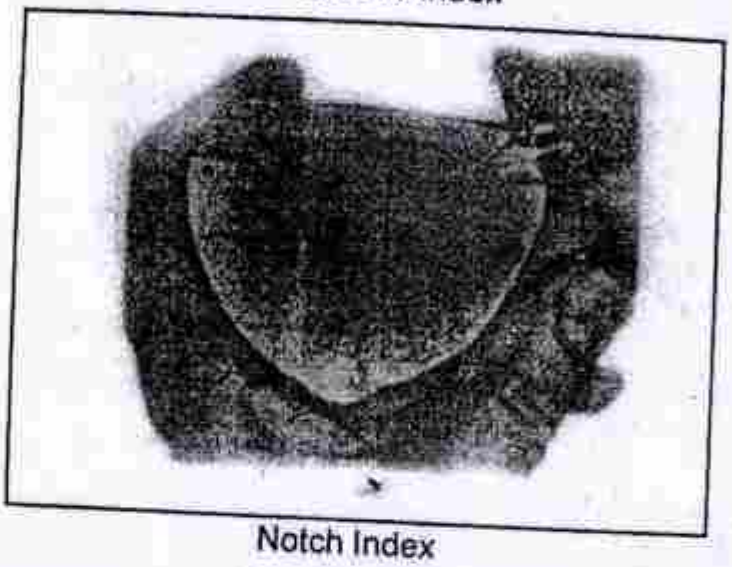




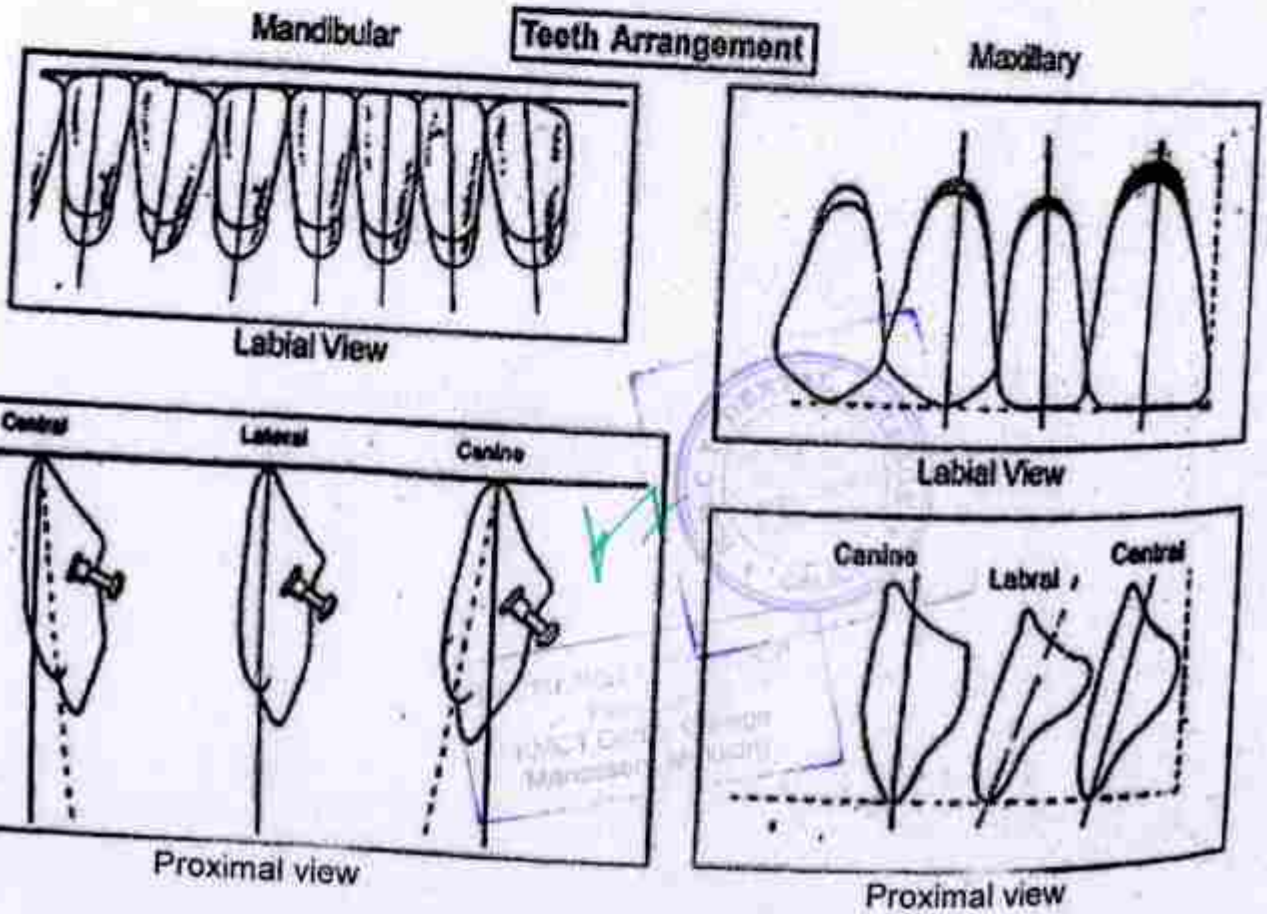
INDEXING THE CAST

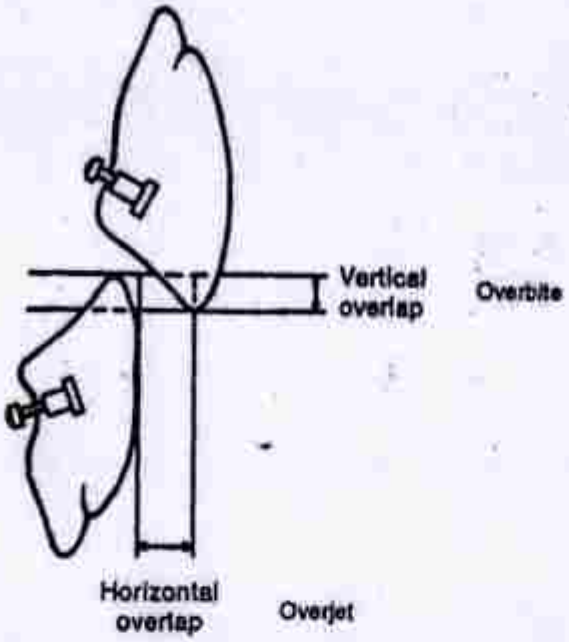


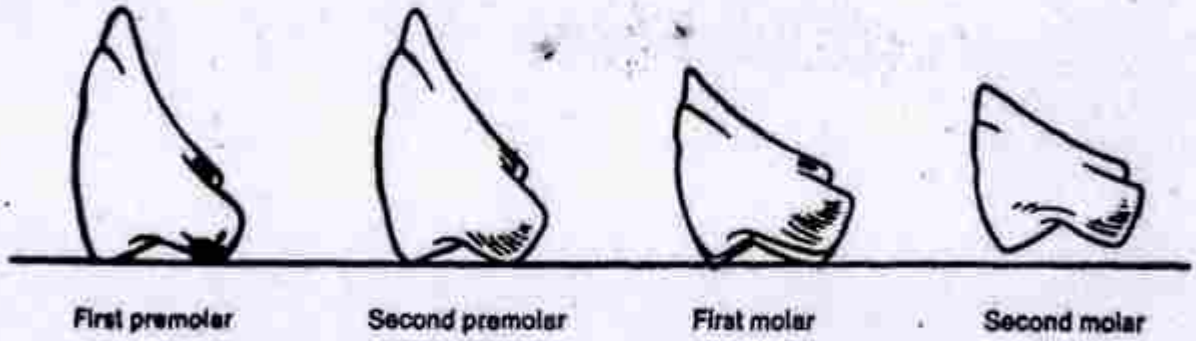
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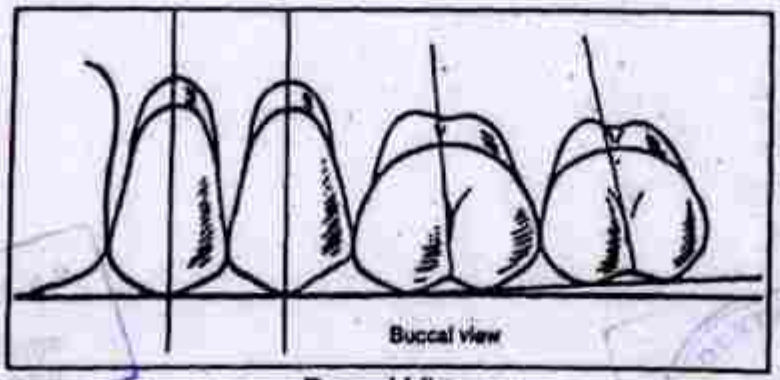


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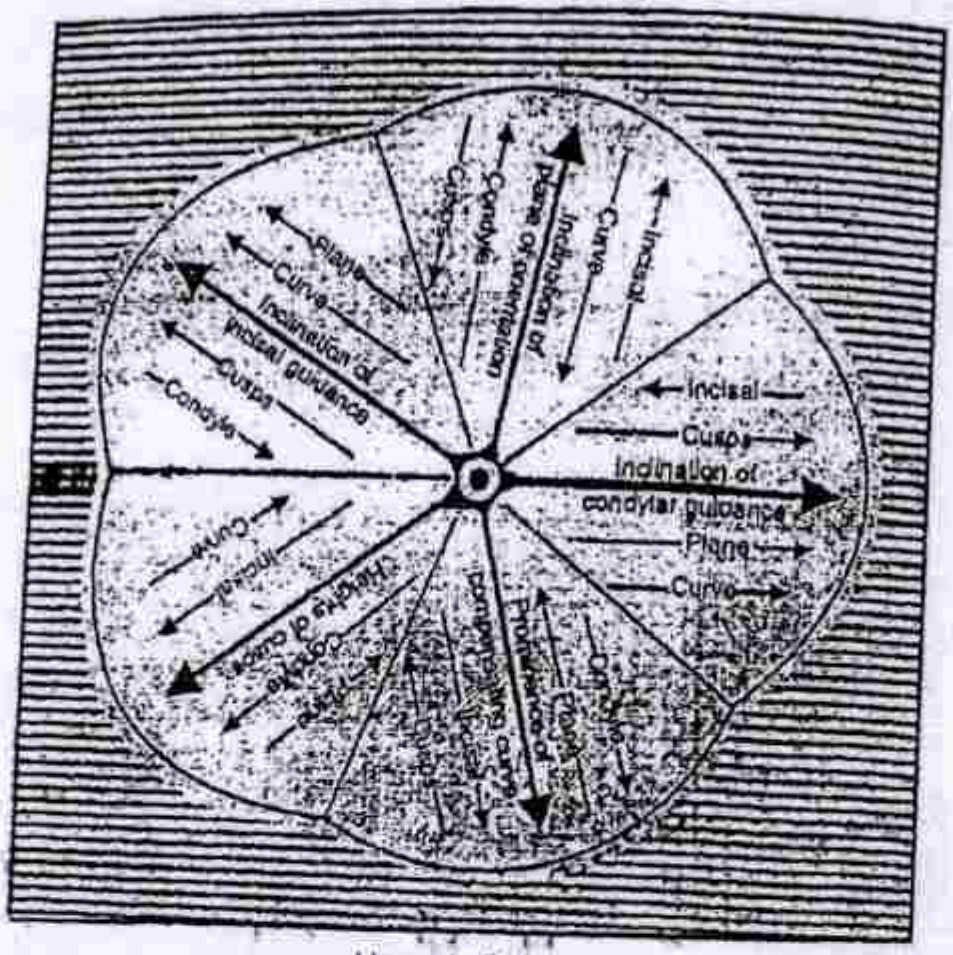



Vertical overlap
Overbite
Horizontal overlap
Overjet


First premolar
Second premolar
First molar
Second molar


Buccal view

Buccal View



Hanau's Quint

I BDS PRECLINICAL EXERCISE

COMPLETE DENTURE

Sl No	Exercise	Date of Commencement	Date of Completion	Max Score	Score Obtained	Signature of Instructor
1.	Making free forms in model plaster		27/02/21	10	6½	
2.	Making geometric shape - Cube 1 inch		20/03/21	10	7	
3.	Making edentulous models in dental plaster using rubber moulds		17/04/21	10	7	
4.	Identifying and marking anatomic landmarks in maxillary and Mandibular edentulous models		12/07/21	10	6	
5.	Making edentulous impression using impression compound. a) Maxillary b) Mandibular			10 10		

6.	Making cast in dental plaster by inversion method a) Maxillary b) Mandibular			10 10		
7.	Making custom tray in shellac base plate - Trimmed margin a) Maxillary b) Mandibular			10 10		
8.	Making custom tray with spacer in auto polymerizing acrylic resin a) Maxillary b) Mandibular			10 10		
9	Fabrication of Jaw relation records. A. Making record base in Heat cure acrylic resin. a) Maxillary b) Mandibular			10 10		

	B Making record base in auto polymerising acrylic resin. a) Maxillary b) Mandibular C Making occlusal rims. a) Maxillary b) Mandibular	02-3-22 05-3-22 15-3-22 04-10-22	04-3-22 07-3-22 17-3-22 6-10-22	10 10 10 10	6 6 7 6	Ppl Ppl
10	Articulation of jaw relation records	01-11-22	3-11-22	10	6	

II B D S PRE CLINICAL EXERCISE

TEETH ARRAGEMENT

Sl No	Exercise	Date of Commencement	Date of Completion	Max. Score	Score Obtained	Signature of Instructor
1	I[st] teeth arrangement					
	a) Upper anteriors	15/11/22	17/11/22	10	6	
	b) Lower anteriors	15/11/22	17/11/22	10	6	
	c) Upper posteriors	17/11/22	19/11/22	10	7	
	d) Lower posteriors	19/11/22	24/11/22	10	7	
2	2[nd] teeth arrangement					
	a) Upper anteriors	01/02/23	6/01/23	10	7	
	b) Lower anteriors	01/01/23	6/01/23	10	7	
	c) Upper posteriors	6/01/23	14/01/23	10	7	
	d) Lower posteriors	14/01/23	19/01/23	10	7½	
3.	3rd teeth arrangement					
	a) Upper anteriors	11/02/23	17/02/23	10	7	
	b) Lower anteriors	11/02/23	17/02/23	10	7	
	c) Upper posteriors	17/02/23	27/02/23	10	7½	
	d) Lower posteriors	27/02/23	2/03/23	10	7	

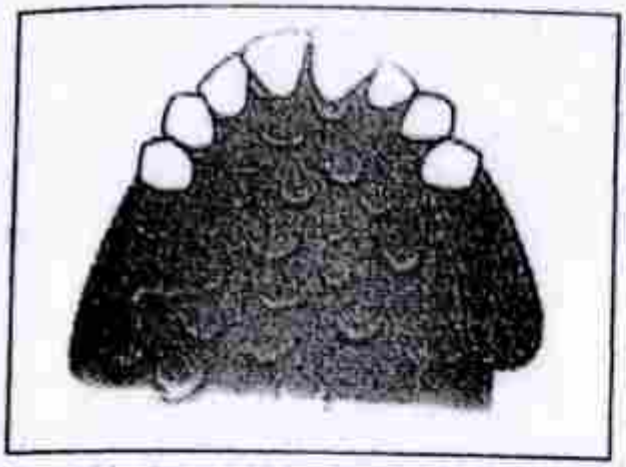
4	4th teeth arrangement					
	a) Upper anteriors	29/05/23	31/05/23	10	7	
	b) Lower anteriors	29/05/23	31/05/23	10	7	
	c) Upper posteriors	30/05/23	1/06/23	10	7	
	d) Lower posteriors	30/05/23	1/06/23	10	7	
	e) Wax - up & Carving for Try - in	30/04/23	15/04/23	10	6½	
5	5th teeth arrangement					
	a) Upper anteriors	09/6/23	09/6/23	10		
	b) Lower anteriors	09/6/23	09/06/23	10		
	c) Upper posteriors	09/6/23	09/06/23	10		
	d) Lower posteriors	09/6/23	09/06/23	10		
	e) Wax - up & Carving for Try - in	09/6/23	09/06/23	10		
6	Fabrication of complete denture in heat cure acrylic resin					
	a) Wax - up for processing	15/05/23	17/05/23	10	7	
	b) Investing	15/05/23	17/05/23	10	7	
	c) Dewaxing	15/05/23	20/05/23	10	7	
	d) Packing & Curing	19/05/23	20/05/23	10	7	
	e) Deflasking	19/05/23	20/05/23	10	7	
	f) Finishing & Polishing	19/05/23	24/05/23	10	7	

7.	Repair of complete denture					
	a) Maxillary - self cure acrylic					
	- Aligning the Denture			10		
	- Cast prep.					
	- Repair of CD			10		
	b) Mandibular - Self Cure acrylic					
	Aligining & Cast prep.	20/06/23	23/06/23	10		
	Repair of CD	20/06/23	23/06/23	10		

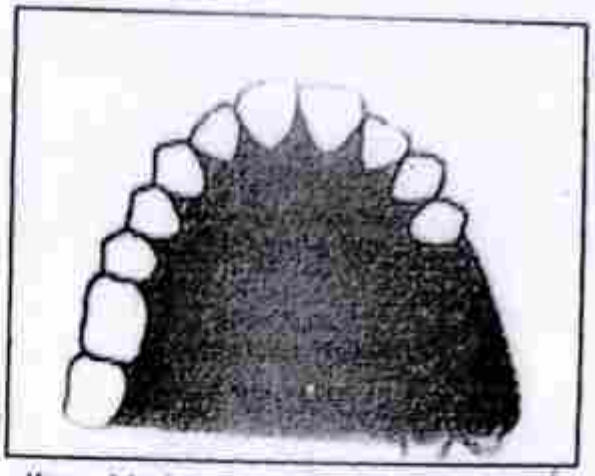
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Date :

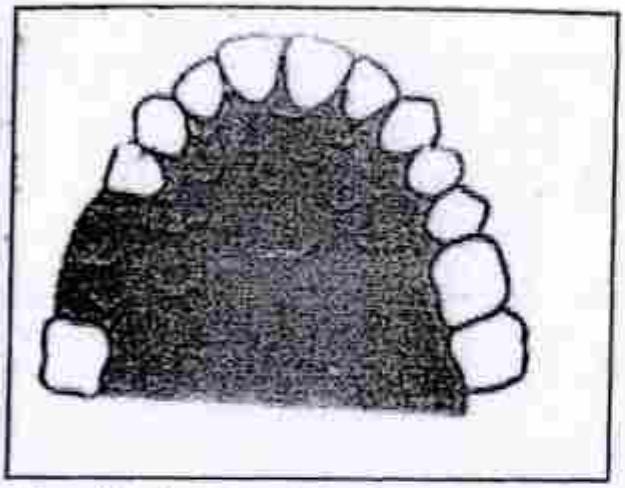
Head of the Department



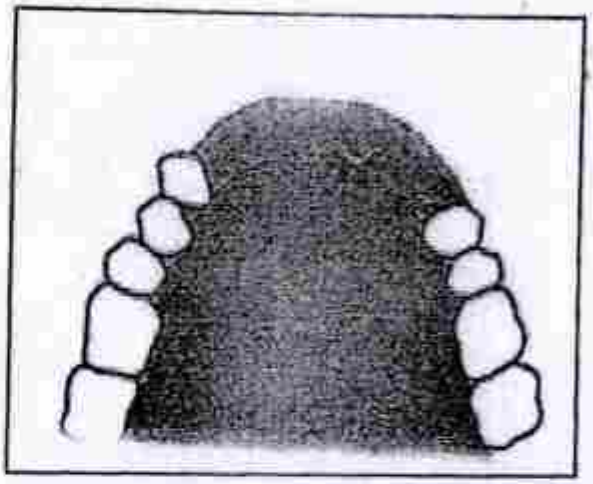
Kennedy's class I partially edentulous condition



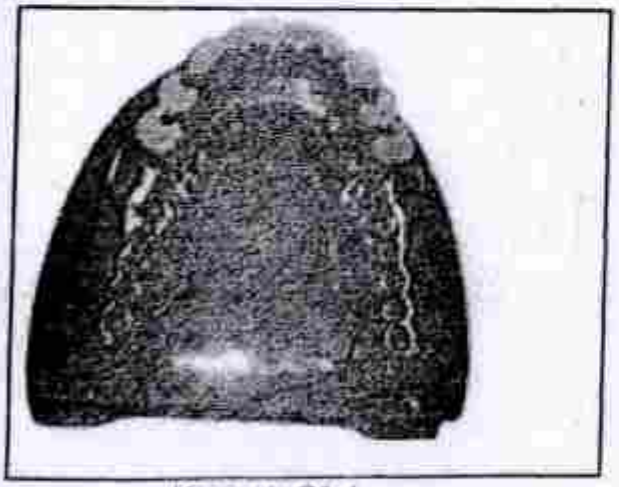
Kennedy's class II partially edentulous condition



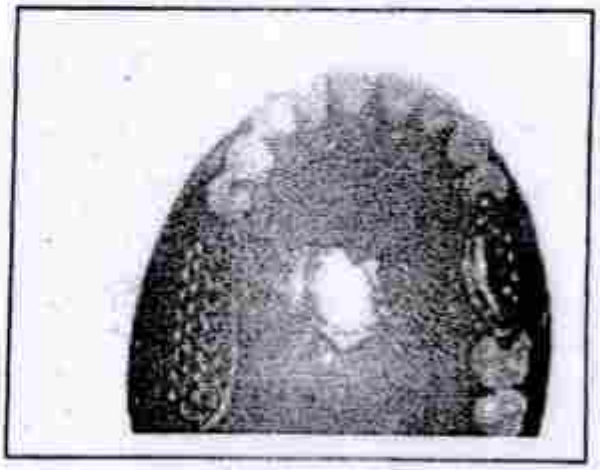
Kennedy's class III partially edentulous condition



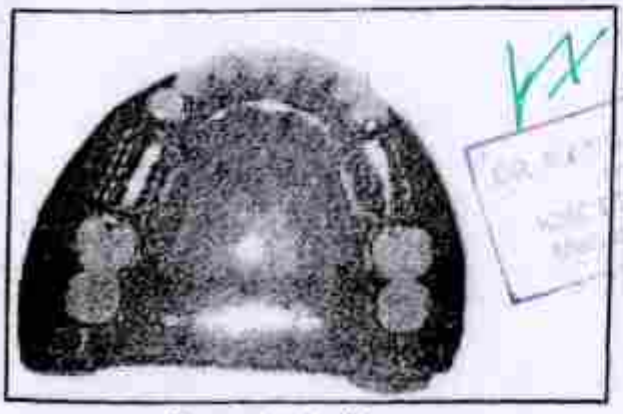
Kennedy's class IV partially edentulous condition



Kennedy C1 I



Kennedy C1 II



Kennedy C1 III



Kennedy C1 IV

II BDS PRECLINICAL EXERCISE

REMOVABLE PARTIAL DENTURE

Sl No	Exercise	Date of Commencement	Date of Completion	Max Score	Score Obtained	Signature of Instructor
1.	Making dentulous Models in dental stone using rubber mold (4 pairs)			10		
2.	Fabricating RPD in heat cure acrylic resin					
	a) Kennedy CL I - maxillary					
	- Prep. of J.R. record		14/06/23	10	7	
	- Articulation		17/06/23	10		
	- Arrangement of teeth		19/06/23	10	7	
	- Wax up & Carving		19/06/23	10		
	- Dearticulation		19/06/23	10		
	- Processing denture		23/06/23	10		
	b) Kennedy CL II Mandibular					
	- Prep. of J.R. record		14/06/23	10	7	
	- Articulation		17/06/23	10		
	- Arrangement of teeth		19/06/23	10	7	
	- Wax up & Carving		19/06/23	10		
	- Dearticulation			10		
	- Processing denture			10		

	c) Kennedy CL 111 Mandibular					
	- Prep. of J.R. record		14/06/23	10	7	
	- Articulation		17/06/23	10		
	- Arrangement of teeth		19/06/23	10		
	- Wax up & Carving		19/06/23	10		
	- Dearticulation		19/06/23	10		
	- Processing denture		23/06/23	10		
	d) Kennedy CL IV Maxillary					
	- Prep. of J.R. record		14/06/23	10	7	
	- Articulation		17/06/23	10		
	- Arrangement of teeth		19/06/23	10		
	- Wax up & Carving		19/06/23	10		
	- Dearticulation			10		
	- Processing denture			10		
3.	Surveying on models			10		
4.	Outlining of cast RPD Design					
	a) Kennedy CL I - Maxillary			10		
	b) Kenndy CL II - Mandibular			10		

	c) Kennedy CL III - Mandibular			10		
	d) Kennedy CL IV - Maxillary			10		

TOTAL SCORE ____ /

Date :

Head of the Department

ASSIGNMENTS

INTRODUCTION TO PROSTHODONTICS

Prosthodontics is a branch of dentistry pertaining to the diagnosis, treatment, planning, rehabilitation and maintainance of oral function, appearance and health and one patient with clinical conditions associated with missing teeth using biocompatible substitution.

BRANCHES OF PROSTHODONTICS

Prosthodontics

- Removable prosthodontics
  - Partial
  - Complete
- fixed prosthodontics
- Maxillofacial prosthodontics
- Implant prosthodontics

1) Removable Prosthodontics

This branch of prosthodontics is concerned with replacement of missing teeth and adjacent structure as well as edentulous or partial edentulous patient by artificial prosthesis that can be removed by one patient

2) Fixed Prosthodontics

The branch of prosthodontics pertaining to replacement of missing teeth by artificial substitution and cannot be removed by one patient.

3) Maxillofacial prosthodontics

The branch of prosthodontics that deal with replacement of stomatognathic and craniofacial structure

4) Implant Prosthodontics

The branch of prosthodontics that deal with replacement of missing teeth and associated structure by restoration and supported by dental implant



ANATOMICAL LANDMARKS OF MAXILLORY DRU

LIMITING STRUCTURES Or PERIPHERAL STRUCTURES

- Labial frenum
- Labial vestibule
- Buccal frenum
- Buccal vestibule
- Hamular notch
- Posterior palatal seal

Supporting Structure

- Primary stress bearing area
  - → Hard palate on either side of palatal raphe
  - → Form maxillary tuberosity.
- Secondary stress bearing area
  - → Residual alveolar ridge
  - → Rugae

Relief area

- → Incisive papilla
- → Lupid eminence
- → mid palatine raphe
- → fovea palatina.



LABIAL FRENUM

- Single narrow band of fibrous connective tissue
- Appears as fold of mucous membrane extending from the mucous lining of mucous membrane of the lips on towards the crest of residual ridge or lateral sulcus
- No muscle attachment therefore no action of it.

Clinical Significance.

- Relief to the labial frenum must be given during impression procedure
- When relief is not given to one denture it can cause pain
- may cause dislodgement of denture

LABIAL VESTIBULE

Anatomy

- extend on both sides from the labial frenum to buccal frenum between the area of right upper and lower premolar by the frenum or in incisal location
- major muscle of this area : orbicularis oris

Submucosal layer in this area contain loose amount of connective tissue

tissue and elastic fibres.

Clinical significance

- The labial flange of the denture provide the support for upper lip.
- The labial flange of the denture will be complete contact with labial vestibule to provide a peripheral seal on denture.

Buccal frenum

Anatomy

- Band of tissue that overlies the buccinator muscle
- Orbicularis oris pulls the frenum forward
- Buccinator pulls the frenum backward.

Clinical significance

- If there are muscle attachment in the buccal frenum sufficient relief should be provided that denture will not dislodge during function like chewing up smiling.

Buccal vestibule

→ Extend from buccal frenum to hamular notch

→ It is bound externally by cheek & internally by residual alveolar ridge

→ Structure attaching buccal vestibule are buccinator, tendon of coronoid process.

Clinical significance

- on width to height of one buccal flange of the upper cheek is determined by one coronoid process.
- When the patient moves coronoid from one side to another coronoid process effect on width of buccal flange

HAMULAR NOTCH

→ One pterygomaxillary notch in depression area about 2mm.
→ Situated b/w tuberosity of maxilla & hamular notch of medial pterygoid plate.

Clinical Significance

determine the distal end of denture
The pterygo mandibular raphae attaches hamulus.

POSTERIOR PALATAL SEAL

→ defined as the soft tissue beyond the junction on the hard palate and soft palate on which posterior physiological limit can be applied by a complete denture to aid in its retention.

FUNCTION

- Aid in one retention of denture by maintaining continuous

soft palate during functional movement
- Compensating non polymerisation shrinkage denture base resin.

Clinical significance
- Distal end of maxillary denture should extend at 12mm beyond the vibrating line

HARD PALATE

Anatomy
→ the hard is made of palatine process of maxilla and the horizontal plate of palatine bones
→ the palatine process are joined together at medial suture.
→ the 1° stress bearing area is the maxilla.

Clinical significance
- Horizontal portion of the hard palate vertical to medial one 1° support area for the maxillary denture.

Maxillary tuberosity

Anatomy
- Most distal part of alveolar ridge
- Posterior extent of maxillary body.

Significance

- Important area of support as they are least likely to resorb.
- Lateral reduction after removal of the coronoid process of the mandible is in close contact during opening and lateral jaw movements which may lead to less adequate space for a correctly extended buccal flange. Require vertical reduction which is not close to the pear shape

RESIDUAL ALVEOLAR RIDGE

ANATOMY

- Mucous membrane covering the crest of one ridge is firmly attached to the periosteum of the bone by connective tissue by submucosa.
- Lined by thick stratified squamous epithelium

Significance

→ Submucosal layer is sufficiently thick to provide resistance for support & comfort during function

- The bone covering the crest of upper ridge of the component but bone is subjected to resorption so it is considered

RUGAE

Anatomy

There are mucosal fold located to one end and residing on palatal mucosa.

• fold of mucosa play an important role in speech.

Clinical Significance

• while making final impression for maxillary arch of one should make sure pressure is applied one which can cause distortion of the tissue.

Incisive Papila

Anatomy

Incisive foramen is located beneath the incisive papilla in the line immediately behind the central incisor.

• The ducts on progress come to be near the crest of the ridge.

Clinical significance

While making that impression of the maxillary arch. Precautions should be taken on the incisive papilla region.

Midpalatine raphe

Anatomy

There is one median suture covered by a thin submucosa.

DR. SANJU KUMAR. K.P

· Thin soft tissue in some pressure application.

Clinical significance

As the submucosa is very thin, pressure can't be applied over this region by making final impression.

· If pressure applied impression making the denture base will cause soreness over the midpalatine raphe region.

Fovea Palatinae

· They are formed by weakness of several mucous duct
· Usually two in number on either side of the midline.

Significance

· Act as a landmark for determining the posterior border of denture
Denture can extend 1-2 mm beyond fovea

Clinical implication

In patient with thick saliva the fovea palatine should be left uncovered on the thick saliva flow between tissue as it may cause hydrostatic

Supplements



ANATOMICAL LANDMARKS OF MANDIBLE

Limiting structures

Labial frenum
Labial vestibule
Buccal frenum
Buccal vestibule
Lingual frenum
Bucco lingual sulcus
Pterygomandibular raphe.

Supporting area

1° stress bearing area
- Buccal shelves
- Retromolar pads

Relief area

- Crest of residual ridge
- mental foramen
- mylohyoid ridge
- Genoid tubercle
- Torus mandibularis

2° stress bearing area

Slope of residual alveolar ridge

DR. K.P
CHENNAI

LABIAL FRENUM

- Single narrow band
- Shorter of wider than maxillary labial frenum
- contains a band of fibrous connective tissue that help to attach the orbicularis oris muscle

Significance

Because of attachment of the orbicularis oris muscle the frenum is sensitive & a clear of clothes must be pulled carefully around it to maintain the seal without causing soreness.

LABIAL VESTIBULE

- Sulcus between the labial frenum to buccal frenum or b/w the first premolar of the function and alveolar or in gingival location.

the major muscle in the area
- orbicularis oris
- mentalis

Buccal frenum

Usually in the area of 1st premolar.
It may be single band often two or more bands

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Significance

Wider clearance is usually needed
The contour of denture base narrows in the area due to the activity of depressor anguli oris muscle.

Buccal vestibule

- Extend posteriorly from buccal frenum to the outside back corner of the retromolar pad.
- Influenced by buccinator muscle which extend from the medial anteriorly to the pterygomandibular raphae posteriorly

Clinical application

The distobuccal border of the lower denture should accomodate the contracting masseter muscle so the denture does not dislodge during heavy force.

LINGUAL FRENUM

fibrous band of tissue overlies the centre of genioglossus muscle
They may be attached on crest of ridge
- The lingual frenum may be very short or tongue tie, the patient can hardly protrude the tongue.

- It is influenced by genioglossus muscle
- the action of these muscle may resize and protrude the tongue.

ALVEOLINGUAL SULCUS

Space between the residual alveolar ridge and tongue Extends from the lingual frenum to the retromylohyoid

divided into 3

1) Anterior vestibule
2) middle vestibule
3) distal lingual vestibule.

Pterygo-mandibular raphae

- Originates from the pterygoid hamulus of medial pterygoid plate and attaches to distal end of mylohyoid ridge.
- Raphae is a tendinous insertion of two muscle
- The superior constrictor is inserted posteriorly medially
- Buccinator is inserted anteriorly.

Clinical Implication

Quite prominent in some patient

BUCCAL SHELF AREA

· 1° area of support
· It is the area between the mandibular buccal frenum & anterior edge of masseter muscle.

Boundaries

Medially: crest of alveolar ridge.
Laterally: external oblique ridge
Posteriorly: retromolar pad
Anteriorly: Buccal frenum.

Significance

The mucous membrane covering the buccal shelf area is loosely attached by Redaczer & contains thick submucosal layer.
· Bone of buccal shelf is covered by a layer of cortical bone as it lies right angle to the vertical occlusal force but suitable to stress bearing area

Retromolar pad

Triangular soft tissue pear shaped pad of tissue at the distal end of the ridge

Contents
Thin, non Keratinized epithelium
Loose alveolar tissue
Submucosa: glandular tissue

Muscle fibres
Laterally: buccinator
medially: Superior constrictor of pharynx
mandibular raphe
Distally: Terminal part of temporalis muscle.

Significance
The mandibular denture should terminate over distal edge of pear shaped pad.
Overextension at this border causes soreness and also limit buccinator muscle.

Residual Alveolar ridge
→ It is covered by fibrous connective tissue and underlying bone is cancellous
Since the underlying bone is often concealed the crest of the residual ridge may not be favourable as the 1° stress bearing area for Complete denture.
The slope of residual ridge have thin plate of cortical bone of all on one side and occlusal force secondary stress bearing area.

MYLOHYOID RIDGE

The mylohyoid ridge is a bony prominence along the lingual aspect of mandible

Significance

A prominent sharp ridge interfere with the development of correct lingual flange of denture causing pain especially during mastication
The mucous membrane overlying the sharp or irregular mylohyoid ridge needs to be relieved.

MENTAL FORAMEN

It is located on the lateral surface of body of mandible b/w the 1st & 2nd bicuspid about halfway between border of mandible & alveolar crest.

Significance

As resorption occurs mental foramen will come to lie close to the crest of residual ridge.
Undercut/relief is provided the nerves & blood vessels will get compressed by the denture
Pressure on the mental foramen can cause numbness on lower lip

Genial Tubercle

- They are pair of bony prominance at the inferior border of the mandible at the lingual midline.
- They represent the muscle attachment of the genioglossus and geniohyoid muscle.
- It lies away from the crest of the ridge
- They become relevant in the denture when there is excessive resorption of residual ridge.

Significance

- due to resorption they also become inconspicuous prominent therefore relief is essential to avoid complication.

TORUS MANDIBULARIS

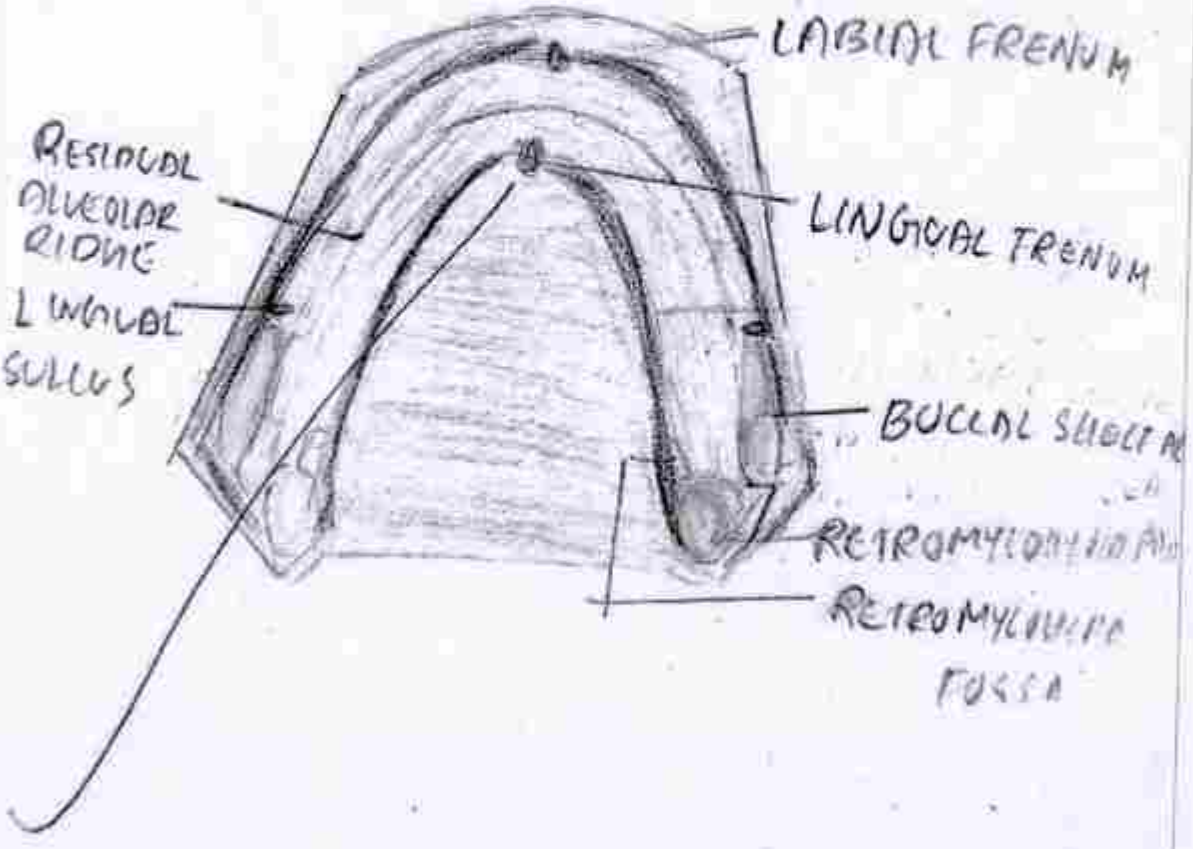
It is a bony prominence usually bound bilaterally and centrally near the first and second premolar midway b/w the soft tissue of the floor of the mouth and of alveolar ridge.

- It is commonly mouths the superior border of torus may be flush with the crest of ridge
- It is covered by thin layer of mucous membrane

Significance

Small tori may only require relief in the denture

- Large tori needs to be removed surgically difficult to provide relief with the denture without breaking the border seal



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Principal

IMPRESSION TRAYS

Definition

A receptacle or a device that is used to carry control and confine the impression material while making an impression.

Requirement of Impression tray

- The impression tray should be rigid
- It should be dimensionally stable
- It should provide space for impression material when making impression.

The borders of the tray should be smooth so that it does not interfere with the total fine.

The method of construction of the custom tray should be simple

The borders of the tray should be smooth so that it does not injure the oral tissues

The borders of the tray should be easy to trim.

Type of impression tray

Based on purpose or use

Based on material

Based on purpose of use

Trays

- Perforated / Stock
- Custom / Individualized
- Sectional type

Based on material

Tray material

- plaster
- resin
  - heat cure resin
  - self cure resin
- Shellac base plate
- Metal alloy

Stock tray or perforated tray

→ Rigid.

→ dimensionally stable

→ can be used several times

→ available in different size and specific for upper or lower arches.

→ Perforation may help in retention of the set impressional material while securing impression from palatal mouth

Tray adhesive have to applied for elastomeric impression material
The flange of the stock tray cannot be contoured
The space for the impression material is not uniform.

Perforated / Stock

- Edentulous
  - perforated
  - non perforated
- dentulous

Custom tray / individualised

Custom trays can be fabricated and used for individual patients
They can be made for both dentulous or edentulous arches
They can be fabricated on the preliminary cast
Can be made with soft cure resin and shellac base plate
Provide uniform space for impression material
The flanges can be modified according to muscular extensions

The dimensional stability of metal is less compared to stock trays.
The fabrication process is time consuming

Custom trays

Edentulous dentulous

Sectional tray

Used for making dentulous areas in section like anterior or posterior structures
Usually used for making prosthesis or temporary restoration in fixed prosthesis procedure.

Triple trays

Used for making impression in fixed prosthodontics.
While making impression registration of teeth to retain the prosthesis, opposing teeth and interocclusal relationship the teeth are registered at the same time
Triple trays are available for sectional or for anterior or posterior quadrant

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IMPRESSIONS IN COMPLETE DENTURE

Impression

A complete denture impression is a negative registration of the entire denture bearing, stabilizing and border seal area present in edentulous mouth.

Objectives of impression making

The objectives of impression making in complete denture

1) Preservation of residual alveolar ridge.
2) Retention
3) Stability
4) Support
5) Aesthetics.

1) Preservation of residual alveolar ridge

→ Important to preserve what already exist than to replace what is missing. Hence while making impression keep in mind to reduce soft tissue abuse, minimize bone resorption and to cover maximum support area.

2) Retention

Retention of denture is the resistance

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of the denture to the force acting in a vertical direction

The factors responsible for denture retention are:

- Adhesion
- Interfacial surface tension
- Peripheral seal
- Atmospheric pressure
- Oral & facial musculature

Atmospheric pressure & peripheral seal are dependent on impression accuracy. Adhesion & cohesion and interfacial surface tension depend on patient's saliva & close adaptation b/w impression & tissue.

3) Stability

→ Stability of denture is the ability to withstand, steady and constant of the resistance of the denture to forces acting in a lateral & horizontal direction. factors responsible are

- Proper contour & form of the polished surface of denture
- Neuromuscular control of the patient
- Orientation of occlusal plan
- No interference in denture occlusion with

Adaptation of tissue of basal seat

1) Support

Ability of the denture to resist vertical and other forces in a direction towards the basal seat. The support is achieved by wider coverage of maxillary & mandibular support arches like.

- Buccal & posterior slopes
- Horizontal surface of hard palate
- Basal shelf

Aesthetics

during impression making, aesthetics is achieved by adequate support for the lips & cheeks during border moulding of buccal & labial borders.

TYPES OF IMPRESSION

1) Based on purpose

Purpose

diagnostic / Preliminary — Final / master

PRELIMINARY / DIAGNOSTIC IMPRESSION

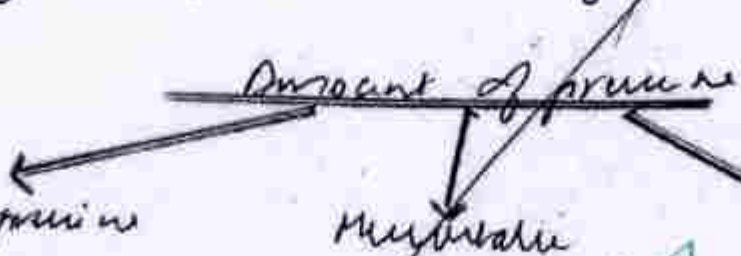
A mean ... obtained made for the

purpose of diagnosis, treatment planning or the fabrication of tray. Dr impression of the edentulous arch used to make a cast for fabrication of custom tray. Elastic impression material or impression compound is used in stock impression tray for making preliminary impression.

MASTER/FINAL IMPRESSION

Anatomical likeness made for purpose of fabricating prosthesis. Dr impression is that represent the completion of the registration of the surface or object. Elastomeric impression material or Zinc oxide eugenol impression material is used in making final impression using a custom tray.

2) Based on the theories of Compression mech



The impressions technique are based on amount of pressure applied during making of impression

MUCO COMPRESSIVE THEORY

the tissue of oral cavity are recorded in the functional position. The impression of the tissue are recorded when pressure is applied on the stress bearing of non stress bearing areas causing maximum tissue displacement. Impression material with high viscosity like impression compound and putty consistency of elastomeric impression can be used.

MUCOSTATIC IMPRESSION THEORY

The tissue are recorded in rest position. The pressure applied in this technique is very minimal. There is no displacement of tissue. Impression material with low viscosity like light body consistency of elastomeric impression material, plaster of plaster can be used.

SELECTIVE PRESSURE THEORY

Empley has modified the above impression techniques. the pressure is applied on the stress bearing areas and less pressure is applied on the non stress bearing area. This is achieved during custom impression tray with spacer design

Impression material like ZnO eugenol impression paste of light consistency of elastomeric impression material are used. The spacer designs are based on the areas of ridges where only minimal pressure is applied. Tissue stops are given on the full spacer design. four holes on ... 2 on canine region

and 2 in molar region in the maxillary arch space design and in the mandibular arch, two rests are placed on and cameo region of the buccal shelf area of selected in the space design which act as a stop. Wax is cut in square dimension 4mm by 4mm. Tissue stops help in relieving of bony while making final impression prevent apical displacement of impression

Space design	Area of relief in maxillary arch
Full space design	full coverage space with tissue stop in cameo of molar region.
T-shaped space design	space covering anterior residual ridge, incisive papilla of midpalatine raphae
I-shaped space design	Space covering anterior papilla of midpalatine raphae.

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DENTAL CAST

CAST
a life size likeness of some desired form

DENTAL CAST
A positive life size reproduction of oral cavity

TYPES OF DENTAL CAST

- preliminary / diagnostic / study cast
- definitive cast / final / master / working cast
- Refractory / investment cast.
- Remount cast:

IDEAL REQUIREMENTS OF DENTAL CAST

1) Include all anatomic surface of final impression
2) Show a full peripheral border width depth 2-3 mm
3) Include 2-3 mm of land area around the entire periphery of master cast.
4) Land area should be slightly tapered outward
5) The base of cast should not be less than 10-12 mm at thinnest point.
6) Cast contain no bubble or flaw.

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PARTS OF A CAST

(i) Anatomic portion

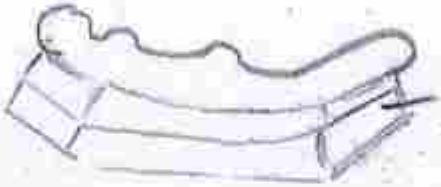
(ii) Art portion

Anatomic portion

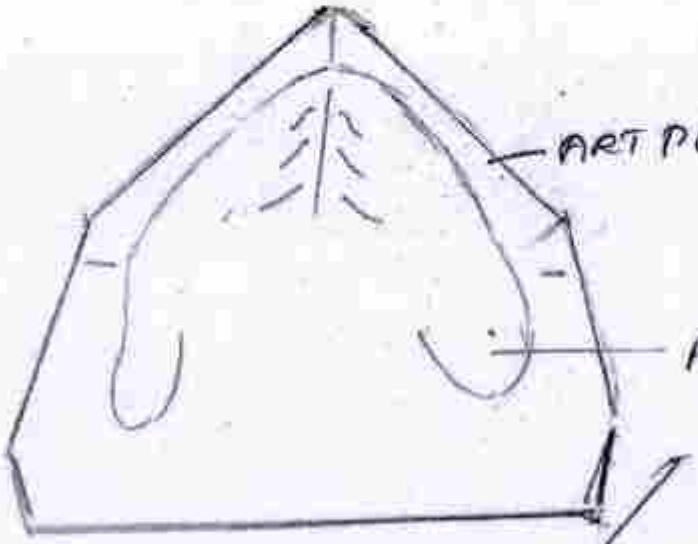
Part of the cast that represents the oral cavity

Art portion

Portion of cast that forms the base of the cast



Base of cast



STUDY / DIAGNOSTIC CAST

A life size reproduction of a part or parts of the oral cavity or facial structures for the purpose of study or treatment planning. Made from a preliminary impression

the cast made up of dental plaster of dental stone.

MASTER CAST / FINAL / WORKING CAST

A positive replica of the tooth surface of other parts of dental arch as faical structure which is used for the fabrication of dental restoration or prosthesis. dental stone is one stone name harder strength company to dental plaster.

REFRACTORY CAST

A positive replica of the tooth surface or other parts of dental arch which can withstand high temperature used in the fabrication of dental prosthesis with metal denture base eg cast partial denture. They are duplicated into refractory cast.

REMOUNT CAST.

Used for the purpose of mounting of the prosthesis on a articulator for correction of the occlusion during grinding of artificial teeth. Made in dental plaster or stone.

RECORD BASES

It is an intermediate denture base used to record jaw relation material for recording maxillomandibular relation.

REQUIREMENTS

(i) They should be rigid
(ii) Should be dimensionally stable
(iii) borders of record bases should be same as the denture.
(iv) the record base should be closely adapted to tissue surface of cast.
(v) the record base constructed should permit its use as a base for setting teeth
(vi) Should be easy to construct and the material should be inexpensive

TYPES

Record Base

Temporary
- Shellac record base
- Self cure resin
- Light cure resin

Permanent
- heat cure acrylic resin
- Metal denture base

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TEMPORARY RECORD BASE

- Shellac record base

Most commonly used material for the fabrication of record base obtained from lac insect.

Advantage

- Can easily be fabricated
- Closely adopted to surface of master cast
- Inexpensive easily available
- Record base with shellac base plate can be easily corrected

Disadvantages

- have less strength
- Break easily
- During setting of time or fabrication of use, they tend to warp due to repeated change in temperature

SELF CURE RESIN

Advantage

- have better strength
- dimensionally stable
- better stability of do not warp
- closely adapted to tissue surface of cast
- Easily trimmed with sharp blade

Disadvantages

→ time consuming.
→ denture fabrication difficult to control thickness
→ Residual monomer present in record base can cause irritation to oral tissue

LIGHT CURE RESIN

Advantage

→ easy to fabricate
→ better stability
→ closely adapted to tissue surface
→ Easily trimmed with sharp bur.
→ Residual monomer content is less.

Disadvantages

→ fabrication process requires a special equipment
→ have less strength compared to heat cure resin.
→ difficult to maintain uniform thickness of record base
→ tends to warp after prolonged use

PERMANENT RECORD BASE

Heat cure acrylic resin

→ used accurately in dimensionally stable record base.

→ will become part of the complete prosthesis
→ processing error will be minimized.
→ requires minimal finishing & polishing.

Disadvantages

time consuming process of need to prepare a mounting card for articulation.

METAL DENTURE BASES

Advantage

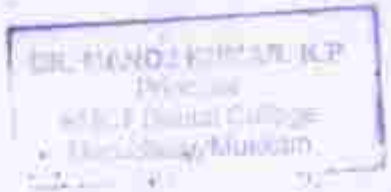
form rigid, accurate, dimensionally stable record base.

become part of final denture.

good conductor of heat helps in improving sensitivity for patients with frequent breakage of high gag reflex.

Disadvantage

time consuming process.





OCCLUSAL RIM

Occluding surface fabricated on the intern as final denture base for the purpose of making maxillomandibular relationship record and arranging teeth

USES

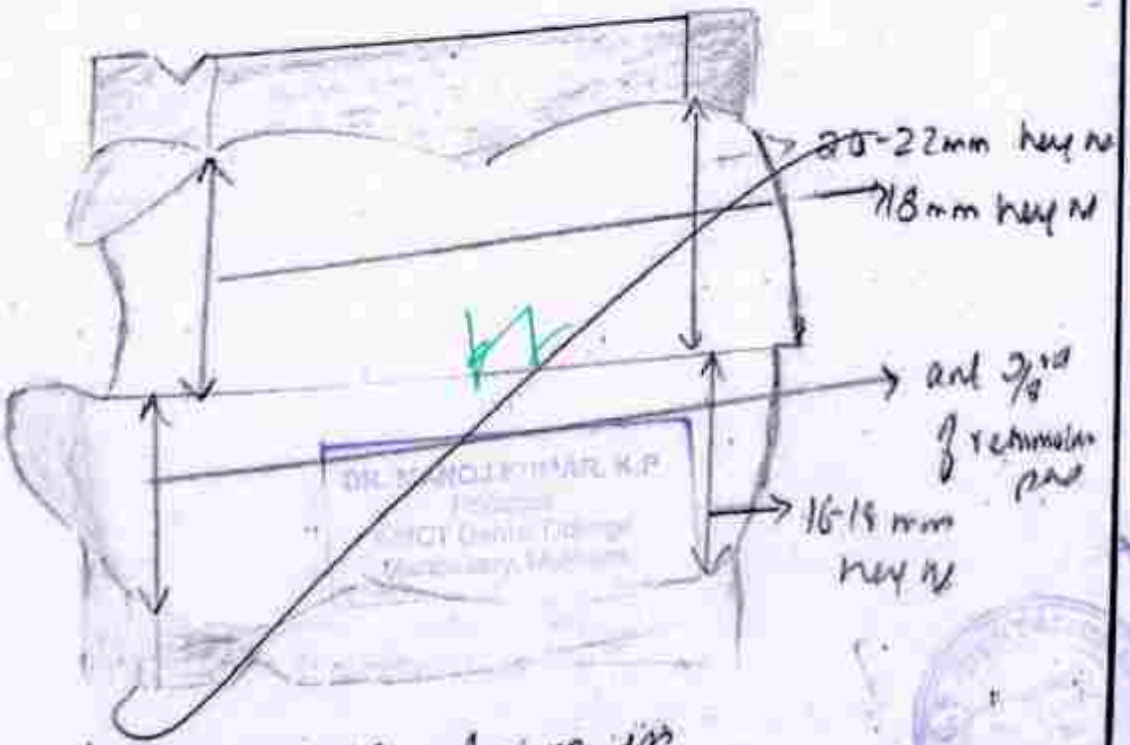
→ to establish the level of occlusal plane
→ used to establish maxillomandibular relation like vertical and horizontal jaw relation.
→ the midline, canine line, high lip line and low lip line and intercanine distance are recorded on wax occlusal rim.
→ helps to determine length and width of artificial teeth.
→ Midline of the arches for correct placement of central incisor
→ Occlusal rim to obtain proper lip support.

Dimensions

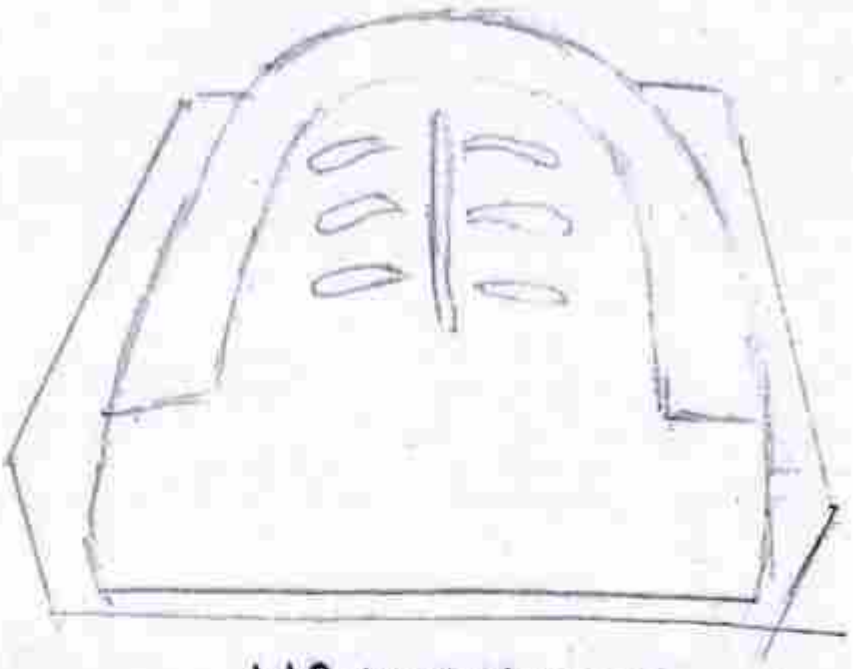
Should follow arch form of the residual alveolar ridge and placed on the ridge where natural teeth are originally present. The positions of occlusal rim are

Arch	Anterior	Premolar	Posterior
Maxillary	Labial to ridge	on the ridge	Buccal to ridge
Mandibular	Labial to ridge	on the ridge.	Lingual to the ridge.

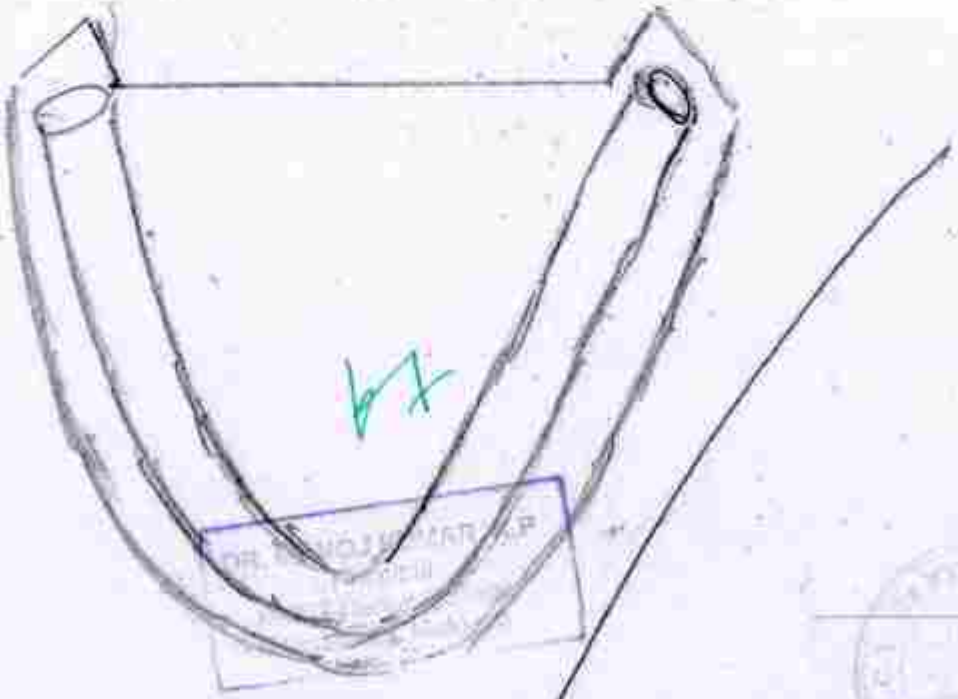
Arch	Anterior region		Posterior ridge	
	height	width	height	width
Maxillary	20-22 mm from deepest part of sulcus	3-5 mm	10-16 mm from deepest part of buccal sulcus in molar region.	6-8 mm
Mandibular	16-18 mm from deepest part of sulcus	3-5 mm	At a level of junction of ant 2/3rd and post 1/3rd of retromolar pad	6-8 mm



heights of occlusal surface anterior of pillar region



MAXILLARY CAST



MANDIBULAR CAST

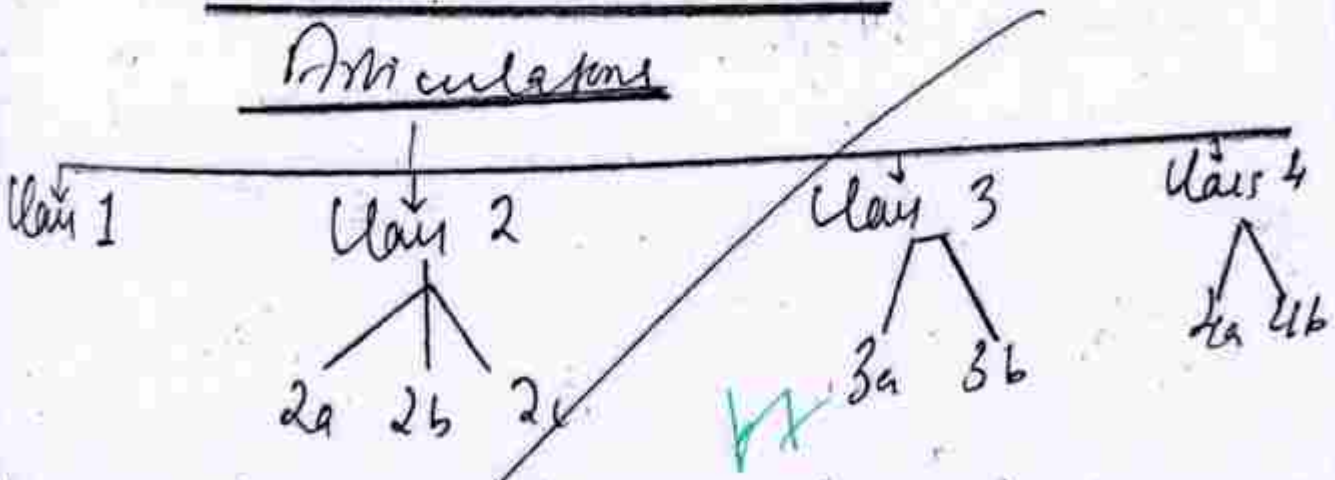
ARTICULATORS

A mechanical device that represent the temporomandibular joint of the jaw members to which the maxillary & mandibular cast may be attached to simulate some or all mandibular movements

CLASSIFICATION

Based on university of michigan workshop in 1972
Based on theory of occlusion
Based on adjustability of articulators
Based on Bergstrom classification of articulators

BASED ON UNIVERSITY OF MICHIGAN WORKSHOP IN 1972



Class 1: Simple hinging instruments capable of arcuating single stated registrations. Eg: Hinge joint articulator, Bum-dots hinge articulator

Class 2: Instruments which permit both horizontal & vertical motions. divided into 3 subclass.

Class 2a: Eccentric motion permitted is based on average or arbitrary values. eg Bonwill theory articulators, semiplane designed by Alfred Gysi

Class 2b: eccentric motion permitted is based on theories of occlusion.
eg: Monson's articulator

Class 2c: eccentric motion permitted is determined by the patients using engraving methods:
eg the hanau articulator.

Class 3: Instruments that stimulate the condylar pathway by using average equivalent values for all part of motion

Class 3a: They accept a static lateral registration and are equivalent for other movements.
eg: Trubyte articulator, panadent

Class 4: Instruments which accept 3-D registration

Class 4a: the condylar pathway is recorded by the patient through engraving methods and cannot be modified eg: TMJ articulator

Class 4b: Similar to class 4a but it can be angled or customized.
eg) Gnathoscope, the Denar (D4A) fully

adjustable articulator

BASED ON THEORY OF OCCLUSION

1) Bonwill theory articulator

designed by W.H.A Bonwill based on theory of occlusion which says that "the distance between the condyle is equal to the distance between the condyle and midpoint of mandibular incisor". Also known as theory of equilateral triangle

2) Conical theory articulators

Proposed by R.E Hall. Conical theory says that the lower teeth movement over the surface of upper teeth as over the surface of cone, generating an angle of 45° to the occlusal plane.

3) Spherical theory articulator

This theory propose that the lower teeth move over the upper teeth over a surface of sphere with a diameter of 8 inches centre of sphere located at glabella

BASED ON ADJUSTABILITY OF ARTICULATORS

They are based on the adjustable factors like.

- Acceptance of centric relation records
- Acceptance of face bow records
- Acceptance of Calcaral records
- Adjustable intercondylar distance

Types

1) Non adjustable
2) Semi adjustable
3) fully adjustable.

NON-ADJUSTABLE ARTICULATORS

They can open up close in a fixed horizontal axis

They can accept fixed centric relation records

SEMI ADJUSTABLE ARTICULATORS

These articulators have adjustable horizontal, condylar parts, lateral condylar path, incisal guide tables up inter condylar distance.

BERGSTROM CLASSIFICATION

Arcon articulators

→ The term arcon was derived by Bergstrom from the word articulating eminence
→ This articulator resembles TMJ eg: Hanau series of whip mix articulators

Non arcon articulators

These articulators are vice-versa to Arcon type. Condylar element are attached to upper member and condylar guide is attached to lower member.

eg) Hanau H series of Dentatus

REQUIREMENTS

→ Should hold the cast in the established horizontal & vertical relationship.
→ Should provide correct anterior vertical stop
→ the cast should be reattached accurately
→ It should always open and close in same hinge movement.
→ have same space b/w upper & lower segments
→ Should not always be parallel.

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Principal

PARTS OF A MEAN VALUE ARTICULATOR

It has a fixed condylar guidance of 33° with incisal guide table.

1) Upper member
2) Lower member
3) Incisal guide table
4) Vertical incisal rod
5) Central pin
6) Condylar pin
7) Stabilizing rod.

MEAN VALUE ARTICULATOR

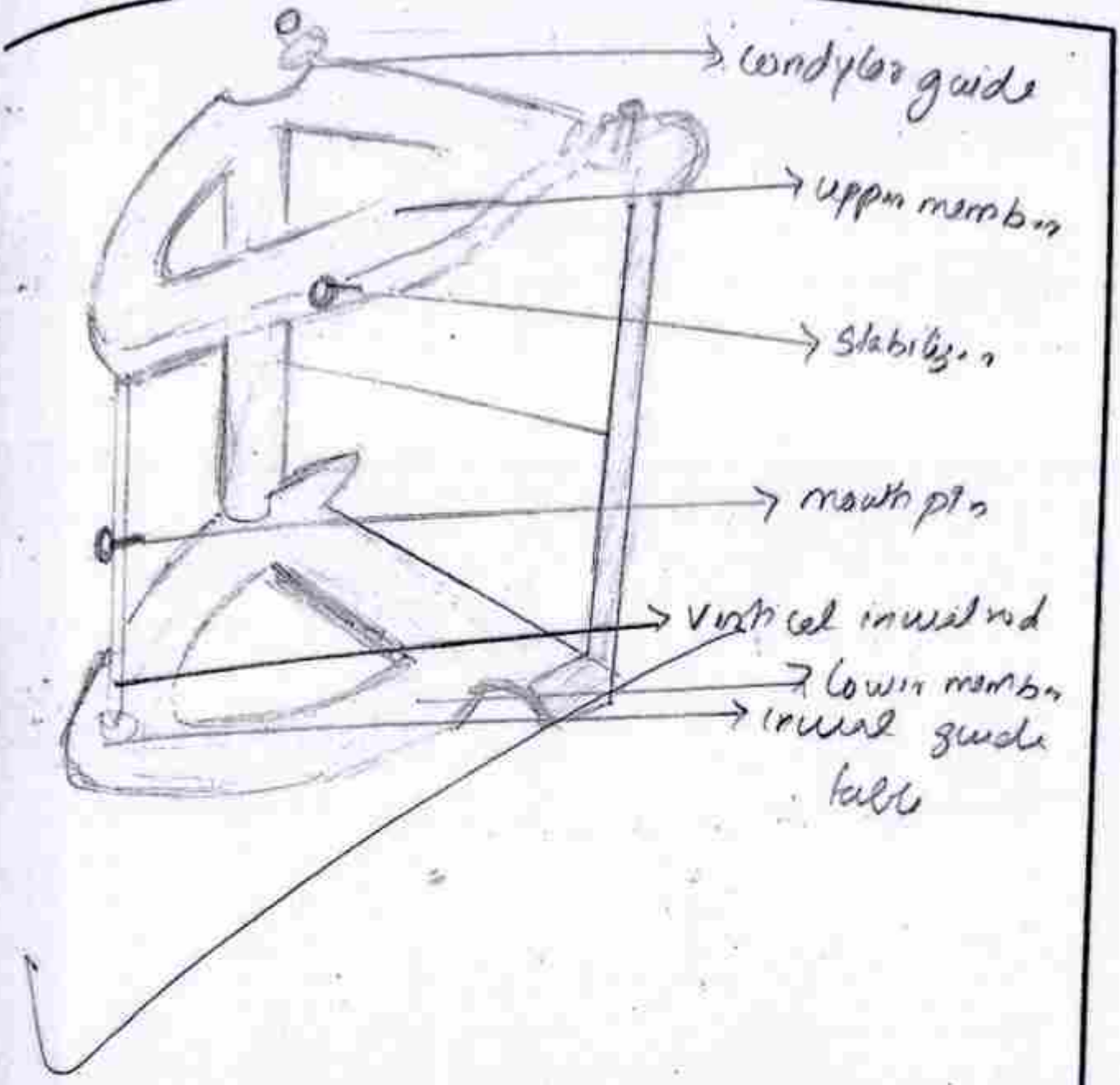
Three point mean value non adjustable non arcon articulator

Condylar guidance = 33°

Incisal guide angle = 15°

Intercondylar distance = 9-11 cm.

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TEETH SETTING

Guidelines for anterior teeth setting are marked on the cast of the land area of the cast

I - The centre of the incisive papilla

II - A line is drawn along the midline of the cast through the centre of incisive papilla

III - A perpendicular line is drawn to the above through the centre of incisive papilla in land area (CPC line)

IV - During setting of maxillary canine the cupid tip of the canine shall be placed in line with this point.

SETTING OF MAXILLARY ANTERIOR TEETH

STEPS IN PLACEMENT OF MAXILLARY

CENTRAL INCISOR

Step 1: Measure the maxillary central incisor in width of length

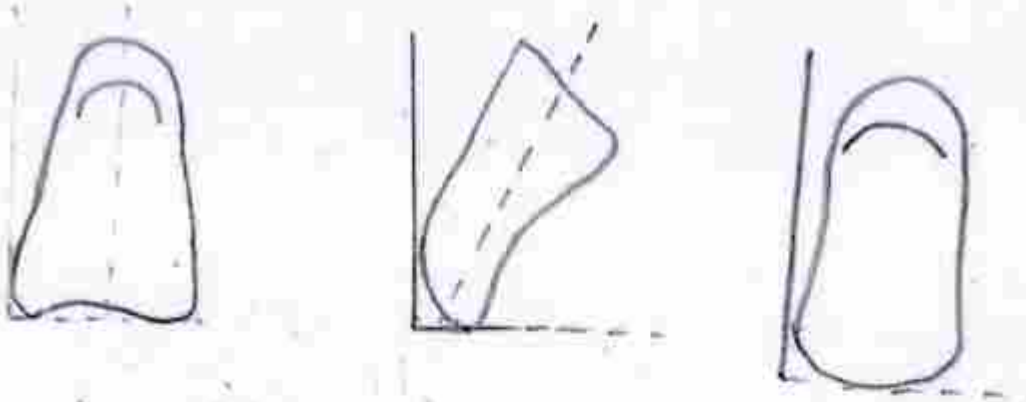
Step 2: Transfer the measurements into outline form

Step 3: Scoop out wax

Step 4: Placement of the maxillary central

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incisor in relation to all their plane



When viewed from

Front: Long axis parallel towards vertical axis

Side: sloped labially about 15°

Occlusal: Incisal edge is in contact with plane Occlusal plane

PLACEMENT OF MAXILLARY LATERAL INCISOR

When viewed from

Front: long axis sloped towards midline at incisal edge.

Side: Sloped labially about 20°

Occlusal plane: Incisal edge is 1mm short of Occlusal plane



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Anjarakandy, Kannur

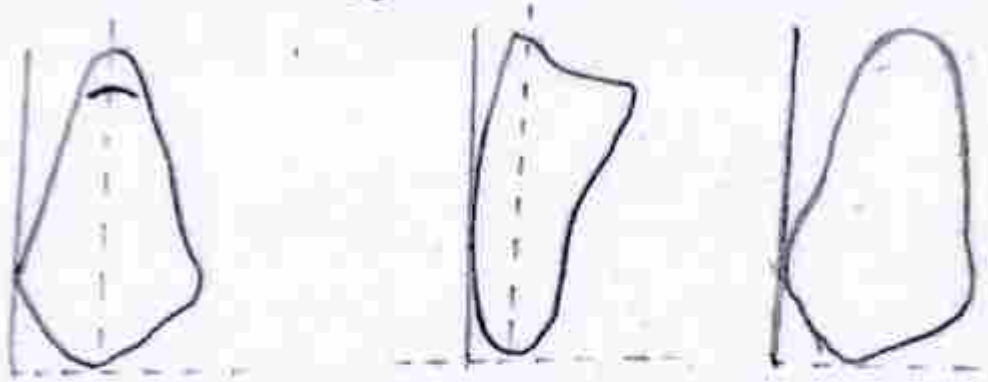
PLACEMENT OF MAXILLARY CANINE

When viewed from

Front: Long axis parallel towards the vertical axis.

Side: Long axis parallel towards the vertical axis.

Occlusal plane: cuspid tip is in contact with occlusal plan



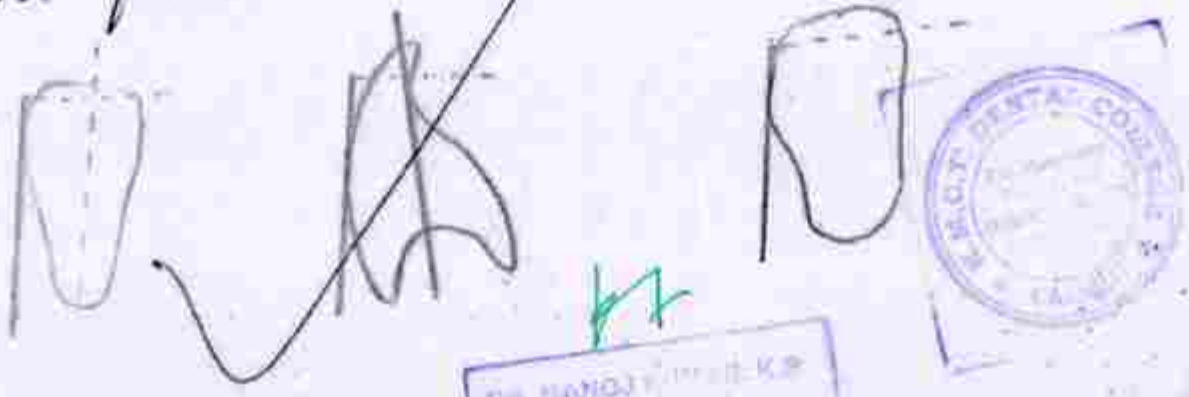
SETTING OF MANDIBULAR ANTERIOR TEETH

Placement of mandibular central incisor when viewed from:

Front: Long axis ~~inferior~~ inclines slight towards the vertical axis

Side: slopes labially

Occlusal plane: Incisal edge is 0.5-1mm above occlusal plan



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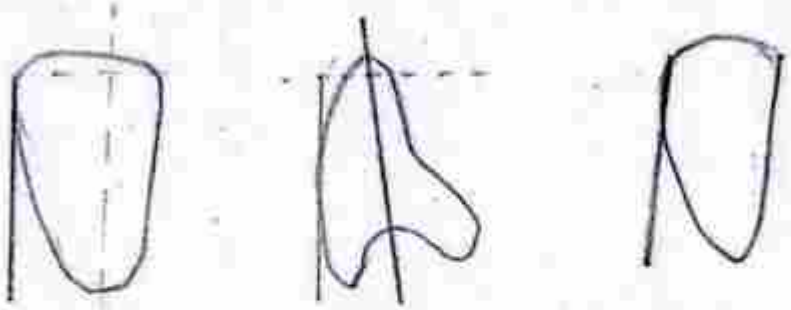
PLACEMENT OF MANDIBULAR LATERAL INCISOR

When viewed from

Front: Long axis inclined towards the ventral axis

Side: Sloped labially less than central incisors

Occlusal plane: Incisal edge is 0.5 – 1mm above occlusal plan



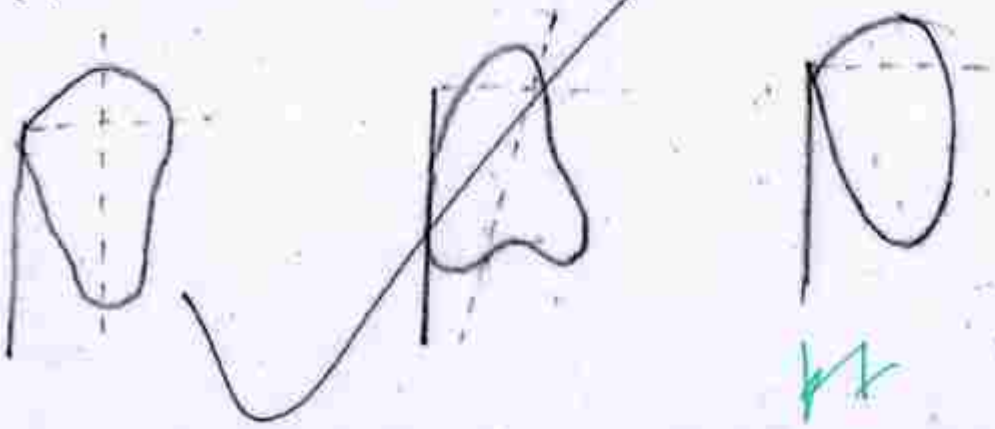
PLACEMENT OF MANDIBULAR CANINE

When viewed from:

Front:- Long axis inclined towards midline

Side: Sloped lingually

Occlusal plane: cuspid of tip is .5 – 1mm above the occlusal plane.



POSTERIOR TEETH SETTING

Guidelines for posterior teeth setting

Step 1: Mark a line on the occlusal surface of the lower occlusal rim. Corresponding to the lower residual ridge extent the line on the land area of mandibular last posterior to retromolar pad. This line represent the Centeral groove

Step 2: Mark a line on the occlusal surface of the upper occlusal rim by connecting the midpoint of central incisor of the line on the land area posterior to the tuberosity which is exactly opposite to line on the land area posterior to the retromolar pad. This line represent palatal cusp of the upper posterior teeth.

STEPS IN PLACEMENT OF MAXILLARY FIRST PREMOLAR

Step 1: Scoop out the wax

Step 2: placement of maxillary first premolar in relation to all 3 planes

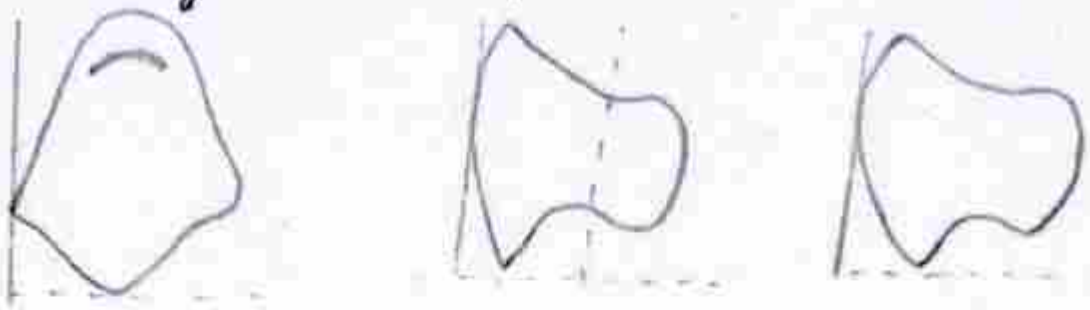
When viewed from

Front: Long axis parallel to vertical axis

Side: Long axis parallel to vertical axis

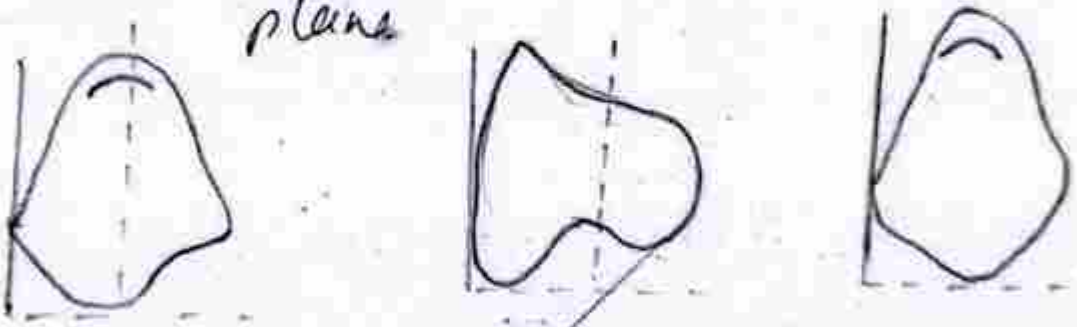
Occlusal view: Buccal cusp is in contact with

1mm short of occlusal plan



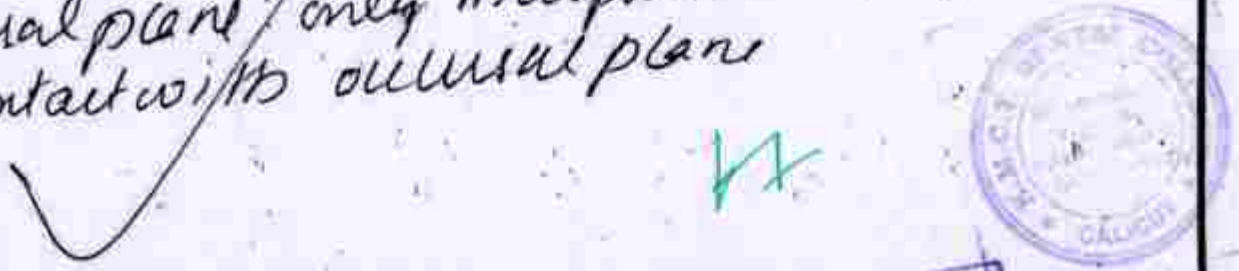
PLACEMENT OF MAXILLAR SECOND PREMOLAR

Viewed from
Front : Long axis parallel towards vertical axis
Side : Long axis parallel towards the vertical axis
Occlusal plan : Both buccal cusp of palatal cusp is in contact with occlusal plane



PLACEMENT OF MAXILLARY FIRST MOLAR

Viewed from
Front : Long axis slopes buccally
Side : Long axis slopes distally
Occlusal plane : only mesiopalatal cusp is in contact with occlusal plane



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KOZHIKODE



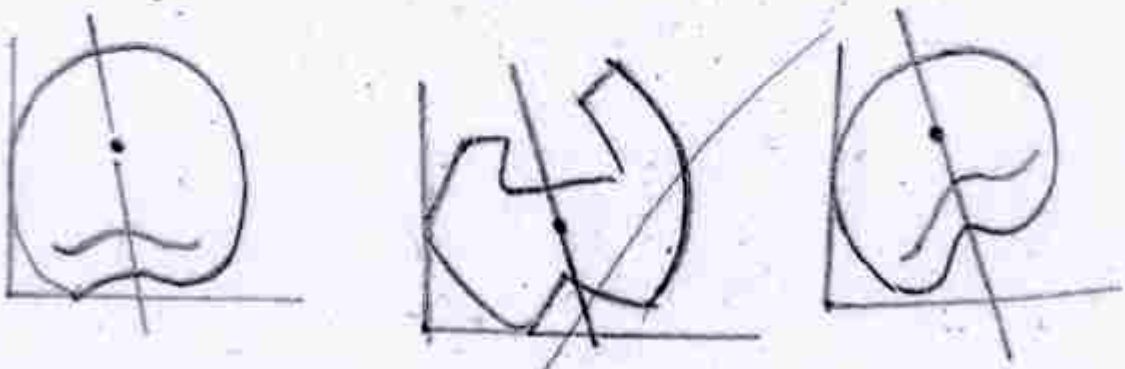
PLACEMENT OF MAXILLORY SECOND MOLOR

Viewed from

Front: Long axis slopes buccally more steeply than first molor

Side: Long axis slopes distally more steeply than first molor

Occlusal plane: Only mesiopalatal cusp is nearest to occlusal plane.



PLACEMENT OF MANDIBULOR FIRST PREMOLAR

When viewed from

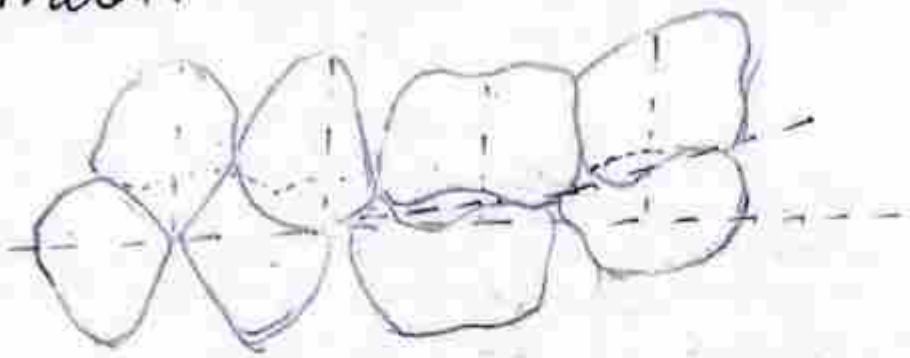
front: Long axis parallel to vertical axis

Side: Long axis parallel to vertical axis

Occlusal Plane: Lingual cusp below

DILEEPKUMAR.K.P

buccal cusp is 2mm above occlusal plane. Occlusal contact: Buccal cusp contacts the mesial marginal ridge of upper first premolar.



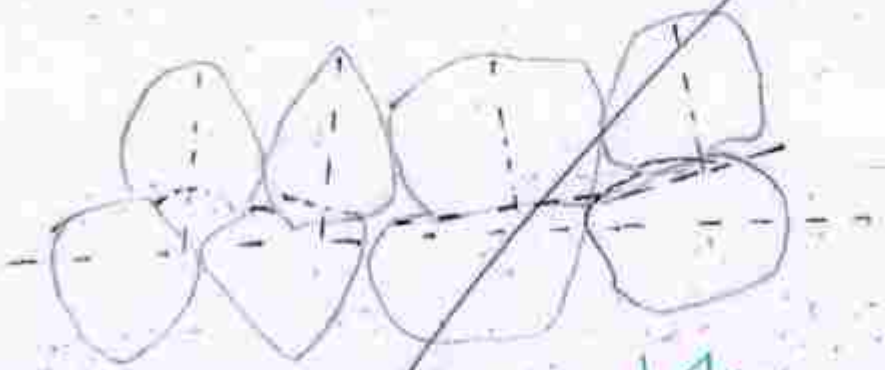
PLACEMENT OF MANDIBULAR SECOND PREMOLAR

Tid viewed from

Front: Long axis parallel to mesial vertical axis

Side: Long axis parallel to mesial vertical axis.

Occlusal plane: Both cusp contacting the fossa between 2 upper premolar.



PLACEMENT OF MANDIBULAR FIRST MOLAR

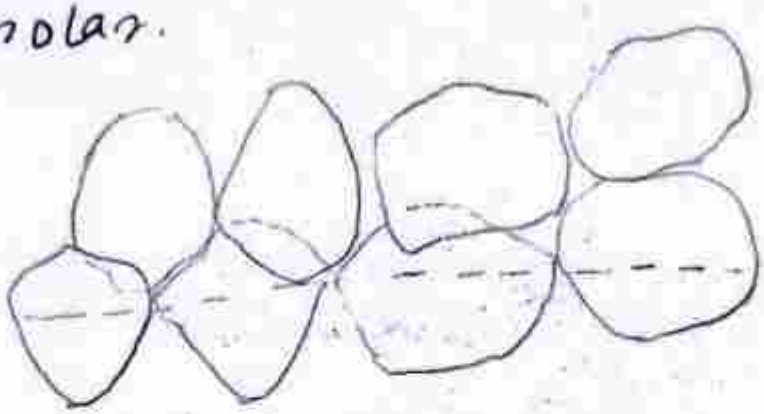
When viewed from

Front: Long axis lean lingually

Side: Long axis lean mesially

Occlusal plane: all cusp are at

higher level than 2nd premolar. buccal & distal cusp are higher than other two
Occlusal contact: the mesiobuccal cusp occlude the fossa between upper 2nd premolar & first molar.



PLACEMENT OF MANDIBULAR SECOND MOLAR

When viewed from
Front: Long axis lean more lingually
Side: Long axis lean more mesially
Occlusal plane: all cusp are at higher level than first molar, buccal & distal cusp higher than other two
Occlusal contact: The mesiobuccal cusp occludes on fossa between the two upper molars



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COMPENSATING CURVES

It is the anteroposterior curvature & the mediolateral curvature in the alignment of the occluding surfaces & incisal edges of the artificial teeth used to develop balanced occlusion

COMPENSATING CURVES

- CURVES IN NATURAL DENTITION
- CURVES IN ARTIFICIAL DENTITION

ANTERO POSTERIOR CURVE

The anatomic curve established by the occlusal alignment of the teeth as projected on to the median plane, beginning with the cusp tip of mandibular canine & following the buccal cusp tips of the premolar & molar teeth. Continuing through the anterior border of the mandibular ramus ending with the anterior most portion of the mandibular condyle. It was first described by Fehlmann & Broad Spee, German anatomist 1980.

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CURVE OF MONSON

Eponym for a proposed ideal curve of occlusion in which each cusp of incisal edge touches or conforms to a segment of a sphere 8 inches in diameter with its centre in the region of glabella

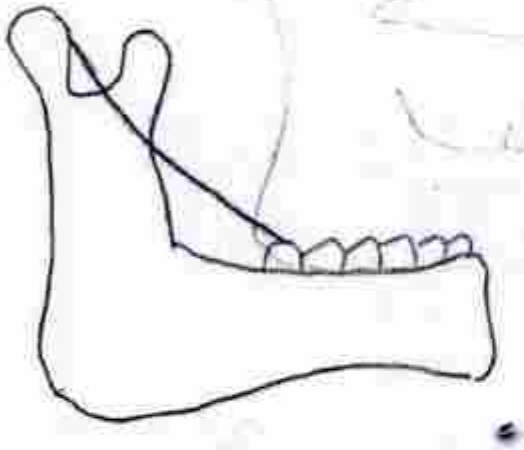
CURVE OF PLEASURE

Eponym for a retroved curve of occlusion that when viewed frontal plane conforms to a curve that is concave from the superior view except for the cant molar. In excessive wear of the tooth the obliteration of the cusp of formation of either flat or cupped out occlusion surface. Associated with reversal of occlusal plane of the premolar First & second molar teeth. Where by the occlusal surface of the mandibular teeth slopes posteriorly

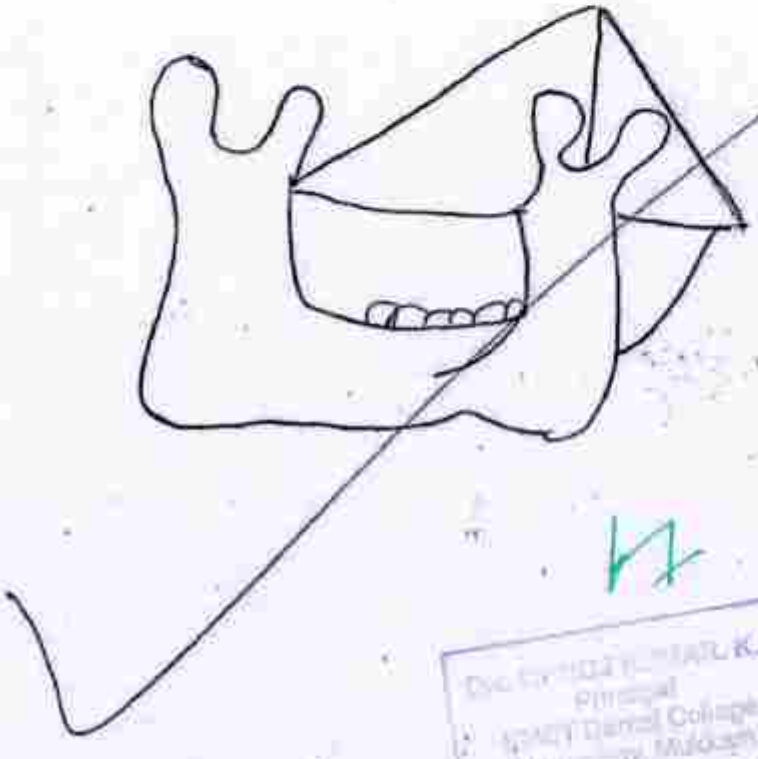
CURVE OF WILSON

Eponym for the medio lateral curve. In theory occlusion should be spherical the curvature of cusp as projected on the frontal plane expressed in both arches. The curve in the lower arch being concave & upper being convex. The curvature is the lower arch

is affected by an equal lingual inclination of left molar so that the tip tip to apex of the corresponding teeth. A typical cusp can be placed onto the circumference of a circle. The transverse cusp curvature of upper teeth is affected by equal buccal inclination of their long axis.

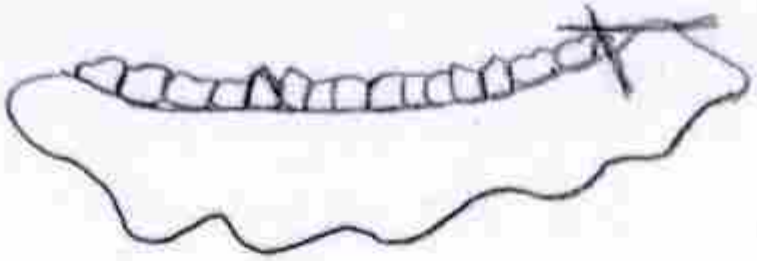


CURVE OF SPEE

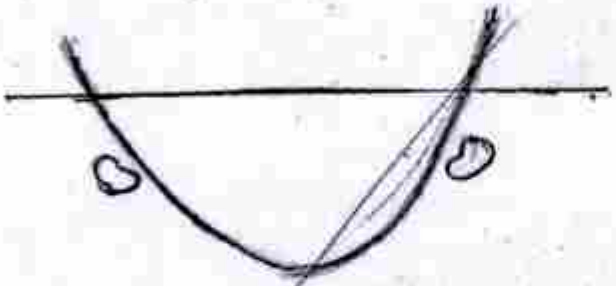


CURVE OF MONSON

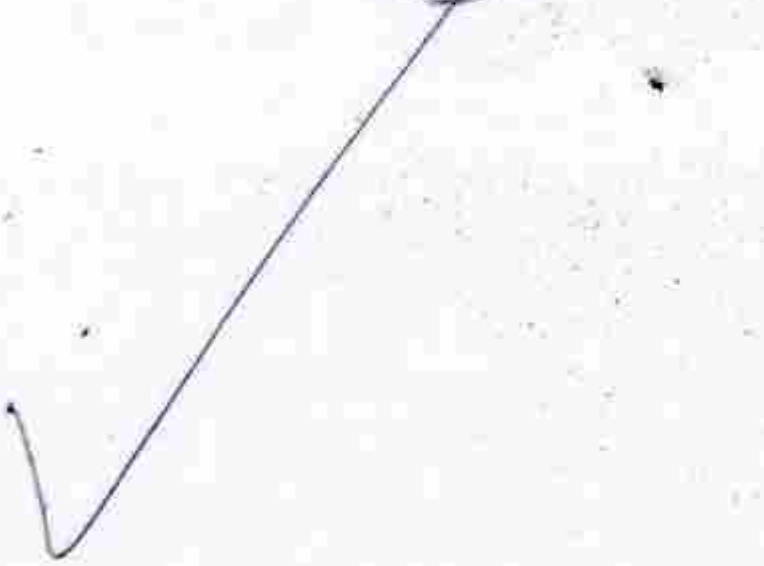
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PLEASURE CURVE



CURVE OF WILSON



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KMCT DENTAL COLLEGE
CALICUT

COMPONENTS OF COST PORTION DENTURE

Types

Connectors

major
- high connector
  - mandibular
    1. single posterior palatal bar
    2. palatal strap
    3. Anteroposterior (double palatal bar)
    4. horseshoe (double palatal bar)
    5. closed horseshoe
    6. complete palatal
  - maxillary
    1. lingual bar
    2. double lingual bar or Kennedy bar
    3. Lingual plate
    4. Labial bar
- Minor connectors
  1. To join the clasp assembly to major connector
  2. To join indirect retainers or auxiliary rest to major connector
  3. Join denture base to major connector
     a - of lattice work construction
     b - of mesh work construction
     c - bead, wire, or nail head minor connector
  4. Serve as an approach arm for a Vertical projection or bar type clasp

Major connector :- It is the component that connects the part of prosthesis located on one side of the arch with those on opposite side

Requirement

1) Be rigid
2) Provide vertical support of plasters the soft tissue
3) Provide a means of obtaining indirect retention when indicated
4) Provide opportunities for positioning denture bases where needed
5) Maintain patient comfort

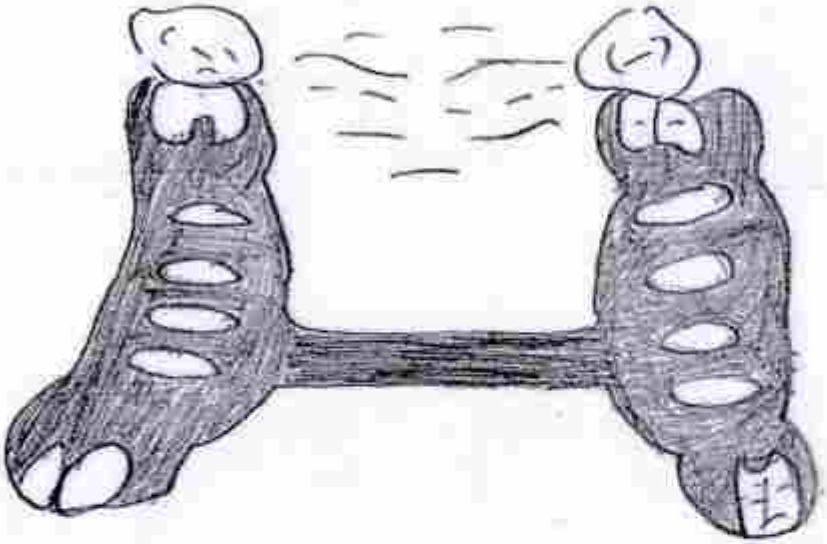
Classification of maxillary major connector

1) Single posterior palatal bar
2) Anterior & posterior palatal strap
3) Palatal plate connector
4) U shaped plate connector
5) Single palatal strap
6) Anterior posterior palatal bar

Classification :-

1) Mandibular labial bar
2) double lingual bar
3) lingual plate
4) labial bar

Single posterior palatal bar major connector



Indications - Class I partially edentulous arch with residual ridges that have considerable vertical resorption
V or U shaped palates
Strong abutment
Non interfering teeth

Advantage: can be used as interim partial denture

Disadvantage: too thick
limited to replace one or two teeth on each side of arch
should not be placed anteriorly to 2nd premolar

Definition of major connector

It is that component that connect the part of the prosthesis located on one side of arch with those on opposite side.

Requirement

1) Be rigid
2) Provide vertical support of protect soft tissue
3) Provide a means of obtaining indirect retention when needed
4) provide an opportunity for positioning denture base when needed
5) Maintain patient comfort

Single palatal strap major connector



Indication - Bilateral edentulous ridge.
Short span tooth supported prosthesis

Dr. [illegible]

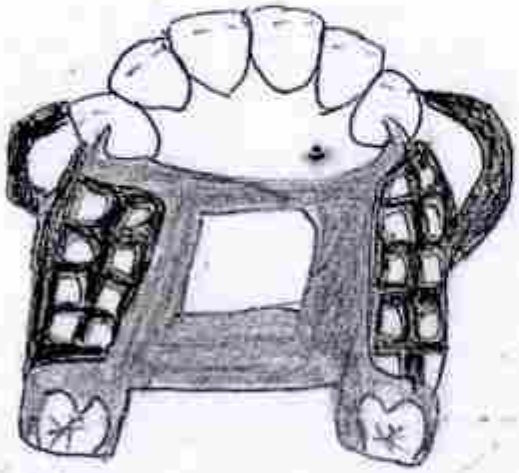
[illegible] mentary

* offer little interference with tongue
* helps to distribute blood evenly
* Retention attained through adhesion
* helps in indirect retention

disadvantages:- excessive palatal coverage
excessive tissue reaction

Anteroposterior or double palatal bar major connector

Indication:- class 1 partially edentulous arch with residual ridges that have little vertical resorption
* U or V shaped palate
* Strong abutments
* Non interfering tongue



advantage - offers excellent rigidity
- offers less palatal coverage

disadvantage - offers little support
- extra bulk of metal causes tongue interference

U shaped palatal Major connector

Definition of major connector

It is that component that connect the part of the prosthesis located on one side of arch with those on opposite side.

Requirement

1) Be rigid
2) Provide vertical support of pocket soft tissue
3) Provide a means of obtaining indirect retention when needed
4) provide an opportunity for positioning denture base when needed
5) Maintain patient comfort

Single palatal strap major connector



Indication - Bilateral edentulous shape
Short span tooth supported prosthesis

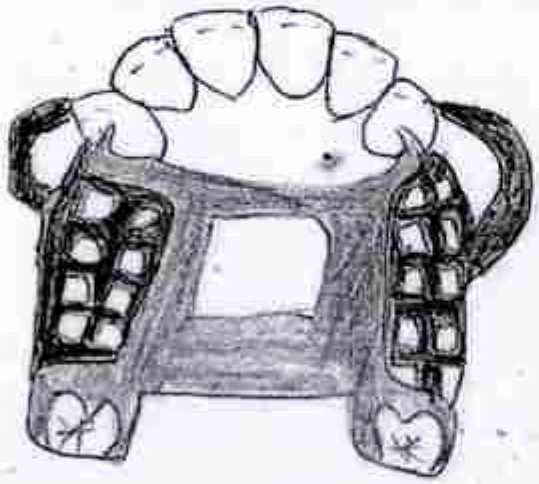
Dr. M. [illegible] Assistant

* offer little interference with tongue
* helps to distribute blood evenly
* Retention attained through adhesion
* helps in indirect retention

disadvantages:- excessive palatal coverage
excessive tissue reaction

Anteroposterior or double palatal bar major connector

Indication :- class 1 partially edentulous arch with residual ridges that have little vertical resistance
* U or V shaped palate
* Strong abutments
* Non interfering tongue



advantage - offers excellent rigidity
- offers less palatal coverage

disadvantage - offers little support
- extra bulk of metal causes tongue interference

U shaped palatal Major connector

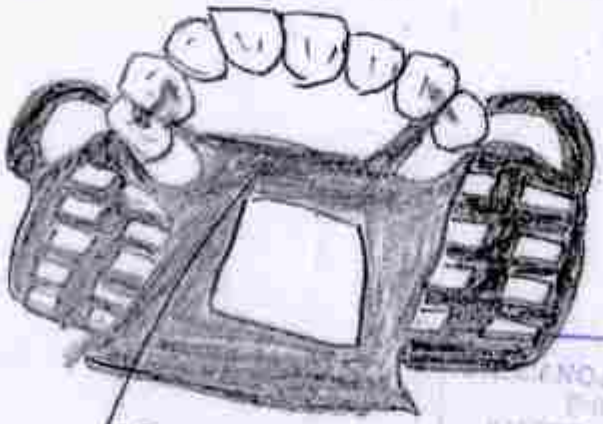


Indication :- In case of inoperable torus the extension to the posterior limit of the hard palate
Used in Kennedy's class I & IV situation

Advantage :- Used when several anterior teeth are being replaced
denies some vertical support & induces tension from palate

disadvantages :- bulk of metal in oral cavity

Anteroposterior strap type major connector



Indication - class I & II arches in which excellent abutment of residual ridges resists support and long edentulous span in class II

* class IV arch in which anterior teeth must be replaced with RPD
* Irreversible palatal tissue that doesn't extend posterior till the junction of hard & soft palate.

Advantage :- The corrugated contour provide more support
The cuff effect by the anterior & posterior strap contribute to rigidity

Disadvantage :- Contraindicated in cases of teeth with periodontal support
* High narrow vault cases
* Interfere with phonetics

Complete palatal coverage Major connector



Indication :- only if some anterior teeth remain
class II arch with large posterior modification space
class I arch with one to four premolars & some of all anterior teeth remain with poor abutment support.

Advantageous :- In individual with well developed muscle of mastication or full complement of mandibular teeth
:- adverse tissue reaction, phonetics

Mandibular lingual bar major connector



Indication : when 8mm space exist between ½ of the lingual gingival tissue
+ In Kennedy's class I & class II

Advantage:- Minimal contact to tissue
:- Simple to contoured

Disadvantages:- Proper care should be taken in the Calvertomy to make it thin.

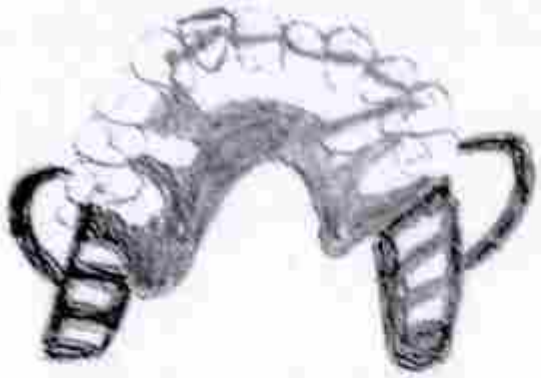
Double lingual Bar / Kennedy Bar

Indication :- when indirect retention is needed
when periodontal disease resulted in interproximal embrasure
In class I & class II situations

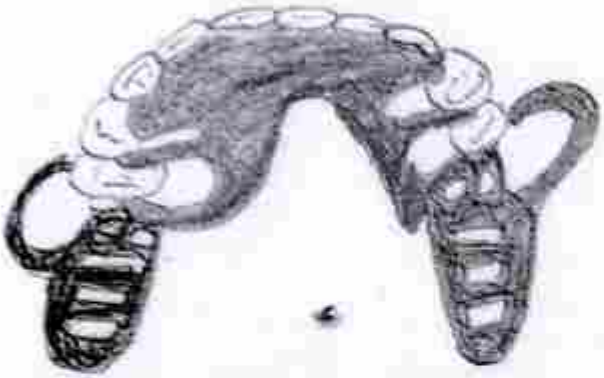
Advantages :- Contributes horizontal stabilization
:- Since gingival & interproximal space not covered free flow of saliva is permitted

Disadvantages:- food

* Move tongue anteriorly



Mandibular lingual plate major connector

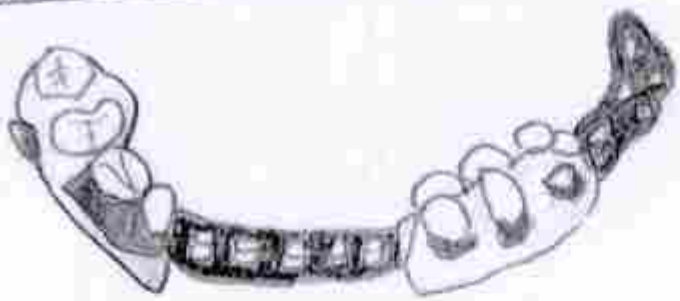


Indication - when class I arch has a slight vertical resorption
For periodontically weakened teeth.
When future addition of tooth is needed in existing RPD

Advantage : Provide indirect retention
: provide more support of stabilization
: provide more tongue comfort of ease in phonetic

Disadvantage : Recalcification of enamel surface
irritation of soft tissue

Mandibular labial bar



Indications

:- Lingual inclined remaining teeth
When severe lingual torii cannot be removed
When there is severe abrupt lingual tissue undercut
Kennedy's class IV situations

Advantage

When lower anterior ridge premolars are tilted lingually, conventional lingual major connectors cannot be used.

Disadvantages

The bulk of the connector disturbs the lower lip

Minor Connector

The connecting bar between the major connector or base of removable partial denture of the other part of the prosthesis such as clasp arm, indirect retainer, occlusal rest or cingulum rest

Function

The primary function is to join

ther cent of prostheses such as clasp, rest
indirect retainers, denture base to the
major connector.
- It distribute the stress that occur against
certain component of the partial
denture to other components

Types

Join the clasp assembly to the major
connector.
Join the direct retainers or auxiliary
unit to major connector
Join the denture base to the major
connector.
Ladice work construction
Mush construction

Rests

The component of a removable partial
denture that sube primarily to transfer
forces occuring against the prosthesis
down the long axis of abutment teeth
called rest
when rest is used stress can be absorbed
by the fibres of the periodontal ligament
without damaging the supporting bone.

Functions

It helps in transferring occlusal load to
the abutment teeth
It provide vertical support to the partial
denture
It prevent impingement of soft tissue

Rest

Primary rest — Secondary rest

Primary rest

Part of direct retainer rest
It prevent vertical movement of the prosthesis towards the tissue it also help transmit lateral or horizontal forces applied to the partial denture during function to supporting teeth

Secondary rest

→ used for indirect retention or extra support in Kennedy's classification of class I & class II called auxiliary rest
→ placed to the anterior or posterior to the area of rotation to prevent the unsupported distal extension denture

Form of rest

Occlusal rest — Cingulum rest — Incisal rest

Occlusal rest

Outer form should be triangular the base of triangle resting on the marginal ridge & rounded apex directed towards the centre of teeth
The floor of the rest seat must be less than ... dental tissue

can be directed along the vertical axis of tooth
- It must be 0.5 mm thick at the thinnest point
  it should be between 1 of 1.5 mm thick at marginal ridge
  Palatal rest will fold when there is insufficient reduction of marginal ridge
  lingual or cingulum rest
- used primarily on maxillary canines
  lingual rest on incisal teeth are used when canine are missing. In this multiple incisor teeth must include lingual rest to distribute the load over a number of teeth because of single incisal tooth
- lingual rest are prefixed over incisal because
  ① lingual rest is close to the centre of rotation of the supporting tooth
- The lingual rest is configured to the incisal surface of the anterior tooth
- It is acceptable aesthetically
- It is less subjected to breakage of distribution

Incisal rest

- It is most frequently used on mandibular canine
- It is positioned near the mesial angle of the abutment tooth
- It is designated for mesio incisal angle depending on the type of clasp planned
- If the tooth is not to be claimed the rest is placed on the duto incisal surface for aesthetic reason

~~Direct~~

Direct retainer

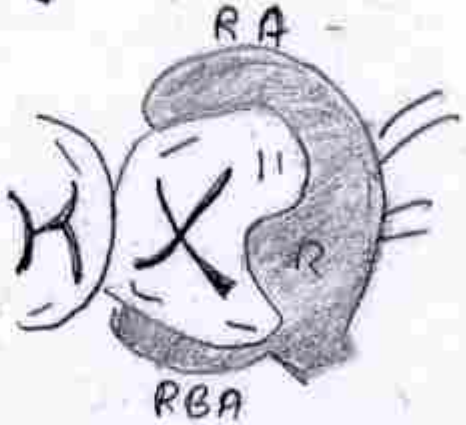
Direct retainer is a component of removable partial prosthesis which is used to retain & prevent dislodgement consisting of a clasp assembly or precision attachment

Part of a clasp

1. rest
2. Body
3. Shoulder
4. Reciprocal arm
5. retentive arm
6. Minor connector
7. Approach arm



R - REST
MC - MINOR CONNECTOR
GP - GUIDING PLANE



RA - RETENTIVE ARM
RBA - RECIPROCAL ARM

Types

- Intracoronal
  - Retentive ES
  - Clasps
- Extracoronal

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Circumferential or akers clasp or cuffitts approaches clasp

1) Simple cuffitt clasp
2) Reverse approach cuffitt clasp
3) multiple cuffitt clasp
4) Embrasure clasp or modification
5) Ring clasp
6) Jurn. hook or Roach clasp
7) Onlay clasp
8) Combination clasp

Vertical projection or gingival approaching clasp

1) I clasp or I bar
2) T clasp
3) Modified T clasp
4) V clasp.

Indirect retainers

Effort achieved by one or more indirect retainers during partial removable denture prosthesis when removing the force a denture base to move in a rotational direction or rotate about the fulcrum line.

Factors affecting the effectiveness of indirect retainers.

1) The principal occlusal rest on the Retainment teeth must be reasonably held in their seat by retentive area of direct retainers.

2) The following three are must be considered
a) length of distal extension base
b) location of the fulcrum line
c) how far beyond the fulcrum line the

3) Connections supporting the indirect retainer should be rigid.
4) Tooth of weak teeth should never be used to support indirect retainers.

Types of indirect retainers

a) auxiliary occlusal rest
b) Canine rest
c) Canine extensions from occlusal rest
d) Cingulum bars (continuous band of lingual plate)
e) Ruggae support.

Tooth replacement - Types

1) Porcelain or plastic denture teeth or denture bar
2) Facing
3) Tube teeth
4) Reinforced acrylic pontic

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OCCLUSION IN ARTIFICIAL DENTITION

Bilateral Balanced Occlusion

It is the bilateral simultaneous anterior and posterior occlusal contact of teeth in centric position

Objectives

In natural dentition, space occur between the occlusal surface posteriorly during mandibular protrusion is called christensen phenomenon.

The concept christensen is phenomenon occuring in natural dentition cannot be interpreted incomplete denture because protrusion, the maxillary denture will be displaced results in unstability of denture. Here simultaneous contact of all teeth should be provided in complete denture during lateral movement of mandible.

Factors influencing balanced occlusion

→ condylar guidance
→ incisal guidance
→ plane of occlusion
→ curval of wilson
→ curve of spee
→ compensating curve

Condylar guidance

→ It is the mandibular guidance generated by condyle of articular disc traversing the contour of the glenoid fossa.

Incisal guidance

→ the influence of the contacting surfaces of maxillary anterior teeth

during mandibular movement.

Plane of occlusion

→ It is the average plane established by the incisal & occlusal surface of teeth

Curve of Spee

→ It is the angle by the average slope of a curve with occlusal plan.

Occlusion in complete denture

Relationship between the occlusal surface of maxillary & mandibular teeth when they are in contact.

Articulation :- It is the movement of contacting from at the mandible moves to form centric relation & eccentric relation

Objectives :

→ Occlusion should be provide maximum intercuspation of maxillary & mandibular teeth in centric relation positions

→ Occlusion should provide maximum chewing efficiency.

→ Occlusion in complete denture should minimize the stress to residual ridge.

→ Occlusion should be provided stability & retention to denture

→ Occlusion should not cause any trauma to underlying soft tissue & bone.

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PARTS AND SURFACES OF A COMPLETE DENTURE

Surface of denture

- Tissue surface
- Polished surface
- Occlusal surface

Tissue surface

Part of denture which is in contact with patient tissue. It should always be free of cast of undercuts to avoid irritation to tissue

Polished surface

It is that part of denture which refer to lingual of buccal flanges of the palatal surface. The surface should be well polished.

Occlusal surface

It is the part of denture which refers the occlusal surface of artificial denture teeth.

Parts of denture

- Artificial teeth
- denture base
- denture flanges

Artificial teeth

Most important part of the denture according to both the patient of dentist. So they are responsible for proper aesthetics, mastication & speech

DR. MANOJ
Principal

Denture -

It is the part of denture to which the artificial teeth are attached. It is usually made up of acrylic resin base, metals like gold, silver, Ni up to alloys.

Denture flanges

3 different flanges are labial, lingual & buccal flanges.

Labial flanges

The portion of the flange which occupies the labial vestibule is the labial flange of usually has 'V' shaped notch to accomodate the labial frenum.

Lingual flanges

The part of mandibular denture which occupies the space between the tongue & ridge of mandible. It should be in contact with floor of mouth to provide peripheral seal

Buccal flange

The portion of the denture which occupy buccal vestibule is the buccal flange. It provide fullness to cheeks and lips. Maxillary denture usually has a relief at a wide notch to accomodate buccal frenum the buccal flanges helps to transfer the occlusal forces to buccal shelf area as a mandibular denture.

REMOVABLE PARTIAL DENTURE

Any prosthesis that replaces some teeth in partially dentate arch. It can be removed from the mouth of replaced at will, also called partial removable dental prosthesis component

Removable partial denture

- connectors
  - major connectors
  - minor connectors
- retainers
  - direct retainer
  - indirect retainer
- Tooth replacement / denture bases.

Kennedy's classification

Edward Kennedy in 1925 proposed the classification of partially edentulous arch. Kennedy's classification is the most widely accepted classification.

Requirements of a method classification

1. The classification should permit easy remembrance of type of partially edentulous arch
2. It should differentiate b/w teeth supported & tissue supported partial denture.
3. The classification should help the clinician to design the partial denture
4. Universally accepted

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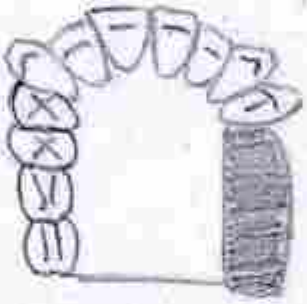
Class I

Bilateral edentulous areas located posterior to the remaining natural teeth



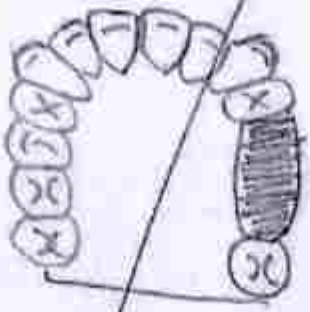
Class II

Unilateral edentulous area located posterior to the natural teeth



Class III

Unilateral edentulous area with natural teeth both anterior and posterior to it

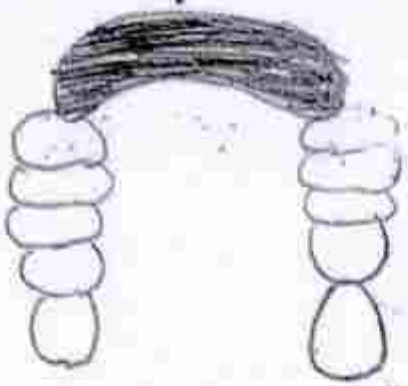


Class IV

Single bilateral edentulous area located anterior to the remaining natural

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Full and missing molar



Advantage.

⇒ It permits easy visualisation of partially edentulous arch

⇒ It gives a clear demarcation between supported partial denture & tissue supported denture.

⇒ It gives a logical approach to the partial denture design.

dis advantage

⇒ the classification doesn't give a clear idea of the amount of available support for the design of prosthesis.

Applegate rule.

Kennedy's classification will be difficult to apply in every situation. Hence Dr Applegate put 8 rules for application of Kennedy's classification of partially edentulous arch.

Rules:

Rule 1: classification should follow rather than precede extraction that might alter the original classification

Rule 2:- If the third molar is missing or not to be replaced it is not considered in the classification.

Rule 3:- If a third molar is present or is to be used as an abutment, it is considered in classification

Rule 4:- If a second molar is missing or is not to be replaced it is not considered in classification.

Rule 5:- The most posterior edentulous area always determine the classification

Rule 6:- Edentulous area other than these determining the classifications are referred to as modifications and designated by their number.

Rule 7:- The extent of modification is not considered the no of additional area.

Rule 8:- There can be no modification area on classification any edentulous area lying posterior to the single bilateral area determine the classification

Kennedy's class 1

Mandibular

Major connector - lingual bar

Direct retainer - I bar on 34 of 44

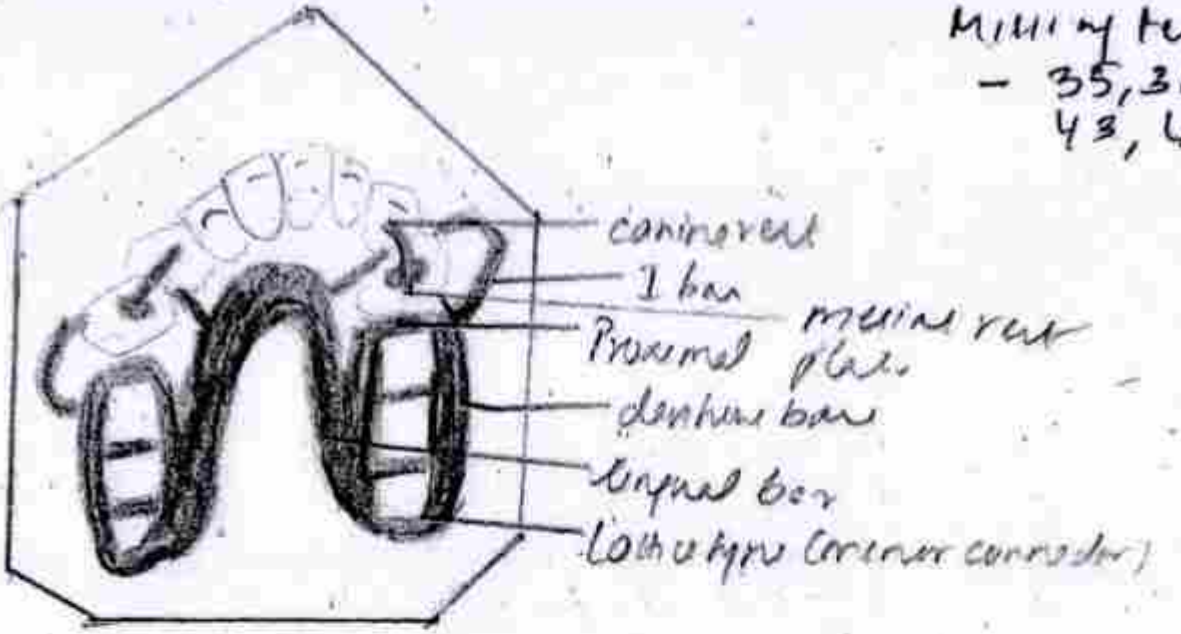
Rest seat - mesial rest on 34 of 44

Proximal plate - distal side of 34 of 44

Indirect retainer - canine rest on 33 of 43

Saddle area - Lattice type

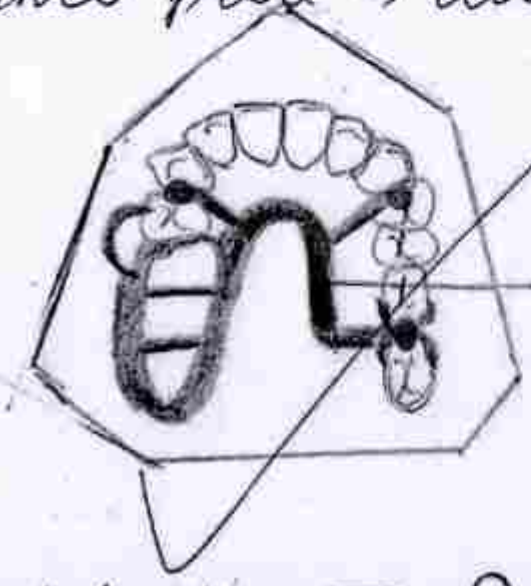
Missing teeth
- 35, 36, 37
43, 46, 47



Kennedy's class II Edentulous arch
Mandibular

missing teeth
- 35, 36, 37

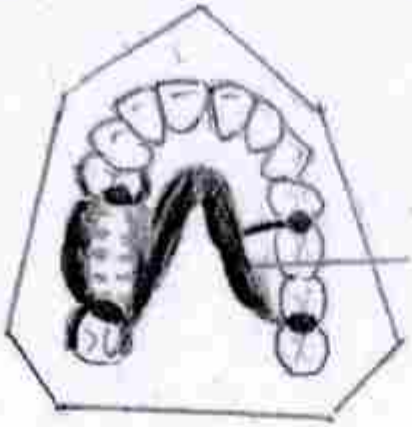
Major connector → lingual bar
direct retainer → 34 → I-bar
→ 46 & 47 → Embrasure clasp
Rest → mesial rest → 34 (RPI concept)
→ Occlusal rest → 46 & 47
Indirect retainer → mesial rest on → 44
saddle area → other type major connector
proximal plate → distal side of 34



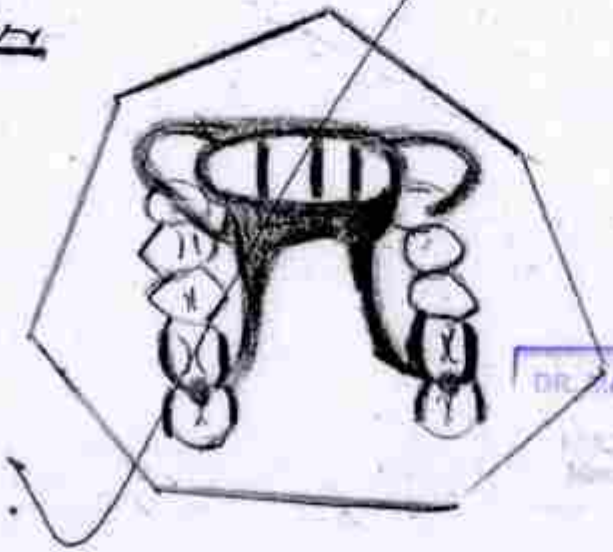
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Kennedy's class III Edentulous Arch
Mandibular

Missing teeth
- 35, 37



Major connector → Lingual bar
Direct retainer → Circumferential clasp → 34 43
→ Embrasure clasp → 46 44 47
Rest → mesial rest on 37
distal rest on 34
Occlusal rest on 46 44 43
Indirect retainer → mesial rest on → 44
Proximal plate → mesial side of 37 & distal side of 34
Reciprocal arm → 34, 37, 46, 47
Minor connector → Rest & bead type
Kennedy's class IV Edentulous Arch
Mandible

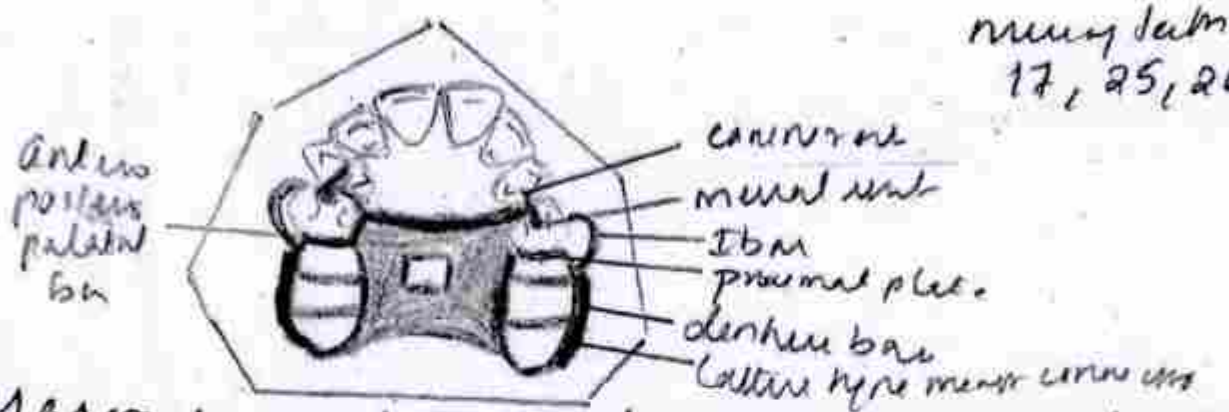


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Sullia

Major connector → Lingual bar
Direct retainer → 33, 43 → I bar

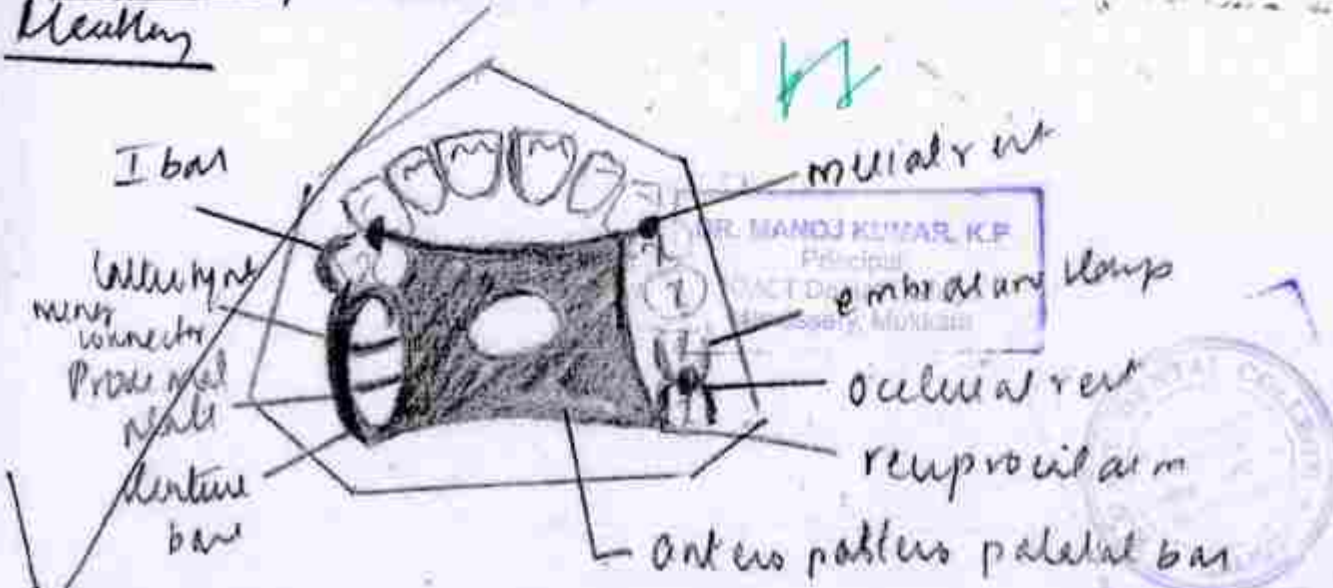
→ Embrasure clasp ⇒ 34, 35, 44, 45
Minor connectors → Lattice type
Occlusal rest → 36, 37, 46, 47
Cingulum rest → 33, 43
Reciprocal arm → 34, 37, 46, 47
Proximal plate → 33, 43

Kennedy's class 1 - Edentulous area Maxillary



major connectors - anterior posterior palatal bar
direct retainer - I bar on 14 & 24
Rest seat - Mesial rest on 14 & 24
Proximal plate - distal side of 14 & 24
Indirect retainer - canine rest on 14 & 24
Saddle area - Lattice type

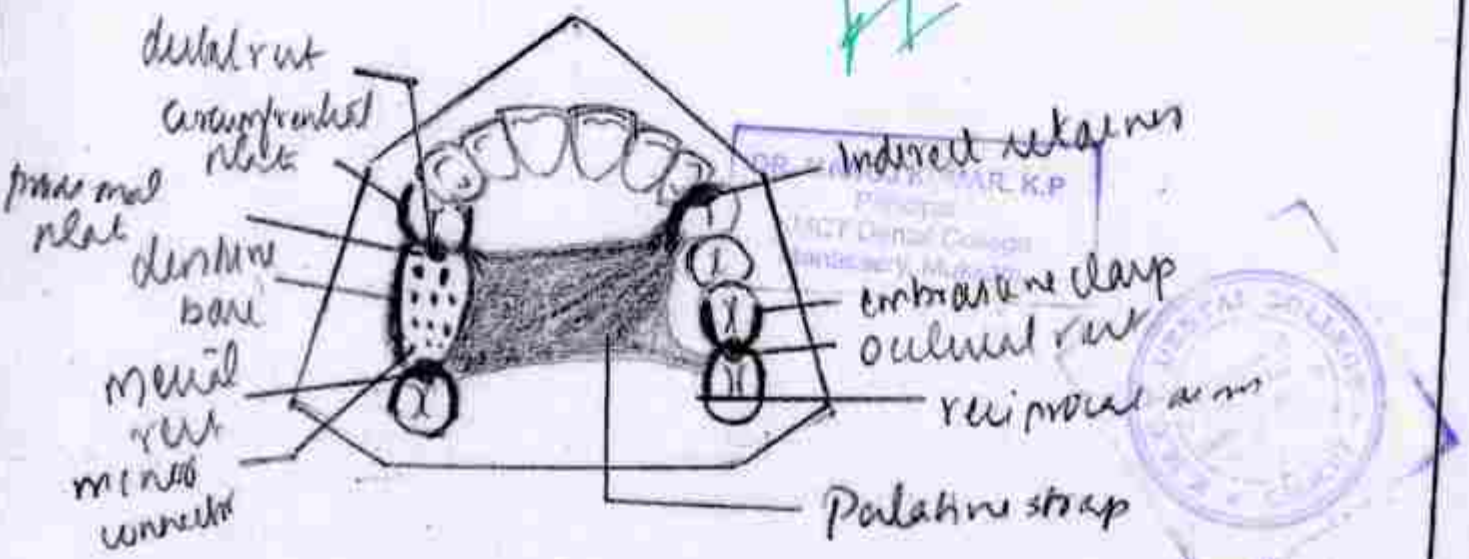
Kennedy's class II Edentulous Arch Maxillary



Major connectors → Anterior Posterior Palatal bar

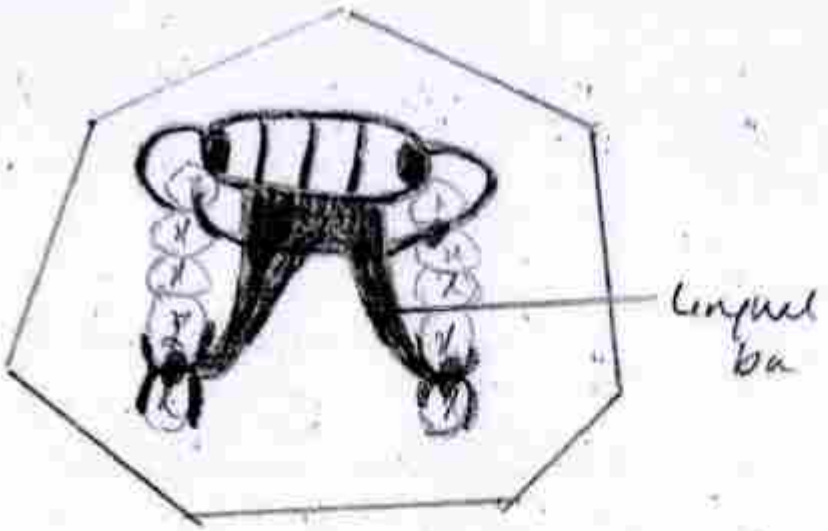
direct retainer – 14 → I bar
→ 26 & 24 → Embrasure clasp
Rest → mesial rest → 14 CRPI cingulum
Occlusal rest → 26 & 27
Indirect retainer → mesial rest on 24
saddle area → Lattice type major connector
Proximal plate → distal side of 14
Kennedy's class III Edentulous area

Kennedy
Major connector → palatal strap major connector
direct retainer → circumferential clasp – 14 & 17
→ Embrasure clasp → 26 & 27
Rest → mesial rest on 17
distal rest on 14
Occlusal rest on 26 & 27
Indirect retainer → mesial rest on 24
Proximal plate → mesial side of 17 & distal side of 14
reciprocal arm → 14, 17, 26, 27
Minor connector → part of bead type



Kennedy's class IV Edentulous area

Mandible



Major connector → lingual bow
Direct retainer → 33, 43 → I bar
→ Embrasure clasp – 36, 37, 46, 47
minor connector → Labial type
Occlusal rest → 36, 37, 46, 47
Cingulum rest → 33, 43
Incisal rest → 36, 37, 46, 47
Incisal plate → 33, 43

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Surveyors

The surveyor is essentially a parallelometer, an instrument used to determine the relative parallelisms of the surface of the teeth or other area of cast

Types

1) 1918 - AJ Fox Nevada - parallelometer
2) 1923 - Ney - surveyor
3) Williams surveyor.

Parts of Surveyor

Platforms, vertical arm, horizontal arm, surveyor arm, cast holder, surveyor tools.

1) A level platform that is parallel to the bench top on which the cast holder is moved
2) Vertical arm that support superstructure
3) A horizontal arm that extend at a right angle from the vertical column from which extends the other part of superstructure where attached on the williams surveyor it may move horizontally around vertical column.
4) A surveyor arm that drops vertically from the horizontal arm is capable of movement in a vertical direction. In williams the surveyor arm is spring loaded. In Ney instrument the arm is completely passive, dropping to its lowest position. The lower end of the surveying arm contains a mandrel in which special tool used in surveying procedure may be locked.
5) A cast holder, or surveyor table to which the cast to be studied is attached. The table equipped with a clamp the cast in spac

mounted on a ball and socket joint that permits the cast to be oriented in various horizontal planes on underlying rod or paralleling tool. This tool contacts the convex surface of the object being studied in the same way, the parallelism of one surface to another may be determined.

2) A cast or marker is substituted for the analyzing rod if objects being studied are rotated in contact with marker as the horizontal plane of the cast is measured by the cast holder.

3) Additional tool that may be attached to vertical surveying arm and used in conjunction with

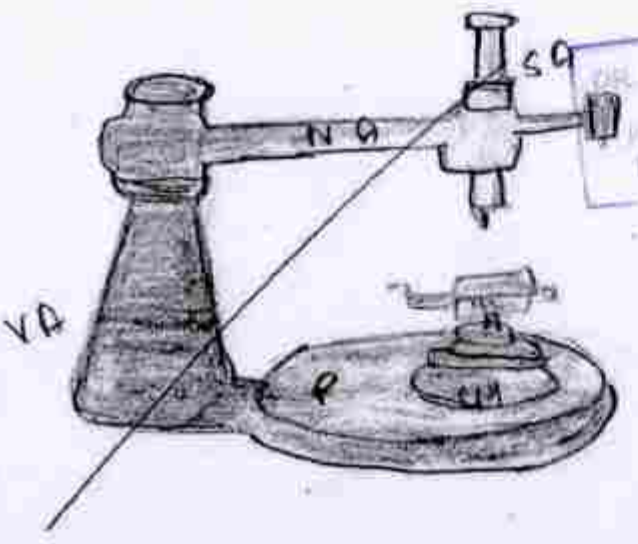
a) undercut gauge :- used to identify specific amount of location of the desired retentive undercut

b) Wax knife :- used in late stage of cast as dentin construction to remove area of undercuts & undercuts & the

c) carbon marker :- used to mark the surveyor indicate area of soft tissue or ridge

Uses

1. surveying diagnostic cast
2. fixed prosthesis cast
3. contouring wax patterns
4. contouring crown of cast restorations
5. surveying master cast



P - plat form
CH - cast holder
VA - vertical arm
HA - horizontal arm
SA - surveyor arm

FIXED PARTIAL DENTURE

Fixed prosthodontics

Branch of prosthodontics pertaining to replacement of teeth by artificial substitutions that are not removed by patient

Crown

artificial replacement that restore missing tooth structure by surrounding part or all of the tooth structure with a material such as cast metal, metal of porcelain

Fixed partial denture prosthesis or fixed bridge

A partial denture that is cemented or otherwise securely retained to natural teeth, root or dental implant abutment that provide support for prosthesis.

Part

Bridge

Retainer — Pontic — Connector

Retainer :- a component of fixed partial denture prosthesis whose support and retain the prosthesis to the abutment of suitable form, function of aesthetics

Retainer

- Extracoronal
  - complete crown → all metal, all ceramic, metal with ceramic
  - partial crown → 3/4th crown, veneer crown, 7/8th crown
- Intracoronal → inlay, onlay
- Radicular → cast post, prefabricated post

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Extracoronal retainer

part of dental prosthesis which is outside or external to crown portion of natural teeth

Complete crown

A restoration that covers all coronal surface of tooth. The complete crown can be made up of cast metal ceramic combination of both

① All metal crowns :- metal fixed dental prosthesis that restore clinical crown with help of metal frame work

② All ceramic crowns :- ceramic fixed dental prosthesis that restore a clinical crown without a metal framework

③ Metal with ceramic :- fixed dental prosthesis that has a metal substructure upon a ceramic veneer is fixed.

Partial veneer crown

Extracoronal restoration that covers only a part of the clinical crown is considered to be partial veneer crown.

① Post 3/4th crown :- restoration that restore all but coronal surface of tooth as dental implant abutment.

② Posterior 7/8th crown :- a three quarter crown where vestibular dentinal margin is positioned slightly more to middle of buccal surface.

③ Post proximal half crown :- a three quarter crown where is rotated 90° degree.

Intracoronal retainer

① Inlays - fixed intracoronal restoration made outside of tooth to correspond to the form of prepared cavity

② Onlays :- A restoration that restore one or more angle of adjoin occlusal surface of the entire occlusal surface retained mechanically

Radicular retainer

① Post pin :- a one piece foundation restoration for an endodontically treated tooth that compromise a part within root canal of replacing missing coronal structure to form the tooth preparation

3 preparing pr...

out of its material that are formed by dentist at the time of procedure. Dentinal metal post are used for the purpose of making of root canal, it plays a key role in retention & support into post space by cemented with permanent cement.

Pontics

an artificial tooth or a fixed dentine prosthesis used to replace a missing natural tooth restore the function by filling the space occupied by clinical crown

Type of Pontic

Pontic design

Based on contact with tissue

Based on fabrication

Based on contact with tissue

Mucosal contact

↓

Ridge lap, modified ridge lap conical ovate

non mucosal contact

↓

Sanitary or hygienic modified sanitary Bevel pontic

Based on fabrication

Prefabricated

Custom made

Based on material

all ceramic

all metal

all resin

combination

↓

metal inlay ceramic

metal inlay acrylic

K.M.C.T DENTAL COLLEGE

MANASSERY P.O, MUKKOM, KOZHIKODE
PHONE : 0495 - 2290693

DENTAL MATERIALS RECORD BOOK

Name of the Student : MEKHA ROSE DEVASIA

Roll No. : 8

Year of study : 2022-23

Local Address

SASTHAMKUNNEL House
ENATHU, P.O, ADOOR
PATHANAMTHITTA
691526

Permanent Address

SASTHAMKUNNEL HOUSE
ENATH P.O, ADOOR
PATHANAMTHITTA
691526

DR. MANOJ KUMAR. K.P
Principal
K.M.C.T Dental College
Manassery, Mukkom



LABORATORY CERTIFICATE

This is to certify that ~~Mr.~~/Miss MEKHA ROSE DEVASIA

Reg No. 200021069 has satisfactorily completed the exercises in **DENTAL METERIALS PRACTICALS** prescribed by the University of the BDS Course during the year 2023

Date : 25.6.23

Lecturer - in-Charge
Conservative Dentistry and Endodontics

Head of the Department of
Conservative Dentistry and
Endodontics

Lecturer - in-Charge
Prosthodontics

Professor & HOD
DEPT. OF PROSTHODONTICS
KMCT DENTAL COLLEGE
CALICUT-673 602, KERALA
Head of the Department of Prosthodontics

Record of submission

Name of the Candidate : MEKHA ROSE DEVASIA

University Reg.No. : 200021069

Date of Practical Examination : 20.07.23

Signature of Examiners 1) 20/7/23

2) 20/7/23

GENERAL INSTRUCTIONS

1. Bring this record book to all practical classes and the record must be kept neat and in good condition.
2. Credit will be given to the records kept neat and submitted in time.
3. Students should wear apron with identity cards while working in the laboratories.
4. After completing the practicals, record your observations and results in the book. Write a relevant inference to the experiment.
5. Submit the record book complete with observations, discussion, diagrams and calculations for valuation when you come to the next practical class.
6. Marks will be awarded for the records during practical examinations.
7. Unnecessary wastage of water, gas or any other materials should be avoided
8. Containers of materials/ chemicals must be kept closed in their proper places when not in use.
9. Excess or waste materials must be thrown into the waste bins and should not be thrown into the sink.
10. Students should enter the laboratories with all the required instru ments. Borrowing will not be permitted.
11. Equipments borrowed from the departments should be returnded be fore leaving the laboratory.
12. Students should keep the laboratory neat and tidy and should not cause any damage to the furniture, equipments etc.
13. Student is liable to replace or compensate for the equipment that is lost or damaged.
14. Strict discipline should be maintained while working in the laboratory.

Sl No.
1.
2.
3.
4.
5.

STUDENTS DECLARATION

I have carefully read the above rules and undertake to abide by them.

Signature of the Student

Sl No.	INDEX OF WORK DONE (Prosthodontics)	Page
1.	Gypsum Products	6 – 13
2.	Impression Materials	14 – 36
3.	Modelling Wax	
4.	Heat Cure Acrylic Resin	37-50
5.	Notes	

GYPSUM PRODUCTS

Sl. No	Date	WORK DONE	Score		Staff Sign
			Max. Score	Score Obt.	
1	10-3-23	Mixing of Model Plaste (Type II)	10	6	
2	10-3-23	Mixing of dental stone (Type III)	10	6	
		Total	20	12	

IMPRESSION MATERIALS

Sl. No	Date	WORK DONE	Score		Staff Sign
			Max. Score	Score Obt.	
1		Manipulation of impression compound	10		
2.	27.5.23	Manipulation of irriversible hydrocolloid impression material (alginate)	10	7	
3.		Manipulation of zinc oxide Eugenol impression material	10	7	
4.		Manipulation of Elastomeric impression material	10		
			40	14	

MODELLING WAX

Sl. No	Date	WORK DONE	Score		Staff Sign
			Max. Score	Score Obt.	
1	19.3.22	Manipulation and preparation of rectangular block of size 2 x 1 x 1 inches using modelling wax	10	Late	
2	19.3.22	Finishing and polishing of the wax block	10	Late	
		Total			

HEAT CURE ACRYLIC RESIN

WORK DONE	Score		Staff Sign
	Max. Score	Score Obt.	
Investing the wax block	10		
Dewaxing	10		
Applying the separating medium	10		
.....			
Proportioning and mixing	10		
Packing & Trial closure	10		
– Bench curing – Heat curing – Cooling			
Deflasking	10		
Finishing & Polishing	10		
Total			

MARKS OBTAINED

INDEX OF WORK DONE IN DENTAL MATERIALS (PROSTHODONTICS)

Sl. No	Date	WORK DONE	Score		Staff Sign
			Max. Score	Score Obt.	
1	10.3.23	Mixing of Model plaster	10	6	
2	6.4.23	Mixing of dental stone	10	6	
3	27.5.23	Manipulation of alginate	10	7	
4	3.3.23	Manipulation of zinc oxide Eugenol	10	7	
5	27.5.23	Manipulation of Heat cure acrylic	10	7	27/5/23
6					
		Total	50	33	

Staff in charge

Date :

Head of the Department

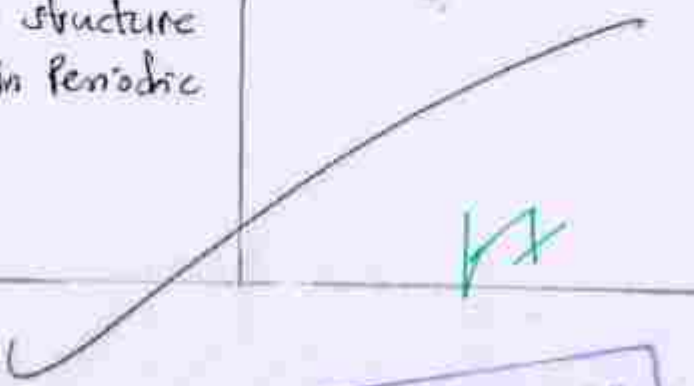
INDEX OF NOTES

Sl No.		Page
1.	Physical & Mechanical properties of dental materials	1-5
2.	Gypsum products	6-13
3.	Impression materials	14-15
a)	Impression compound	16-18
b)	Zinc oxide eugenol impression paste	19-21
c)	Agar - Agar	22-24
d)	Alginate	25-27
e)	Elastomers	29-35
4.	Denture base resins	37-50
5.	Dental waxes	
6.	Investment materials	51-53
7.	Metals & alloys	
	- Cast alloys	
	- Wrought alloys	
8.	Dental ceramics	54-59
9.	Finishing & Polishing materials	60-63

STRUCTURE OF MATTER

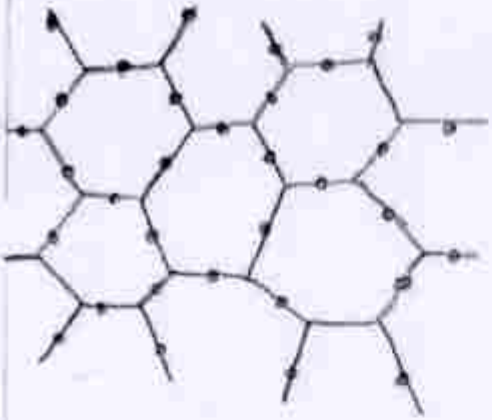
Difference between crystalline and Non-crystalline structure

Crystalline	Noncrystalline
• The crystalline structure is a unique arrangements of atoms or molecules in a crystalline liquid or solid	• Noncrystalline structure are substance that do not exibit the orderly symmetry in their molecular structure as faced in crystalline struct substance
• They exibit a regularly spaced configuration known as space lattice or crystal.	• Often refferred to superoded liquid they possess mechanical properties of both a solid and liquid.
• A crystal structure is composed of a pattern, a set of atoms arranged in a particular way and a lattice exibiting a long range order and symmetry.	• Lattice Exhibiting short-range order They do not have definite melting temperature, but they gradually soften as the temperature is raised.
• In the crystalline structure atoms are Packed in Periodic three-dimensional	• In the atmospheric structure atoms have no periodic packing.





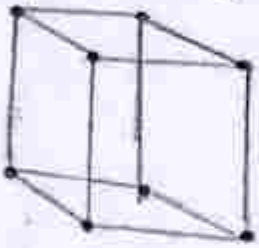




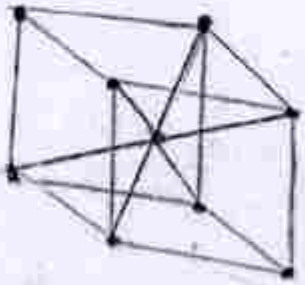


• Arrangement of atoms in a solid

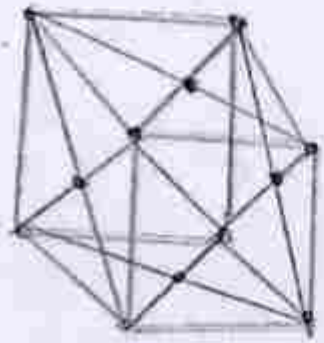
(A) simple cubic (SC)



(B) Body centered cubic (BCC)



(C) Face centered cubic (FCC)



eg: Metals.

eg: Amorphas Non-crystalline substance such as silicate glass synthetic rubber, polystyrene, and other Polymer softer into the liquid when heated above their glass temperature, at which the molecule become mobile.

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WETTABILITY

It is defined as the relative affinity of the liquid for the surface of the solid. Good wetting is the ability to cover the substrate completely so that maximum benefit is obtained regardless of the adhesive mechanism. The ability of an adhesive to control a substrate depends on its wetting ability / capillarity.

CONTACT ANGLE OF WETTING

The degree or ease of wetting is studied through the measurement of angle between the liquid and the substrate where the solid and liquid make contact, the angle between the liquid materials make contact and the angle between the liquid surface and the solid surface is known as contacts. It depends on the :

* surface tension of the liquid
* surface energy of the solid

A 0° contact angle indicates complete wetting, indicating that the liquid has maximum tendency to wet and spread obtaining a perfect spread.

- Values below 90° indicate good wetting.
- values above 90° indicate Poor wetting.
- No wetting occurs at a contact angle of 180°.



(4) $\gamma_{SV} = \gamma_{SL} + \gamma_{LV} \cos\theta$

The contact angle, θ is given in the form of Youngs Equation as

$$\cos\theta = (\gamma_{SV} - \gamma_{SL}) / \gamma_{LV}$$

where,

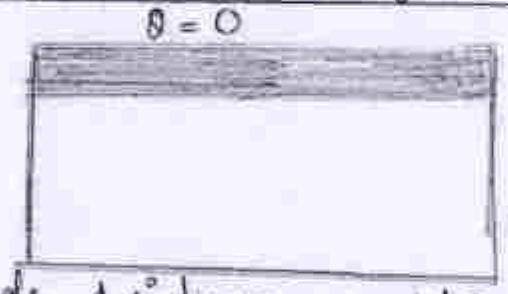
γ_{SV} = Surface energy at the solid - vapour interface

γ_{SL} = surface energy at the solid liquid interface

γ_{LV} = Surface energy at the Liquid - vapour interface

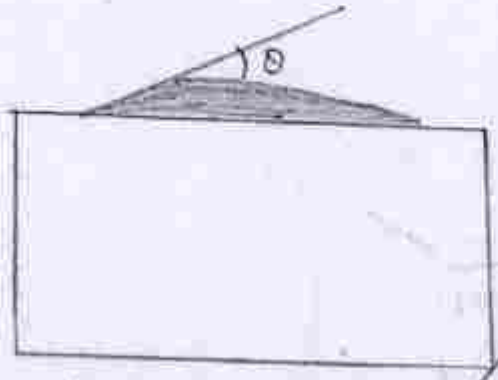
Relation between a solid surface and drop of liquid

(A)



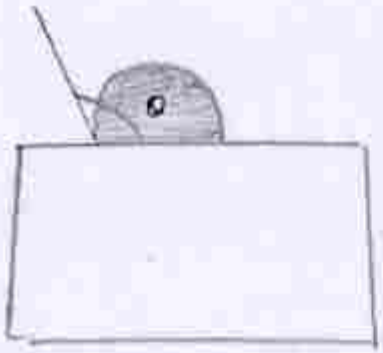
An angle of 0° degree complete wetting

(B)



An acute angle denotes good wetting of the liquid but with the presence of contaminants on the solid surface.

(c)



the obtuse angle generally denotes Poor wetting due to either low surface energy of the solid or high surface tension of the liquid.

Differences between Adhesion and cohesion

Adhesion	Cohesion
• where the molecules of one substrate adhere or are attract the force of attraction is called adhesion.	• Attraction between similar molecules are called cohesion.
It is between unlike molecules	• Intermolecular attraction.
• The materials that is used to cause bonding is known as adhesive material to which it is applied is called adherend.	• Includes Van-der-waals force & hydrogen Bonding.
• Intermolecules attraction.	eg: formation of water droplet on the surface of a liquid is due to cohesion.
eg: Includes Electrostatic attraction	eg: formation of water droplet on the surface of a liquid is due to cohesion.
eg: spreading of liquid on a solid surface	







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GYPSUM PRODUCTS

Gypsum is a common rock-forming mineral forming massive beds often from precipitation out of highly saline waters.

Gypsum products are derived from the mineral gypsum, chemically known as calcium sulfate dihydrate ($CaSO_4 \cdot 2H_2O$)

When powdered gypsum is heated by the process of calcination, to remove a part of its moisture content, the gypsum product a fine powder of calcium sulfate hemihydrate ($CaSO_4 \cdot \frac{1}{2}H_2O$) is formed. Dehydration of gypsum products which range from the hydrous to anhydrous forms of calcium sulfate.

Gypsum $\xrightarrow[\text{Dehydration}]{+H_2O}$ Gypsum products

Applications in Dentistry

It has various applications

1) Study models for oral and maxillofacial structures.
2) Cast and die material
3) Impression material
4) Investing material in flasking procedures for acrylic complete and partial denture processing.
5) Investment material for casting of metallic restorations.
6) For mounting stone models onto articulators.

Manufacturing Process

The process of dehydrations of gypsum is called calcination which means removal of water by heating.

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DENTIST

$CaSO_4 \cdot 2H_2O$ [Calcium sulfate dihydrate]

↓ on heating

$(CaSO_4)_2 \cdot H_2O$ [Calcium sulfate monohydrate]

↓ on heating

$CaSO_4 \cdot 1/2 H_2O + 1\frac{1}{2} H_2O$ [Calcium sulfate hemihydrate]

Difference between Dry and wet calcination:

Features	DRY CALCINATION	WET CALCINATION
Forms	β- hemihydrates	α-hemihydrates and α-modified hemihydrate
Method of Manufacture	Gypsum heated in open containers	Gypsum heated in the presence of crystal habit Modifies in closed containers under steam Pressure
Manufacturing temperature	<120°C	120°C – 130°C
W/P ratio	>50–60 mL/100g	<22–35 mL/100g
Density	Low Density	High density
Packing capacity	Poor packing capacity	Good Packing capability
Mechanical Properties	Poor Strength	Harder and stronger

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Classification

The ANSI/ADA specification no: 25 and ISO classify dental gypsum products into five types.

Type	Name	Molecule	Colour	Use
I	Impression plaster	β-calcium sulfate hemihydrate	white or pink	final wash impression for edentulous arches
II	Model plaster, plaster of paris	β-calcium sulfate hemihydrate	white	study models, articulation and flasking (to fill the flask in denture construction)
III	Dental stone (Hydrocal, US Gypsum company)	α-Calcium sulfate hemihydrate	Green	working cast for soft tissue prosthesis such as complete dentures flasking
IV	Die stone, dental stone - high strength and low expansion (Densite Georgia pacific gypsum corp.)	α-modified calcium sulfate hemihydrate	yellow	Die material for fabrication of wax patterns for dental cast metal restorations including intracoronal and radicular
V	High strength stone - high strength and high expansion	α-modified calcium sulfate hemihydrate	yellow	Die material for fabrication of wax patterns for dental cast metal restorations where high expansion is needed to compensate for the alloy shrinkage such as Base metal alloy.

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SETTING REACTION

Various theories have been put forth for the setting reaction, namely colloidal theory, hydration and dissolution – precipitation theory.

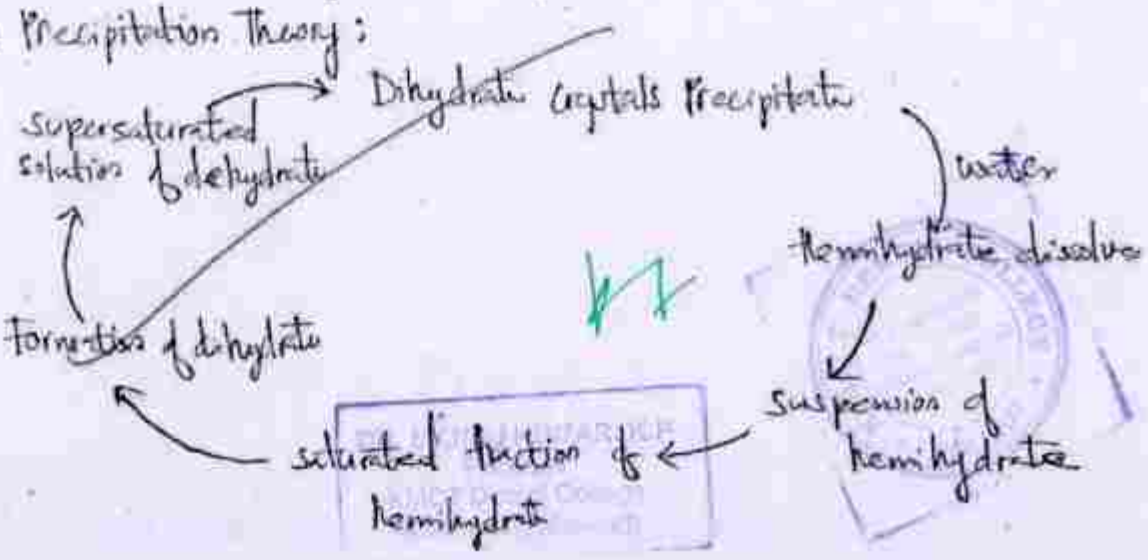
Colloidal Theory :

Hemihydrate
↓ + water
Hemihydrate sol
↓ + water
Dihydrate sol
↓ + water (remaining)
Dihydrate Gel

Hydration Theory :

Hemihydrate
↓ + water
Rehydrated particles
↓
Sulfate groups
↓
Set dihydrate

Dissolution Precipitation Theory :



Mixing Interval : Defined as the time elapsed from the addition of powder of the water until the mixing is completed.

Mechanical mixing takes: 30–45 seconds

Hand mixing : 1 minute

Working Interval : Time interval between the mixing time and the initial setting time

Time : 3 minute

Setting Interval : Time interval between the initial set and final set

Time : 2.5 – 5 minutes

PROPERTIES OF GYPSUM PRODUCTS

GYPSUM STRENGTH

The strength of the set calcium sulfate dehydrate is dependent upon the w/p ratio. The lesser the w/p ratio the greater is the strength.

(i) Wet strength : also known as green strength
strength when water in excess of that required for hydration of the hemihydrate is the left in the specimen.

(ii) Dry strength : The strength obtained when the excess of water has been driven off by drying.

TENSILE STRENGTH

Low tensile strength (2 Mpa)
This is due to porosity and brittle nature of the material.
Higher the w/p ratio . lesser the tensile strength.

Compressive strength

for plaster → 12 MPa

for stone → 30 MPa

for die stone → 35 MPa

compressive strength is affected by W/P ratio.

Dimensional stability

once the material has set, there is no significant dimensional change at room temperature. The set material should not be stored at high temperature [between 90 and 110°C], as the water of crystallisation is removed and dehydrate is converted back to hemihydrate; resulting in contraction of the cast.

Hardness and Abrasion resistance

- Increase in compressive strength increases the surface hardness.
- Impregnating set gypsum with resin increases the abrasive resistance but reduces the compressive strength and surface hardness.
- Use of disinfectant chemicals on Gypsum dies can cause surface erosion and affect the surface hardness.

Reproduction of surface Details

- Type I and II Gypsum Products produce a groove 75 µm in width, whereas Type III, IV & V produce a groove 50 µm in width.
- Gypsum dies do not produce surface details, hence epoxy or electroformed dies reproduce the surface details better.

ADVANTAGES OF GYPSUM PRODUCTS

1) Fairly good reproducing ability
2) Dimensionally accurate and stable
3) Inexpensive and easy to be
4) Good colour contrast

DISADVANTAGES OF GYPSUM PRODUCTS

1) Poor mechanical properties cause fracture of teeth from stone cast
2) Poor abrasive resistance.
3) Poor compatibility with hydrocolloid impression materials
4) Poor wetting of rubber impression materials.

MODIFICATIONS OF GYPSUM

1) Two techniques are being investigated to produce dental stones with improvement in abrasion resistance and other mechanical properties

a) Impregnation of gypsum by a polymer like polyester polystyrene, acrylic and epoxy resin has been suggested.

b) Incorporation of wetting agents such as lignosulfates, such additions reduce water required and produce harder, denser set gypsum.

c) Dental impressions and cast may be a route of transmitting serous disease. Incorporation of disinfectant into the powder of the gypsum product or the water used for mixing has been tried.

a) Balanced stone : It contains equal amounts of accelerates and retarders.

b) Chromatic stone : This stone changes its colour, denoting that it is ready for use.

c) Die-stone investment combination : Divestment is a commercially available gypsum-bonded material which is mixed with colloid silica liquid

MEASUREMENT OF SETTING TIME

a) Loss of gloss test : In approximately 9 minutes following the mixing of the Powder to water, the initial surface gloss or shine of the mix is lost. The material becomes highly viscous and non-pourable.

b) Initial Gillmore test : This test involves the use of needles of varied diameters and weights converted onto the surface of spread mix of gypsum. The time at which the needle no longer leaves an impression is called setting time.

c) Final Gillmore test : The time elapsed until a heavier Gillmore needle with 1.06mm diameter point under a load of 1lb or 453.6g weight leaves only a barely perceptible mark on the surface is called final setting time. Time - 20 minutes.

d) Vicat Test : Uses a needle of 1mm diameter under a plunger load of 300g weight. The time elapsed until the needle no longer penetrates to the bottom denotes the final setting time.

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IMPRESSION MATERIALS

Impression materials are used to make an accurate replica or mold of the hard and soft tissues of the oral cavity.

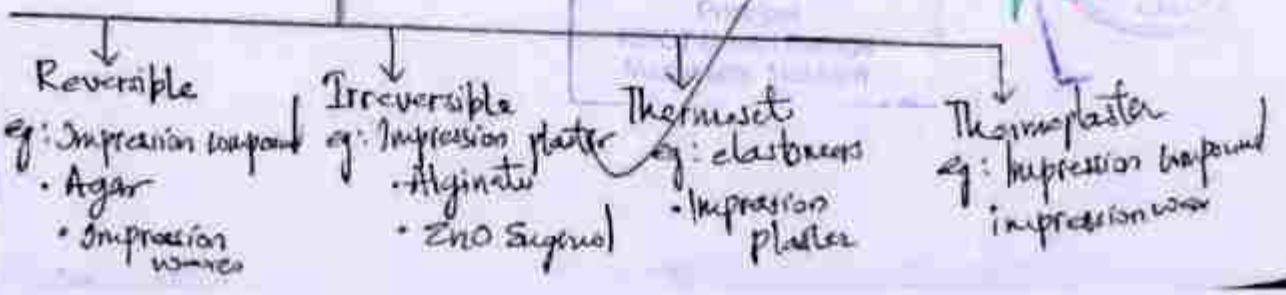
- An impression is a negative replica.

IDEAL REQUIREMENTS OF IMPRESSION MATERIALS

- Materials used to produce accurate imprint of intraoral and extraoral tissues should have the following properties.
  - They should be fluid enough to adapt the oral tissues.
  - They should have a pleasant odour, taste and colour.
  - They should set within a reasonable time.
  - The set materials should not distort or tear during removal from the mouth.
  - The material should be Biocompatible.
  - They should be readily disinfected without any loss of accuracy.
  - The material should have adequate shelf like storage and distribution.

CLASSIFICATION OF IMPRESSION MATERIALS

→ Based on setting mechanism



→ Based on Flexibility

- Inelastic / rigid
  eg: plaster of Paris
  . Impression waxes
  . Zno Eugenol
- Elastic
  eg: Elastomers
  Alginates

→ Based on amount of Tissue displacement.

- Mucostatic Impression material
  eg: Zno Eugenol Impression paste
  . Impression plaster
- Mucocompress Impression material
  eg: Impression compound
  Impression wax

→ Based on Type of Tray

- Perforated metal Tray
  *Alginate hydrocolloid
- water cooled metal tray
  • Agar hydrocolloid
- Custom Tray
  . Zno Eugenol Impression paste.

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IMPRESSION COMPOUND

(K)

ADA specification No : 3

- It is also known as 'Modelling plastic'
- It is thermally reversible, rigid when cold and plastic when heated to a few degree above temperature and hence termed as Thermoplastic.

Composition

Gum rosin	
Shellac, stearic acid, gutta percha	– plasticizer
Inert materials, Talc	– fillers
Rouge	– Pigments

Type I – Low fusing, used as an impression material

Type II – High fusing, used as bag compound.

Manipulation

- The material being thermoplastic, softens when subjected to heat.
- Soaking in warm water – kettle (sheets or cakes)
- Over a flame (sticks)
- Dry kneading into fingers
- Application as:

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- Primary Impression material + stock tray
- single impression + copper Band
- Peripheral seal
- Tray material for secondary impression.

As impression compound is of low thermal conductivity adequate time should be given for uniform cooling.
It decrease distoration on removal from the mouth.

Properties

- Impression compound is a thermodynamic material. It has Poor thermal conductivity.
- High coefficient of thermal expansion and contraction.
- Rigid Material
- Self adhesive to the tray.
- The temperature at which there is a definite reduction in the plasticity of the material during cooling is the fusion temperature. The value is 43.5°C. Above this temperature the material remains softened or plastic.
- It is highly viscous material
- This material is mucocompressive material, because Application of pressure against the oral tissue is mandatory for the material to capture the details.

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ADVANTAGES

1) Impression compound is most widely used for recording preliminary impression of edentulous arches.
2) The copper ring impression technique is of value in areas where moisture control is a problem and where other low viscosity materials may not be used.
3) It can be reused for the same patient
4) It is economical
5) It is easy to use
6) It is nonirritant and nontoxic
7) It has a good shelf life.

DISADVANTAGES

→ Poor dimensional stability — Three factors to produce significant internal stresses within the compound impression, namely,
   a) Highly coefficient of thermal expansion
   b) Poor thermal conductivity
   c) Relatively large temperature drop from softening temperature to room temperature.

→ Material is reversible hence theoretically can be reused.

→ Viscosity is greater than that of other impression materials

→ compound is fairly rigid after setting and has poor elastic properties.

ZINC OXIDE EUGENOL IMPRESSION PASTE

ADA specification No: 16

Zinc oxide Eugenol Paste is a rigid impression material that exhibits exhibits insignificant amount of elastic deformation when subjected to stress beyond its proportional limit.

COMPOSITION

Constituents	% of constituents	Use of the constituents
TUBE No: 1 BASE PASTE		
Zinc Oxide	87	Main ingredient to react with catalyst
Fixed vegetable oil/ mineral oil	13	plasticizer, reduces the irritant effect of eugenol
TUBE No: 2 CATALYST PASTE		
oil of cloves (70% - 85% eugenol)	12	Reduces the irritant effect of Eugenol
Gum rosin	50	Increases speed of reaction, powder a smooth homogenous mix
candda/Para Balsam	10	Increases the flow, improve the mixing properties
Filler (wax or silica) Kaolin, talc, diatomaceous earth	20	Provide proper consistency of mix
calcium chloride, Zinc acetate	5	Accelerator
colorants	5	coloring agents

MANIPULATION

- The mixing of two pastes is done on an oil impervious paper or a clear glass slide.
- Proper volume of the two pasts is dispensed by squeezing strips of pastes of the same length.
- A flexible stainless steel spatula is used for mixing. The two strips of pastes are combined with first sweeping of the spatula and mixing is done for approximately 1 minute until uniform color is observed.
- The mix is then added onto the custom tray and the impression is made.
- The setting of ZOE impression paste can be slowed down by adding a small amount of glycerin or by ending the mixing step.

USES

* For making secondary/definitive impression of completely edentulous arches.
* As a denture retining material
* Used for interocclusal bite registration.
* As a surgical pack paste for periodontal wound healing.

PROPERTIES

1) Nontoxic
2) Adherence to tissues
3) Good surface detail in thin sections due to its flow

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a) Good dimensional stability
b) Stable on storage and has good shelf life
c) Biocompatibility of ZOE cement is same as ZOE impression paste.

ADVANTAGES

- Dimensionally stable material
- Good surface details
- Can be reinforced with wax or compound for bite registration

DISADVANTAGES

- Cannot be used in undercut areas
- Eugenol allergy and burning sensation are experienced by some patient.

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AGAR - AGAR

ADA specification No : 82

Agar - Agar is an edible marine red algae from which agar material is extracted.

Ingredients

The ingredients of agar hydrocolloid impression material as follows

- Agar : 12% - 17%
- Borate : 0.2% - 0.5%
- Potassium sulfhate : 1% - 2%
- Fillers : 0.5 - 1%
- Alkyl Benzoate : 0.1%
- water : Balance (about 80%)

Sol and Gel

Agar is a colloidal suspension of solidified particles in water
Above a certain temperature, the particles are seperated in the water and the suspension then behaves like a thick liquid
Below the specific temperature, the particles join together to form brush or fibrils like structure
Water is contained in the spaces between these fibres and the material now behaves like a rubbery solid.
The solid form of agar suspension is known as gel and in its liquid form it known as sol.

- Usually this Process is reversible, hence the name "reversible hydrocolloid".

Sol gel Transformation

The nature of the setting Process of agar impression material give it name as a reversible impression material.

- sol-gel transition is thermally stable.
- Agar impression material is available in the gel form.
- It is converted to the sol state By heating it up to Particular temperature known as liquefaction temperature (70°-100°C)
- The temperature at which the sol ~~temperature~~ transforms into the gel state is known as the gelation temperature (37°C - 50°C)
- This gelation temperature is critical during impression taking.

Manipulation

- The liquefaction and gelation temperatures for agar hydrocolloid are different.
- The gel to sol and sol to gel transformation are dependent on time and temperature.
- This temperature lag between gelation and liquefaction temperature is known as hysteresis.
- Major steps involved in manipulation of the agar as follows:
  (1) The first step is using agar material is to liquefy and store it as a sol at 100°C

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(ii) The tray is loaded with this liquified agar material

(iii) Immediately before making the impression, the loaded tray is cooled to lower the temperature tolerable by oral tissues by the process called tempering.

(iv) The final step occurs once the impression is seated against the oral tissues, to enable the sol to be converted to gel. Circulating water around the impression tray and hardens the material.

Uses

- It is used primarily for making impression for fixed and partial dentures
- It is used widely in laboratory as a duplicating material
- It is also used in triple tray technique for bite registration

ADVANTAGES

1) It has elastic recovery of 98.8%. implying that the material regains 98.9% of its shape after an elastic strain during removal from undercuts.
2) palatal secretions will not affects its seating.
3) It is considered to be the most ideal duplicating material
4) It is dept cheap, accurate when poured immediately and reusable.

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ALGINATE

ADA specification No: 18

These materials is Based on a natural substance, alginic acid derived from a Brown Marine Alga.

COMPOSITION

Ingredient	Amount	Function
sodium or Potassium salt of alginic acid	15%	Main reactive substances. They form sol with H_2O and cross link with calcium ions to form gel
Calcium sulfate dihydrate	16%	Controls the rate at which cross linking cations are released
Diatomeous earth and zinc oxide	60% & 40%	Increase the stiffness and strength of the alginate gel
Trisodium phosphate	2%	Retarder to control the setting reaction
Potassium titanium fluoride	3%	Accelerator to control the setting reaction.

Type.

- Traditional alginates
- Modified Alginates.

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Mode of supply

1. Single component system: It is supplied as powder to which water has to be added to initiate the reaction.
2. Two component systems.
3. Modified alginates: One component is alginate in the form of sol and the other component contains the calcium reactor. It is supplied both in syringe viscosity and tray viscosity forms.

SETTING REACTION

- When the alginate powder is mixed with water, the sodium and potassium salts of alginic acid readily dissolve the give an alkaline solution.
- The Na^+ and K^+ ions from this soluble alginate are replaced by the Ca^{2+} from the calcium sulfate to form insoluble calcium alginate gel.
- This onset of gelation needs to be delayed during mixing of the alginate and loading and placing of the tray in the mouth.
- This delay is acheived by the addition of phosphates which consume first Ca^{2+} ion released from the alginate process powder as it dissolves in water.
- Once all the phosphate ions are used up, the still releasing Ca^{2+} ions then take part in the reaction to form calcium alginate and setting starts suddenly.

$2Na_3PO_4 + 3CaSO_4 \longrightarrow Ca_3(PO_4)_2 + 3Na_2SO_4$

$K_2nAlg + n\,CaSO_4 \longrightarrow nK_2SO_4 + Ca_nAlg$

USES

- To obtain study casts and models for orthodontic Purposes
- To obtain Preliminary study casts for fabrication of Prosthesis
- As a Preliminary impression to construct a custom tray for a more accurate secondary impression.
- To take impression for fabrication of temporaries for indirect restorations.

PROPERTIES

- General Properties have already been discussed, only Properties Pertaining to alginates will be mentioned here.

The shelf life of alginate powder is approximately 1 year, if stored in a cool, dry environment. As suggested earlier, due to biological health hazard reasons, dustless alginates can be used. Since dimensional stability is questionable, alginate impression needs to be Poured immediately

Tear strengths of alginate is less than that of elastomers. Hence care should be taken to have adequate thickness of the material in the tray should be removed carefully from the mouth.

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ADVANTAGES

The material is easy to manipulate and does not require any special equipment.

Since it is hydrophilic, it does not require dry field for impression making.

DISADVANTAGES

Most alginate impression materials do not reproduce the fine details of the oral tissues that are required for proper fabrication of the restoration.

A slight variation in w/p ratio has a significant effect on the tear strength and the elasticity of the impression material.

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Mgm Dental College

ELASTOMER

ADA specification No : 19

An elastomer can be defined as a three-dimensional Polymer network which has good elasticity and has a wide elastic range within the an intended working temperature range.

CLASSIFICATION

Elastomers are classified according to their chemical reaction, Visosity, composition and ADA specification.

A) According to chemical reaction
- Polysulfide
- Polyether
- condensation Polymerizing silicone.
- Addition Polymerizing silicone.

B) According to viscosity
- Light Body
- Medium Body (regular)
- Heavy Body
- Very heavy Body (Putty)

C) According to ADA specification
- Type I
- Type II
- Type III

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CONDENSATION SILICONES

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- The main component of condensation silicones is an α-ω hydroxyl terminated Polydimethyl silicone.
- supplied as Base and catalyst.
- The Base contains low molecular weight silicone liquid, the dimethyl siloxane, which has the reactive terminal hydroxyl groups.

Composition

constituents	Function
BASE α-ω-hydroxyl terminated polydimethyl siloxane	supplies reactive OH groups
FILLERS silica	Provides viscosity and stiffness
CATALYST Tin organic ester suspension stannous octate Tetraethyl orthosilicate	catalyst/accelerator.

Setting reaction

- The setting reaction involves cross-linking between terminal group of the silicone polymers and the tri and tetrafunctional alkyl silicates.

In the presence of stannous octate forming a three-dimensional network. Ethyl alcohol is a byproduct of the reaction. It subsequently evaporates resulting in contraction of the set condensation silicone impression. This is overcome in the putty consistency to a large extent due to high filler contents resulting in less polymer matrix which in turn results in lesser shrinkage. This is also an exothermic reaction with the temperature rise of about 4°C.

The silicone impression materials are supplied in different different colors to different consistencies By different manufacturers.

Properties

1. Although reproduction of detail with condensation silicones is adequate, ethyl alcohol is liberated during setting reaction which leads to shrinkage of the material. Hence the cast should be poured at the earliest within 30 minutes. Immediate pouring of the cast is critical for this impression material.
2. Wettability is less because of its hydrophobic nature, Surfactant treatment over impression is necessary to have gypsum compatibility.
3. The elastic recovery and stiffness is greater than Polysulfides
4. The tear strength is lower than in the Polysulfides.
5. Shelf life is limited due to unstable orthoethyl silicate and slow oxidation of stannous octate.

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ADVANTAGES

- It does not have the bad odour of Polysulfides
- It has the Basic advantages of elastomeric impression material

DISADVANTAGES

- As already mentioned, it has limited shelf life
- Due to Byproduct formed during the chemical reaction, the impression cannot be kept for extended period of time.
- Dimensional stability is affected because of the evaporation of alcohol.

ADDITION SILICONE

* They are also called Polyvinyl siloxanes

Composition

Base	Catalyst
polymethyl hydrogen siloxane polymer	vinyl terminated Polydimethyl siloxane
	platinum salt – chloroplatinic acid
	scavenger of H_2 gas
Fillers	Fillers

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Setting reaction

The vinyl siloxane is difunctional while the hydrogen siloxane polymer is multifunctional. On mixing an addition reaction occurs with the terminal vinyl groups and cross linked with hydride groups. No volatile byproduct is formed and minimal dimensional change occur during polymerization. Increase in temperature increases the rate of reaction and shortens the setting time.

Properties

1) The mean working time and setting time is 1·8 minutes and 5·9 minutes at 37°C, respectively. Shorter setting time ensures relatively earlier elasticity.
2) Dimensional stability is more because of the absence of byproducts. Hence, the impression can be stored for almost a week without distortion.
3) Reproduction of finer details is accurate
4) The most ideal elastic impression material is addition silicone because this material has lowest permanent deformation after compressive strengths.
5) The tear strength is 3000 g/cm, which is more than Polyether and similar to condensation silicone.

ADVANTAGES

* Most dimensionally stable impression material.
* Addition silicone impressions can be kept upto 7 days of making the impression.
* This impression material is available in various consistencies [extra low, low, medium, heavy and very heavy] hence can be used for various clinical situations.

DISADVANTAGES

* Inherent hydrophilic nature
* Sulfur contamination from latex gloves results in inhibition of setting reaction of addition silicone impression material.
* Residual hydrides reacts with moisture in atmosphere and evolve hydrogen gas.

POLYETHER

First elastomer to be developed primarily to function as an impression material.

Consistency:

Light bodied → Medium bodied → Heavy Bodied

Composition:

Base paste: Polyether with ethylene imine.
Colloidal silica: Filler
Phthalate: plasticizer.

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catalyst paste : Ester derivative of alkyl Benzene
sulfonate
filler : silica.
plasticizer phthalate

Properties
working time : 3 min
setting time : 6 min
Tear strength : 1800 – 9800 N/m²
Least amount duration
pseudoplastic.

Advantages
→ Accuracy
→ Automix available

Disadvantages
→ set material very stiff.
→ Inhibition
→ short working time
→ allergic hypersensitivity in some case.





Disinfection of Impression Materials

Disinfection of hydrocolloid impression.

Once the impression is take out of the mouth, it should be disinfected prior to pouring of cast to Prevent cross-contamination. Guides for disease control and prevention. protocol recommendant that hydrocolloid impression can be immersed in household bleach sodium hypochlorite iodophore or synthetic phenol.

- Impression is throughly rinsed in water after removal from the mouth, then the impression is sprayed labially with the disinfectant / wrapped in a disinfectant soaked towel and - since hydrocolloid is perishable and sealed for 10 min. after disinfection the impression material is rinsed throughly with water to remove any remnant of disinfectants which may affect the surface of the cast when Gypsum is poured.

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DENTURE BASE RESINS

Classification

I. Based upon material

a. Metallic : Gold and its alloys, aluminium, Cr-Co alloy

b. Non-metallic : Shellac, Base plate wax, acrylic

II. Based upon durability

a. Temporary : shellac, base plate wax, cold cure acrylic.

b. Permanent : Gold and its alloys, Titanium and its alloys, Cr-Co alloys, light and heat cure denture acrylics.

III. Based on ISO classification

Type	Name	Feature
heat cure polymers 1.	Heat cure polymers	Polymerization at temperature Greater than 65°c.
2.	self cure polymers	polymerization at temperature lower than 65°c based on chemical reaction of component
3.	Thermoplastic material	Moldable polymers
4.	light cure material	Polymerization by visible or UV radiation
5.	Microwave materials	Microwave heat polymerization

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COMPRESSION MOLDING TECHNIQUE

(9)

Also known as Pressure Packing technique, is simple and does not require any expensive special equipment. It involves the following steps.

Preparation of Mold space:

Once the trial denture is fabricated, the finished denture is sealed to the master cast and using dental Gypsum product, it is invested in a dental flask. Once the gypsum hardens, the flask is placed in a dewaxing unit to remove the wax. The flask is then opened and the residual wax is eliminated with boiling water and mild detergent solution to Prevent contamination of the denture base material with wax remants. This creates the mold, and the space occupied by the wax is replaced with acrylic resin forming the final denture.

Application of seperating medium

The mold space is filled with the manipulated resin and placed in water bath for polymerisation. It is necessary to prevent the water from the Gypsum from entering the resin and the monomer from entering the Gypsum

Thus coating the Gypsum with a material that would form an impermeable layer over it the material applied is called seperating medium or Tin foil substitute

The most widely used seperating medium is sodium alginate (cold mould seal). These material are also called tin foil substitutes since foils of tins were used.

Traditionally for seperating the cast from resin. The use of tin foils became obsolete due to the disadvantages of the labour intensive and time consuming. Usually two coats of seperating medium are painted on the Gypsum cast as well the investment material that is left to dry hence it is also called paint on seperating media.

The sodium alginate interacts with the calcium in Gypsum to form a thin layer of insoluble Calcium alginate. This coat of thin layer of seperating medium forms a barrier against the acrylic flowing into the microporer in the Gypsum which once polymerised becomes difficult to seperate from the Gypsum cast.

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Further, seperating medium prevent water kept in the Gypsum from entering the acrylic which may effect the polymerisation rate and optical and physical properties of processed denture base. Care should be exercised to prevent the seperating medium from coming into contact with the exposed surface of the denture teeth as this would lead to Poor bonding of denture teeth to the denture base.

Other materials used as separating medium -

* Thin sheets of tin foil
* cellulose
* soaps
* starch.

Manipulation of Resin

Polymer / monomer (P/M) ratio : Acrylic dough is Prepared By mixing the correct proportion of Polymer / monomer. P/M ratio is usually 3 - 3.5 / 1 By volume or 2.5 / 1 By weight. The correct P/M ratio enables proper wetting of the polymer by the monomer, whereas reduced amount of liquid results in poor wetting of the polymer producing a Granular texture of the finished denture. Adequate P/M ratio further limits the the volumetric and linear shrinkage of polymerisation. Even with correct P/M ratio mixture, polymerisation shrinkage of 7% may occur. Excess monomer results in higher level of polymerisation shrinkage.

When the polymer - monomer ratio mix is allowed to stand in a closed - container usually a porcelain jar is used as this present adherence of the acrylic to it, it undergoes the following physical stages / changes due to the interaction of the monomer with the polymer.

Physical stages of Polymerization

1. wet / sandy stage : At this stage the Polymerisation is wetted and dissolved by the monomer. It exhibits

a sandy consistency during this stage, with no molecular level interaction.

2. sticky stage: This mix becomes a sticky mass and forms strings when manipulated. This is due to the surface penetration of the polymer making the mass ~~stic~~ sticky.

3. Dough or Gel stage: With the onset of the chemical reaction, a large number of polymer beads further dissolve in the monomer producing a workable mass of dough consistency. The dough stage is the working stage of the resin. The material is ideally packed at this stage. Working time is between termination of stage II and starting of stage IV. Five minutes of dough moldability is considered to be adequate working time.

4. Rubbery stage: Following the dough stage, the mass become resilient and rubber like. It cannot be molded at this stage

5. Stiff stage: This stage ensures when the curing cycle is completed the resultant mass is a set, rigid and stable structure.

Packing of Acrylic Resin

When the mix attains dough like consistency it is packed into the mold space in the dental flask. Packing is the process of placement and adaptation of denture base resin within

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the prepared mold space. Dough forming time of PMMA is the time required for the mixed resin to reach the dough stage. This should be 5-40 min from the beginning of mixing as per ANSI/ADA specification no 12.

The dough forming time of the acrylic is dependent on; particle size and molecular weight of the Polymer presence of plasticizer.

The dough forming time of the acrylic is dependent on.

1. Particle size and molecular weight of the Polymer.
2. Presence of plasticizer
3. Temperature.
4. P/M ratio

Packing of the resin at sandy or sticky stage results in porosity in the final denture base. This is due to the excess monomer present between the Polymer particles, which lead to a low viscosity material that is difficult to confine in the flask.

Leaving the container open all cause the monomer to evaporate leading to rubbery and stiff stage. The mixed material beyond the dough stage becomes highly viscous and doesn't flows even under pressure to fill the flask. This prevents the flask from completely closing; this leads to increase in vertical dimension of the denture and movement of denture.

It is necessary to pack the right amount of material into (05)
the mold space. This is achieved By trial closure. Trial closure is repeated opening and closing of the denture flask in stage By gradually increasing the closure pressure. to a maximum trial closure pressure of 1500 psi; A cellophane/polyethylene sheet is placed between to the cast during trial closure. The excess material that is present is called flash, which is removed during every trial closure.

Polymerisation

To complete the polymerisation reaction of heat activated resin, the packed denture flask is heated under controlled time and temperature. The conventional source of heat is the water bath, though heat source from microwaves have recently been used for curing PMMA.

Curing Cycle.

Curing or polymerisation cycle denotes the systematic method of application of external energy in the form of heat / light to enable curing of the PMMA resin mass following mixing of monomer and polymer.

The two stages involved ~~in curing cycle~~ for compression molding method are:

1. Bench curing

This is done at room temperature for 30–60 minutes after packing. The Purpose of this procedure is equilibration of pressure and uniform displacement of monomer, thereby ensuring a better bond between the acrylic teeth and the denture base.

2. Heat curing

This is done by placing the packed dental flask in a water bath. Three curing cycles may be followed; these includes :-

(a) 74°C for 8 hours.

(b) 74°C for 8 hours followed by 100°C for 1 hr.

(c) 74°C for 2 hours followed by 100°C for 1 hr.

It is essential that the acrylic is fully cured as this reduces the levels of excess residual irritant monomer in the processed denture.

- Plunging the flask directly into the boiling water during polymerisation results in the vaporization of unreacted monomer. This leads to gaseous porosity of the denture. Hence, it is necessary to gradually increase the polymerization temperature.

Injection Molding Technique

The polymerization shrinkage exhibited by PMMA By conventional compression molding technique leads to inaccurate adaptation of the base material to the denture bearing areas resulting in a poor poor border seal and lack of stability of denture base.

Tyson (1942) developed injection molding technique as an alternative to minimize the dimensional in accuracies of compressive molding technique. In 1970, Invoclar company introduced a special resin for injection molding.

Procedures:

The injection molding technique requires a specially designed flask. The flask consists of two accurately approximately parts. The master cast with fully waxed up trial denture is placed into the half of the flask with dental stone as investing material. Once the dental stone sets, wax sprues are attached to provide an inlet for the resin mix. following this other half of flask is approximated and filled with dental stone. Once the stone sets the wax is boiled out with and the flask is cleaned with a mild detergent solution to remove the remnants of wax. The special acrylic resin is ~~modified~~ introduced into the assembled flask. A coating medicaments the prima on the assembly during introduction and throughout the polymerization process.

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The flask is then placed into a water bath for Polymerization on completion of the process the denture is retrieved from the flask and finished and polished.

Composition of Heat Activated acrylic Resin:

Powder / Polymer	Component	Liquid / monomer
High molecular weight prepolymerized spheres (beads of Polymethyl methacrylate (PMMA)	Major Component	Methyl methacrylate
Benzoyl Peroxide	Initiator	—
Mercuric Sulphide Cadmium Sulphide	Color Pigments	—
Dibutyl phthalate	plasticizer	Dibutyl Phthalate
Zirconoxide Titanium oxide & zinc oxide.	opacifiers.	—
	Inhibitor	Hydroquinone
	Cross linking Agents	Glycol dimethacrylate

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Composition of self cure acrylic resin :

powder/Polymer	Role of Ingredient	Liquid/Monomer
Prepolymerised low molecular weight spheres/Beads of PMMA	Major component	Methylmethacrylate
—	Activator	tertiary amines eg. dimethyl-P-toluidine
Benzoyl Peroxide	Initiator	—
Dyed organic fillers, sulfides	Color Pigment	—
—	Inhibitors	Hydroquinone.

Composition of light cure resin

Ingredients	Role of ingredients
Polyether urethane dimethacrylate	Major constituents
Camphorquinone	Photoinitiator
Amine	photoactivator
Inorganic : silicone dioxide	Fillers
Organic : acrylic resin beads	fillers
High molecular weight acrylic resin	Monomers

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MICROWAVE POLYMERISED PMMA

Microwave energy may also be used to Polymerise PMMA resin. Nishii in year 1968 demonstrated the use of microwave energy to Polymerise denture base resins using a 400 watt oven in 2.5 minutes.

The microwave provides the required thermal energy for polymerisation reaction special non metallic polycarbonate or fiber-reinforced plastic flasks are used instead of metallic flasks as microwave will reflect from the surface. The main advantage of microwave Polymerisation technique is the reduction in time for Polymerisation reaction to be completed. The features and properties of microwave processed denture bases are similar to those processed with conventional compression molding technique.

Types of microwave Polymerisation techniques :-

1. Compression Molding technique
2. Injection molding technique

Advantage :

→ Reduced dough forming time.
→ Drastic reduction in curing time (3 min)
→ Good color stability
→ Minimal residual monomer ratio.
→ Stable.

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Disadvantages

→ Poor bonding to denture teeth.
→ Increased porosity, which is localised more often to the thicker area of the denture base to overheating.
→ Expensive flasks.
→ Poor durability of plastic flasks.

POROSITIES IN DENTURE BASE

Surface or subsurface irregularities appear as voids or porosities in the processed dentures. Porosities occurs because of air inclusions / monomer evaporation. The porosities could be localised / restricted to certain areas or generalised throughout the processed denture. These Porosities affect the physical, elastic and hygienic properties of the processed denture. They can be avoided by proper, proportionate and temperature using control during curing.

(a) Gaseous Porosity: Volatization of monomer cause Gaseous porosity. The evaporation temperature of monomer is 100.8°C. further rise in temperature due to exothermic reaction of Polymerisation cause evaporation of the monomer. Usually occur in the Palatal portion of maxillary denture or ~~lingual~~ Portion of mandibular denture.

(b) Granular Porosity: Typically appears as localized shrinkage. This occurs due to the improper mixing of the powder and liquid or inadequate monomer. It also caused ~~by~~ if the resin mix is dry to adding too much powder while mixing it with the monomer

(c) Contraction Porosity : It occurs due to inadequate Pressure or insufficient material to completely fill the mold space. Insufficient compression pressure could lead to improper filling of the mold with resin, producing large porosities.

(d) Air inclusion Porosity : Typically seen with fluid resins when air is incorporated during mixing and filling the mold or due to improper venting of the mold.

TISSUE CONDITIONERS

- are intended for short time use for a few days only.
- PMMA based resins are used as soft lining materials on the tissue surface of the dentures to function as tissue conditioners
- They are made of PMMA powder, liquid of 60-80% of Butyl phthalate in ethyl alcohol solvent.

Advantages

- Ideal viscoelasticity
- Good fit of dentures
- chair side application

Disadvantages

- Low cohesive strength
- Alcohol irritant

Indication

- conditioning the abused basal tissues prior to denture fabrication
- used to stabilize and enhance retention and comfort type

Desired Properties

- Medium properties.

constant and uniform flow.

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INVESTMENT MATERIALS

classification :-

1. Based on the binder used ;
   1. Gypsum bonded investment materials
   2. phosphate bonded investment materials.
   3. Ethyl silicate bonded investment materials.
2. Based on the methods of expansion obtained
   1. Type I investment : Expansion mainly by thermal expansion of investment. Employed for casting of crowns or inlays.
   2. Type II Investment : Hygroscopic expansion employed for casting of inlays or crowns.
   3. Type III investment : Not used nowadays. Used for construction of partial dentures with gold alloys.

Gypsum Bonded Investment

ADA specification no : 126 ; ISO 7490 : 2000

Composition

Refractory material : Quartz or cristobalite or a blend of the two in ranging proportions - 65 - 75%

Binder : α hemihydrate form of Gypsum

Chemical modifiers : 2 - 8%

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Setting reaction :

$$CaSO_4 + 1/2\ H_2O + 1\,1/2\ H_2O \longrightarrow CaSO_4 \cdot 2H_2O + Heat$$

(52)

Expansion

Total expansion = Setting expansion + Hygroscopic expansion + thermal expansion

Uses :

For casting of inlays, onlays, crowns and FPD's made of gold alloy at temperature < 1000°C.

Phosphate Bonded Investment

ADA specification No. 126

- Most commonly used investment in casting of Pd-based alloys and base metal alloys is phosphate bonded investment.

Composition :

Refractory material : silica is the principal refratory filler in the form of cristobalite or quartz or mixture of two components in concentration of 80%.

Binder : MgO_2, Monoammonium phosphate

Modifier : carbon.

Liquid : water or colloidal silica.

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Setting reaction :

$$NH_4H_2PO_4 + MgO + 5H_2 \xrightarrow{\text{room temperature}} NH_4MgPO_4 \cdot 6H_2O +$$

$$MgO + NH_4H_2PO_4 + H_2O$$

The setting reaction is an exothermic type of reaction. Monoammonium phosphate and magnesium oxide react with water to form hydrated magnesium ammonium phosphate and water.
The water that is produced during this reaction lowers the viscosity of the mix as spatulation continues. The formation of magnesium ammonium phosphate acts as the binding medium in which filler particles are embedded in the matrix. This hydration reaction followed by crystallisation reaction.

Ethyl Silicate Bonded Investment

Composition :

Refractory material : Quartz or cristobalite, MgO.

Binder : sodium silicate and colloidal silica.

Liquid : sodium silicate, dilute HCl

Setting reaction : On mixing silicic acid sol with silica refractory in presence of alkaline condition a polysilicic acid or coherent gel of silica is formed. The alkaline condition is aided by MgO rich powder. This reaction is gelation reaction resulting in the formation of a coherent gel of polysilicic acid accompanied by some setting shrinkage. The soft silica gel is dried at a temperature below 168°C. During drying, it loses alcohol and water to form a concentrated hard, solid, non porous mass of crystobalite. This results in volumetric shrinkage called drying shrinkage.

DENTAL CERAMICS

Dental ceramics are non-metallic, inorganic materials primarily containing compound of one or more metallic or non metallic oxides, bondes, carbides and nitrides as well as complex mixture of these materials.

Classification: can be classied in many ways

Composition: Feldspathic Porcelain
Leucite reinforced porcelain
Alumina porcelain
Alumina
Glass infiltred alumina
Glass infiltered spinel
Glass infiltred zircoma
Glass ceramic

Fusion temperature: High (1315°–1370°C)
: Medium (1090°–1260°C)
: Low (870°C–1065°)
: Ultra low (<850°C)

Microstructural phase: Glass based (mainly silica)
Glass based with fillers
Crystalline based Glass fillers
polycrystalline solids

Substructure : Metal
Alumina
Zirconia.

Layering ceramic : Core /
Body / dentin
Enamel
Tints
Glaze

Indications : Ceramics for ceramometal crowns and fixed partial dentures.
All ceramic crown
Inlays
Onlays
Veneers
Ceramic denture teeth.

Processing technique : condensation and sintering
Partial sintering and glass infiltration
Hot Pressing
casting and ceramming
slip casting
Machining
copy milling
CAM.

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Bonding of ceramic To Metal

Theories initially proposed for the bonding fall into 2 types: mechanical interlocking and chemical bonding across the metal porcelain interphase.

In General the bond is said to be the result of chemisorption by diffusion of the ceramic into the oxides formed on the metal surface. The type of bonding between the metal and ceramic largely depends on the metal alloys that readily forms an oxide layer have better chemical bonding

Addition of a small amount of tin to the noble alloys results in the formation of oxides on their surface. This is done By electrodeposition a layer of pure gold is deposited onto the cast metal surface followed by a short flashing deposition of tin. The advantage of this

a) Improve the wetability of metal surface with Porcelain.
b) Reduces the amount of porosity of the metal ceramic interfaces
c) Acts as a barrier preventing diffusion of metal ion into the Porcelain thereby reducing staining.

METHODS OF STRENGTHENING CERAMICS

1. a) Development of residual compressive stresses:
The main principle is to select a core material that contracts slightly more than the veneering ceramic when cooled to room temperature On cooling from the firing temperature, the inner metal core contracts slightly more than outer ceramic layer. This variation causes the metal to pull the ceramic inward resulting in its compression thereby inducing residual compressive stresses within the ceramic.

b) Reduced no: of firing cycles:
During the firing cycles, several chemical reactions take place of which increase in concentration of crystalline leucite occurs. Leucite as a high

expansion crystal phase, greatly affects the coefficient of thermal contraction of Porcelain. Multiple firings increase the termal expansion coefficient when this expansion coefficient exceeds third of metal the mismatch between the porcelain and metal result in stressing during cooling that induce crack formation and propogation. This can be prevented by minimizing the number of firing cycles, thereby restricting the formation of crystalline devitrite.

Optimal design:

Higher and stronger ceramics can sustain higher tensile stresses before cracks develop. Sharp line angles and abrupt changes in contour in the preparation of all ceramic crowns result in the areas of stress concentration in the ceramic. Hence line angles should be rounded.

Ion Exchange:

When sodium containing glass is immersed in a molten Potassium salt, the K^+ ions present in the bath exchange places with the Na^+ ions present on the surface of glass and remain in place even after cooling. Since K^+ ions is 35% larger than the Na^+ ion, the K^+ ion have to squeeze into the place of the Na^+ ions creating large residual compressive stresses. This process is also known as 'chemical tempering'. The ion exchange can take place only upto a depth of about 100 μm. Hence this strengthening effect could be lost due to flattening of the restoration near and long term exposure to oral fluids.

Thermal tempering:

The rapid cooling of the surface of material while it is still in molten state by quenching forms a rigid surface with still molten inner core. As the molten core starts to solidify it starts to shrink, pulling the rigid outer surface inwards. This results in residual tensile stresses in the inner core and residual compressive stresses within the outer surface which is rigid. Air blasting, silicone oil or other special liquid are used for quenching ceramics instead of water or air. Most widely used method.

2 Interruption of crack Propagation.

(a) Dispersion strengthening

Ceramics can be reinforced with a dispersed phase of a different material. This dispersed phase will interphase with crack Propagation through the ceramic material. This can be accomplished by the addition of tougher filler particles, which absorbs the energy from the crack and prevents the driving force of propagation. Some of particles used are lithium silicate, ZrO_2, $MgO \cdot Al_2O_3$.

(b) Transformation toughening:

The other methods is to bring about a change in the crystal structure in the stress which absorbs the energy required for propagation of the crack.

eg: Dental ceramics containing zirconia crystals, namely partially stabilized ZrO_2 when heated to temperatures above 1470°C undergoes a change in crystal structure from a tetragonal to monoclinic phase. As the crack transfer reaction from metastable tetragonal phase to stable monoclinic occurs, it results in crack shielding and toughening.

GLAZES

Ceramic Glaze is composed of colourless glass powder, which is applied to the finished surface of the crown to obtain a highly smooth and glossy surface. The aim of glazing is to seal the minute irregularities and pores present on the surface of the fired porcelain.

Unglazed ceramic has a rough surface that may result in wear of the opposing/adjacent teeth, plaque accumulation and gingival inflammation and staining of crown.

Machined ceramic materials

CAD-CAM

Computer aided designing and computer aided machining (CAD-CAM) technology was first introduced by Duret in 1988.

preprocessed blocks of ceramic materials of powders that are mixed with a binder and pressed into solid like blocks. The binder keeps the powder together and help in retaining the shape of the block. Then the blocks are sintered in a furnace to remove the binder and pack to full density.

Fully sintered ceramic materials available for use with CAD-CAM include feldspar-based, leucite based, lithium disilicate based and zirconia based ceramics. They have superior mechanical properties and density due to standardized manufacturing process as compared to powder/liquid or Pressed restoration.

eg: CAD-CAM materials include sirona CEREC blocks (Glass/crystal) Empress CAD and authentic (Vita glass/leucite) IPS e-max block They are available as monochromatic and polychromatic blocks.

Advantages: We can select the core ceramic on the basis of strength, resistance, low abrasiveness, and translucency. Time for fabrication from preparation to insertion is reduced.

Disadvantage: High cost of equipment, lack of digital support procedure sensitive, treatment and technique sensitive factors are some deterrents to its use.

Pressable ceramic: They are fabricated By a technique similar to injection molding. Glass ceramic ingot is heated, which is then allowed to flow under pressure into a mold using the lost technique. This pressed ceramics is then cooled and subsequently. this pressed ceramic stained and glazed for final finish of the restoration. And the ceramic is cast from single ingot, the restoration is monochromatic.

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FINISHING & POLISHING

SPEEDS USED IN FINISHING & POLISHING :-

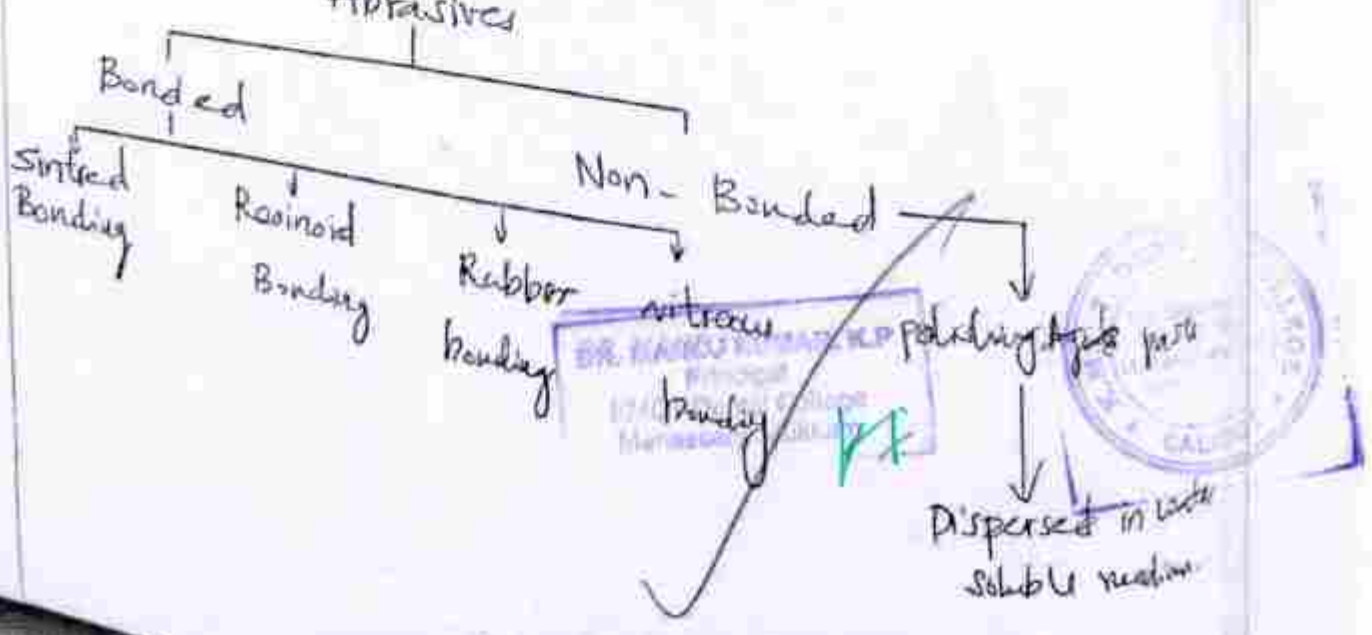
Rotary speed are 3 Basic ranges and are measured in revolutions per minute

1. Low speed : speed below 12,000 rpm provides better tactile sensation and provides lesser heat when used for cleaning teeth, caries excavation and during polishing procedure.

2. High speed : Speed above 2,00,000 rpm is used for cutting teeth and removing old restorations ~~bec~~ because these instruments remove tooth structure faster with lesser pressure, vibration and heat generation

3. Medium Speed : A speed of 12,000 – 2,00,000 rpm can be used for contouring.

Classification of Abrasives

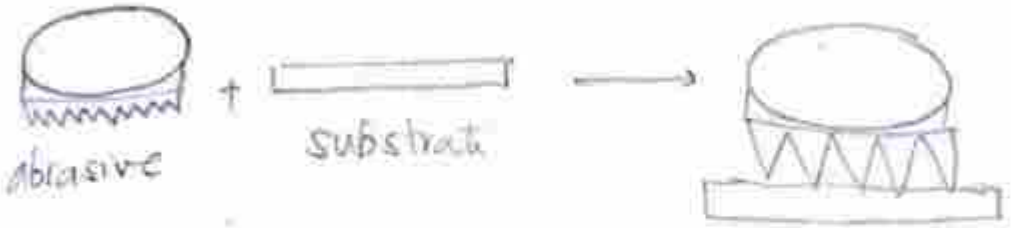


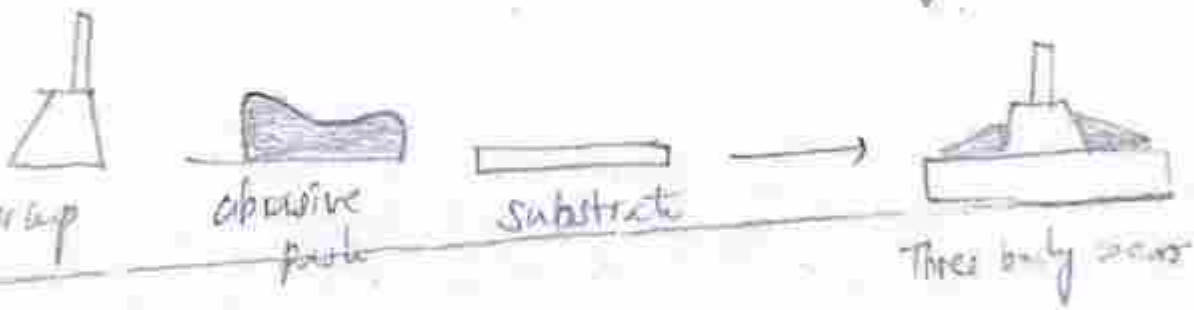
Abrasives

Two body wear

Three body wear

eg. Trimming, abrading burs, bonded abrasives, coated abrasives.





Coated Abrasives

Disks and strips

Abrasives are coated on various substrates which disks are then shaped into disks or strips.

Disks: Made by bonding abrasive particles into a thin polymer plastic backing which is soft and flexible. It is used for Cavity reduction - contouring, finishing and polishing ~~the~~ restoration.

The abrasive used are mostly aluminium ox...

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Finishing stops:

(12)

Abrasive particles are bonded to a metal or plastic. Bur
These stops are used to contour and polish the proximal surf
and margin gingival to interproximal contact. The meta
Metal stops are used for gross reduction, but care should
taken not to reduce the restoration and tooth structu

Bonded Abrasives

Abrasive particles are coated on a binder to form a grinding
tool. The binder holds the abrasive during cutting gri
or polishing.

Sintering: particles are fused together to make the wh
unlimited. Strongest bonding and last longer.

vitreous bonding: Abrasives are first mixed with a glassy or
ceramic matrix material then cold pressed to the shape
of the instrument and fired to fuse the abrasive and
the binder.

Resin bonded: Similar to vitreous bonding where the abra
are cold pressed with resin and then the resin is cured

Rubber bonded: made similar to resin bonded, where the
abrasives are bonded with rubber and used for final pol

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Truing and Dressing Procedure

Two procedures essential before use of bonded abrasives

Truing is a procedure where the abrasive instrument run against a harder abrasive block. this enables the abrasive instrument to rotate without eccentricity when use on the substrate. Dressing procedure enables the clinicians to prepare the required working shape and size and also remove clogged debris from the instruments. when dressing is not done regularly it result in clogging of small spaces - this reduces the depth to which the abrasive particles can Penetrate into substrate. Dressing removes clogged debris.

Non Bonded Abrasives

are not bonded to a substrate. when used they constitute a three body wear. The particles are dispersed in a gel or paste form and used with a non abrasive wheel for polishing

loose abrasives and related wear

fine or ultrafine aluminum crude or diamond particles are dispersed in a viscous medium.

factors influencing:

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DENTAL MATERIALS
CONSERVATIVE DENTISTRY
& ENDODONTICS

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Conservative Dentistry

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III	Manipulation of light cure composite	
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MANIPULATION OF DENTAL CEMENTS

Sl No	Date	Work done	Remarks	Staff Signature
1.	25.8.22	Mixing Technique of Zinc Oxide Eugenol a) Sealant b) Temporary Restoration	BH	
2.	31.8.22	Mixing Technique of zinc phosphate cement a) Luting b) Base or Temporary Restoration	BH	
3		Mixing Techenique of Calcium Hydroxide paste		
4.	26.10.22	Mixing Technique of Glass- ionomer cement a) Luting b) Base or Restoration	BH	
5.	16.11.22	Mixing Techniques of Poly Carboxylate cement a) Luting b) Base or Temporary Restoration	BH	

MANIPULATION OF SILVER AMALGAM ALLOY

Sl No.	Date	Work done	Remarks	Staff Signature
1.	16·12·22	Mixing Technique of Silver alloy and Mercury Temporary Restoration		

MANIPULATION OF LIGHT CURE COMPOSITE

Sl No.	Date	Work done	Remarks	Staff Signature

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NOTES

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9.	Abrasive and polishing agents	—
10.	Soldering and welding	—

Staff in Charge

Head of the Department

Date : 13/7/23

RESTORATIVE MATERIAL

1. classify dental materials
   (a) Preventive
   (b) Auxillary
   (c) Restorative

Preventive : Include Pit and fissure sealants and other materials used to Prevent the onset of dental disease.

Auxillary : Substances used in the process of fabricating dental prosthesis and appliances but they do not become part of the include acid etching wetting solutions.

Restorative : Include materials used to repair or replace tooth structure include materials like amalgam, primer bonding agents, liners, cement bases etc..

2. classify restorative dental materials. Give examples.
   (i) Temporary, intermediate and Permanent.
   (ii) Direct and indirect restorative
   (iii) Aesthetics and not aesthetics

Temporary restoration

They are often required before the placement of restorations. Type I and Type II zinc oxide eugenol cement are used for temporary restoration. Materials used for temporary restoration are used for temporary restoration except the last only for short period of time a few days or few weeks.

Intermediate Restoration

- Partially used in Pedodontics.
- Polymer reinforced cement, type II zinc phosphate cement are used for intermediate restoration.

Permanent Restoration

They serve to donate any material that is expected to last much longer than temporary, intermediate restorations.
eg: Direct and indirect restorative materials.
- Direct restorative materials used to build and restore the tooth structure directly in the mouth.
They are usually placed in structure directly in the mouth. Investment and use soft plaster when used.
eg: Amalgam, Direct filling gold.
- Indirect restorative material used extra orally in which the materials are formed indirectly on cast/other replica of the tooth.
eg: Procelain ~~cement~~ composite, cast metal alloy.
Aesthetic and non-aesthetic restorative materials
aesthetic - Any material that is capable of providing when and appearance of natural teeth.
eg: composite, glass ionomer, porcelain.
Non aesthetic - Any material that is not tooth colour
eg: amalgam, direct filling Gold, cast metal alloy.

3 Explain ADA acceptance programme.

The american dental association (ADA) state of acceptance programme begin in 1930.

ADA standard have been accepted by American national standard institute (ANS). They are designed as ADA/ANSI standard.

The organisation standardise the proportion of material ideal requirements of materials used for particular application and also develop newer material equipment and 1st methods.

The ADA cement on scientific and affair is responsible for evaluation of drugs tooth clearing agents tooth whitening agent therapeutic agents are used in dentistry and dental x-rays.

4. What are the ideal requirement for restorative materials?

- Biocompatible
- Bind Permanently to the structures
- Restore natural appearance of tooth structure and other variable tissue.
- Be capable of correcting tissue repair / regeneration of using damage tissue.

5. Write on the physical and chemical propaties of dental materials.

physical properties:

strength - It is equal to the degree of stress necessary to cause either fracture (ultimate strength / specified amount of plastic deformation yield strength)

Tensile strength $= \frac{2P}{\pi} \times D \times T$

π = constant

P = Load applied

D = Diameter of disk

T = Thickness of disk

Compressive strength is one of the most important properties of majority of restorative dental materials hence most of the masticatory forces are compressive in nature.

Ductility: It is the ability of a material to undergo permanent deformation without fracture rupture undergo a tensile force it refers to how far a material can be drawn / streched into rope without Breakage.

Malleability: It is the ability of material to undergo permanent compressive deformation without fracture / rupture.

Hardness: It can be defined as resistance to permanent indentation.

Wear: when two surfaces contact each other there is a wear loss of material from one / bolte have of mechanical activity.

Mechanical Properties

Stress: force per unit area acting on the surface of material

strain: Deformation of solid due to stress.

poissons ratio: Ratio of lateral strain to axial strain

No modulus of elasticity: Measure of relative stiffness.

Rigidity of material if it $\frac{\text{stress}}{\text{strain}}$

proportional limit: The amount of stress that is required to produce elastic deformation of material at the same time maintaining proportionality b/w stress and strain

elastic limit: Greatest stress to which a material may be subjected and still be capable of returning to its original dimensions when the forces are replaced.

yield strength: Amount of stress required to produce a predetermined amount of permanent ~~tooth~~ strain.

yield point: first joint from which permanent deformation of material starts.

Chemical Properties

Most relevant chemical properties associated with dental material are tarnish and corrosion most metals at and alloys used in dentistry undergo tarnish except noble metals.

The other properties of importance are:

(i) solubility: The maximum amount of soluble that can be dissolved in a solvent of given temperature is known as solubility in and around.

(ii) leaching: It is the portion release of substance from a solid material into the surrounding soluble medium.

(iii) chemical erosion: more specifically describes solubility in acids.

DENTAL CEMENTS

1) Ideal requirements of dental cement

- Adequate strength, rigidity and toughness
- Insoluble in oral fluids.
- Adherive in tooth structure.
- Prevent any microleakage and secondary caries.
- No irritation to pulp and periosteum.
- Good handling characteristics.
- clinical compatibility with restoration.
- Low film thickness of cement.
- Easy removal of excess cement.

I. CRAIG's CLASSIFICATION

a) water based cements : Relay on acid - base setting reaction
   (i) GIC
   (ii) Resin modified glass ionomer
   (iii) Zinc phosphate
   (iv) zinc polycarboxylate

b) oil Based cement : depend on Presence / absence of Eugenol
   (i) ZOE
   (ii) Non-Eugenol cement.

c) Resin Based cement : This chemistry of fraction is based on composite resin.

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II. OBRIEN'S CLASSIFICATION

(A) By matrix type

(i) phosphate
- zinc phosphate
- zinc silicophosphate

(b) Phenolate

(i) 2OE
- polymers
- Ethoxybenzoic acid
- Alumina

(ii) calcium hydroxide salicylate

(iii) polycarboxylate
- zinc polycarboxylate
- Diacetyl acetylate

III. DONOVAN'S CLASSIFICATION

(a) conventional cements

(i) zinc phosphate

(ii) 2OE

(iii) zinc polycarboxylate

(iv) GIC

(b) Contemporary cements

(i) Resin modified GIC

(ii) Resin cement

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ZINC PHOSPHATE CEMENT

ADA specification No: 96.

zinc phosphate is the oldest luting cements introduced way back in 1800s by Otto Hoffmann, a chemist, inventor, enterpreneur

It is regarded as the Gold Standard for comparative studies in dental cements which is reason for drawback in material such as chemical irritation of Pulp and lack of adhesion, lack of antibacterial action and elevated solubility in oral fluids.

Earlier researches have regarded this cement a first self etch cement due to its capability of demineralising the dentin surface.

This raises concerns about pulpal safety and how it is mandatory to use Cavity varnishes to coat the dentinal tubules prior to application of zinc phosphate cement.

Composition

zinoxide ~ 90.2%.
Magnesium oxide ~ 8.2%.
other oxide ~ 1.6%.
Bismuth Tri oxide
silicon dioxide

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Manufacture

The ingredients are heated together at a temperature of 100°C-130°C for several hours inorder to reduce the reactivity and then provide suitable cooking and setting time for cements.

Magnesium oxide imparts white colour to the cements besides improving strength.

Magnesium oxide and silica help in Calcination process during manufacturing.

Bismuth trioxide imparts smoothness to the mix.

Liquid

1. Aqueous solution of phosphoric acid 50-60%.
   (a) free acid 38.2%.
   (b) combined with zinc and Al - 16.2%.
2. Aluminium and zinc upto 10%
3. water 33%.

The Al and Zn stabilize the PH of the acid and reduces its reactivity.

Mode of supply

It is supplied as powder and liquid which is then dispensed with scoop and dropper.

Some commercially available for formation

Type 2 - Fine Grained - film thickness less than 25 mm luting Permanent metallic restoration cementation of orthodontic Bands.

Type II – medium grained film thickness of 90mm high strength thermal insulating Base.

Setting Reaction

when a powder is mixed with the liquid. The phosphoric acid attacks the surface of the powder particles and releases zinc ions into the liquid.
Aluminium from the liquid reacts with these zinc ions and forms zinc aluminophosphate gel.
This acid base reaction is exothermic in nature. The unbounded water forms globules within the material which makes the cement highly permeable resulting in a porous structure

$$8ZnO + 2H_3PO_4 + H_2O \longrightarrow Zn_3(PO_4)_2 4H_2O$$

MANIPULATION

The properly cooled thick glass will help to dissipate the exothermic heat of reaction. A cool glass slab permits and longer working time. The glass slab must not evolved to below the dew point or else the condensed water droplets on the slab will be adversely affect the cement properties
At temperature of 22-24°c would be ideal working range
Recommended powder liquid ratio of zinc phosphate cement about 1.4g of powder to 0.5 ml Liquid for Base the P/L ratio is about 3-5 : 1

MANIPULATION OF ZINC PHOSPHATE CEMENT

(a) Proportional dispensing of powder and liquid on a cool glass slab is divided into 6 parts of one each of mixing.

(b) The first part is added to the liquid and mixed for a large area for 10 sec then the next is added and mixed.

(c) similarly the remaining parts are added one at a time and mixed for 5 sec.

SETTING TIME : 2.5 to 8 min.

Frozen Glass slab Technique

under normal condition the zinc phosphate cement has shorter setting time and longer working time. The Frozen glass slab technique has been developed to overcome these difference. In this method a glass slab is cooled to around 6°C or 10°C And then brought to room condition. A mix of the cement is made on the cold slab By adding powder until the correct consistency is reached. The amount of powder incorporated with frozen glass slab technique is 50–75% more than with the normal procedure. Working time is increased by 4–11 min. Setting time is ~~increased~~ Shortened By 20–40%. However Compressive Strength, tensile strength and solubility are not significantly differ from the normal value.

Physical Properties

Strength : Compressive strength ~ 100 - 160 mPa
Tensile strength ~ 5 - 8 mPa.

Adhesion : It has no adhesion to tooth structure.

Solubility : is around 0.2 %. for set cements.

Biocompatibility : It has the potential to cause Pulpal inflammation essentially in deep cavities due to presence of acid. pH increased for 4.2 - 6 by the end of 1 hour pH is neutral by 48 hour.

Insulation : It is an excellent thermal insulator that thickness of 1 mm

optical properties : zinc phosphate is opaque and doesn't respect tooth coloured material.

Modulus of elasticity : 13 GPA

ADVANTAGES

zinc phosphate cement has high compressive strength. Hence it is used as a Base under amalgam restoration since it can with stand the condensation forces during its placement.

- It is a good thermal and electrical insulator effective in reducing galvanic shock induced by dissimilar metallic restoration.
- The cement has relatively low solubility compared to GIC and zinc cements.

DISADVANTAGES

- It is Brittle in nature with low tensile strength.
- It has high modulus of elasticity due to above limitation it cannot be used to lute all the ceramic restoration.
- It lacks chemical adhesion, retention is only by mechanical means.
- It is a pulp irritant due to low initial pH.

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ZINC OXIDE EUGENOL

ADA specification No: 30

Zinc oxide Eugenol cement dates back to the year 1858 when it was introduced as a cement that was very easy to handle and manipulate even in the presence of moisture and well to tolerated By the Pulp accelerator and other agents were later added to Provide the 20th cement that is still being used today.

Composition

Zinc oxide : 69-1.

Rosin : 29-1. (to reduce brittleness)

Zinc acetate : 0-7-1. (accelerator)

zinc sterate : 1-1. (plasticizer)

Liquid

mainly Eugenol with some olive oil as a plasticizer Ego Eugenol an organic liquid is a chemical essence of oil of cover. It is a weak it is a phenol derivative and is an obtudent (relaiver pain).

Setting Reaction

Zinc oxide react with Eugenol to form a amorphous mix of zinc Eugenolate. In this reaction, 2 molecules of Eugenol (H_2E_2) react with ZnO form Eugenolate (ZnE_2). water reacts as an accelerator. It is a autocatalytic reaction.

$ZnO + H_2O \longrightarrow Zn(OH)_2$

$Zn(OH)_2 + 2HE \longrightarrow ZnE_2 + 2H_2O$

(Base) (Acid) (salt)

set consists of a matrix of zinc Eugenolate that Binds the unreacted zinc oxide particles together.

On hydrolysis, zinc oxide form Eugenolate with water being released Here water is required for initiation of the reaction and is also a Byproduct of the reaction. Hence this type of reaction is known as to be autocatalytic. It can also concluded that is reaction proceeds much ~~faster~~ faster in a humid environment and increased temperature.

Clinical Application

- As long term and short term Lutinizing Agent.
- As temporary and intermediate restoration.
- As root canal sealers eg: Grossmanns or Ricket sealers.
- Surgical packs
- Impression plaster

Available System

Commercially available as P/L ratio or plaster (two tubes or single cartridge)

Some commercially available ZOE cements include Temp Bond (Kerr) and Temp so SIL.

Types

modified from ANSI /ADA specification No: 30 for ZOE and zinc oxide non Eugenol cements.

Type I : for temporary cementation

class I – Powder - liquid

class 2a – paste – paste (Eugenol)

class 2b – Paste – paste (non-Eugenol)

class 3 : paste – paste (non setting)

Type II : for long term cementation.

class I : Powder liquid eg: super EBA, intermediate restorative material (IRM)

Type III : Temporary filling materials and Bases

class 1 : Powder - liquid

class 2 : paste - paste

Type IV : cavity liners

class 1 : powder liquid

class 2 : paste / paste



MANIPULATION

powder - liquid type

powder is measured and dispensed with a scoop. The liquid dispensed as drops. A glass slab and cement spatula are used for mixing the mixing Process first incorporates large increments and then smaller increments until the desired consistency is obtained.

Luting consistency

The consistency for luting is such that the cement pulls out into a string when the flat surface of the spatula is lifted / raised from the mixed material ADA specification states that the film thickness for ZOE temporary cement should be no more than 40mm, while for permanent cementation it should be less than 25 mm.

Temporary Restoration consistency

The mixing is done with a high P/L ratio until the mix attain the consistency of a dough that can be rolled into a rope. Such a person proper mix can be condensed well in place. If too little powder is used the mix become sticky if too much powder is used the mix becomes crumbly.

Paste

The luting cements are Generally available in two paste systems. Dispense equal amount of both pastes on the glass slab. The pastes are of different colours and mixing is done till a uniform colour is obtained.

Manipulation of surgical Pack

A thin consistency is mixed with a few cotton fibers to increase, strength and durability. Tannic acid is added to act as hemostatic agent and Chlorhexidine to provide the antibacterial action. This pack is then placed on the surgical site post operatively which relieves pain and provide comfort to the patient.

Properties.

1. Solubility : Eugenol can Leach out from material leading to hydrolysis and disintegration of the cement Hence, these cements are mainly for temporary usage

2. Thermal : The coefficient of thermal expansion is close to that of the tooth, which explains its good sealing ability and minimal microleakage. ZOE is a good thermal insulator

3 Strength : The compressive strength is less than zinc phosphate through reinforced variation of ZOE can withstand amalgam condensation. The long term cements luting are not strong compared to other luting cements, but they have clinically useful for luting prosthetics having a good frictional surface. The short term luting cements are weaker which is a desirable features for temporary crowns needing removal.

4- Biocompatibility : ZOE act as a obtudent due to the pranca of Eugenol with a sedative effect on the Pulp. It has minimum microleakage. It is neutral pH account for the mild response on the Pulp. However in higher concentration the Eugenol can be toxic, hence it should not directly used on pulp.

5 Optical properties : ZOE cements is opaque and white in colours.

6 Adhesion : It does not have chemical adhesion to enamel and dentin ZOE provides an excellent seal at the tooth restorative surface.

Lower P/L ratio, the better is the seal.

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Advantages

→ Of all cements, ZOE is least irritating to the Pulp due to obtudent effect of Eugenol and the neutral PH of initial mix.

→ It has a soothening effect on the Pulp.

→ It provides excellent thermal insulation when used at as Base

→ It is easy to remove and clean when used for temporary cementation of provisional crowns.

Disadvantages

→ It does not adhere well to enamel and dentin hence it cause microleakage and cannot be used for interim and long term restoration.

→ Due to its low strength and high solubility it cannot be used for permanent cementation.

→ Highest solubility among all cements.

Modification of zinc oxide Eugenol cements

In order to overcome some of the short comings of the zinc oxide cements, modified versions have been introduced to improve strength & reduce solubility.

polymer-reinforced ZOE
the powder is modified with addition of resin and the liquid has polystyrene or methylmethacrylate added to it. Compressive strength is increased which is sufficient for it to be used as an intermediate restoration for 3-6 months. It is less soluble in oral fluids.

commonly used as temporary restoration material and luting agent.

eg: 1) Intermediate restorative material (IRM)
2) Ethoxy benzoic acid (EBA)
3) modified ZOE (super EBA)

composition : Powder — zinc oxide ~ 60-75%.
Alumina ~ 20-35%.
Hydrogenated rosin ~ 6%.
Liquid — Eugenol ~ 37%.
Ethoxy benzoic acid ~ 63%.

EBA encourages the formation of a crystalline structure and thereby improved strength considerably.

Non-Eugenol cements
used to lute temporary crown, when a resin cement has to be used to lute final restoration. It is used to patient allergic to Eugenol.

ZINC POLYCARBOXYLATE CEMENT

ADA specification No: 96

Also known as polycarboxylate cement. Zinc Polycarboxylate is water soluble cement introduced By Dennis smith. This material rapidly become popular as it was the first cement that was able to bond chemically to enamel and dentin.

Composition:

Powder

- Zinc oxide with 10% magnesium oxide
- Traces of alumina
- fluoride (anticariogenicity)
- Pigments (to get shade variation)

Liquid

- Polycarboxylic acid ~ 32% - 42%
- Itaconic acid } unsaturated carboxylic acid
- Maleic acid }
- Adjusting PH using sodium hydroxide
- Itaconic and tartaric acid (stabilize liquid and prevent jelling)

Clinical Application

- Luting cement for Base alloy restoration.
- Thermal insulating Base under direct metallic restoration.
- cementation of orthodontic Bands.
- cementation of pediatric Stainless steel crowning.

Available system

powder and liquid

- powder (with acid component freeze dried mixed with distilled water)
- Encapsulated (mixed in amalgamator) simplifies the manipulation.

MANIPULATION

- Shake the powder bottle with a scoop onto a disposible paper or Glass slab which is cooled to permit a longer working time.
- Dispense the liquid from the dropper bottle in uniform drops just before start of the mixing.
- Most of the powder should be incorporated into liquid in one large increment.
- Mix over a small area with stiff spatula.
- Add the remaining powder, required to adjust the consistency working time (2 min at 22°C)

Extended working time

- Addition of water
- Increasing temperature of mixing environment.
- use of a cool glass slab or by refrigerating the powder

Setting Reaction

- Involves a chelation reaction between the outer portion of the powder particles and polyacrylic acid that result in 2 phase

The interrupted phase is composed of unreacted portions of powder particles and the continous phase is a matrix gel composed of hydrated polyacrylate macromolecule which are cross linked by Zn ions.

mixing time ~ 30 - 40 sec
setting time ~ 7 - 9 min.

Properties

1. viscosity : The mix is thicker than zn phosphate due to the viscous nature of polyacid but it is Pseudoplastic
2. strength : Average compressive strength 80 MPa. 2/3 strength of zinc phosphate cement which is adequate to withstand amalgam retortion.

Tensile strength ~ 8-12 MPa
elastic modulus ~ 4-6 MPa
3. solubility : Greater than zn phosphate and GIC. It increases in acidic environment and with a low P/L ratio.
4. adhesion : They Bond to enamel and dentin
5. Bond strength : ~~They Bond to enamel and~~
8-4 to 13 mpa for enamel
2.1 mpa for dentin.

6. optical Density : Opaque due to large quantity of ZnO.
7. powder liquid ratio _ 1.5 : 1
8. Thermal property - Good thermal insulator
9. Biocompatibility - The cement is acidic though less irritating to pulp when compared to zn phosphate.

ADVANTAGES :
- chemically Bond to enamel and dentin
- mild Pulp response
- Anticariogenic.

DISADVANTAGES :
- During setting, cement is rubbery in consistency.
- short working time and longer working time.
- compressive strength is poor when compared to zinc phosphate
- Cement is opaque hence it does not ~~where~~ used for restoration Purpose.

GLASS IONISED CEMENT

ADA specification No: 96

GIC was first introduced By Wilson and Kent in 1972.

COMPOSITION

Powder

Ingredients	Percentage	Functions
Silica	25.2 – 41.9	• Glass matrix • Increases translucency
Alumina	20.1 – 28.6	• Basic filler • Increases reactivity of liquid
Calcium Fluoride	15.7 – 20.1	• Increase opacity.
Aluminium Fluoride	1.6 – 2.4	• Acts a flux • Acts a flux
Aluminium phosphate	2.8 – 1.2	• Glass modifier • Improve properties
Zirconium oxide	Trace amount	• Increases final strength
Lanthanum Strontium, Barium and zinc oxide	Minute amount	• Imparts radiopacity

Liquid

- 47-5% solution of 2:1 polyacrylic acid / itaconic / tartaric acid in water.
- The polyacrylic acid is copolymerized with itaconic, maleic and tricarboxylic acids to stabilize the liquid and increase reactivity.
- The itaconic / maleic acid reduces the viscosity of the liquid and inhibits gelation caused by intermolecular hydrogen bonding between Polyacid molecules.
- 5-10% of Tartaric acid is added to improve the handling characteristics.

MODE OF SUPPLY

1. Powder - liquid form for manual mixing
2. Capsulated form for mechanical mixing.
3. Resin - syringe form for mechanical mixing.

SETTING REACTION

The setting reaction of GIC is an acid - Base reaction.

Dissolution

- when the powder and liquid are mixed together acid attacks the glass particles resulting in the release of Ca^{2+},

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Na^+, SiO_4^{4-}, F^- ions into the aqueous aqueous.

About 20% - 80% of the glass is decomposed by this acid attack.

Glass + H^+

↓

Ca^{2+} + Na^+ + F^-

↓

Al^{3+} + SiO_4^{4-}

Initial setting - Ca cross linking

Polyacrylic acid chains are cross linked by Ca^{2+} ions during the initial setting reaction in the first 4-10 min from start of mixing.

Since Ca^{2+} ions are doubly charged and ionically bonded to the glass particles they are readily liberated by ion exchange with H^+ ions of the acids and are responsible for the initial cross linking.

Ca^{2+} + $2PA^-$ ⟶ $Ca(PA)_2$

Calcium polyacrylate (Ca polysalt)

Final setting - Aluminium cross linking

- Gelation occurs during the next 24 hrs when the less mobile trivalent Al ions reacts or cross link with polyacid chains.
- As hydrolysis continues there is release of more Al^{3+} and SiO_4^{-} ions.
- The silicate forms the silica gel whereas Al ions chelate with carboxylic groups displacing Ca ions because of their higher charge and stronger bonding thus enhancing the final strength of set cement.

Sodium and Fluoride ions do not participate in the cross linking of the cement. Some of the Na ions may replace the H^+ ions of the carboxylic groups, whereas remaining ions along with F ion are dispersed uniformly within the set cement.

$$SiO_4^{4-} + 4H^+ \longrightarrow SiO_2 \cdot 2H_2O \text{ [silica gel]}$$

$$Al^{3+} + 2PA^- \longrightarrow Al(PA)_2^+$$

$$Ca(PA)_2 + Al^{3+} \longrightarrow Al(PA)_2^+ + Ca^{2+}$$

The charge on the aluminium complex $[Al(PA)_2^+]$ indicates greater strength of the aluminium polyacrylate bond. It also shows the capacity for binding water more strongly than calcium. Thus enhancing the strength of the GIC.

TYPES

Wilson and Mclean classification.

Based on their use

TYPE 1

Luting and Bonding cements

- for cementation of inlays, Crowns, Bridges and orthodontic appliances.
- P/L ratio 1·5 : 1
- The powder particle size range between 4 Hm and 15 Hm to achieve an ultimate film thickness of 10–20 Hm.

TYPE 2

- Restorative cements
- P/L ratio 3 : 1

TYPE 3

- Liners and Bases
- P/L ratio 1·5 : 1

TYPE 4

Pit and Fissure sclants.

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Mount and Hume's classification

1. Traditional / conventional glass ionomer
   a. Type I Luting cements
   b. Type II Restorative cement
   c. Type III Liner and Bases

2. Metal - modified Glass Ionomer
   a. Miracle mix
   b. Cermet.

3. Light cure Glass ionomer

4. Hybrid or resin modified glass ionomer
   (a) Composite resin in which fillers substituted with glass ionomer particles.
   (b) Precured glass blended into composite.

MANIPULATION

- P/L ratio for GIC and for anhydrous GIC are 1.3 : 1 and 3.3 : 1 respectively.
- An oil impervious paper pad and stiff agate / plastic spatula are used for mixing.
- Stainless steel spatula should not be used because the glass particles of the powder tend to scratch the stainless steel incorporating impurities from spatula into cement mix.

PROPERTIES

Biocompatibility

- Glass ionomer are both Bioactive and Biocompatible
- Pulpal tolerance to GIC is high.

1. PH of the mix : Though the PH of the freshly mixed cement is 0.9 – 1.6. The PH rise very rapidly within the first 20 min. Hence it is quite tolerant by the pulp and no liners / Base is required when adequate thickness of dentin is present.
2. An RDT of 1 mm or more is itself an efficient Buffer.
3. High molecular weight along with large, complex molecular chains of polyalkenoic prevents penetration into dentinal tubules. This eliminate the need for pulpal protection when dentin thickness 1 mm and above.

When RDT is less than 1 mm, a thin layer of protective liner such as $Ca(OH)_2$ should be given in deeper cavity. This is because Buffering action of dentin is not very effective the diameter of dentinal tubules is greater near the pulp.

Physical Properties

- GIC have compressive strength comparable to that of zinc phosphate
- Their diametral tensile strength is slightly higher than that of Zn phosphate
- TYPE II GIC has a compressive strength of about 150mPa whereas TYPE I GIC has much lower value. [75 mPa] owing to lower P/L ratio.
- Modulus of elasticity is about 1½ of zinc phosphate.
- Thus GIC are less stiff and more susceptible to elastic deformation.
- Due to this property, GIC are not recommended for luting of all ceramic crown as they induce loading greater than tensile stresses in the crown under occlusion.

Coefficient of Thermal Expansion

- Ideally restoration should contract or expand along with the tooth structure during a change in the temperature in the oral cavity.
- i.e., coefficient of thermal expansion should match that of Enamel and dentin.

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- GIC has coefficient of Thermal expansion very close to that of tooth structure.

Enamel : $11.4 \times 10^{-6}/C^{\circ}$, Dentin : $8.3 \times 10^{-6}/C^{\circ}$

GIC : $11 \times 10^{-6}/C^{\circ}$

Diffusivity

- Restorative material should have diffusivity values similar to those of tooth structure to have a thermal insulating effect on the pulp.
- since the thermal diffusivity of GIC close to that of dentin. it protects the pulp from thermal trauma.
- Thermal diffusivity increases with an increase in Plasticity.

Esthetic

- Though GIC are tooth coloured materials they cannot be considered as esthetic material since they lack translucency and very opaque.

Solubility

solubility of GIC is greater than that of other cements in water.

But in acidic environment the solubility is much lower than that of zinc phosphate and zinc Polycarboxylate cements

Radiopacity

- Conventional GIC has low radiopacity though metallic ions are present.
- This is because these metal ions have low atomic number and ∴ fewer electron capable of absorbing X-rays.
- some products have substituted ca with Sr without alteration in the chemical reaction, resulting in better radiopacity.

Anticariogenicity

- The anticariogenic potential of GIC should be attributed to the free F ions present in the set GIC matrix.
- The three mechanism for the anticariogenic property of F can be explained namely, formation of acid - resistant fluorapatite.

Inhibition of demineralization / enhancing remineralization.
Inhibition of enzyme enolase there by preventing Glycolysis and lactic acid production / Carbohydrate metabolism of microorganisms.

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ADVANTAGES

- Chemical adhesion to the tooth structure
- Anticariogenic potential
- Biocompatibility
- Tooth coloured restorative material
- GIC is considered to the best restorative material in children because of its good margin integrity

DISADVANTAGES

- Poor wear resistance
- Highly moisture sensitive
- Though it is tooth coloured it has poor esthetic
- Low tensile strength and fracture toughness.

MODIFICATIONS OF GIC

1) Highly viscous
   - Develop to hours used in ART
   - could be inserted into cavities
   - could be inserted with minimal hand instruments or be pressed.

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2) Metal modified GIC
- To improve the mechanical Property.
- use of posterior teeth.

a) Miracle mix: By adding spherical silver alloy particle in proportion of 5 parts cement powder to 1 part alloy By volume.
Then the powder is mixed to liquid ⇒ 2:3 ratio.

b) By fusing glass powder to silver alloy particle through high temperature cermet.

3) Resin modified
- addition of resin and photo initiator to coventional GIC.
- also called Hybrid ionomer or resin ionomer.

advantage: Shorter setting time result in cement being less susceptable decrease water.
- ~~Rapid~~ Rapid setting results in better initial color stability
- ↑ aesthetics.

4) Copo Componer
- combination of composite resin and glass ionomer.
- also called polyacid modified resin.
- form of hydrophilic composite resin.

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CALCIUM HYDROXIDE CEMENT

Composition

Base paste : Calcium tungstate, Calcium phosphate, zinc oxide in glycol salicylate.

Catalyst paste : zinc oxide & zinc stearate in toluene sulfonamides. zinc stearate is accelerator.

SETTING REACTION

- Calcium ion from the cement do not get incorporated in mineralised tissue.
- Rather, the reduction in the inflammation due to antibacterial action of cement is responsible for mineralization of dentine bridge.
- Calcium ions are responsible for reducing the capillary permeability and serum flow, and thereby creates a conductive atmosphere for mineralization.
- Hydroxyl ion form cements neutralize the acid production by clast cell and create an optimum PH by for Pyrophosphatase activity necessary for mineralization.

ADVANTAGES

- It is alkaline in nature with high PH ranging from 11–12. The antibacterial and protein lysing effect of cement is due to high alkalinity.
- only $Ca(OH)_2$ cement induces reparative dentin formation due to its alkanity.

- Though highly soluble the property of inducing regenerative dentin formation is advantageous when used as Pulp capping agent.
- It does not provide thermal and electrical insulation.

CLASSIFICATION

Based on setting time

(a) Fast setting

(b) Controlled setting

(c) Slow setting

(d) Non setting

Based on form of availability.

(A) powder to be mixed with different vehicles

(b) single paste eg: procal

(c) Two paste system eg: Pycal

MANIPULATION

- Both pastes are dispensed in equal amounts and mixed to a uniform colour.
- Setting results from formation of amorphous calcium silicate hydrate.

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COMPOSITE RESN

It is the combination of 2 or more materials which are insoluble in each other and when combined give properties of equal or superior to the of its individual.

composition:

Resin matrix : Bis GMA, Urethane dimethacrylate.
Filler : Quartz, colloidal silica.
Curing system : Chemical or light curing chemical
opacifier : Titanium & Aluminium oxide.
Inhibitors : Butylated hydroxytoluene
Color Pigments.

classification

Based on Resin material used

(a) Bis GMA
(b) UDMA Based
(c) silorane based

Based on type of cure.

(a) UV light cure.
(b) Chemical cure.
(c) visible light cure.
(d) Dual cure
(e) Bricure
(f) Heat and Pressure cure.



Based on particle size.

(a) conventional
(b) microfilled
(c) small particle
(d) Hybrid

Based on filler particle size

(a) Megafill
(b) Nanofill
(c) Midifill
(d) Minifill
(e) microfill
(f) Nanofill

Based on ISO Specification for composite.

(a) class I : self curing material
(b) class II : Group I : Energy applied intraorally
Group II Energy applied extraorally.
(c) class III : Dual cure.

Based on morphological and mechanical characters

(a) Packified composite
(b) microfine composite
(c) miscellaneous composite
(d) Traditional composite
(e) Fiber reinforced composites

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CURING LIGHTS

QTH curing light

- Commonly used quartz bulb with tungsten filament in halogen environment.
- Wavelength : 440–480nm

Plasma curing light

Xenon gas ionised to produce plasma arc high intensity which light is again filtered to give Blue light and eliminate heat.

Argon Laser curing light

- Have highest intensity
- can emit single wavelength 440 nm.

Polymerisation shrinkage

Composite materials while polymerising these cannot be eliminated and pull internal wall and flow is causing post operative sensitivity and microleakage.

Shrinkage vary based on filler ratio. Ratio is between 0·6 to 1·4:1.

There is no difference b/w light activated and chemical activated composite in degree of total shrinkage microfilled composite has highest filler. so they exhibit highest shrinkage.

clinical technique to reduce shrinkage

1. Ramped cure : Polymerise in layers
2. Soft start . Initial slow Polymerisation.
3. Pulsed curing : Restoration Partially cured with low intensity light followed By final high, intensity exposure.
4. Fabricating and restoring composite extraorally and then cementing onto teeth.

Disadvantages of UV light on composite.

- The plasma arc curing light present corresponding to narrow band of light present correspond to absorption band of photoinitiator in composite result in completely cured composite.
- These light source allow in reduction in Polymerisation time.
- This results in decrease in time in turn cause an increase in shrinkage stress.
- Light from visible light curing are cause retinal damage when it is visualized without usage of goggles.



BONDING AGENTS

Based on Generation

Decade	Bonding Generation	Features
1960s 1970s	First Generation Second Generation	- Dentin etching was contraindicated - Adhesion was primarily to smear layer. - weak bond strength.
1980s	Third Generation	- Etching both enamel and dentin. - Priming is a separate step - Improved bonding strength.
Early 1990s	Fourth Generation	- Total etch concept - Wet bonding and hybrid layer concept introduced - ↑ bond strength
mid 1990s	Fifth Generation	- Application protocol, reduced to 2 step etching and bonding. Primer and adhesive were combined in one bottle. - maintained high bond strength and wide dose packing introduced.
late 1990s	Sixth Generation	- Introducing of self etching primer - Post operative sensitivity was produced. - Bond strength was lower than 4th or 5th generation
Early 2000s	Seventh Generation	- Etching, priming and bonding in a single step - Bond strengths lower than 4th or 5th Generation bonding agents

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Based on Adhesion:

Type of Adhesion	step involved
etch - Rinse adhesive	Three step adhesive : IV Generation Two step adhesive : V Generation.
self - etch adhesive	Two step adhesive : VI Generation One step adhesive : VII Generation

Based on treatment of smear layer:

- Smear layer modification
- Smear Layer Removing
- Smear Layer dissolving

2. what is isolated etch technique?

The acid etch technique was initially developed to improve extension to enamel instead agents do not appear to bond to dentin.

At the time it was believed that.

- Dentin would not be etched as well as enamel.
- Acid etching of dentin can cause Pulp in injury.

An early adhesive resin dentin bonds strength was due to ~~impregnated and enamel~~ impregnated hydrophilic nature

Disrupt dentin without Pulp injury along with introduce hydrophilic adhesive lead to improve bond and reorganise seal b/w resin and tooth structure.

What is the significance of wet bonding. Write a note on hybrid layer.

Excess water on surface result is over wet substrate In such cases, an acetone less primer is used. This is wet bonding.

Even water → collagen swelling → less Packed of resin monomer and dilute prime not be displaced completely for bond. Cause hydrophilic and hydrophobic interface at dentin composite interface which result and in formation of water globules or blister which on load from dentinal fluid into pulp causing post operative sensitivity.

Hybrid layer: Structure formed in dentinal hard tissue by demineralisation of surface of subsurface followed by infiltration of monomer and subsequent polymerisation.

Zone of Hybrid layer:

Top layer: Amorphous phase downward or more loosely arranged collagen disrupted towards adhesive resin.

Middle layer: collagen fibre separated by unaffected space.

Base layer: partially demineralised dentin infiltrated by resin.

DENTAL BURS

1 Explain concentoricity & run out.

Concentricity

It is the direct measurement of the symmetry of bur head itself. It measures how closely a single circle can be passed through tip of all blades. Concentorically is an important indication at weather one Blade is long or short than other.

Run out

Dynamic test measuring the accuracy with which all blade tip pass through a single point when the instrument is rotated. It measure not only the concentricity of the head but also the centre of bur head. Even a properly concentric head exhibit substantial run out of the head is off centre on axis of Bur. The Bur neck is bend but not held straight handpiece units or shank is eccentric to handpiece bearing.

2. Define Dental Bur

Dental Burr are rotatary instrument having blading cutting head that are used in a dental hand piece commonly made from:

steel. Single piece tempered to tungsten vanadium alloy and blades are machined out of steel Blade tungsten carbide.

3 Classification of Burr

Depending upon their mode of attachment to handpiece - tip, gasp

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- Depending upon handpiece used
  - slow speed Burr
  - straight handpiece Burr
  - Aerotor Burr
- Depending upon shape.
  - round
  - Inverted cone
  - tapered fissure
  - Pear straight.

4. factors affecting cutting efficiency.
   - Rake Angle
   - Clear Angle
   - No: of blades and its distribution.
   - Depth of engagement
   - Burr diameter
   - ~~Heat treatment~~
   - Run out
   - Concentricity.

5. Difference between dental Burr and diamond point.

- Diamond coated abrasive points are other form of rotary cutting instruments.
- It consists of an inner blank grit are either electroplated with necked or sintered with metal binder.

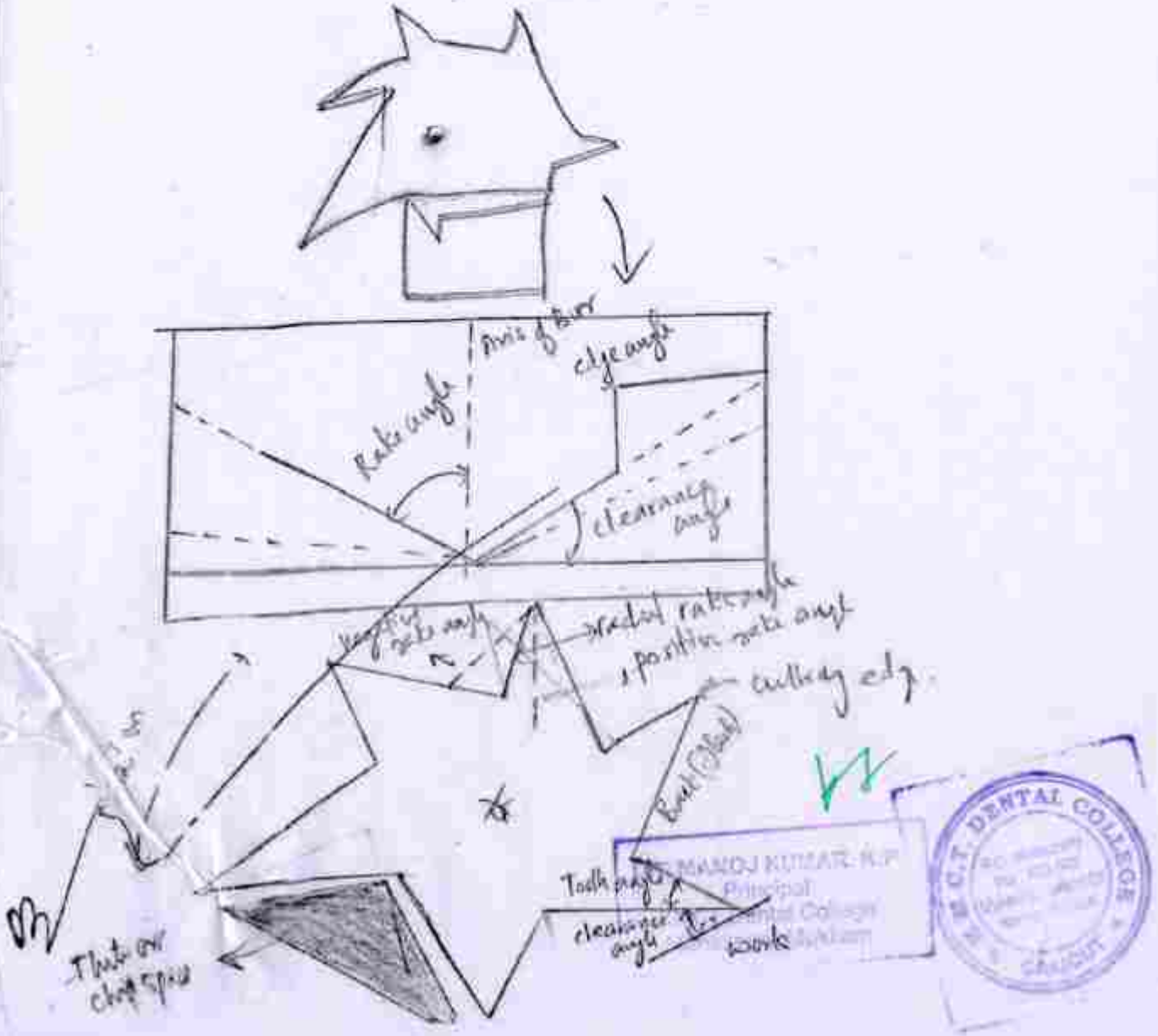
Coarse grit : 125 – 150 µm
Medium grit : 88 – 125 µm
fine grit : 60 – 79 µm
very fine : 38 – 44 µm.

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6 Write a note on clearance Angle and Rake Angle.

Rake Angle: Most important design characteristic of saw design. A rake angle is said to negative when rake face is a head of radius. for cutting hard & brittle material, a negative rake angle minimise fracture of cutting edge, increasing tooth life.

Clearance Angle: The clearance angle eliminate resulting friction of clearance face, provide adequate clearance space for chips formed a head of following blade an increase in clearance angle cause a decrease in edge angle.



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RESIN CEMENT

Composition :

Resin matrix : Bis GMA or Urethane dimethacrylate

Filler : Quartz, Colloidal Silica.

Coupling Agent . Organosilane

Curing System : chemical or light cure

Inhibiton : Butylated hydroxy toluene.

opacifier : TiO and Al O

Colour Pigment.

setting reaction

1. Chemically Activated Resin.

Base paste : Benzoyl Peroxide initiator

catalyst paste : Tertiary amine activator

when 2 paste are mixed amine react with benzoyl peroxide to form free radical which start polymerisation

2. Light Activated Resin

when exposed to light of correct wavelength photoinitiator is activator and reacts with amine to form free readed radicals which start polymerisation.

3. Dual cure resin : supplied as two Paste

when mixed together a slow setting reaction is initated

After initial light cure, resin cure over a period of time By chemical Process.

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Bases

Ideal requirement

- Base should be 0·5 - 0·75mm thick, very thick bases compromise the bulk of restoration and increase the potential for fracture of restoration
- It is not recommended to remove sound tooth structure inorder to provide space for a Base. Conserving sound tooth structure may enhance restorative support and provide pulpal protection.
- Bases are applied only on internal walls of cavity preparation to prevent dissolution of saline.

Types:

Low strength Bases : ZOE, $Ca(OH)_2$

Generally used under temporary restoration or indirect.

High strength Bases : GIC, Zinc phosphate

used for direct and indirect metallic restoration.

Cavity liners : cement of minimum thickness applied to prepared cavity when RDT > 2mm.

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Classification :

1. Thick film liner (1-5 µm)
   (a) solution liners (varnish 2-5 µm)
   (b) suspension liner (ZnO)
2. Thick liner (200-400 µm)
   (a) GIC type III

Purpose : To serve as a physical barrier to Prevent
To Protect Pulp from residual reaction.

Cavity Varnish

It is a solution of natural or synthetic resin dissolved in a organic solvent such as alcohol, acetone and Benzene Some varnishes also contain medicinal agent such as eugenol, thymol and fluoride

Function : Seals the margins of newly placed amalgam restoration therapy reducing post operative sensitivity. It also prevent penetration of corrosion product into dentinal tubule

Disadvantage : They should be used under composite resin as it interfere with polymer.

Factors affecting selection of Pulp protecting agents :

- Shallow Preparations (>2mm of RDT)

On a shallow tooth (which include >1.5 - 2mm of RDT) pulpal protection after term in term of chemical protection is not necessary -

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- for an amalgam restorative preparation is with bonding system and then restored for a composite restoration. The preparation is headed with bonding agent system.
- Moderately preparation (0.5 - 2mm of RDT). deep to excavation for amalgam that includes severe extention of preparation towards the pulp. as that a ~~margin~~ region include less than ideal dentin protection.

8. What is Amalgam?

Amalgam is an alloy of 2 or more metal of which one is mercury. Dental amalgam is an alloy made by mixing mercury with silver tin alloy to which varying amount of copper and small amount of Zno are added.

According to contact : Ca Amalgam
Ag amalgam
Base amalgam
Amalgam with noble metal.

According to ~~which~~ whether powder consist of unmixed or admixed alloy
- Admixed
- Single compositional

According to no: of alloy metals
- Binary alloy
- Ternary
- Quaternary



According to shape of powdered particles.

(a) Spherical

(b) Lathe cut

(c) Combination of spherical and lathe cut.

According to powder particle size

(a) Microcut

(b) Fine cut

(c) Coarse cut

According to Cu content : High Cu

Low Cu

According to addition of noble metal : Palladium

Platinum

Gold

According to Presence of Zinc (a) Zinc containing

(b) Non Zinc containing.

Composition :

Low copper alloy

Silver - 63-70%.

Copper - 2-5%.

Tin - 26-28%.

Zinc - 0-2%.

High copper alloy

1. Admixed alloy Powder composition.

Silver - 69%. Copper - 13%.

Tin - 17%. Zinc - 1%.

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LUCKNOW

2 single composition alloy particle powder:
Tertiary Alloy spherical form: Silver 60%.
Tin 24%.
Copper 13%.
Indium 4%.

Define
-Silver: Major component 2/3rd of conventional amalgam alloy contribute strength of finished amalgam restoration.
Tin: Help to control rate of reaction
Copper: Contribute to hardness and strength.
Decrease flow and increase setting expansion.
Zinc: Act as plasticizer, Reducing Agent.

Q Define Amalgamation & write amalgamation reaction.
Low Cu alloy amalgamation is a process of reaction setting when mercury is mixed or amalgamation with any alloy in this case it is silver alloy.
Low copper conventional amalgam alloy.
- Amalgamation occurs when silver alloy particles are filtrated with mercury.
- During trituration, mercury diffuse into γ phase of alloy particles reacting in cavity with Ag and Sn. Hg has limited solubility for Ag as compared to Sn.
- So Sn remain in solution longer than Ag when solubility exceeds that of Ag, Ag starts precipitating first and γ_1 phase & γ_2 phase.

The remaining Hg dissolves the alloy particles r_1 & r_2 crystals grow and the amalgam begins to harden
There is insufficient Hg to consume all alloy particles

$$\underset{(r_1)}{Ag_2Sn} + Hg \longrightarrow \underset{(r_1)}{Ag_2Hg_3} + \underset{\gamma\text{-}8}{Sn_{7-8}Hg} + \underset{(r_1)}{Ag_3Sn}$$
$$(r_2)$$

Microstructure of set amalgam reveals unreacted r_1 as particles surrounded by mixture of r_1 and r_2 phase.

Phases:

r_1 Phase (Ag_3Sn): This is original phase which has not been completely dissolved in Hg - This is strongest phase which occupies maximum available space in value of restoration.

r_2' phase ($Sn_{7-8}Hg$): weaker phase and more prone to corrosion and creep.

r_1' phase (Ag_2Hg_3): Non last phase and most resistant to corrosion and tarnish.

Mercury phase: A very small amount of unreacted will be present within amalgam mass since it is a weakest phase, drastic drop in strength occurs here.

Interphase: phase between $r_1'-r_1'$, $r_1'-r_2'$, $r_2'-r_1'$

Delayed Expansion

Most amalgam when manipulated properly exhibit dimensional changes after 24 hrs. Contamination by moisture during manipulation result to delayed or secondary Expansion

the expansion occurs in 3-5 days after insertion and continued for months. This type of expansion can reach values greater than 400 μm. In delayed expansion, Zn reaction with water forming ZnO & H_2 gas. These hydrogen gases accumulated and within amalgam exerting pressure to cause amalgam to creep resulting expansion

$$Zn + H_2O \longrightarrow ZnO + H_2 \uparrow$$

contamination may either by moisture from air-water or by direct contact with hands or saliva.

Complication of Delayed expansion

a) protrusion of entire restoration out of cavity
b) Increased microleakage space around restoration.
c) Restoration flow and creep.
d) pain.

Mercury-Alloy Ratio

(a) High Mercury technique

Initial amalgam contains with more mercury (52-53%) producing a plastic mix. It is necessary to squeeze out Hg from increment by introduced during build up restorations. Moreover each increment is larger than previous.

It is not used nowadays

(b) Minimal mercury technique

this method reduces Hg content upto 42% for high cu, single uniform particle alloy compared to 50% for lathe cut low cu alloy.

Hg alloy ratio ⇒ 1:1

Q Enumerate steps in manipulation of Dental Amalgam

- selection of alloy
- Mode of supply
- Disposible composite capsule with Proportional alloy powder and mercury
- Proportion : The Hg Alloy ratio refers to amount of alloy powder and Hg in weight that is required for trituration
- Dispensing : Volumetric dispense of alloy powder is accurate compared to dispensed by weigh.
- Trituration : To mix amalgam alloy immediately with Hg so as to wet the surface of powder particles to allow reaction between liquid Hg and silver alloy.
- Mulling
- Condensation
- Precarved Burnishing
- Post carved Burnishing
- finishing and polishing

Q Define Trituration. Mention function and method of trituration

The process of trituration is to mix amalgam alloy intimately with Hg to wet the surface of powder particles to allow reaction between liquid and Ag alloy.

Objectives :

- To remove oxide layer.
- To decrease particles size, since this increase surface area of alloys.
- To keep amount of γ_1 and γ_2' crystals minimal as possible.

Methods

→ Mixing Trituration : Mortar and Pistol is used.
Inner surface of mortar is roughened to maximize function.

→ Mechanical trituration : less time.
Atmospheric Hg contamination is reduced.

Q write the effects of Mercury toxicity

Like all other metals, Hg has potential for having hardening effect if not used properly. Minimata disease occurs due to severe Hg poisson. It is neurological disturbances with ataxia, muscle weakness and damage to vision, hearing etc..

Q what are the measures to ensure Hg Hygiene

- Dental and non dental staff involved in handling Hg should be well involved in management and hygiene protocol.
- The operatory field should be well ventilated
- Everyone should be aware of potential source of Hg contamination
- Avoid skin contact
- All scarp Amalgam and excess Hg should be stored in air tight containers
- High powdery vacuum extractor should be used during finishing and polishing of amalgam.

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DEPARTMENT OF CONSERVATIVE DENTISTRY

&

ENDODONTICS

PRE-CLINICAL RECORD BOOK

Name : ANJALI PRAKASHAN

Class : II nd BDS

Register Number: 170020546

Year : 2018-2019

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Certificate

This is to certify that Mr./Ms. .....ANJALI PRAKASHAN.....

.....

.....

has satisfactorily completed the exercises in ***Conservative Dentistry & Endodontics Pre-Clinical exercises****, and record during the year* ..2022-23.....

University Reg. No: 170020546

Staff in charge

External Examiner

Internal Examiner

Professor & Head
Dept. of Conservative Dentistry & Endodontics
Head of the Department
Dept. of Conservative Dentistry & Endodontics
KMCT Dental College, Calicut

Principal
KMCT Dental College
Mukkam

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GENERAL INSTRUCTIONS

1. Bring the record book to all practical classes and the record must be kept neat and in good condition.
2. Students should wear aprons with identity cards while working in the laboratories.
3. Exercises should be completed in the specified time period and evaluated by the staff in charge in the record book.
4. Submit the record book for valuation when you come for the practical examination.
5. Marks will be awarded for the records depending on neatness and completion, during the practical examination.
6. Unnecessary wastage of water, gas or any other materials should be avoided.
7. Containers of materials / chemicals must be kept closed in their proper places when not in use.
8. Excess or waste materials like paper, cotton & plaster powder must be thrown into the waste bins and should not be thrown into the sink. Excess amalgam must be disposed as per instructions.
9. Students should enter the laboratories on time with all the required instruments. Borrowing will not be permitted.
10. Mouth masks and gloves are mandatory while working.
11. Equipments borrowed from the department should be returned before leaving the laboratory.
12. Students should keep the laboratory neat and tidy and should not cause any damage to the furniture, equipments etc.
13. Student is liable to replace or compensate for the equipment that is lost or damaged.
14. Strict discipline should be maintained while working in the laboratory
15. Students are not allowed to wear hand ornaments & watches while working
16. Students should take care of their belonging from theft or loss.

STUDENTS DECLARATION

I have carefully read the above rules and undertake to abide by them.

Signature of the Student

Principal

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PLASTER TOOTH MODEL EXERCISE

Sl. No	Date	Exercise	Grade	Signature
1.	18.11.2017	36 CLASS I OCCLUSAL CAVITY	B++	
2.	22.11.2017	36 CLASS I BUCCAL PIT CAVITY	B++	
3.	09.12.2017	16 CLASS I MESIAL DISTAL PIT IN MAXILLARY MOLAR	B++	
4.	27.12.2017	14 CLASS V, BUCCAL CAVITY	B+	
5.	03.02.2018	COMPOUND CAVITY 36 CLASS II MESIO OCCLUSAL CAVITY	B++	
6	24.02.2018	COMPOUND CAVITY 14 CLASS II MESIO OCCLUSAL CAVITY WITH REVERSE CURVE	B++	
7	24.03.2018	COMPOUND CAVITY 13 CLASS III MESIO CAVITY (LINGUAL APPROACH)	B+	

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PLASTER TOOTH MODEL EXERCISE

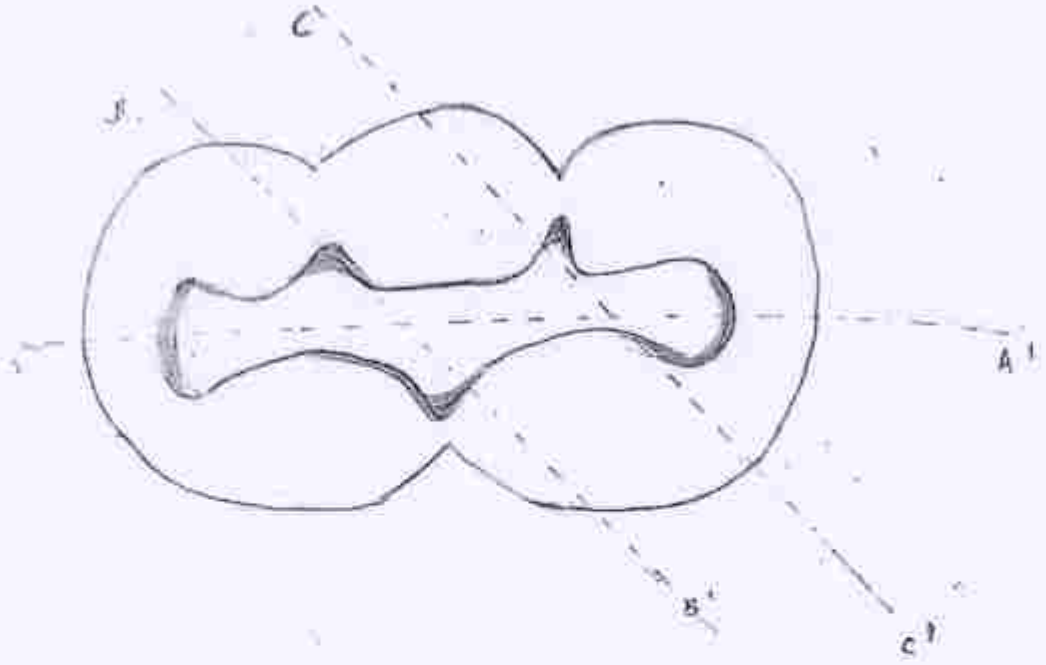
Sl. No	Date	Exercise	Grade	Signature
8	05.05.2018	COMPOUND CAVITY 36 CLASS II MESIO-DISTO OCCLUSAL CAVITY (MOD	B++	
9.	04.09.2018	36 CLASS I INLAY CAVITY	B+	
10	04.09.2018	COMPOUND CAVITY 36 CLASS II MESIO OCCLUSAL INLAY CAVITY	B++	

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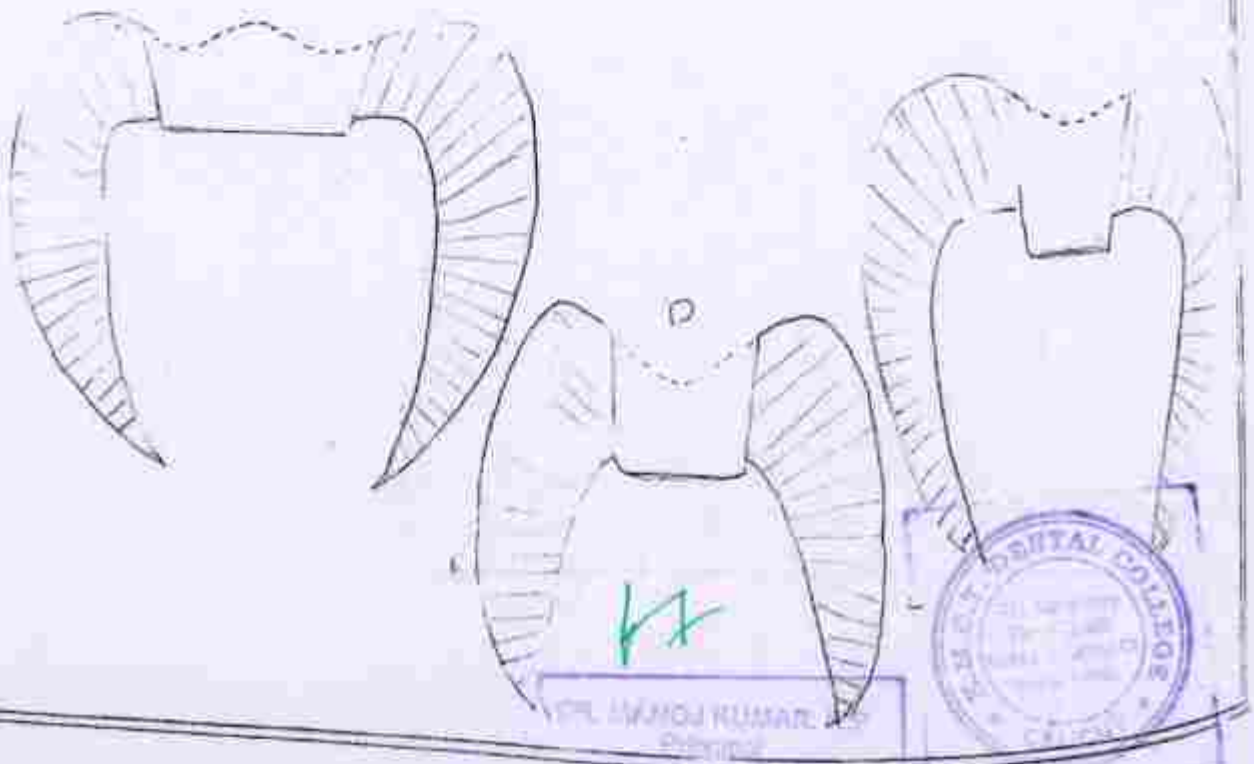
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SIMPLE CAVITY - CLASS I OCCLUSAL



OCCLUSAL VIEW



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SIMPLE CAVITY - 36 CLASS I OCCLUSAL CAVITY

OUTLINE FORM

Irregular outline in the groove extensions, half the distance into the groove. Mesial and distal outline run parallel to the proximal contour and 4mm away from the outer contour preserving the marginal ridge

DIMENSIONS

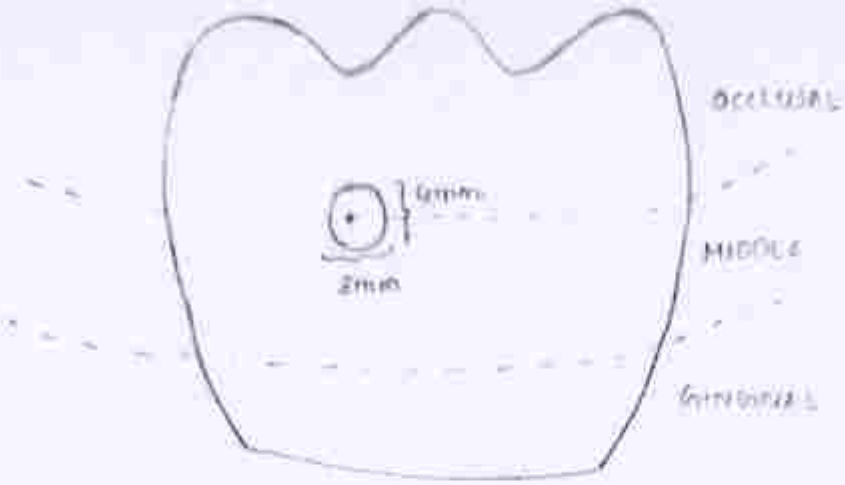
Pulpal depth = 4 mm from the marginal ridge
Pulpal width = 4mm at the triangular ridge

FEATURES

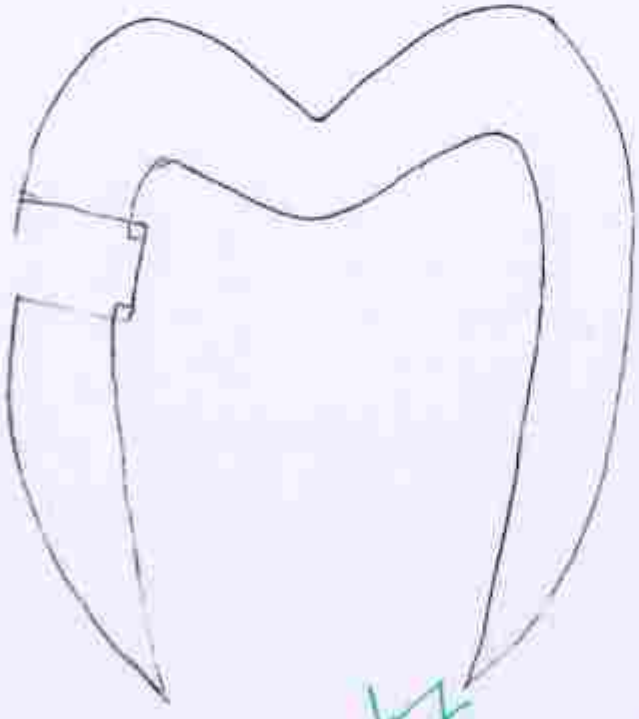
* Outline circumvents the cusp in smooth forming curves
* No sharp junctions
* Mesial and distal walls parallel to outer contour of the tooth and 4mm away
* Pulpal floor flat
* Smooth walls and floor
* Line angles and point angles well defined and rounded
* Taper to mesial and distal walls and walls at groove extensions
* Inverse taper in the buccal and lingual walls at the triangular ridges of the cusp
* Cavosurface angles form a 90 degree butt joint

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SIMPLE CAVITY - 36 CLASS I BUCCAL PIT CAVITY

OUTLINE FORM

Oval

LOCATION

Occlusal $\frac{2}{3}^{rd}$ buccal surface involving the buccal groove.

LOCALISATION

centre of cavity lie at the junction of occlusal and middle $\frac{1}{3}^{rd}$ of the buccal surface

DIMENSION

Occluso-gingivally = 4 mm
Mesio-distally = 3 mm
Axial depth = 3 mm

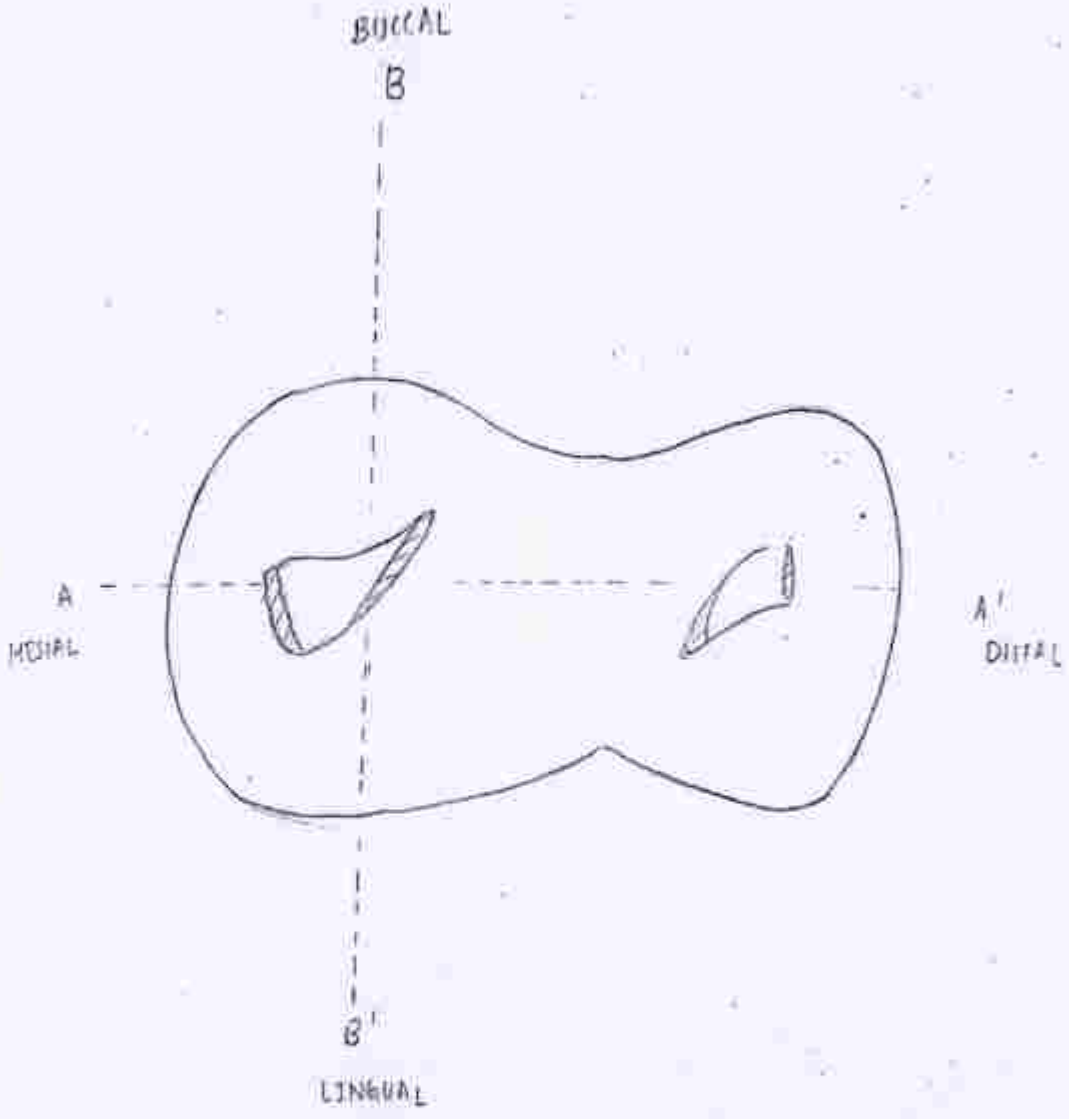
FEATURES

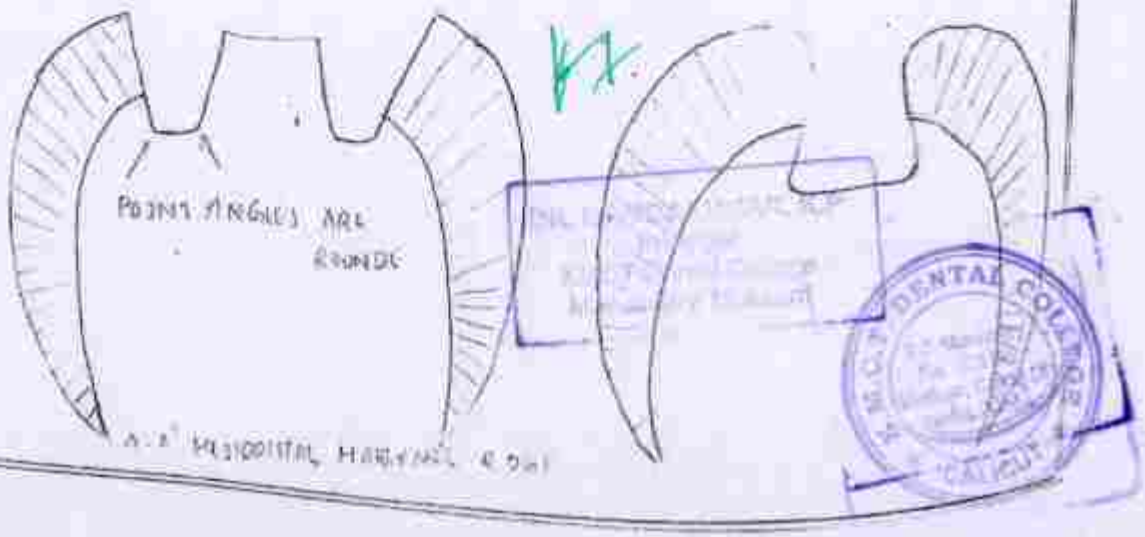
* Axial wall is flat and follows the buccal contour
* Walls are smooth and lie perpendicular to axial wall or follow the enamel rod junction
* Line angle is well defined
* 90 degree cavosurface angle

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CLASS I MESIAL DISTAL PIT IN MAXILLARY MOLAR





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CLASS I MESIAL DISTAL PIT IN MAXILLARY MOLAR

OUTLINE FORM

Mesial cavity - kidney shaped
Distal cavity - heart shaped

DIMENSIONS

4 mm from the marginal ridge
width - 4mm at the triangular ridge.

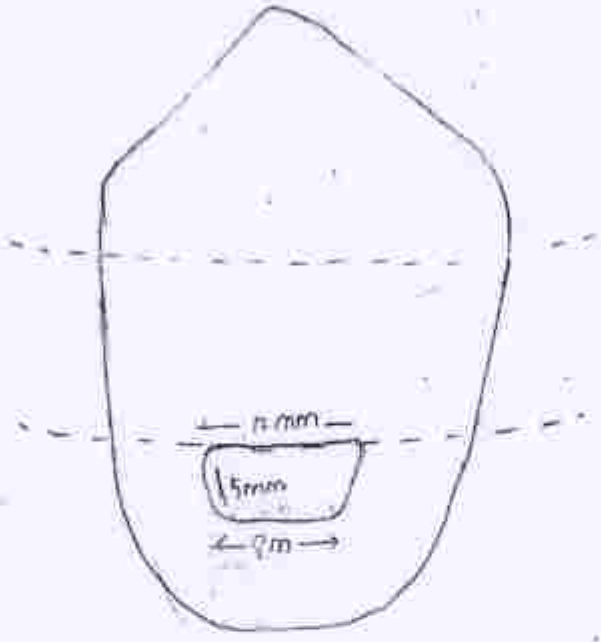
FEATURES

* Mesial and distal walls are parallel to the outer contour of the tooth and 4mm away
* Mesial and distal walls adjacent to the oblique ridge run parallel to the ridge
* Groove extensions upto half the distance into the groove from the central groove
* Taper to mesial and distal walls and the walls parallel to the oblique ridge
* Inverse taper to facial and lingual walls at triangular ridge
* Walls - Smooth, rounded and well defined

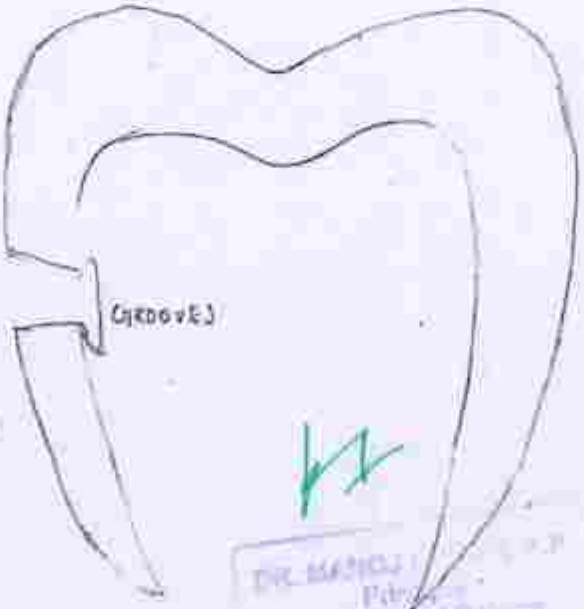
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BUCCAL VIEW



BUCCOLINGUAL CS



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SIMPLE CAVITY 14 CLASS V IN BUCCAL CAVITY

OUTLINE FORM

Trapezoidal with rounded corners

LOCATION

Central $\frac{1}{3}^{rd}$ of buccal surface

LOCALISATION

occlusal wall lie at the junction of middle and cervical third

DIMENSIONS

* occlusal wall length = 12 mm
* cervical wall length = 8 mm
* occlusal cervical width = 5 mm
* Axial wall depth = 4 mm

FEATURES

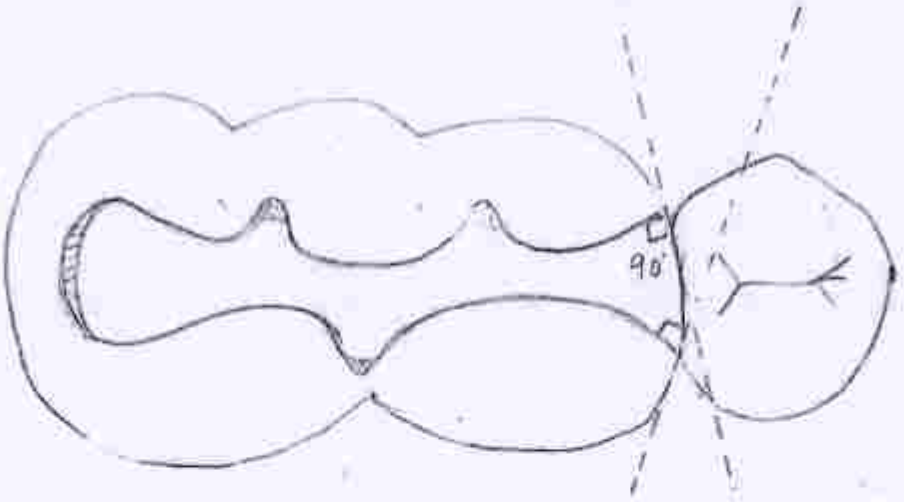
Axial wall parallel to the outer contour of the tooth external wall and lie perpendicular to the axial wall and point angle are rounded. Line angles well defined but rounded

RETENTIVE GROOVES :-

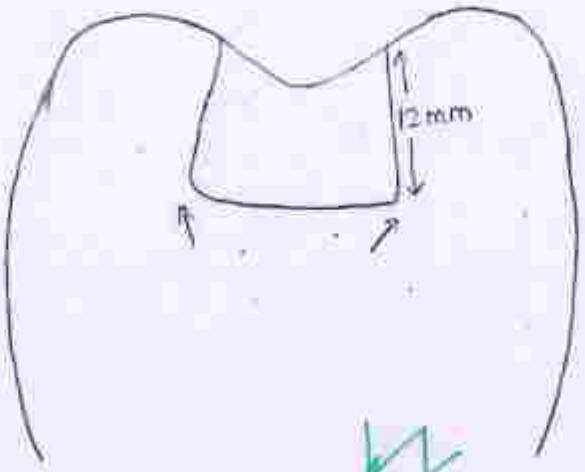
LOCATION - Axio gingival and axio occlusal line angle

DIRECTION - Bisecting the line angles

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Mesial flare to break the contact should form a butt joint to an imaginary tangent drawn from the outer proximal surface to ensure resistance form.



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COMPOUND CAVITY 36 CLASS II MESIO OCCLUSAL CAVITY

PROXIMAL BOX

OUTLINE FORM:- Inverted truncated cone shape with base located gingivally and apex towards the marginal ridge

DIMENSIONS

* Gingival seat depth (occluso gingival depth) = 1.2 mm from the marginal ridge
* Gingival seat axial width = 3 mm
* Gingival seat bucco lingual width = 12 mm

FEATURES

Occlusal cavity should mesially develop a flare such that

a) The proximal contact with the adjacent tooth is broken (0.2 mm of buccal and lingual contact; 0.5 mm of gingival contact in natural teeth)

b) The occlusal outline should meet at 90 degree to an imaginary tangent drawn on the outer proximal surface forming a "butt joint"

The buccal and lingual walls of the proximal box should be parallel to the middle one third of the buccal and lingual surface.

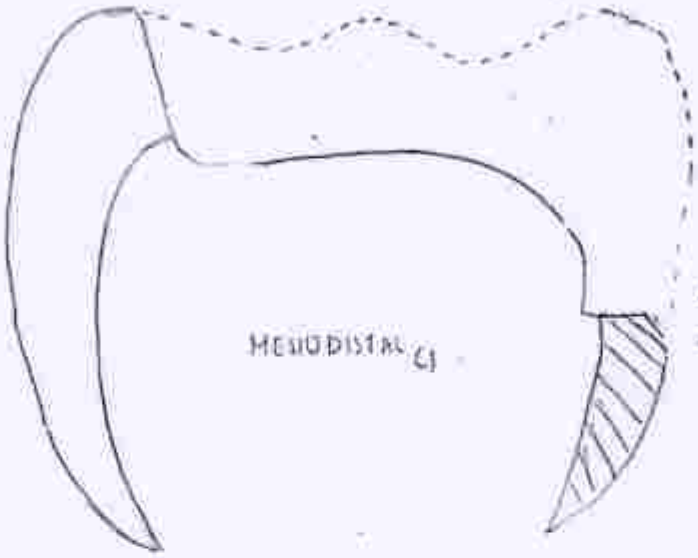
Gingival seat should be flat and perpendicular to long axis of the tooth

Bucco gingival and linguo-gingival line angles are rounded in the form of an arc

Axial wall should be

1) tapered occluso gingivally and parallel to the DEJ
2) Bucco lingually convex and parallel to the outer contour.

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3) Axiopulpal line angle is rounded

4) Gingival cavo surface bevel of 20 degrees

RETENTIVE GROOVE

LOCATION : Axiobuccal and axiolingual line angles

EXTENT : Axio buccal pulpal point angle to axio buccal gingival point angle, similarly on the lingual axial line angle

TRANSLATION : Bisecting the line angle

DEPTH : 2 mm

NOTE

Factors controlling the flare in a class II amalgam preparation

a) The contact with adjacent tooth - contact should be broken

b) obtain a cavo surface butt joint to an imaginary tangent drawn to outer proximal surface

c) The enamel wall must follow the enamel rod direction

Cavosurface butt joint is given for amalgam preparation to improve the resistance form in the tooth and the restoration.

In tooth, it removes unsupported tooth structure and the enamel margin follows the enamel rod direction.

In restoration - the resistance form is got by obtaining adequate bulk to resist masticatory forces. Tensile strength of amalgam is low and so tends to fracture if bulk is less.

20 degrees gingival cavosurface bevel is given to

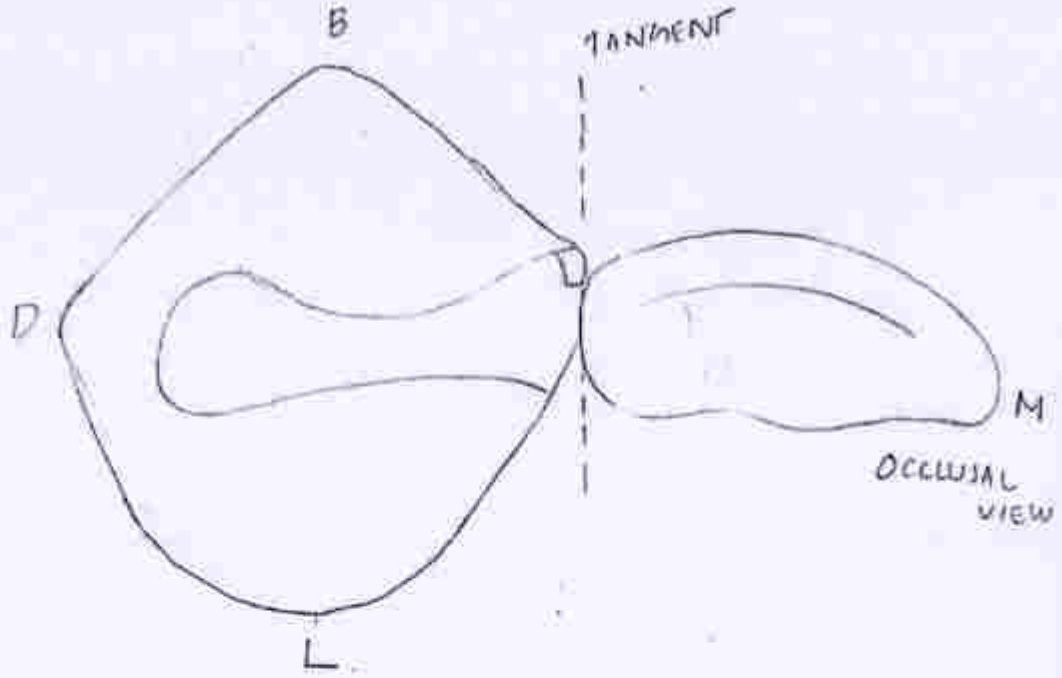
a) follow the enamel rod direction

b) Remove unsupported enamel.

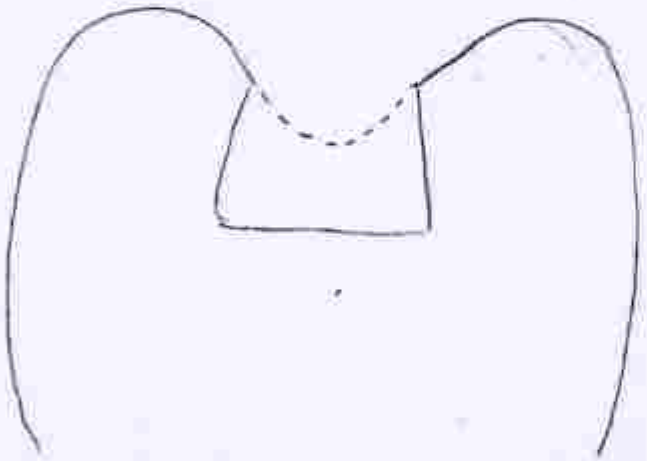
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OCCLUSAL VIEW



MESIAL VIEW



20° GINGIVOCONVERGENCE

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COMPOUND CAVITY-14 CLASS II MESIO OCCLUSAL CAVITY WITH REVERSE CURVE

OCCLUSAL CAVITY :

Outline form dumbbell shaped with ends somewhat triangular, features similar to exercise 1

DIMENSIONS :

Proximal box dimension

* Gingival seat depth from marginal ridge = 1.2 mm
* Gingival seat width axially form gingival cavosurface = 3 mm

Features same given in exercise 5

REVERSE CURVE

Definition :- It is a deviation or smooth 's' shaped curve extending from the isthmus to proximal contour

INDICATION :-

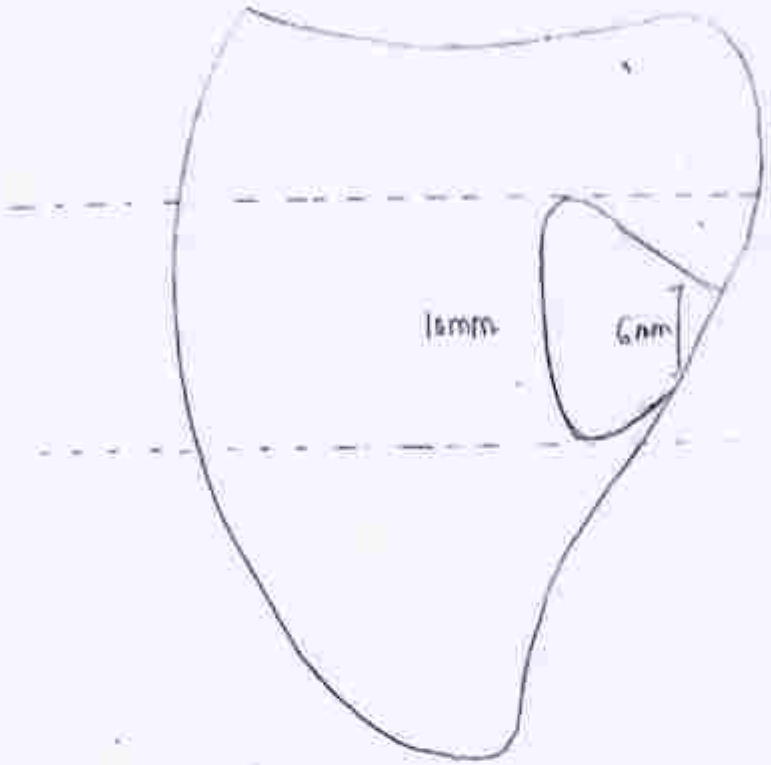
* Broad contact
* Extensive caries
* Rotated tooth

ADVANTAGES

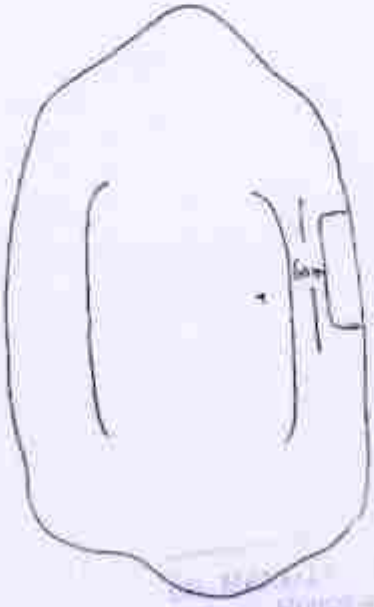
* obtain a butt joint
* Maintain a narrow isthmus
* Preserves the cusp
* Maintain resistance form the tooth

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CLASS II MESIAL CAVITY (LINGUAL APPROACH)



MESIAL VIEW



LINGUAL VIEW

THE MESIAL RIDGE IS BROKEN TO APPROXIMATE THE MESIAL SURFACE

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COMPOUND CAVITY - 13 CLASS III MESIO CAVITY (LINGUAL APPROACH)

LOCATION :

Middle third of the mesial surface cervical to the contact point

DIMENSION :

Labial wall incisocervical length - 10 mm
Lingually - 6 mm
Axial depth - 4 mm

FEATURES

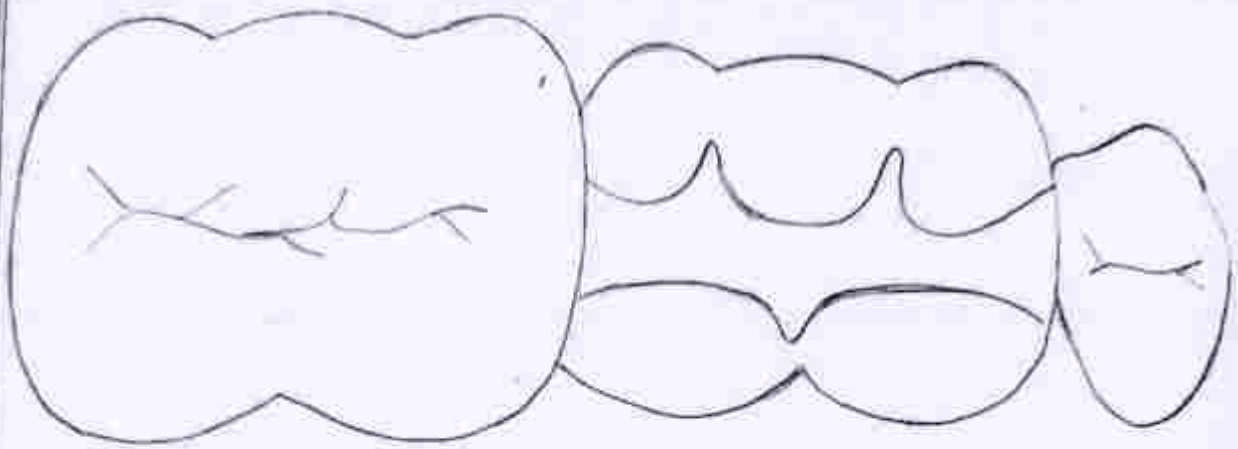
* The labial wall is placed in the labial embrassure
* The labial wall parallel to the incisal 2/3rd contour of the labial surface of the tooth
* Incisal wall lie cervical to the contact point (do not break incisal contact)
* Gingival wall is kept supragingivally
* Axial wall follow the proximal contour
* labioincisal and labiogingival line angles are rounded

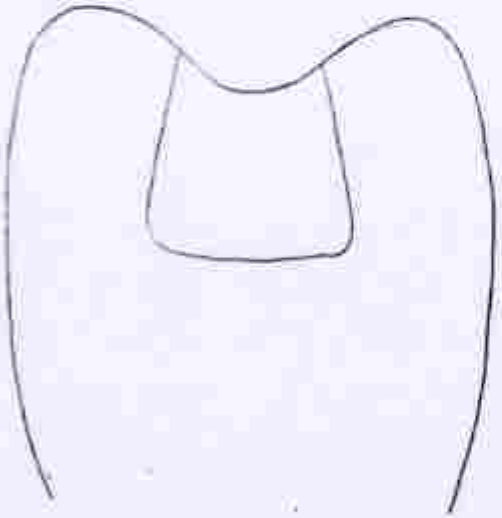
RETENTIVE GROOVE

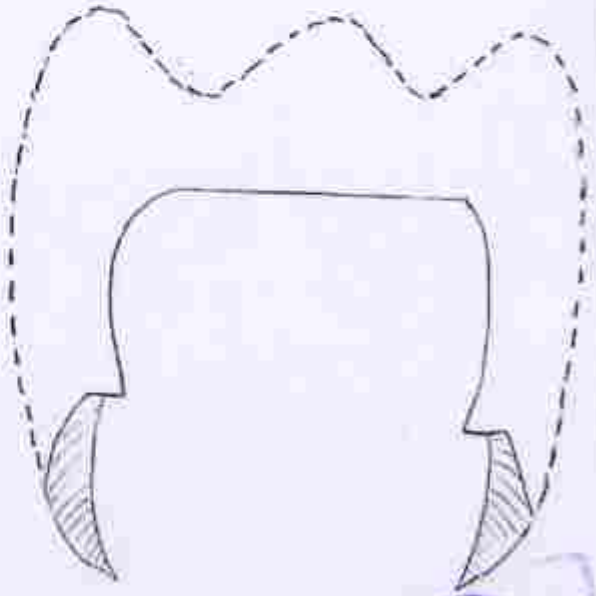
LOCATION : Axiogingival & axiogingival line angles
EXTEND : Within the dentin 5 mm short of the cavosurface
DIRECTION : Bisecting the line angle

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MESIAL AND DISTAL
PROXIMAL OUTLINE SIMILAR

M-D CROSS SECTION

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COMPOUND CAVITY 36 CLASS II MESIO DISTO OCCLUSAL CAVITY (MOD)

OUTLINE FORM

Irregular outline with groove extensions half the distance into the groove, mesial and distal outline run parallel to the proximal contour and 4mm away from the outer contour, preserving the marginal ridges.

PROXIMAL BOX

OUTLINE FORM

Inverted truncated cone shaped with base located gingivally and apex towards the marginal ridge

DIMENSIONS

Gingival seat depth [occlusal gingival depth] = 12mm from the marginal ridge.

Gingival seat axial width = 3 mm.

Gingival seat buccolingual width = 12 mm

FEATURES

- Occlusal cavity should mesially develop a flare such that

a) The proximal tooth with the adjacent tooth is broken [0.2 mm of buccal and lingual contact; 0.5 mm of gingival contact in natural teeth].

b) Occlusal outline should meet at 90 degrees to an imaginary tangent drawn on the outer proximal surface forming a butt joint

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- Buccal and lingual walls of the proximal box should be parallel to the middle $\frac{1}{3}^{rd}$ of the buccal and lingual surface.
- Gingival seat should be flat and perpendicular to long axis of the tooth.
- Buccogingival and Linguogingival line angle are rounded in the form of an arc
- Axial wall should be:
  a) Tapered occluso-gingivally and parallel to the DEJ
  b) Bucco-lingually convex and parallel to the outer contour.
  c) Axio-pulpal line angle is rounded.
- Gingival cavo surface bevel of 20°.
- Retentive groove
  * location - axio buccal and axio lingual line angles
  * extent - Axio buccal pulpal point angle to axio buccal gingival point angle. Similarly on the linguo-axial line angle.
  * Transition - bisecting the line angle.
  * Depth - 2mm.

NOTE:

- Factors controlling the flare in a class II amalgam preparation are
  a) the contact with adjacent tooth contact should be broken
  b) obtain a cavosurface bull joint to an imaginary tangent drawn to outer proximal surface
  c) Enamel wall must follow the enamel rod direction

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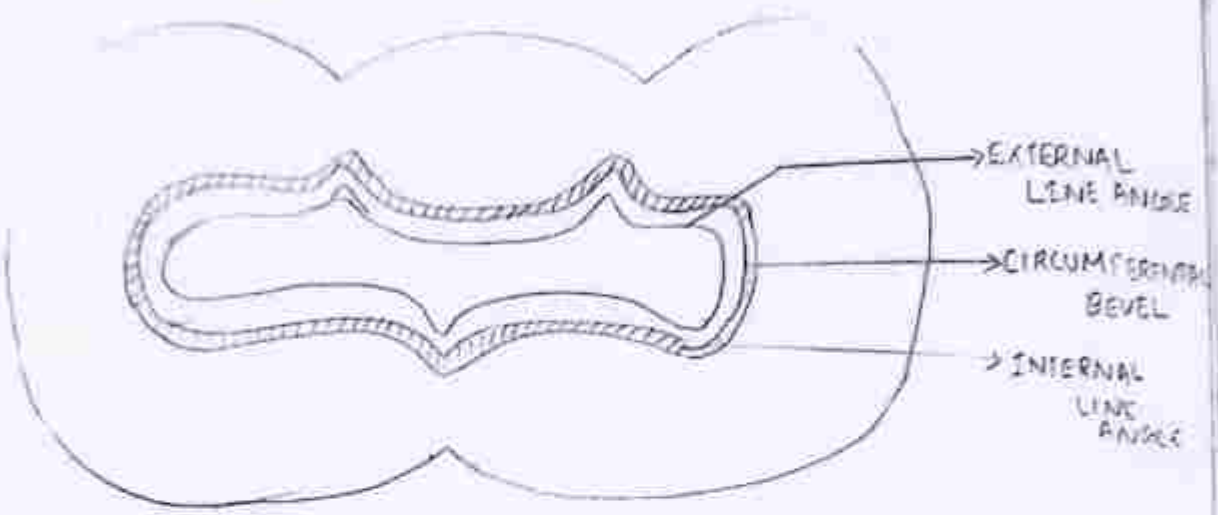
- Cavosurface butt joint is given for amalgam preparation to improve the resistance form in the tooth and the restoration
- In tooth it removes unsupported tooth structure and the enamel margin follows the enamel rod and direction
- In restoration - the resistance form is got by obtaining adequate bulk to resist masticatory forces. Tensile strength of amalgam is low and so tends to fracture of bulk is less
- 20 degree gingival cavosurface bevel is given

a) to follow the enamel rod direction

b) Remove unsupported enamel.

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OCCLUSAL VIEW



→ 1° flare

→ 2° flare

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36 CLASS I INLAY CAVITY

OUTLINE FORM

External occlusal cavosurface outline

outline form similar to amalgam preparation

DIMENSIONS

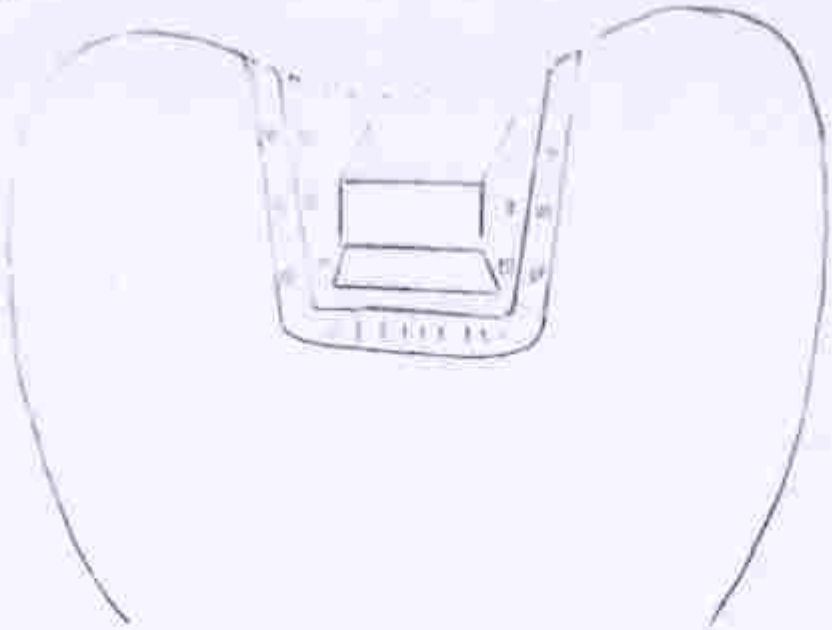
- Pulpal floor depth = 5mm from marginal ridge.
- Internal buccolingual width = 5mm at the triangular ridge
- External buccolingual width = 6mm at the triangular ridge

FEATURES

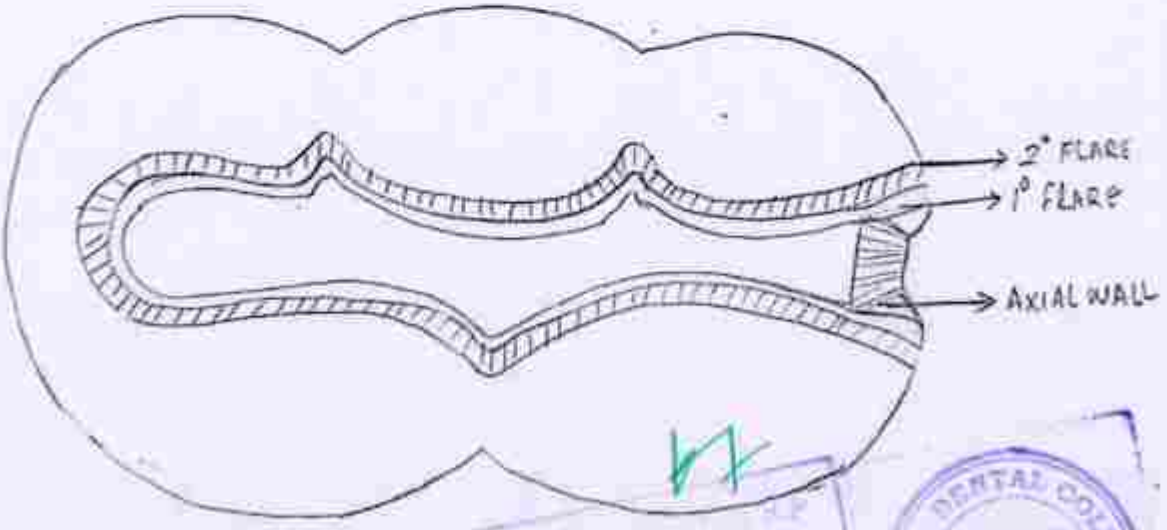
- All external walls taper away from the long axis of the tooth by 2 degrees
- Circumferential - occlusal bevel to obtain 40° in metal, gingival bevel to obtain 30° in metal

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PROXIMAL VIEW



OCCLUSAL VIEW



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COMPOUND CAVITY 36 CLASS II MESIO OCCLUSAL INLAY CAVITY

OUTLINE FORM

Irregular outline with groove extension half of the distance into the groove from the central groove.

Mesial and distal outline run parallel to the proximal contour and 2mm away from the outer contour preserving the marginal ridge.

FEATURES

OCCLUSAL CAVITY

① The cavity walls taper occlusaly.

② Primary flare of 45° to the axial wall is given in buccal and lingual walls followed with a 2° flare towards the cavosurface margin.

③ Flat gingiva

④ Gingival cavosurface bevel is given.

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ASSIGNMENT

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1) Define Operative Dentistry ?

Operative Dentistry is the art and science of the diagnosis treatment and prognosis of the defects of teeth and that do not require full coverage restoration for correction. Such treatment should result in the restoration of proper tooth form functions aesthetics while maintaining the physiological, integrity of tooth in harmonious relations with adjacent hard and soft tissue all of which enhance proper health and welfare of patient

2) Define tooth preparation ?

Tooth preparation is the mechanical alteration of a defective, injured or diseased tooth to receive a restorative material that establishes a healthy state for the tooth including aesthetics, correction where indicated normal forms and functions

3) Define internal wall, external wall line example ?

Internal wall : It is prepared surface that doesn't extend to external tooth surface

Eg: axial wall, Pulpal wall

External wall : It is prepared surface that extend to the external walls.

4) Define axial wall, pulpal wall, isthumus and cavosurface margin

• Axial wall is an internal wall of prepared cavity that lies parallel to the long axis of the tooth

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• Pulpal wall is the internal wall of prepared cavity that is perpendicular to the long axis of the tooth and is occlusal to the pulp
• Isthumus is a narrow space between the occlusal and proximal portion of the cavity (class II)

5) Classify cavities depending on the number of surfaces involved.

1) Simple cavity : Caries occuring only in one surface
2) Compound cavity : Caries involving two surface
3) Complex cavity : Caries involving 3 or more tooth surface

6) Classify the dental caries according to GV Black

CLASS I

- Caries on occlusal surface of premolars and molars.
- On occlusal ⅔rd of the facial and lingual of molars.
- On lingual surface of maxillary masors

CLASS II

- on the proximal surface of posterior teeth

CLASS III

- Caries on the proximal surface of anterior tooth that do not involve the incisal stage

CLASS IV

- Caries on the proximal surface of the anterior tooth that do involve incisal stage

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CLASS V

- Caries on the gingival third of facial or lingual surface of all teeth

CLASS VI

- caries on the incisal edge of anterior teeth as occlusal cusp height of posterior teeth.

Enumerate the steps in GV Black's cavity preparations

It involves 2 stages:

STAGE I ⟹ Initial tooth preparation steps

Step - I : outline form and initial depth
Step - II : Primary resistance form
Step III : Primary retention form
Step IV : Convenience form

STAGE II ⟹ Final tooth preparation steps

Step V : Removal of any remaining infected dentin or restorative material
Step VI : Pulp protection
Step VII : Procedures for finishing external walls
Step VIII : Final procedures - cleaning, inspecting, desensitizing.

Define outline form and enumerate the factors and rules governing the outline forms

Outline form means placing the cavity margins in it's position, they will occupy in the final tooth preparation except for finishing

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Enamel walls and margins

Factors:

- Extend of lesion, defect or faulty restoration
- Aesthetics
- occlusal relationships
- Adjacent tooth contour
- Designed cavosurface marginal contouration of proposal restoration

Rules Governing Outline form :-

- Extend the cavity margins into the sound tooth structure involving all caries and friable tooth as old restoration. Margin should be placed in a position to afford good finishing outline should be a smooth and flowing centre
- Avoid margins or extreme eminences like cusp heights and edge grooves
- Extend of outline form should provide convenience form while preserving cuspal and marginal strength.
- Faciolingual extend should be minimized to $\frac{1}{4}^{th}$ of intercuspal distance occlusally
- Depth of cavity must be 0.2 mm dentin for pit and fissure caries and 0.2-0.8 mm for smooth surface cavity
- In proximal cavities, the margins should clear the contact to the adjacent tooth by 0.5 mm.

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9) Define primary resistance form and enumerate the methods employing to obtain the same in an amalgam restoration.

Definition :- It is defined as the shape and form of the [illegible] preparation walls that best enables the restoration and the tooth to withstand without fracture, masticatory forces delivered principally along by axis of the tooth

Principles :

i) obtain a box form.

ii) Flat floor that uses perpendicular to the forces of mastication.

iii) Restrict the restoration extension to external walls to prevent undermining of cusps and ridges [can fine extension to minimum of $1/4^{th}$ of intercuspal distance]

iv) Rounding or covering of internal line and point angles.

v) Cap weakened cusp and envelope or include weakened tooth within the restoration

vi) Provide sufficient thickness or bulk to the restorative material.

vii) Bond the material to the tooth structure when appropriate.

viii) Reverse 's curve, 90° cavosurface, butt joint and 20° gingival cavosurface bevel.

ix) Taper to the mesial and distal axis walls in class I and at the groove extension

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10) Define the retention form and enumerate the methods of retention of cavity for silver amalgum

Definition : It is the shape and form of the conventional preparation that resists displacement and removal of the restoration by tapping or lifting forces

Features :

a) Primarily Retention form

i) occlusal convergence
ii) Irregular outline form
iii) occlusal dove tail
iv) Box form with well defined bud rounded line and point angles
v) Smooth and flat walls and floors

b) Secondary Retention form

i) Retentive grooves or lobes
ii) Retentive pins
iii) Slots
iv) Caves
v) Adhesive System for bonded amalgum

11) Define convenience form and mention it's features in an amalgum preparations ?

CONVENIENCE FORM

It will be the shape and form of preparation that form adequate accessibility, visibility and ease of operation in preparing and restoring the tooth.

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Features

- Extensive walls to gain adequate access to deeper portions of the cavity
- Clearing the proximal contact with adjacent tooth in a class II cavity provide convenience for matrix placement

12. Name the line angles and point angles of class I and class II cavity within suitable diagrams.

A line angle is a junction of two plane surfaces of different orientation along a line

A point angle is the junction of plane surface of these line angles of different orientation and it's name is from it's involved surfaces or line angles

LINE ANGLES

- Mesio buccal line angle
- Mesio lingual line angle
- Disto buccal line angle
- Disto lingual line angle
- Faciopulpal line angle
- Linguopulpal line angle
- Mesio pulpal line angle
- Dishopulpal line angle

POINT ANGLES

- Mesio bucco-pulpal point angle.
- Mesio lingual - pulpal point angle
- Disto buccopulpal point angle
- Disto linguo pulpal point angle

line angle and point angle in class II

For class II there are 11 line angles and 6 point angles

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LINE ANGLES

- Distofacial line angle
- Facio palatal line angle
- Axio-facial line angle
- Linguogingival line angle
- Axiogingival line angle
- Axiopulpal line angle
- Axio lingual line angle
- Disto lingual line angle
- Distopulpal line angle

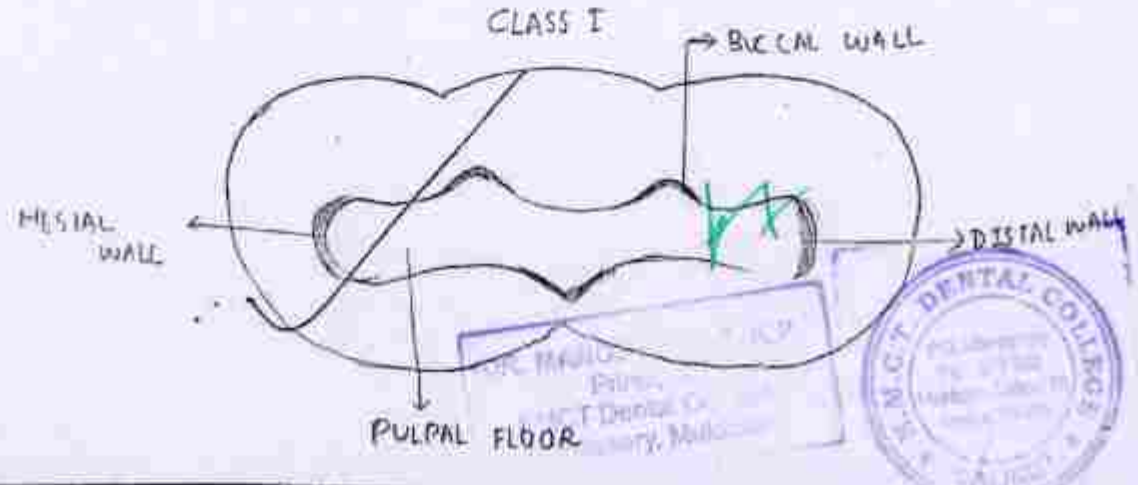
POINT ANGLES

- Distofacio pulpal point angle
- Axio facio pulpal point angle
- Axio facio gingival point angle
- Axio linguo pulpal point angle
- Axio linguo gingival point angles
- Distolinguo pulpal point angle

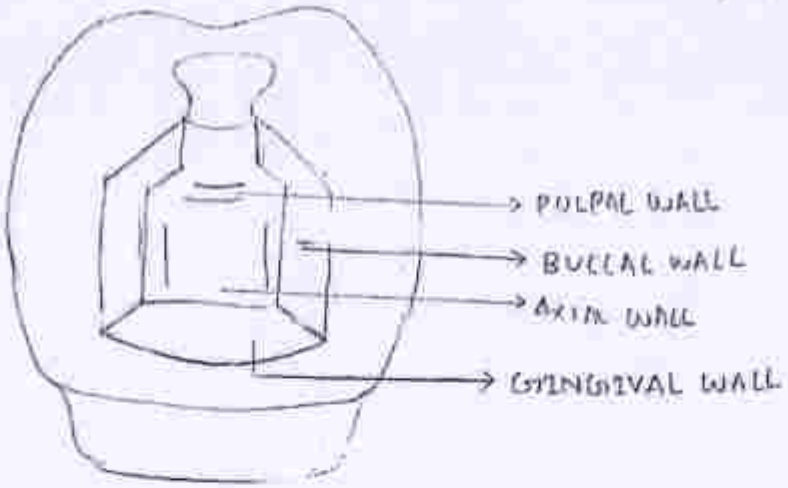
13 What are the features of strongest enamel margin ?

It is formed by the full length enamel rods and is supported on the preparation side by progressive shorter rods on which extend to dentin the cavosurface angle will be greater than 90°.

14. Draw a labelled diagram of class I and class II cavity ?



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15) Define the procedure for finishing of preparation walls ?

Finishing of preparation wall is the further development when individual of a specific cavosurface design degree of smoothness or roughness that produce the maximum effectiveness of the restorative material being used.

16) what are the objectives for finishing of external walls ?

- To create a best marginal seal between restoration and the tooth
- To obtain smooth marginal junction
- To provide maximum strength to the tooth and restoration.

17) what are the principles to be considered during this steps ?

- The cavity walls should follow the enamel and rod direction.
- The cavity walls should be placed in the second dentin
- The wall should be smooth
- The cavosurface margin should be 90° except at the gingival cavosurface of the proximal box of a class II preparation where 2° bevel is given

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18) What is circumferential tie ? what is it's significance ?

It is the peripheral anatomy of class preparation - The margin should be prepared to create a favourable relationship between the casting and cutting cement as the weak link in an indirect restoration is the cement lute The features in an intracoronal preparation is in the form of bevel expected away from the preparation.

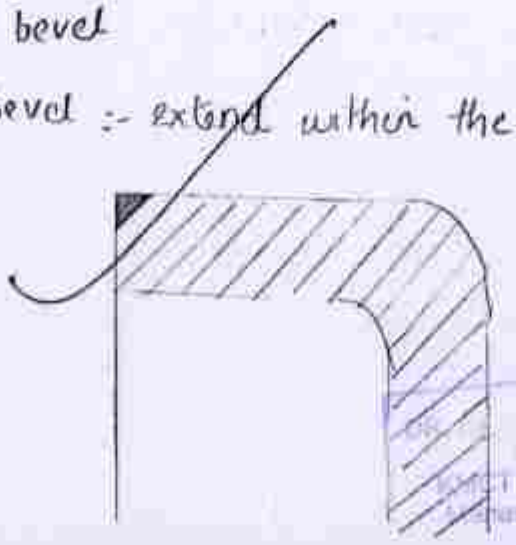
19) what are the principles of tooth preparation for an indirect restoration ?

- Obtaining a single path of insertion and removal (wing draw)
- concept of taper ($2°-5°$)
- Circumferential tie

20) What are the different types of bevel ?

* Depending on location :-
  - Gingival bevel
  - Occlusal bevel

a) Axial bevel :- extend within the enamel only



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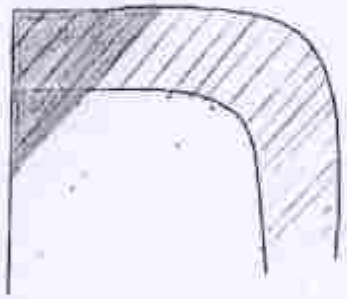
b) Short bevel :- Involve the whole enamel length



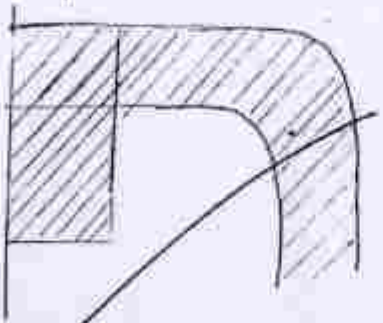
c) Long bevel : Involve all of the enamel wall and partly into dentin.



d) Full bevel : Includes all of the dentinal and enamel wall or floor.

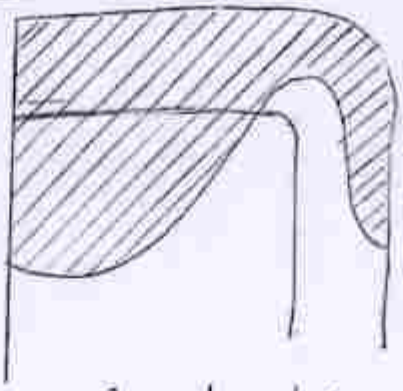


e) Halo ground bevel : when the bevel which usually in the form of a flat plate is prepared in a concave form



f) contour bevel : when a bevel is given opposite to an axial cavity wall on the facial or lingual surface of the tooth

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21) what are the functions of a bevel ?

- Create a strong marginal configuration
- provide retention
- provide an acute angle in the marginal metal which can be burnished protect the cement line
- May be extended to improve surface defects without removing excess tooth material

22) write the difference between Silver amalgam preparation and cast preparation

SILVER AMALGAM PREPARATION	CAST RESTORATION
• outline form is narrow as there is no involvement and the walls converge occlusally	• outline form is wide as there is more surface involvement and the cavity walls diverge axially
• The cavity which is kept at $\frac{1}{4}^{th}$ of intercuspal distance	• The width of the cavity may be increased upto $\frac{1}{3}^{rd}$ of the intercuspal distance
• The occlusal cavosurface angle is 90° to establish a butt joint with amalgam	• The occlusal cavosurface angle is 135° to 145° to achieve a lap sliding fit with the inlay

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• Burs used are No:245 and No : 330	• Burs used are No: 271 and No 169
• Gingival bevel is in the range of 15° to 20°	• Gingival bevel is steeper and is in the range of 25° to 35° This help to minimise the cement line.
• Undercuts is in the preparation improve retention of the restoration	• No undercuts should be present in the preparation
• Proximally, minimum clearance is provided not more than 0.5mm from the adjacent tooth	• Proximally more clearance may be accepted.
• Ideally gingival seat should be located supragingivally	• Subgingival extension of the gingival seat is acceptable
• Secondary retention is provided by grooves, slots, pins and amalgam pins	• Secondary retention is provided by grooves, slots, internal bores, skirts, collars and reverse bevel
• Proximal walls are only provided with a primary flare	• The proximal margins show primary and secondary flare.
• Internal line angles are rounded	• Internal line angles are well defined
• Reverse curve may be present in proximal outline	• Reverse curve is not provided in the proximal outline
• Beveling is done by only on the gingival cavosurface margin to remove unsupported enamel	• Bevels are placed on the occlusal and gingival cavosurface margins to provide frictional retention.

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EXERCISES ON TYPHODONT TEETH
AMALGAM AND GLASS IONOMER RESTORATIONS

Sl. No.	Date	Tooth No.	Preparation	Grade / Sign	Base, matrix wedge placement	Grade / Sign	Restoration	Grade / Sign
1	24/11/18	36	CLASS I OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
2	26/11/18	47	CLASS I OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
3	03/12/18	35	CLASS I OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
4	04/12/18	46	CLASS I BUCCAL PIT		ZINC PHOSPHATE CEMENT		AMALGAM	
5	17/12/18	16	CLASS I MESIAL ~~OCCLUSAL~~ DISTAL PIT ~~CAVITY~~		ZINC PHOSPHATE		AMALGAM	
6	01/01/19	44	CLASS I OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
7	14/01/19	27	CLASS I MESIAL DISTAL PIT		ZINC PHOSPHATE CEMENT		AMALGAM	
8	04/02/19	27	CLASS I PALATAL EXTENSION		ZINC PHOSPHATE CEMENT		AMALGAM	

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EXERCISES ON TYPHODONT TEETH
AMALGAM AND GLASS IONOMER RESTORATIONS

Sl. No.	Date	Tooth No.	Preparation	Grade / Sign	Base, matrix wedge placement	Grade / Sign	Restoration	Grade / Sign
9.	21/01/19	47	CLASS I BUCCAL EXTENSION		ZINC PHOSPHATE CEMENT.		AMALGAM	
10	22/01/19	26	CLASS I MESIAL DISTAL PIT		ZINC PHOSPHATE CEMENT		AMALGAM	
11.	26/02/19	37	CLASS III MESIO-OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
12	19/03/19	46	CLASS II MESIO-OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
13	27/04/19	16	CLASS II MESIO-OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
14	27/04/19	16	CLASS II DISTO OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
15.	30/04/19	26.	CLASS II MESIO-OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
16	30/04/19	26	CLASS II DISTO OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	

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EXERCISES ON TYPHODONT TEETH
AMALGAM AND GLASS IONOMER RESTORATIONS

Sl. No.	Date	Tooth No.	Preparation	Grade / Sign	Base, matrix wedge placement	Grade / Sign	Restoration	Grade / Sign
17	06/05/19	17	CLASS I MESIAL DISTAL PIT		ZINC PHOSPHATE CEMENT		AMALGAM	
17	06/05/19	17	CLASS II MESIA DISTO-OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
18	07/05/19	45	CLASS II DISTO OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
19	11/05/19	14	CLASS II MESIO-OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
20	20/05/19	24	CLASS II MESIO OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
21	20/05/19	15	CLASS II MESIO OCCLUSAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
22	18/06/19	36	MOD CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
23	18/06/19	46	MOD CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	

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EXERCISES ON TYPHODONT TEETH
AMALGAM AND GLASS IONOMER RESTORATIONS

Sl. No.	Date	Tooth No.	Preparation	Grade / Sign	Base, matrix wedge placement	Grade / Sign	Restoration	Grade / Sign
24	18/06/19	44	CLASS V BUCCAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
25	18/06/19	16	CLASS V BUCCAL CAVITY		ZINC PHOSPHATE CEMENT		AMALGAM	
26	18/06/19	25	CLASS V BUCCAL CAVITY		-	-	GIC	
27	22/06/19	45	CLASS V BUCCAL CAVITY		-	-	GIC	
28	26/06/19	33	CLASS III CAVITY		-	-	GIC	
29	26/06/19	13	CLASS III CAVITY		-	-	GIC	

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EXERCISE ON EXTRACTED TEETH

PREPARATIONS FOR AMALGAM RESTORATION

Sl. No.	Date	Tooth No.	Preparation	Grade / Sign	Base, matrix wedge placement	Grade / Sign	Restoration	Grade / Sign
1.	26/06/19	14	CLASS I CAVITY	BH	ZINC PHOSPHATE CEMENT	BH	AMALGAM	BH
2.	26/06/19	24	CLASS I CAVITY	BH	ZINC PHOSPHATE CEMENT	BH	AMALGAM	BH
3	26/06/19	15	CLASS I CAVITY	BH	ZINC PHOSPHATE CEMENT	BH	AMALGAM	BH
4	26/06/19	25	CLASS I CAVITY	BH	ZINC PHOSPHATE CEMENT	BH	AMALGAM	BH
5	28/06/19	36	MESIAL DISTAL PIT	BH	ZINC PHOSPHATE CEMENT	BH	AMALGAM	BH
6.	28/06/19	24	CLASS II CAVITY	BH	ZINC PHOSPHATE CEMENT	BH	AMALGAM	BH
7	28/06/19	15	CLASS II CAVITY	BH	ZINC PHOSPHATE CEMENT	BH	AMALGAM	BH
8	28/06/19	25	CLASS II CAVITY	BH	ZINC PHOSPHATE CEMENT	BH	AMALGAM	BH

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EXERCISE ON EXTRACTED TEETH

PREPARATIONS FOR AMALGAM RESTORATION

Sl. No.	Date	Tooth No.	Preparation	Grade / Sign	Base, matrix wedge placement	Grade / Sign	Restoration	Grade / Sign
9	28/06/19	36	MESIO OCCLUSO LAVEM	BH	ZINC PHOSPHATE CEMENT	BH	AMALGAM	BH

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ASSIGNMENT

1. Name the parts of handcutting instruments and explain instrument formula with example

Most handcutting instruments are composed of three parts

1) Handle or shaft
2) Shank
3) Blade.

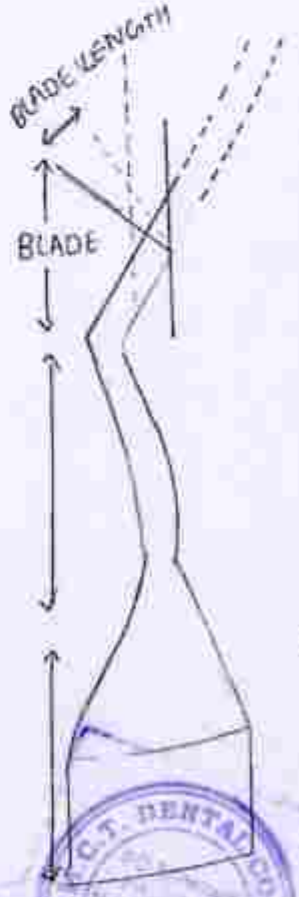
Cutting instruments have formula describing the dimension and angle of the working end. These are placed on the handle using a code of three or four numbers separated by dashes or spaces

FIRST NUMBER : The first number indicates the width of the blade or primary cutting edges in tenths of a millimeter

SECOND NUMBER : The second number of a four number code indicates the primary cutting edge angles measured form the parallel to the long axis of the instrument. handle in clockwise centigrade

THIRD NUMBER : (Second number in three number code) represents the length of the blade or millimeter that is from shank to the cutting edge

FOURTH NUMBER : (third number in three number code) represents the angle which the blade forms with the long axis of the handle or plane of instrument.



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Example :- Instrument with formula 15-95-8-12 represents

15 : width of the blade in tenths of a millimeter, ie 1.5 mm

95 : cutting edge angle in centigrades.

8 : length of blade ; ie 8mm

12 : blade angle in centigrades

2) classify the dental cutting tool using flow chart.

CLASSIFICATION GIVEN BY GV BLACK

CUTTING INSTRUMENTS	CONDENSING INSTRUMENTS	PLASTIC INSTRUMENTS	FINISHING & POLISHING INSTRUMENTS	ISOLATION INSTRUMENTS	MISCELLANEOUS INSTRUMENTS
A. Hand - Chisels - Excavators - Hatchets - Hoes B. Rotary - Burs - Stones - Discs	- Pluggers • Hand • Mechanical	- Spatulas - Cement carvers - Carvers - plastic filling instruments - Burnishers	A. Hand - Orange wood sticks - Polishing pomice - Finishing strips B. Rotary - Finishing brushes - Mounted brushes - Mounted stones - Rubber cups	- Rubber dam kit (Flame, clamps, sheet, forceps and punch) - Saliva ejector - Cotton roll holder - Evacuator tip and equipments	- Mouth mirror - Explorers - probe - pliers - Scissors - Others

CLASSIFICATION GIVEN BY HARZOUK

Based on different restorative procedures performed by different instruments

→ EXPLORING INSTRUMENTS

* Mouth mirror
* Explorer

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* Tweezers / cotton pliers
* Periodontal probes

→ INSTRUMENTS FOR TOOTH STRUCTURE REMOVAL

A) HAND CUTTING INSTRUMENTS

* Excavators
  i) Hatchet
  ii) Hoe
  iii) Spoon
  iv) Discoid
  v) Cleoid
  vi) Angle formers
* Chisels
  i) Straight
  ii) Monoangle
  iii) Bi angle
  iv) Triple angle
* Special forms of chisels
  i) Enamel hatchet
  ii) Gingival marginal trimmer
  iii) Wedelstaudt chisel
  iv) offset hatchet
  v) Triangular chisel
  vi) Hoe chisel

B) ROTARY INSTRUMENTS

* Burs
* Hand pews
* Ultrasonic instruments

→ RESTORING INSTRUMENTS

* Mixing instruments : plastic or stainless steel spatulas
* Condensing instruments : Rounded, triangular, diamond or pear shaped condensers

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* Burnishing instruments : Ball, egg, conical shaped burnishers.
* Carvers : Hollenback, discoid and cleoid, diamond shaped carvers.
* Files : Hatchet / parallelogram shaped.
* Knives : Bard Parker knife and steen's knife.

→ FINISHING AND POLISHING INSTRUMENTS

A) Hand
* Orange wood sticks
* Polishing points
* Finishing strips

B) Rotary
* Finishing Burs
* Mounted brushes
* Mounted stones
* Rubber cups
* Impregnated disc and wheel.

CLASSIFICATION GIVEN BY STURDEVANT

A) CUTTING INSTRUMENTS

i) Excavators
* Ordinary hatchets
* Hoes
* Angle formers
* Spoons

ii) Chisels
* Straight chisel
* Curved chisel
* Binangle chisel
* Enamel hatchet
* Gingival marginal trimmer

iii) Others
* Knives
* Files
* Scalers
* Carvers

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6. NON CUTTING INSTRUMENTS

i) Amalgam condensers
ii) Mirrors
iii) Explorers
iv) Probes.

3 List the difference between Gingival Marginal Trimmer and Enamel Hatchet

ENAMEL HATCHET	GINGIVAL MARGINAL TRIMMER
* It have a straight blade which makes it a single plane instrument	* The blade curved, which makes it a double plane instruments and enhances lateral scrapping motion
* The cutting edge is in plane parallel to the long axis of the handle	* The cutting edge of the GMT is not at 90° to the axis of the blade.
* It is available as right and left type.	* Right, Left, mesial and distal blunted types are available.
* Used for cleaving enamel and planning the distal walls so as to have sharp outline of the preparations	* Used for planning of gingival cavosurface margin that is removal of unsupported enamel and to bond axiopulpal line angle in the class II

4. List the difference between monoangle chisel and hoes

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MONOANGLE CHISEL	HOES
* The primary cutting edge is in a plane perpendicular to long axis of shaft * By definition chisel is an instrument where the blade makes upto 12.5° angle with the planes of the instruments * They are used to push or pull for anterior proximal restorations, smoothening proximal walls	* Dental hoe resembles a garden hoe * By definition it's any instrument where the blade makes more than 12.5° angle with the plane of an instruments. * Usually the blades makes 45-90° angle to the long axis of handle * It's shank can have one or more angles

List the difference between hoe and ordinary hatchet.

HOE	ORDINARY HATCHET
* Resembles miniature garden hoe. * Blade makes more than 12.5° angle with the plane of instrument * Hoe blade usually makes 45-90° angle to the long axis of handle * Shank can have one or more angles	* Ordinary hatchet excavator is a bevelled instrument * Blade is disordered in the same plane as that as long axis of the handle * used for preparing and sharpening line angles in anterior tooth.

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6 Mention the various devices and materials used for sharpening hand instruments

1. Stationary sharpening stones
2. Mechanical sharpeners
3. Handpiece sharpening stones

STATIONERY SHARPENING STONES

- The most frequently used sharpening equipment consists of a block or slip of abrasive material called a 'stone'.
- The stone is supported on a firm surface and the instrument is held by hand while being stroked against the stone surface.
- Stationary stones are often called 'oilstones' because of the common practice of applying a coating of oil to them as an aid to the sharpening process.
- Sharpening stones are available in a variety of grits, shapes and materials

* Grits	* Shapes	* Materials
i) Coarse	i) Flat	i) Arkansas stone.
ii) Medium	ii) Grooved	ii) Silicon carbide
iii) Fine	iii) cylindrical	iii) Aluminium oxide
	iv) Tapered	iv) Diamond

MECHANICAL SHARPENERS

- Rx honing machine

HAND-PIECE SHARPENING STONES

- Mounted silicon carbide stones
- Mounted aluminium oxide stones

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2) classify rotary instrument according to speed and write their uses :

The rotational speed of an instrument is measured in revolution per minute (rpm) Rotary speeds in dentistry is classified as follows

1) ACCORDING TO STURDEVANT

- Low or slow speeds (< 12,000 rpm)
- Medium or intermediate speeds (12,000 - 200000 rpm)
- High or ultra high speed (> 200,000 rpm)

2) ACCORDING TO HARZOOK

- Ultra low speed 300 - 3000 rpm
- low speed 3000 - 6000 rpm
- Medium high speed 20,000 - 45000 rpm
- High speed 45 000 - 100 000 rpm
- Ultra high speed > 100 000 rpm

The low speed range is used for :

- cleaning teeth
- occasional caries excavation
- finishing and polishing procedures

The high speed range is used for

- Tooth preparation
- Old restoration removal





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8. what are the advantages and disadvantages of high speed

ADVANTAGES	DISADVANTAGES
• Diamond and carbide cutting instruments remove tooth structure faster with less pressure vibration and heat generation • The number of rotary cutting instruments needed is reduced because smaller sizes are more universal in application • The operator has better control and greater ease of operation • Instruments last longer • Patients are generally less apprehensive because annoying vibrations and operating time are decreased • Several teeth in the same arch can and should be treated at the same appointment	• More heat production • Not fit for large preparation • preparation can cause operator fatigue

9. Write the disadvantages of slow speed

- Ineffective cutting
- Time consuming
- Operator fatigue
- Produce patient discomfort

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10 Enumerate the steps of tooth preparation.

Tooth preparation is divided into two stages.

STAGE 1

INITIAL TOOTH PREPARATION STAGES

1) Outline form and initial depth
2) Primary resistance form
3) Primary retention form
4) convenience form

FINAL TOOTH PREPARATION STAGES

5) Removal of any remaining infected dentin and old restorative material
6) Pulp protection
7) Secondary resistance and retention forms
8) Proudures for finishing external walls
9) Final proudures of cleansing, inspecting and sealing.

11 FUNCTIONS OF BASE

- Bases are used to provide thermal protection for the pulp and to supplement mechanical support for the restoration by distributing local stresses from the restoration across the underlying dentinal surface
- To withstand the force of condensation of restoration material and act as shock absorber

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- To substitute dentin in deep cavities
  Eg: zinc phosphate cement under Amalgam restoration
- To serve as an intermediate bonding material between the tooth and composite restoration
  Eg: GIC in sandwich techniques
- To prevent the ingress of bacteria and their noxious products into dentinal tubules through microleakage.

12 Enumerate the functions of a liner?

i) To serve as a physical barrier to ingress of bacteria/bacterial products
ii) To produce therapeutic effect such as antibacterial, anticarcinogenic & pulpal anodyne effect (To relieve pulpal pain)
iii) To provide a barrier for protection of the pulp from residual reactants diffusing out of a restoration
iv) To prevent oral fluids that may penetrate leaky restoration from reaching the pulp through dentin.
v) To contribute to some initial identical and thermal insulation when used under metallic restorations

13 What are the actions of calcium hydroxide.

- Calcium hydroxide has excellent pulpal compatibility and stimulate reparative dentin formation.
- Reduction in the inflammation due to antibacterial action of the cement is responsible for the mineralisation of dentin bridge
- Calcium ion responsible for reducing the capillary permeability and

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serum flow and there by create a conducive atmosphere for mineralisation.
- Hydroxyl ions for cement neutralise the acids produced by the dast cells and create a optimum pH for pyrophosphate activity necessary for mineralisation.

What are the actions of Zinc Oxide Eugenol?
- Soothing action on pulpal tissues.
- Eugenol has topical anaesthetic properties, therefore termed as obtundent material.
- Provides excellent thermal insulation when used as a base
- Good short term sealing.
- Good thermal insulators.

What are the factors affecting the selection of a pulp protecting agent?
- It should provide thermal protection against temperature changes
- Electrical protection against galvanic shock
- Mechanical protection during various restorative procedures
- Chemical protection from toxic components
- Protection from microleakage interface between tooth and restoration
- It should be biologically and chemically compatible.
- It should not discolour either the restoration or the tooth
- It should remain the dentin thickness between the floor of both Preparation and the pulpal chamber is one of the most important factors.

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16 Classify matrices

I) Depending upon their method of retention

a) Mechanical retained :

Eg: Ivory matrix retainers No: 1 and Tofflemire universal steel matrix band retainer.

b) Self retained

Eg: copper or stainless steel bands, auto matrices

II) Depending upon its preparation

a) Mechanical matrix :

Eg: Ivory matrix retainers No: 1 and 8

b) Anatomic / custom made matrix

Eg: Compound supported

III) On the basis of transparency :

a) Transparent matrices

Eg: celluphale, celluloid.

b) Non transparent matrices

Eg: Stainless steel

IV) Depending upon the tooth preparation for which they are used

TYPE OF PREPARATION	MATRICES AND RETAINERS
- Class II tooth preparation	• Ivory number 1 • Nyhamen retainers

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TYPE OF PREPARATION	MATRICES AND RETAINERS
-class II mesio occlusal distal tooth preparation	• Ivory matrix number 8 • Tofflemire matrix • Steel: sleeved and self adjusting matrix • Anatomical matrix band • Retainerless matrix
-class III tooth preparation	• S shaped matrix band • Cellophane matrix strips • Ugly strips
-class IV tooth preparation	• Plastic strips • Aluminium foil • Transparent acetate film • Anatomic matrix

Enumerate the ideal requirements and dimensions of matrix ?

Requirement of a matrix band :

i) RIGIDITY : The matrix band should be rigid enough so as to withstand the pressure of condensation applied during restoration placement and maintain its shape during hardening.

ii) ADAPTABILITY : The matrix band should be able to match to almost any size and shape of tooth.

iii) EASY TO USE : The band should be simple in design in that it does not cause any difficulty to the patient or hinder any routine operation during

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restoration of the tooth.

4) It should be able to displace the gingiva and rubber dam for ease in working.

5) NON REACTIVE : It should be inert to tissues and the restorative material

6) HEIGHT AND CONTOUR :- The matrix band should not extend more than 2mm beyond the occlusogingival height of the crown of tooth. This facilitates vision and speed up working. The matrix band helps in the formation of a physiologic proximal contact relationship

7) APPLICATION :- The matrix band should be such that it can be applied and removed easily

8) STERILISATION :

It should be inexpensive

DIMENSIONS OF A MATRIX BAND

- Material range in width from 5.35mm ($\frac{1}{4}$") to 9.25 mm ($\frac{3}{8}$") for permanent teeth and 3.775 mm ($\frac{1}{8}$") to 7.9375 mm ($\frac{5}{16}$") for deciduous teeth
- Thickness may range between 0.381 mm (0.0015") to 0.0508 mm (0.002")
- Matrix band should extend 2mm above the marginal ridge height and 1mm below gingival margin of the preparation.

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what are the functions of wedges ?

wedges are used to

i) Prevent gingival overhangs of restorations

ii) Seperate teeth to compensate for the thickness of the matrix band

iii) stabilize the matrix band and retainer

iv) Retract the rubber dam from gingival margins to control bleeding and moisture.

v) Help in depressing rubber dam in interproximal area.

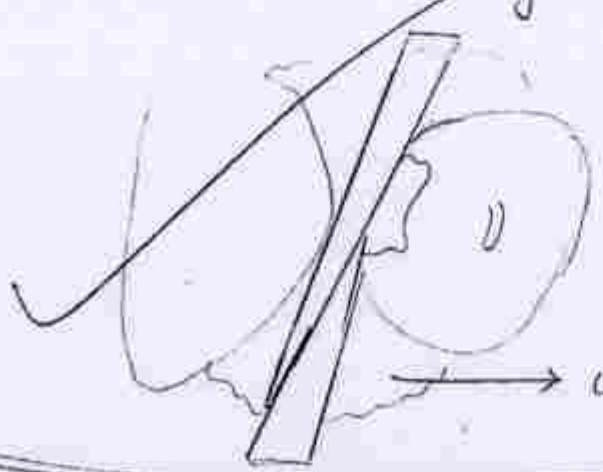
vi) Helps in retracting and depressing the interproximal gingival area thus helping in minimising trauma to soft tissue.

vii) Provides close adaptability in cervical portion of proximal restoration thereby achieving correct contour and shape of cervical areas.

19) write the methods of wedging with diagrams ?

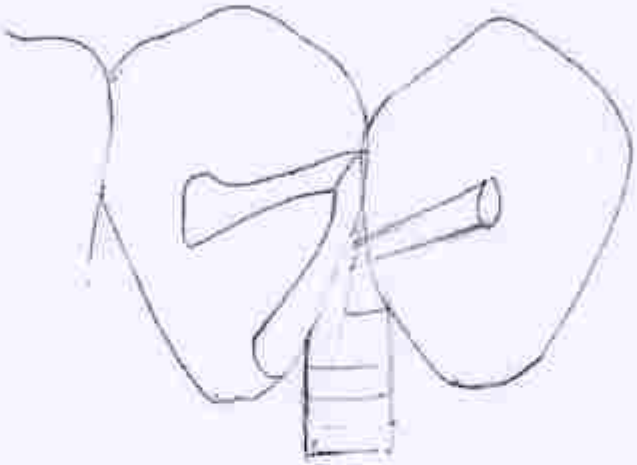
1. Double wedging

- Two wedges are used in one is inserted from buccal embrasure and another is inserted from lingual embrasure
- This technique is indicated in following cases.
  - Spacing between adjacent teeth where single wedging is not sufficient
  - wedging of proximal box in buccolingual dimension.

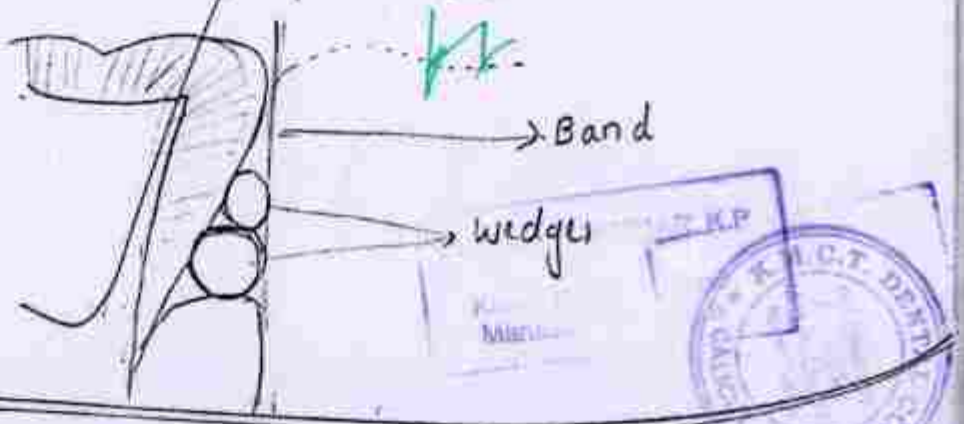


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2) Wedge wedging
- In this technique, two wedges are used
- One wedge is inserted from lingual embrasure and another is inserted between the wedge and matrix band at right angle to first wedge
- primarily indicated while treating mesial aspect of maxillary first premolar
- These are indicated in upper first premolar because of presence of plate in root near the gingival area



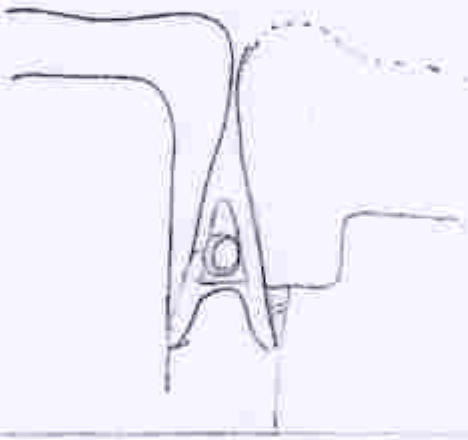
3) Piggy back wedging
- In this technique two wedges are used
- One (large) wedge is inserted & used normally, while the other smaller wedge (piggy back) is inserted above the larger one
- It is indicated in cases of shallow proximal box with gingival recession.
- This technique provides closer adaptation and contour of the matrix band



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4) Triangular v/s round wedge

- The round tooth pick wedge is usually the wedge of choice with conservative proximal boxes, however because its wedging action is more occlusal
- Triangular wedge is recommended for
  * preparation with a deep gingival margin
  * with the fulfillment mesio-occluso-distal matrix band
  * when the gingival margin is deep (cervically), the base of the triangular wedge more readily engages the tooth gingival to the margin without causing excessive soft tissue displacement



20) classify separators ?

A) Principles used in rapid separator :-

I) Transitori principle :-

a) Ferrie double blow separator

b) Non interfering wire separator

II wedge principle :

a) Kesot separator

b) wedges

B) Based on the method of separation

a) slow separation → Seperation should not exceed more than 2-5 mm

Separators used are

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Separating wire
orthodontic appliances
wood or rubber
Methods for achieving slow separation

① separating rubber ring bands
② Rubber dam shut
③ Ligature wire / copper wire
④ Gutta percha stick
⑤ Oversized temporary crown
⑥ Fixed orthodontic prosthesis

21) what are the objectives and methods of condensation ?

Objectives :-

- Being excess mercury on the surface of restoration
- Reduces the number and sizes of voides in restoration
- Prepare the surface of restoration for carving adapt analysis to the preparation wall and floor

Methods of condensation :

- A smaller condensation is used while filling the preparation larger or Each portion is thoroughly condensing prior to the placement to the next investment
- each condensing stroke should overlap the perimeter in condensing stroke to ensure that the entire mass is well condensed
- The preparation should be overpacked more using heavy pressure this ensures the cavosurface margin are completely covered with well condensed amalgam final condensation covers cavosurface margin should be done perpendicular to the internal enamel and adjacent to the margin.

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22) what are the types of burnishing and mention it's objective

Types :

1) Pre cavo burnishing :- obtain a rough anatomy of tooth, remove voids its a form of condensation to improve the benefits of condensation it provides a dense analogues of the margin of occlusal preparation restored with high copper amalgam and initial carving

2) Post cavo burnishing :- Due to improve smoothness and produce a shiny appearance

Objectives

- Adapt the amalgam well to cavosurface margin
- As a continuation of condensation to reduce voids
- To bring out excess mercury to the surface
- To produce smooth and shiny surface of restoration

23) what are the types and causes for failure seen in amalgam restoration

Types :

Fracture lines
Marginal ditching
Proximal overhang
Poor anatomic contour
Marginal ridge incompatibility
Improper proximal contour
Recurrent caries
Voids
Poor occlusal contact

Causes

- Poor case selection
- Defective tooth preparation
- Defective amalgam manipulation

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- Defective matrix adaptation
- Post restorative failures

24) what are the principles and sequence of carving of amalgam?

- with care, sharp discoid-cleoid carvers of suitable sizes are recommended for carving which may begin immediately after condensation
- The larger end of the discoid-cleoid instrument is used first followed by the smaller instrument in region not accessible to the large instrument. alternatively the Hollen back carver can be used.
- Deep occlusal grooves should not be carved slightly deeper than proximal marginal ridges.

25) what are the objectives of cavosurface bevel in composites?

- Increases the micromechanical bonding between tooth surface.
- Reduces polymerization shrinkage.
- Bevel merges the restoration to tooth surface which enhances the aesthetics

26) what are the difference between affected and infected dentin.

INFECTED DENTIN	AFFECTED DENTIN
• It is a superficial layer of demineralised dentin	• It is a deeper layer
• Cannot be remineralized	• Can be remineralized
• Lacks sensation	• It is sensitive

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INFECTED DENTIN	AFFECTED DENTIN
• Intertubular layer is demineralized with regularly scattered crystals • Collagen fibers are broken down appear as only indistinct cross bands • It can be stained with 0.2% propylene glycol 10% acid red solution 0.5% basic solution	• Intertubular layer is only partly demineralized. • Distinct cross bands are present • It cannot be stained with any solution

26) Explain direct and indirect pulp capping ?

Indirect pulp capping

It is the procedure performed in a tooth with deep carious lesions adjacent to the pulp

- In this procedure all infected carious dentin is removed except soft undiscoloured carious dentin which lies adjacent to the pulp.

- Caries near the pulp is left in place to avoid pulp exposure and preparation is covered with biocompatible material.

Indications

1) Deep carious lesions near the pulp tissues but not involving it
2) No mobility of tooth
3) No history of spontaneous tooth ache
4) No tenderness to percussion
5) No radiographic evidence of pulp pathology.

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Contraindications

- Presence of pulp exposure
- Radiographic evidence of pulp pathology
- History of spontaneous toothache
- Tooth sensitive to percussion
- Mobility present

Clinical technique

- Band the teeth if tooth is grossly decayed
- Anasthetize the tooth
- Apply rubber dam to isolate the tooth
- Remove soft caries either with spoon excavator or round bur
- A thin layer of dentin and some amount of caries is left to avoid exposure
- Place calcium hydroxide paste on the exposed dentin
- Cover the calcium hydroxide with zinc oxide eugenol base
- If restoration is to be given for a longer time, then amalgam restoration should be given
- Tooth should be evaluated after 6-8 weeks
- After 2 to 3 months remove the cement and evaluate the tooth preparation If due to remineralization or formation of secondary dentin, the soft dentin has become hard then remove any residual soft debris and then finally give protective cement base and place the permanent restorative material

The success of indirect pulp capping:

- Age of the patient
- Size of the patient
- Restorative procedure
- Evidence of pulp vitality

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Direct pulp capping

Direct pulp capping procedure involves the placement of biocompatible material over the size of pulp exposure to maintain vitality and promote healing.

Indications

- Small mechanical exposure of pulp during
  - Tooth preparation
  - Traumatic injury.
- No or minimal bleeding at the exposure site.

Contraindications

- Wide pulp exposure
- Radiographic evidence of pulp pathology
- History of spontaneous pain
- Presence of bleeding at exposure site

Clinical procedures:

- Administer local anaesthesia
- Isolate the tooth with rubber dam.
- When vital and healthy pulp is exposed, check the fresh bleeding at exposure site
- Clean the area with distilled water or saline solution and then dry it with a cotton pellet
- Apply calcium hydroxide over the exposed area
- Use inert restoration such as zinc oxide eugenol for 6 to 8 weeks.

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Success depends on

- Age of the patient
- Type of exposure
- Size of the exposure
- History of pain

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27) Define pulpotomy. write the material used for pulpotomy procedure

Surgical removal of the entire coronal pulp leaving intact vital tissues in the canals followed by placement of a medicament or dressing over the remaining pulp stump in an attempt to promote healing and retention of the vital tissue.

Materials used :

- Electro
- Laser
- formocresol
- glutaraldehyde
- Ferrous sulphate
- Calcium hydroxide

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28) Name different methods of moisture control

- Direct methods
  - → Rubber dam
  - → Absorbent materials (cotton rolls and cellular wafers)
  - → Low volume evacuator
  - → High volume evacuator
  - → Air way syringe
  - → Throat shield

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→ cheek retractor
→ Mouth prop

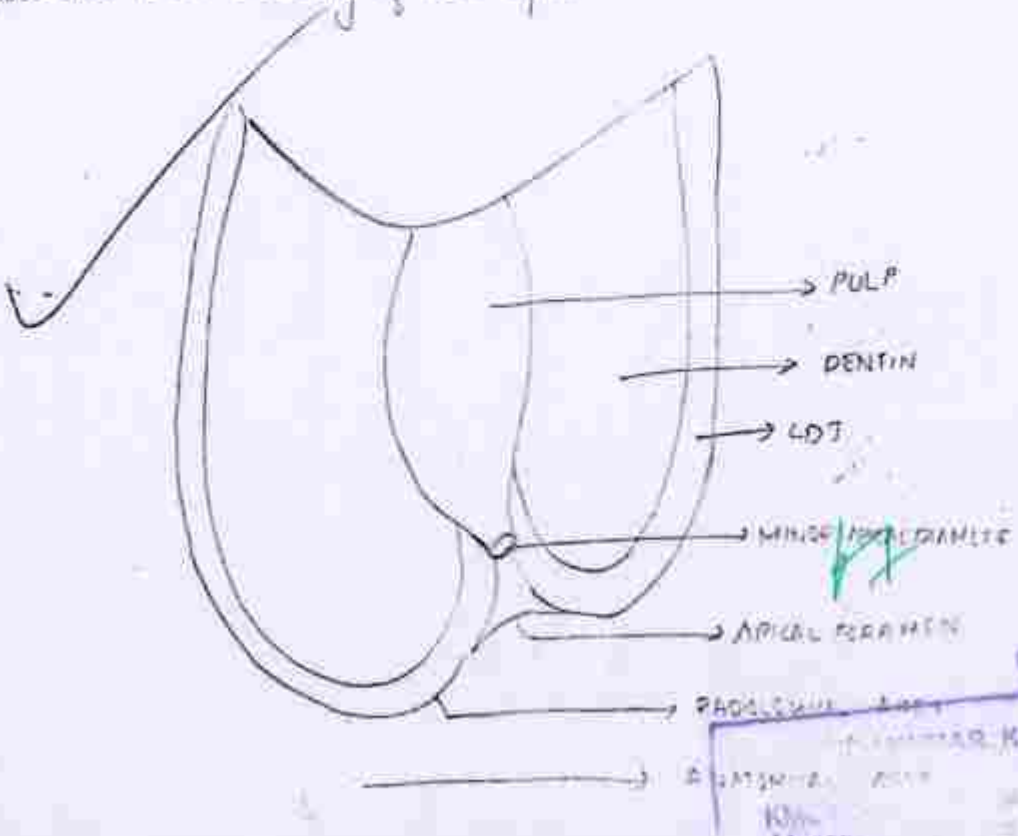
• pharmacological methods

→ Antisialagogues
→ Anti anxiety drugs
→ Hemostatic agents

• Methods used for gingival tissue management

→ physiomechanical
→ chemical
→ chemomechanical
- Rotary —
- electrochemical
- Surgical

29) Draw and label anatomy of root apex



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ATTENDING COMMUNITY SCREENING AND DENTAL TREATMENT CAMPS

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

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List of extension and outreach activities carried out during the period 2022-2023

Year	Name of the activity	Organising unit/ agency/ collaborating agency	Number of students participated in such activities	Number of teachers participated in such activities
2022-2023	WORLD NO TOBACCO DAY-VILLAGE ADOPTION PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH CHATHAMANGALAM GRAMAPANCHAYATH	19	5
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH JANATHA HOSPITAL AND SKSSF SAHACHARI SANKADANA PANCHAYATH BAZAR ,PUTHUPADI	9	2
2022-2023	VILLAGE ADOPTION PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH CHATHAMANGALAM GRAMAPANCHAYATH	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH TPC MASTER CHARITABLE TRUST ,KARUVANPOYIL ,KODUVALLY	9	3
2022-2023	AWARENESS OF MILK PURIFICATION PROGRAM – FIELD VISIT TO MILMA DAIRY PLANT FOR UG STUDENTS	MILMA –MRCMPU LTD, PERINGALOM, KOZHIKODE	24	1
2022-2023	AWARENESS OF MILK PURIFICATION PROGRAM – FIELD VISIT TO MILMA DAIRY PLANT FOR UG STUDENTS	MILMA –MRCMPU LTD, PERINGALOM, KOZHIKODE	30	1
2022-2023	TRIBAL DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH GOVERNMENT TRIBAL LP SCHOOL	8	2

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		,KOOMBARA,KOODARANJI		
2022-2023	VILLAGE ADOPTION PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH CHATHAMANGALAM GRAMAPANCHAYATH	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KUNDUPARAMBU PAKALVEED COMMITTEE ,EDAKKAD, KOZHIZODE	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH DEPARTMENT OF PROSTHODONTICS AND UL CARE NAYANAR SADANAM ,ERANJIPALAM, KOZHIKODE	4	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH DEPARTMENT OF PROSTHODONTICS AND UL CARE NAYANAR SADANAM ,ERANJIPALAM, KOZHIKODE	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH YUVAJANA ARTS AND SPORTS CLUB, KANNADIKAL ,KOZHIKODE	7	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH DEPARTMENT OF PROSTHODONTICS AND UL CARE NAYANAR SADANAM ,ERANJIPALAM, KOZHIKODE	15	4
2022-2023	WORLD ORAL HEALTH DAY – TRIBAL DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH COMMUNITY HEALTH CENTRE KODENCHERY AND KODENCHERY GRAMAPANCHAYATH (CERTIFICATE OF APPRICIATION RECEIVED FROM MINISTRY OF HEALTH AND FAMILY WELFARE)	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH PADINJARE CHATHALLUR MUSLIM YOUTH LEAGE COMMITTEE	8	2

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2022-2023	VILLAGE ADOPTION PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH CHATHAMANGALAM GRAMAPANCHAYATH	8	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH PRIYADARSHINI SWAYAM SAHAYA SANGAM ,KAREETIPARAMBU, MANIPURAM	9	2
2022-2023	ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH ST-SEBASTIANS HSS KOODARANJI	9	2
2022-2023	INTERNATIONAL WOMENS DAY	NSS UNIT KMCT DENTAL COLLEGE	100	5
2022-2023	ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH HIRA RESIDENTIAL SCHOOL ,MUKKAM	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY AND MAMO COLLEGE , MANASSERY	11	3
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH T.K SUDHAKARAN CHARITABLE TRUST ,KARAMOOLA	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH PARAMMAL KOOTAYMA CHARITABLE TRUST ,EAST MALAYAMMA	8	2
2022-2023	VILLAGE ADOPTION PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH CHATHAMANGALAM GRAMAPANCHAYATH	9	3
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH NATIONAL INSTITUTE OF TECHNOLOGY, KOZHIKODE	9	4
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY AND PROVIDENCE WOMENS COLLEGE	13	5

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

		KOZHIKODE		
2022-2023	ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH HIRA RESIDENTIAL SCHOOL ,MUKKAM	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH MANALODI KUDUMBA SAMITHI , MANKAVU KOZHIKODE	9	2
2022-2023	ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH ST-SEBASTIANS HSS KOODARANJI	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH SREESADASIVA CULTURAL CENTRE CHOOLAR, NIT	6	2
2022-2023	RURAL COMMUNITY DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH COMMUNITY DEVELOPMENT SOCIETY , PERUVAZHALGRAMAPANCHAYATH , POOVATTUPARAMBU	8	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KMCT URBAN HEALTH CENTRE	7	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH TK TRUST PUBLIC SCHOOL , ENGAPUZHA	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH NIT, KATTANGAL	7	2
2022-2023	VILLAGE ADOPTION PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH CHATHAMANGALAM GRAMAPANCHAYATH	9	2
2022-2023	ADOPTED SCHOOL ORAL	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH	9	2

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	HEALTH CARE PROGRAM	HIRA RESIDENTIAL SCHOOL ,MUKKAM		
2022-2023	ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH ST-SEBASTIANS HSS KOODARANJI	9	2
2022-2023	ORAL HEALTH CARE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH BUDS SPECIAL SCHOOL , MAVOOR	9	3
2022-2023	SCHOOL DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH RAHMANIYA VHS SCHOOL , MEDICAL COLLEGE	8	2
2022-2023	NSS SPECIAL CAMP AT BUDS SPECIAL SCHOOL , MAVOOR	NSS UNIT KMCT DENTAL COLLEGE	50	4
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KMCT POLYTECHNIC COLLEGE ,KUTTIPRAM	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KARUNA CHARITABLE SOCIETY , MUTHAMBALAM , MANIPURAM ,KODUVALLY	8	2
2022-2023	TRIBAL DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KARASSERY GRAMAPANCHAYATH , KARASSERY	8	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH UL CARE NAYANAR SADANAM ,ERANJIPALAM, KOZHIKODE	9	2
2022-2023	VILLAGE ADOPTION PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH CHATHAMANGALAM GRAMAPANCHAYATH	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH MILLATH SANTHWANAM TRUST , THAMARASSERY	8	2

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2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH TRIVERNA SWASRAYA SANGAM , VILLIKUNNU	9	2
2022-2023	ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH HIRA RESIDENTIAL SCHOOL ,MUKKAM	9	2
2022-2023	ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH ST-SEBASTIANS HSS KOODARANJI	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH RIFA'IYAH MAPILAKALA COACHING CENTRE , PUTHUR , OMASSERY	9	2
2022-2023	VILLAGE ADOPTION PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH CHATHAMANGALAM GRAMAPANCHAYATH CDS	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH NIT, KATTANGAL	11	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KERALA PRISON AND CORRECTIONAL SERVICES , DISTRICT JAIL , KOZHIKODE	12	4
2022-2023	SCHOOL DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH BHARATHIYA VIDYA BHAVAN SENIOR SECONDARY SCHOOL , PERUMTHURUTHI , ELATHUR	8	2
2022-2023	SCHOOL DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH BHARATHIYA VIDYA BHAVAN SENIOR SECONDARY SCHOOL , PERUMTHURUTHI , ELATHUR	9	2
2022-2023	CHILDRENS DAY CELEBRATION – ORAL HEALTH CARE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY AND LOVESHORE INSTITUTE FOR MENTALLY CHALLENGED, PANNICODE , MUKKAM	10	2

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2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH EMS CHARITABLE SOCIETY , KOZHIKODE , CHATHAMANGALAM	9	2
2022-2023	ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH HIRA RESIDENTIAL SCHOOL ,MUKKAM	9	2
2022-2023	ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH ST-SEBASTIANS HSS KOODARANJI	9	2
2022-2023	PALLIATIVE CARE FUND COLLECTION PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH PAIN AND PALLIATIVE CARE SOCIETY, KOZHIKODE	134	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH NIT, KATTANGAL	10	4
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH NAMMAL BEYPORE AND KOZHIKODE NATIONAL HOSPITAL	12	2
2022-2023	VILLAGE ADOPTION PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH CHATHAMANGALAM GRAMAPANCHAYATH CDS	12	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH ISHAATH SSUNA STUDENTS ASSOCIATION	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH MANATHAD JUMA MASJID AND ANSURUL ULOOM MADRASSA MAHALLU COMMITTEE ,PAYYOLI	8	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH JANAMYTHRI POLICE OF KOZHIKODE AT JDT	8	2
2022-2023	SCHOOL DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH MUKKAM GVHSS	10	2

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2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH NIT, KATTANGAL	10	4
2022-2023	TRIBAL DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH MELE PONNAMKAYAM TRIBAL COLONY AND FAMILY HEALTH CENTRE THIRUVAMBADI	11	4
2022-2023	SCHOOL DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH REC GVHSS NSS UNIT , CHATHAMANGALAM	7	2
2022-2023	INDEPENDENCE DAY	NSS UNIT KMCT DENTAL COLLEGE	100	5
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KERALA SENIOR CITIZEN FORUM KUTYADI PANCHAYATH	7	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH SKSSF VOT UNIT COMMITTEE AT GOVERNMENT SCHOOL VOT	10	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH ORUMA SWAYAM SAHAYA SANGAM KOTTOOPADAM	11	2
2022-2023	NATIONAL ORAL HYGIENE DAY - SCHOOL DENTAL HEALTH PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH HILL VIEW INTERNATIONAL SCHOOL , KODATHAI	8	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH MSF YOUTH LEAGUE VENNAKODE	9	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH DISTRICT JAIL, KOZHIKODE	10	4

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2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH COMMUNITY HEALTH CENTRE CHERUVADI AT CHERUVADI HSS , KUNNAMNGALAM	10	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KOZHIKODE NATIONAL HOSPITAL , MOOZHIKAL VYAPARA VYAVASAYA SAMITHI AND CHERUVATTA UNIT COMMITTEE AT HOTEL AL MASEERA	10	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KARUNYA RESIDENCE ASSOCIATION AT CHELAMBRA ALP SCHOOL, IDIMUZHIKAL	7	2
2022-2023	INTERNATIONAL DAY AGAIST DRUG ABUSE AND ILLICIT TRAFFICKING	NSS UNIT KMCT DENTAL COLLEGE	100	6
2022-2023	INTERNATIONAL YOGA DAY	NSS UNIT KMCT DENTAL COLLEGE	100	10
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KOZHIKODE MUNCIPAL CORPORATION , BILATHIKULAM	10	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH KOZHIKODE NATIONAL HOSPITAL AT CM HSS , MANNOOR , VALAVU	11	2
2022-2023	COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH INC URUNGATTIRI MANDALAM COMMITTEE	11	2
2022-2023	WORLD ENVIRONMENTAL DAY	NSS UNIT KMCT DENTAL COLLEGE	100	10
2022-2023	PALLIATIVE CARE INTERNSHIP PROGRAM	DEPARTMENT OF PUBLIC HEALTH DENTISTRY IN ASSOCIATION WITH INSTITUTE OF PALLIATIVE MEDICINE , KOZHIKODE	118	2

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2022-2023	PERIPHERAL RURAL SATELLITE CENTRE POSTING FOR COMPREHENSIVE DENTAL CARE FOR RURAL COMMUNITY	PERIPHERAL HEALTH CENTRE INTERN POSTING AT MAVOOR, MEENCHANDA AND PANNIKODE RURAL CENTERS	128	2

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

WORLD NO TOBACCO DAY PROGRAM AT ADOPTED VILLAGE OF CHATHAMANGALAM GRAMA PANCHAYATH ON 31/05/23



DATE OF CONDUCT OF CAMP: 31/05/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:CHATHAMANGALAM GRAMA PANCHAYATH.

CAMP SITE:VELLANOOR , CHATHAMANGALAM GRAMAPANCHAYATH.

TYPE OF CAMP:WORLD NO TOBACCO DAY PROGRAM.

TOTAL NUMBER OF STUDENTS ATTENDED: 19

TOTAL NUMBER OF STAFF ATTENDED: 5

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Anti Tobacco awareness program was organised by the Department of Public health dentistry in association with Adopted village of Chathamangalam Gramapanchayath on account of **World No Tobacco Day** at Vellanoor , Chathamangalam Gramapanchayath on 31/05/2023. The dental awareness camp began at 10 am with inauguration by Ms Sushama M Vice president Chathamangalam gramapanchayath .Dr Dhanya M Professor and HOD Dept of Public health dentistry delivered the welcome address and Dr Manoj Kumar KP Principal KMCT Dental college delivered Principal's address and felicitations are given by Ms Sujatha sharma Administrator KMCT Dental college and Ms Preethi Valathil Member 16-ward.Vote of thanks delivered by Dr Arun Paul NSS Coordinator KMCT Dental college. Program includes oral cancer screening , Oral cancer awareness sessions , Dental screening and treatment and also an Anti Tobacco awareness skit . A total of 60 patients were screened and 33 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP AT PUTHUPPADI ON 27/05/23



DATE OF CONDUCT OF CAMP: 27/05/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:JANATHA HOSPITAL AND SKSSF SAHACHARI SANKADANA,PANCHAYATH BAZAR.

CAMP SITE:JANATHA HOSPITAL , PUTHUPPADI.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

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A Dental screening and treatment camp was conducted on 27/05/2023 ,was organised by the Department of Public health dentistry in association with Janatha hospital and SKSSF Sahachari sankadana , Puthuppadi at Janatha hospital , Puthuppadi. The dental camp began at 10 am . A total of 62 patients were screened and 26 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

VILLAGE ADOPTION PROGRAM AT CHATHAMANGALAM ON 25/05/23



DATE OF CONDUCT OF CAMP: 25/05/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:CHATHAMANGALAM GRAMA PANCHAYATH CDS

CAMP SITE: CHATHAMANGALAM GRAMA PANCHAYATH .

TYPE OF CAMP: VILLAGE ADOPTION PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

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A Village adoption program was conducted on 25/05/2023 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Chathamangalam gramapanchayath . The dental camp began at 10 am . A total of 47 patients were screened and 17 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

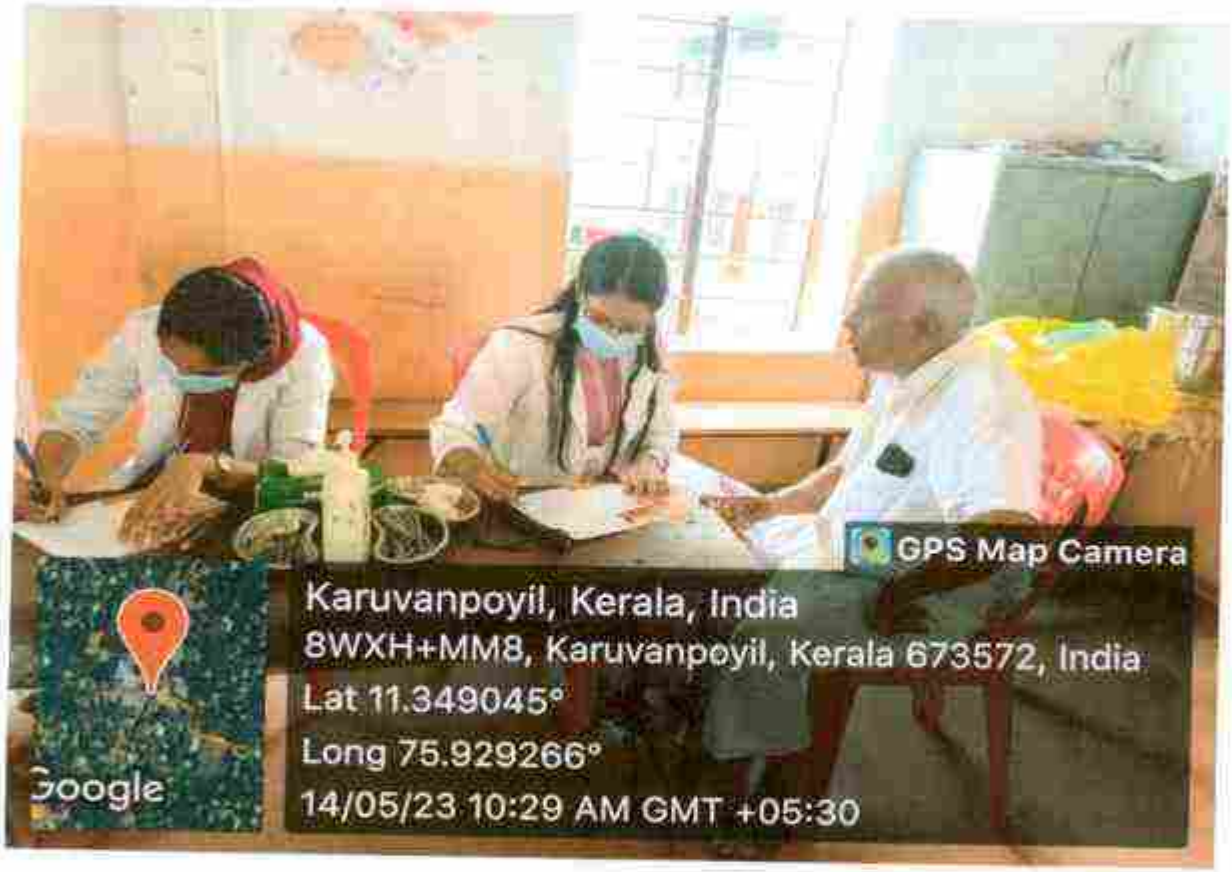
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Mukkam, Calicut Dt.
Kerala - S. India
CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

COMMUNITY DENTAL HEALTH AWARENESS AND TREATMENT CAMP AT KODUVALLY ON 14/05/23



DATE OF CONDUCT OF CAMP: 14/05/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:TPC MASTER CHARITABLE TRUST.

CAMP SITE:GOVT UP SCHOOL KARUVANPOYIL.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 3

KMCT DENTAL COLLEGE P.O. Manassery Mukkam Calicut Dt Kerala CALICUT

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A Dental screening and treatment camp was conducted on 14/05/2023 ,was organised by the Department of Public health dentistry in association with TPC Master charitable trust at Govt UP School , Karuvanpoyil , Koduvally. The dental camp began at 10 am . A total of 85 patients were screened and 16 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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CALICUT

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Accredited by NAAC with A+ Grade
Approved Research Centre of KUHS

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-FIELD VISIT REPORT

MILK PROCESSING AND PURIFICATION FIELD VISIT FOR UNDERGRADUATE STUDENTS TO MILMA DAIRY PLANT, PERINGOLAM- 2nd & 4th May 2023



DATE OF CONDUCT OF CAMP: 2/05/2023

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: MILMA DAIRY PLANT, PERINGALOM

CAMP SITE: PERINGALOM, CALICUT

TYPE OF CAMP: FIELD VISIT

Dr. NANDKUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

TOTAL NUMBER OF STUDENTS ATTENDED: 30

TOTAL NUMBER OF STAFF ATTENDED: 1

A field visit to MILMA Dairy Plant, Peringalom, was organized for Final year part I regular batch students. The field visit was organized by the Department of Public Health Dentistry in collaboration with MILMA Dairy Cooperative Society. This visit was organized in order to help the students understand the process of milk purification as a first step in prevention of Milk borne diseases. A total of 30 students final year Part I regular batch students participated for the field visit over two days on 2nd and 4th May 2022 from 9 am to 1 pm. Dr Arun Paul, faculty from Department of Public Health Dentistry accompanied the students on the two days. They were given detailed explanation of milk purification by the MILMA officers and had first-hand experience of the processing and purification unit within in the Dairy plant. In addition they were also shown the ice cream and curd processing unit too. The Production manager also gave a talk and enlightened the students on the historical back ground of MILMA Dairy development. The visit concluded at 1 pm. Students gave valuable feed-back about their field visit to MILMA Dairy plant. A field visit study report was submitted by the students who participated.

Principal
IMCT Dental College
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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

TRIBAL DENTAL HEALTH PROGRAM AT GOVT TRIBAL LP SCHOOL , KOOMPARA ON 30/04/23



DATE OF CONDUCT OF CAMP: 30/04/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:GOVT TRIBAL LP SCHOOL KOOMPARA.

CAMP SITE:KOOMPARA.

TYPE OF CAMP: TRIBAL DENTAL HEALTH PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED:9

TOTAL NUMBER OF STAFF ATTENDED: 2

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

VILLAGE ADOPTION PROGRAM AT CHATHAMANGALAM ON 29/04/23



DATE OF CONDUCT OF CAMP: 29/04/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:CHATHAMANGALAM GRAMA PANCHAYATH CDS

CAMP SITE: CHATHAMANGALAM GRAMA PANCHAYATH

TYPE OF CAMP: VILLAGE ADOPTION PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

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A Village adoption program was conducted on 29/04/2023 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Chathamangalam gramapanchayath CDS. The dental camp began at 10 am . A total of 81 patients were screened and 42 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS CAMP AT EDAKKADU ON 19/04/23



DATE OF CONDUCT OF CAMP: 19/04/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY: KUNDUPARAMBU PAKALVEEDU MONITORING COMMITTEE.

CAMP SITE:EDAKKADU , KOZHIKODE.

TYPE OF CAMP: DENTAL SCREENING CAMP.

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

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Kerala, India
CALICUT

A Dental screening camp was conducted on 19/04/2023 ,was organised by the Department of Public health dentistry in association with Kunduparambu pakalveedu monitoring committee, Edakkadu , Kozhikode. The dental camp began at 10 am . A total of 46 patients were screened and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT UL CARE NAYANAR SADANAM ON 24/03/23 , 31/03/23 AND 05/04/23



DATE OF CONDUCT OF CAMP: 24/03/23 , 31/03/23 AND 05/04/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY AND DEPARTMENT OF PROSTHODONTICS.

COLLABORATING AGENCY:UL CARE NAYANAR SADANAM.

CAMP SITE: UL CARE NAYANAR SADANAM , ERANJIPALAM.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 28

TOTAL NUMBER OF STAFF ATTENDED:4

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A Dental screening and treatment camp was conducted on 24/03/2023, 31/03/23 and 05/04/23 was organised by the Department of Public health dentistry and Department of Prosthodontics in association with UL Care Nayanar sadanam as a part of World Prosthodontist day . The dental camp began at 10 am . A total of 38 patients were screened and 33 patient treatments were done by interns and dental faculty and appropriate referrals were done. A total number of 18 prosthetic rehabilitations were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT KANNADIKKAL ON 26/03/23



DATE OF CONDUCT OF CAMP: 26/03/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:YUVAJANA ARTS AND SPORTS CLUB KANNADIKKAL.

CAMP SITE:KANNADIKKAL.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 7

TOTAL NUMBER OF STAFF ATTENDED: 2

Principal
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Manassery, Mukkam

K.M.C.T. DENTAL COLLEGE CALICUT

A Dental screening and treatment camp was conducted on 26/03/2023 ,was organised by the Department of Public health dentistry in association with Yuvajana arts and sports club , Kannadikkal. The dental camp began at 10 am . A total of 78 patients were screened and 31 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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CALICUT

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

WORLD ORAL HEATH DAY PROGRAM AT KODANCHERY ON 20/03/23



DATE OF CONDUCT OF CAMP: 20/03/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:CHC KODANCHERY AND KODANCHERY GRAMA PANCHAYATH.

CAMP SITE:VATTACHIRA SAMSKARIKA NILAYAM KODANCHERY.

TYPE OF CAMP:WORLD ORAL HEALTH DAY PROGRAM.

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

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A Tribal dental health program was conducted on 20/03/2023 ,was organised by the Department of Public health dentistry in association with CHC Kodanchery and Kodanchery grama Panchayath on account of **World Oral Health Day** at Vattachira samskarika nilayam for the tribal community of Kodanchery . The dental camp began at 10 am with inauguration by Kodanchery Panchayath president Sri Alex Thomas Chembakassery. Felicitations are given by Health and education standing committee Chairman Sri Sibi CP , Chief medical officer Kodanchery health centre Dr Abdurahman KK and Ward member Srimathi Rosli Mathew .An oral health awareness session was given by Dr Prejith sampath and Dr Nivea T Francis and oral bygiene kit distribution was done. A total of 14 patients were screened and 12 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT WEST CHATHALLUR ON 18/03/23



DATE OF CONDUCT OF CAMP: 18/03/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:WEST CHATHALLUR MUSLIM YOUTH LEAGUE COMMITTEE.

CAMP SITE: WEST CHATHALLUR CVNM AMLP SCHOOL.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

K.M.C.T. DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
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Manassery, Mukkam

A Dental screening and treatment camp was conducted on 18/03/2023 ,was organised by the Department of Public health dentistry in association with West Chathallur muslim youth league committee. The dental camp began at 10 am . A total of 47 patients were screened and 18 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

VILLAGE ADOPTION PROGRAM AT CHATHAMANGALAM ON 13/03/23



DATE OF CONDUCT OF CAMP: 13/03/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:CHATHAMANGALAM GRAMA PANCHAYATH CDS

CAMP SITE: CHATHAMANGALAM GRAMA PANCHAYATH

TYPE OF CAMP: VILLAGE ADOPTION PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

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A Village adoption program was conducted on 13/03/2023 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Chathamangalam gramapanchayath CDS. The dental camp began at 10 am . A total of 117 patients were screened and 41 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT MANIPURAM ON 11/03/23



DATE OF CONDUCT OF CAMP: 11/03/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:PRIYADARSHINI SWAYAM SAHAYA SANGAM .

CAMP SITE:KAREETIPARAMBU , MANIPURAM.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

R.M.C.T. DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
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Manassery, Mukkam

A Dental screening and treatment camp was conducted on 11/03/2023 ,was organised by the Department of Public health dentistry in association with Priyadarshini Swayam Sahaya sangam. The dental camp began at 10 am . A total of 74 patients were screened and 24 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM AT ST SEBASTIAN'S HSS KOODARANJI ON 09/03/23



DATE OF CONDUCT OF CAMP: 09/03/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: ST SEBASTIAN'S HSS KOODARANJI

CAMP SITE: ST SEBASTIAN'S HSS KOODARANJI

TYPE OF CAMP: ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

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An Adopted school oral health care program was conducted on 09/03/2023, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with St Sebastian's HSS at Koodaranji. The dental camp began at 10 am.. A total of 105 patients were screened and 27 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DENTAL COLLEGE

International Womens Day : 8th March 2023



Cultural programmes were conducted for all batches

The programme was inaugurated by Principal Dr Manoj Kumar. Programme officer Dr Arun paul addressed the gathering.

An awareness talk on topic "Empower yourself Embrace Equity" by Dr Varsha Vidhyadharan: Assistant professor Dept of Psychiatry, Govt Medical College was organised in mini auditorium. Second year and third year students attended the programme. An interactive session was also organised for student. Vote of thanks was delivered by Varun NSS volunteer.

100 volunteers and 5 staffs participated in the programme. Poster making, essay writing competitions were conducted by the NSS volunteers

Principal
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Manassery, Mukkam

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM AT HIRA PUBLIC SCHOOL ON 03/03/23



DATE OF CONDUCT OF CAMP: 03/03/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: HIRA PUBLIC SCHOOL

CAMP SITE: HIRA PUBLIC SCHOOL

TYPE OF CAMP: ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

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An Adopted school oral health care program was conducted on 03/03/2023, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Hira Public School. The dental camp began at 10 am.. A total of 40 patients were screened by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

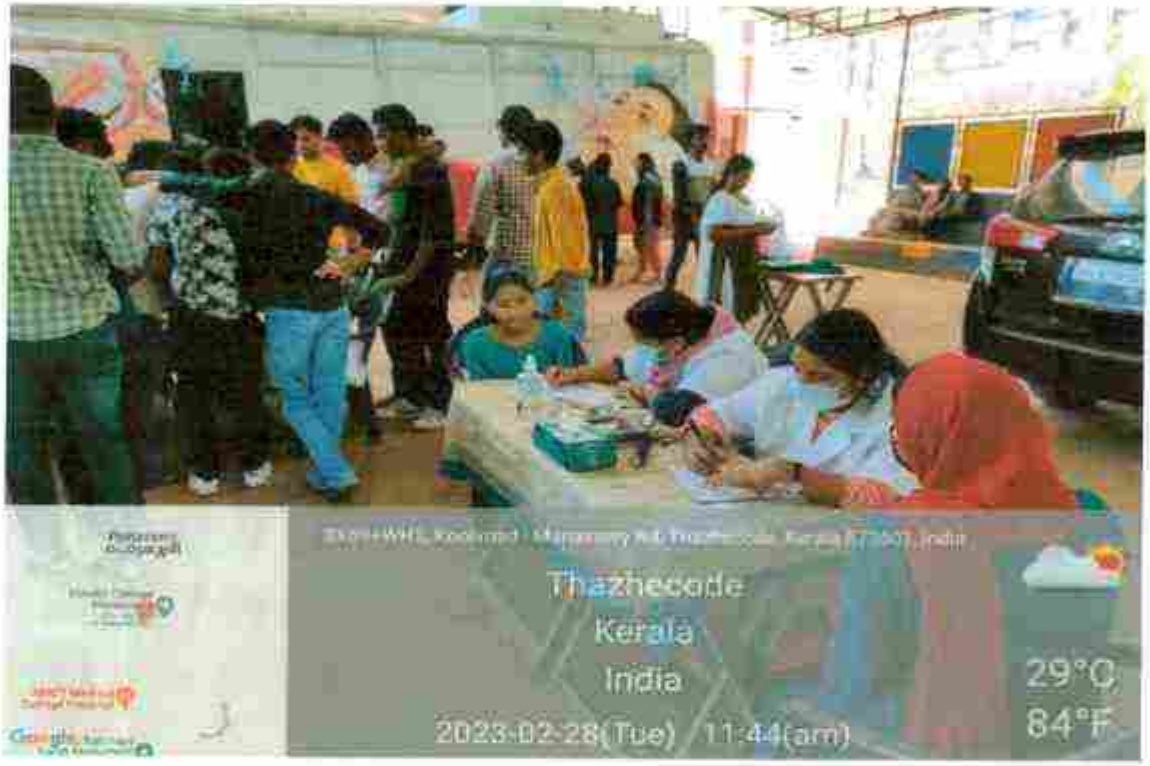
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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT MAMO COLLEGE , MANASSERY ON 28/02/23



DATE OF CONDUCT OF CAMP: 28/02/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY AND DEPT OF ORAL AND MAXILLOFACIAL SURGERY.

COLLABORATING AGENCY:MAMO COLLEGE , MANASSERY.

CAMP SITE: MAMO COLLEGE , MANASSERY.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 11

TOTAL NUMBER OF STAFF ATTENDED: 3

KMCT DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
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A Dental screening and treatment camp was conducted on 28/02/2023 ,was organised by the Department of Public health dentistry and Department of Oral and maxillofacial surgery in association with MAMO college, Manassery on account of International oral and maxillofacial surgeons day. The dental camp began at 10 am . Dr Manoj kumar kp , Principal KMCT Dental college delivered a talk on Oral and maxillofacial surgery. A total of 181 patients were screened and 36 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT KARAMOOLA ON 26/02/23



DATE OF CONDUCT OF CAMP: 26/02/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:TK SUDHAKARAN CHARITABLE TRUST , KARAMOOLA.

CAMP SITE:KARAMOOLA.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE CALICUT

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A Dental screening and treatment camp was conducted on 26/02/2023 ,was organised by the Department of Public health dentistry in association with TK Sudhakaran charitable trust , Karamoola. The dental camp began at 10 am . A total of 30 patients were screened and 18 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP PARAMMAL , EAST MALAYAMMA ON 25/02/23



DATE OF CONDUCT OF CAMP: 25/02/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:PARAMMAL KOOTAGMA CHARITABLE TRUST.

CAMP SITE:PARAMMAL , EAST MALAYAMMA.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE CALICUT

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A Dental screening and treatment camp was conducted on 25/02/2023 ,was organised by the Department of Public health dentistry in association with Parammal kootagma charitable trust. The dental camp began at 10 am . A total of 37 patients were screened and 13 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

VILLAGE ADOPTION PROGRAM AT CHATHAMANGALAM ON 20/02/23



DATE OF CONDUCT OF CAMP: 20/02/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:CHATHAMANGALAM GRAMA PANCHAYATH CDS

CAMP SITE: CHATHAMANGALAM GRAMA PANCHAYATH

TYPE OF CAMP: VILLAGE ADOPTION PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

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A Village adoption program was conducted on 20/02/2023 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Chathamangalam gramapanchayath CDS. The dental camp began at 10 am . A total of 108 patients were screened and 61 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT NIT , KOZHIKODE ON 17/02/23



DATE OF CONDUCT OF CAMP: 17/02/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY AND DEPT OF ORAL AND MAXILLOFACIAL SURGERY.

COLLABORATING AGENCY:NIT, KOZHIKODE.

CAMP SITE: NIT, KOZHIKODE.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 4

KMCT DENTAL COLLEGE P.O Manassery Pin-673 602 Mukkam, Calicut Dt. Kerala - S. India CALICUT

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A Dental screening and treatment camp was conducted on 17/02/2023 ,was organised by the Department of Public health dentistry and Department of Oral and maxillofacial surgery in association with NIT, Kozhikode on account of International oral and maxillofacial surgeons day. The dental camp began at 10 am . A total of 66 patients were screened and 28 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE CALICUT

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KMCT Dental College
Manassery, Mukkam

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT PROVIDENCE WOMENS COLLEGE , KOZHIKODE ON 14/02/23



DATE OF CONDUCT OF CAMP: 14/02/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY AND DEPT OF ORAL AND MAXILLOFACIAL SURGERY.

COLLABORATING AGENCY:PROVIDENCE WOMENS COLLEGE , KOZHIKODE.

CAMP SITE: PROVIDENCE WOMENS COLLEGE , KOZHIKODE.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 13

TOTAL NUMBER OF STAFF ATTENDED: 5

KMCT DENTAL COLLEGE P.O. Manassery Pin 673 602 Mukkam, Calicut Dt. Kerala - St. India CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 14/02/2023 ,was organised by the Department of Public health dentistry and Department of Oral and maxillofacial surgery in association with Providence womens college , Kozhikode on account of International oral and maxillofacial surgeons day. The dental camp began at 10 am . Dr Manoj kumar kp , Principal KMCT Dental college delivered a talk on Oral and maxillofacial surgery. A total of 229 patients were screened and 42 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE
CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM AT HIRA PUBLIC SCHOOL ON 13/02/23



DATE OF CONDUCT OF CAMP: 13/02/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: HIRA PUBLIC SCHOOL

CAMP SITE: HIRA PUBLIC SCHOOL

TYPE OF CAMP: ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE P.O. Manassery Pin: 673 602 Mukkam, Calicut Dt. Kerala - S. India CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

An Adopted school oral health care program was conducted on 13/02/2023, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Hira Public School. The dental camp began at 10 am.. A total of 31 patients were screened and 31 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT GOVT LP SCHOOL , THOTTUMARAN ON 12/02/23



DATE OF CONDUCT OF CAMP: 12/02/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:MANALODI KUDUMBA SAMITHI , MANKAVU.

CAMP SITE: GOVT LP SCHOOL , THOTTUMARAN.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 12/02/2023 ,was organised by the Department of Public health dentistry in association with Manalodi kudumba samithi ,Mankavu at GOVT LP School , Thottumaram. The dental camp began at 10 am . A total of 98 patients were screened and 19 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

DR. MANOJ KUMAR. K.P
Principal
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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM AT ST SEBASTIAN'S HSS KOODARANJI ON 06/02/23



DATE OF CONDUCT OF CAMP: 06/02/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: ST SEBASTIAN'S HSS KOODARANJI

CAMP SITE: ST SEBASTIAN'S HSS KOODARANJI

TYPE OF CAMP: ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE P.O. Manassery Pin. 673 602 Mukkam, Calicut Dt. Kerala - S. India CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

An Adopted school oral health care program was conducted on 06/02/2023, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with St Sebastian's HSS at Koodaranji. The dental camp began at 10 am.. A total of 74 patients were screened and 18 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT SREESADASIVA CULTURAL CENTRE , CHOOLUR ON 04/02/23



DATE OF CONDUCT OF CAMP: 04/02/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:SREESADASIVA CULTURAL CENTRE , CHOOLUR.

CAMP SITE: SREESADASIVA CULTURAL CENTRE , CHOOLUR.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 6

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 04/02/2023 ,was organised by the Department of Public health dentistry in association with Sree sadasiva cultural centre , Choolur. The dental camp began at 10 am . A total of 44 patients were screened and 21 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

DR. MANOJ KUMAR, K.P
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KMCT Dental College
Manassery, Mukkam

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

RURAL COMMUNITY DENTAL HEALTH TREATMENT PROGRAM AT POOVATTUPARAMB ON 31/01/23



DATE OF CONDUCT OF CAMP: 31/01/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY.

COLLABORATING AGENCY:COMMUNITY DEVELOPMENT SOCIETY , PERUVAYAL GRAMA PANCHAYATH, POOVATTUPARAMB.

CAMP SITE:POOVATTUPARAMB.

TYPE OF CAMP: RURAL COMMUNITY DENTAL HEALTH TREATMENT PROGRAM.

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

K.M.C.T. DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Rural community dental health treatment program was conducted on 31/01/2023 ,was organised by the Department of Public health dentistry in association with community development society ,Peruvayal gramapanchayath , Poovattuparamb. The dental camp began at 10 am . A total of 114 patients were screened and 26 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT KMCT URBAN HEALTH CENTRE , MUKKAM ON 30/01/23



DATE OF CONDUCT OF CAMP: 30/01/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY AND KMCT GROUP OF INSTITUTIONS .

COLLABORATING AGENCY:KMCT GROUP OF INSTITUTIONS.

CAMP SITE:KMCT URBAN HEALTH CENTRE , MUKKAM.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 7

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE
CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 30/01/2023 ,was organised by the Department of Public health dentistry in association with KMCT group of institutions at KMCT urban health centre , Mukkam. The dental camp began at 10 am . A total of 32 patients were screened and 16 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE
CALICUT

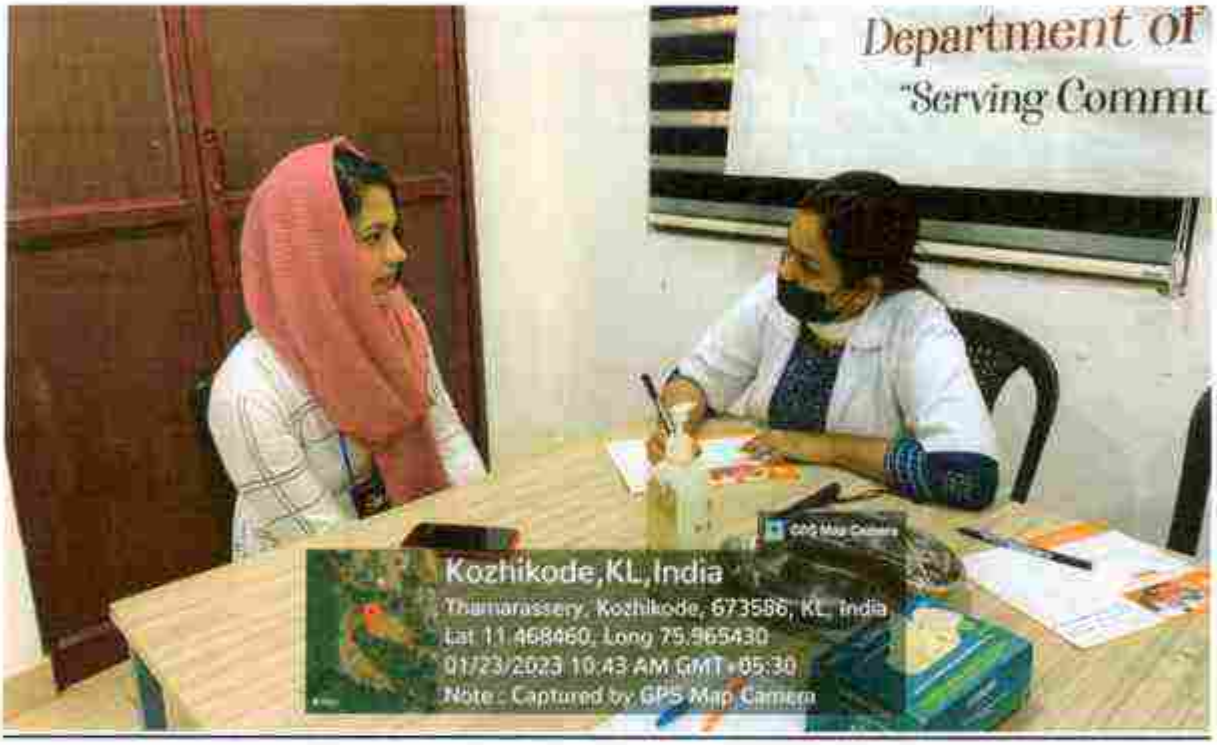
DR. MANOJ KUMAR. K.P
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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

SCHOOL DENTAL HEALTH PROGRAM AT TK TRUST PUBLIC SCHOOL , ENGAPUZHA ON 23/01/23



DATE OF CONDUCT OF CAMP: 23/01/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY .

COLLABORATING AGENCY:TK TRUST PUBLIC SCHOOL.

CAMP SITE:ENGAPUZHA.

TYPE OF CAMP: SCHOOL DENTAL HEALTH PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

K.M.C.T. DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A School dental health program was conducted on 23/01/2023 ,was organised by the Department of Public health dentistry in association with TK Trust public school , Engapuzha. The dental camp began at 10 am . A total of 76 patients were screened and 28 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

K.M.C.T. DENTAL COLLEGE
CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT NIT KATTANGAL ON 21/01/23



DATE OF CONDUCT OF CAMP: 21/01/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY AND NIT CALICUT.

COLLABORATING AGENCY:NIT CALICUT.

CAMP SITE: NIT CALICUT.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 7

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 21/01/2023 ,was organised by the Department of Public health dentistry in association with NIT Calicut. The dental camp began at 10 am . A total of 48 patients were screened and 20 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

VILLAGE ADOPTION PROGRAM AT CHATHAMANGALAM ON 18/01/23



DATE OF CONDUCT OF CAMP: 18/01/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:CHATHAMANGALAM GRAMA PANCHAYATH CDS

CAMP SITE: CHATHAMANGALAM GRAMA PANCHAYATH .

TYPE OF CAMP: VILLAGE ADOPTION PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE P.O. Manassery Pin: 673 602 Mukkam, Calicut Dt. Kerala - S. India CALICUT

DR. MANOJ KUMAR. K.P Principal KMCT Dental College Manassery, Mukkam

A Village adoption program was conducted on 18/01/2023 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Chathamangalam gramapanchayath CDS. The dental camp began at 10 am . A total of 93 patients were screened and 39 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

DR. MANOJ KUMAR. K.P
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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM AT HIRA PUBLIC SCHOOL ON 11/01/23



DATE OF CONDUCT OF CAMP: 11/01/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: HIRA PUBLIC SCHOOL

CAMP SITE: HIRA PUBLIC SCHOOL

TYPE OF CAMP: ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE P.O. Manassery Kerala - S. India CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

An Adopted school oral health care program was conducted on 11/01/2023, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Hira Public School. The dental camp began at 10 am.. A total of 40 patients were screened by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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Kerala, India
CALICUT

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM AT ST SEBASTIAN'S HSS KOODARANJI ON 09/01/23



DATE OF CONDUCT OF CAMP: 09/01/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: ST SEBASTIAN'S HSS KOODARANJI

CAMP SITE: ST SEBASTIAN'S HSS KOODARANJI

TYPE OF CAMP: ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

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DR. MANOJ KUMAR. K.P
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An Adopted school oral health care program was conducted on 09/01/2023, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with St Sebastian's HSS at Koodaranji. The dental camp began at 10 am.. A total of 91 patients were screened and 16 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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KMCT DENTAL COLLEGE

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT BUDS SPECIAL SCHOOL MAVOOR ON 07/01/23



DATE OF CONDUCT OF CAMP: 07/01/23

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY AND NSS UNIT KMCT DENTAL COLLEGE.

COLLABORATING AGENCY:BUDS SPECIAL SCHOOL , MAVOOR.

CAMP SITE: BUDS SPECIAL SCHOOL , MAVOOR.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 3

KMCT DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College

A Dental screening and treatment camp was conducted on 07/01/2023 ,was organised by the Department of Public health dentistry and NSS unit KMCT Dental College, Manassery in association with BUDS special school , Mavoor . The dental camp began at 10 am . A total of 30 patients were screened and 10 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

DR. MANOJ KUMAR. K.P
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Manassery, Mukkam

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT GOVT HS VETTILAPPARA ON 29/12/22



DATE OF CONDUCT OF CAMP: 29/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:RAHMANIYA VHS SCHOOL , MEDICAL COLLEGE.

CAMP SITE:GOVT HS VETTILAPPARA.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 29/12/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Rahmaniya VHS school , Medical college at GOVT HS Vettilappara. The dental camp began at 10 am . A total of 71 patients were screened and 34 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



Dr. MANOJ KUMAR P
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KMCT
DENTAL COLLEGE

7 DAY STAY CAMP AT BUDS SPECIAL SCHOOL, MAVOOR (ADOPTED VILLAGE)



NSS unit of KMCT Dental college conducted special camp for the period of 2022 from 28/12/2022 to 01/01/2023 and from 06/01/2023 to 07/01/2023

The special camp was split into two sessions as one session of 5 days at Buds special school, Mavoor, and another session of 2 days from 6th and 7th A group of energetic 50 volunteers enthusiastically participated in the special camp. The location Mavoor was selected because this village was adopted by the NSS unit and the school is run under the supervision of Mavoor panchayath. 50 volunteers and 4 staffs participated in the programme.

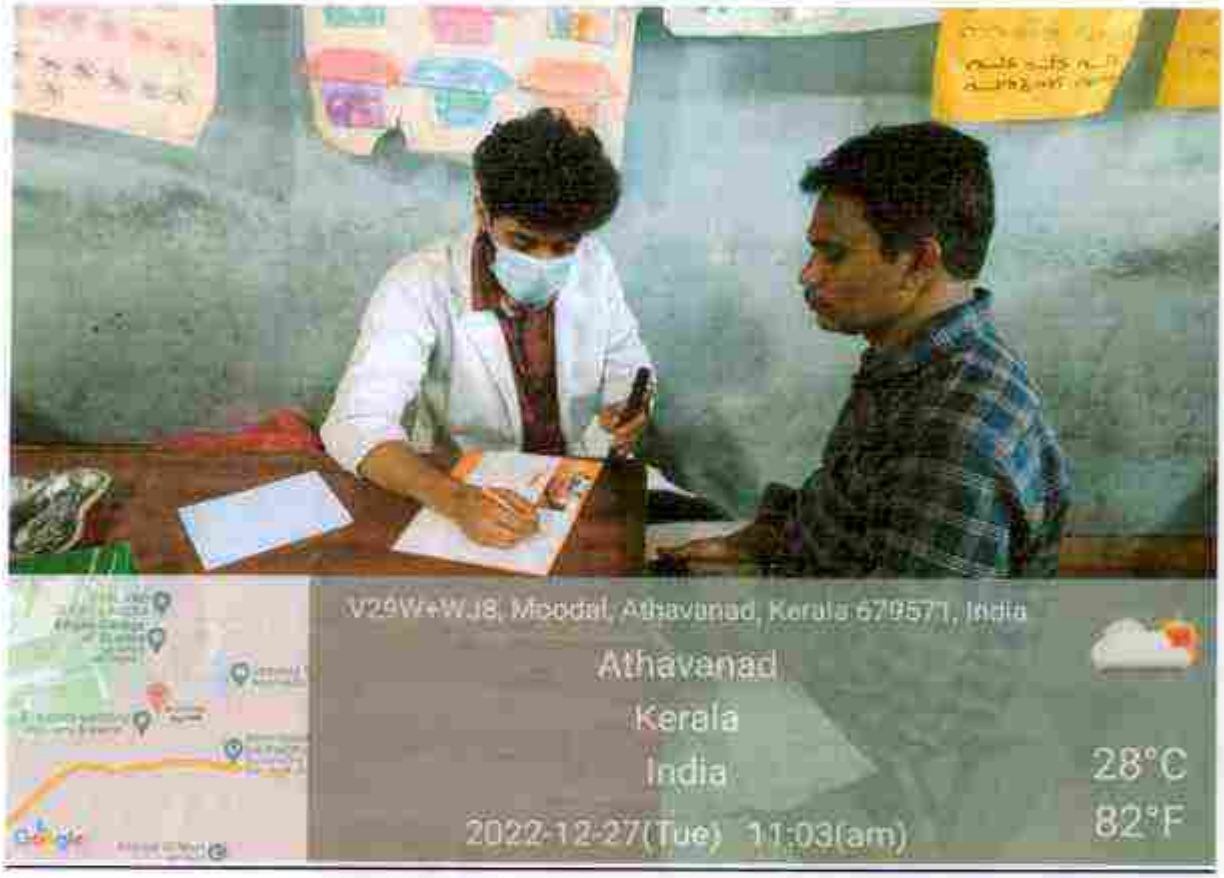
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT KUTTIPURAM ON 27/12/22



DATE OF CONDUCT OF CAMP: 27/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:KMCT POLYTECHNIC COLLEGE KUTTIPURAM.

CAMP SITE:MOORDHAV COLONY KUTTIPURAM.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 27/12/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with KMCT Polytechnic college Kuttipuram at Moordhav colony Kuttipuram. The dental camp began at 10 am . A total of 70 patients were screened and 31 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT MANIPURAM ON 18/12/22



DATE OF CONDUCT OF CAMP: 18/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:KARUNA CHARITABLE SOCIETY , MUTHAMBALAM, MANIPURAM.

CAMP SITE:MANIPURAM , KODUVALLY.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 18/12/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Karuna charitable society , Muthambalam. The dental camp began at 10 am . A total of 59 patients were screened and 23 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.





Principal
KMCT Dental College
Manassery, Malappuram

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

TRIBAL DENTAL HEALTH CAMP AT KARASSERY ON 17/12/22



DATE OF CONDUCT OF CAMP: 17/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:KARASSERY GRAMA PANCHAYATH.

CAMP SITE:IHRD COLLEGE THOTTAKKAD.

TYPE OF CAMP: TRIBAL DENTAL HEALTH CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

K.M.C.T. DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Tribal dental health camp was conducted on 17/12/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Karassery grama Panchayath at IHRD college Thottakkad. The dental camp began at 10 am . A total of 29 patients were screened and 15 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

K.M.C.T. DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT ERANJIPALAM ON 16/12/22



DATE OF CONDUCT OF CAMP: 16/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:UL CARE NAYANAR SADANAM ERANJIPALAM.

CAMP SITE:ERANJIPALAM.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE P.O. Manassery Pin: 673602 Mukkam, Calicut Dt. Kerala - S. India CALICUT

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A Dental screening and treatment camp was conducted on 16/12/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with UL Care Nayanar sadanam , Eranjipalam . The dental camp began at 10 am . A total of 47 patients were screened and 29 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

VILLAGE ADOPTION PROGRAM AT CHATHAMANGALAM ON 12/12/22



DATE OF CONDUCT OF CAMP: 12/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:CHATHAMANGALAM GRAMA PANCHAYATH CDS

CAMP SITE: CHATHAMANGALAM GRAMA PANCHAYATH .

TYPE OF CAMP: VILLAGE ADOPTION PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE P.O. Manassery Pin 673 602 Mukkam, Calicut Dt. Kerala - S. India CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Village adoption program was conducted on 12/12/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Chathamangalam gramapanchayath CDS. The dental camp began at 10 am . A total of 101 patients were screened and 29 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

DR. MANOJ KUMAR. K.P
Principal
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Manassery, Mukkam

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KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT THAMARASSERY ON 10/12/22



DATE OF CONDUCT OF CAMP: 10/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:MILLATH SANTHWANAM TRUST , TAMARASSERY.

CAMP SITE: THAMARASSERY.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 10/12/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Millath santhwanam trust , Thamarassery. The dental camp began at 10 am . A total of 49 patients were screened and 13 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



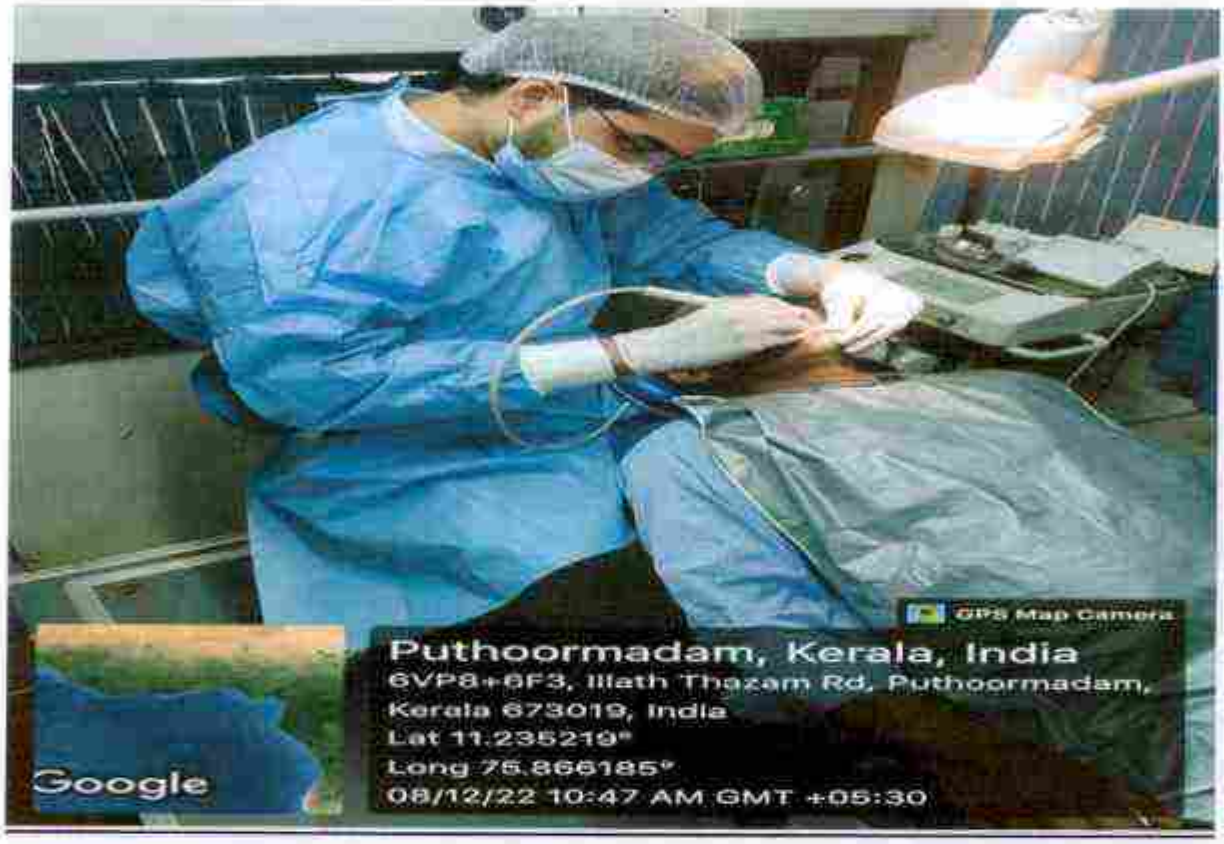


DR. ANOJ KUMAR K.P
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Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT VILLIKKUNNU ON 08/12/22



DATE OF CONDUCT OF CAMP: 08/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:TRIVARNA SWASRAYA SANGAM , VILLIKKUNNU.

CAMP SITE: VILLIKKUNNU.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 08/12/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Trivarna Swasraya sangam , Villikkunnu. The dental camp began at 10 am . A total of 91 patients were screened and 29 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE CALICUT

Dr. MANOJ KUMAR M.D
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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM AT HIRA PUBLIC SCHOOL ON 10/11/22



DATE OF CONDUCT OF CAMP: 10/11/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: HIRA PUBLIC SCHOOL

CAMP SITE: HIRA PUBLIC SCHOOL

TYPE OF CAMP: ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE P.O. Manassery Pin: 673 602 Mukkam, Calicut Dt. Kerala - S. India CALICUT

DR. MANOJ KUMAR. K.P
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An Adopted school oral health care program was conducted on 10/11/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Hira Public School. The dental camp began at 10 am.. A total of 40 patients were screened by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT ST SEBASTIAN'S HSS KOODARANJI ON 08/11/22



DATE OF CONDUCT OF CAMP: 08/11/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: ST SEBASTIAN'S HSS KOODARANJI

CAMP SITE: ST SEBASTIAN'S HSS KOODARANJI

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 08/11/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with St Sebastian's HSS at Koodaranji. The dental camp began at 10 am.. A total of 105 patients were screened and 23 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT PUTHUR , OMASSERY ON 02/12/22



DATE OF CONDUCT OF CAMP: 02/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:KERALA STATE RIFAIYAH MAPPILA KALA COACHING CENTRE , PUTHUR

CAMP SITE:PUTHUR , OMASSERY.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 02/12/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Kerala state Rifaiyah mappila kala coaching centre , Puthur. The dental camp began at 10 am . A total of 83 patients were screened and 34 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



Dr. RAMAN KUTTY K.P
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KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

VILLAGE ADOPTION PROGRAM AT CHATHAMANGALAM ON 28/11/22



DATE OF CONDUCT OF CAMP: 28/11/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:CHATHAMANGALAM GRAMA PANCHAYATH CDS

CAMP SITE: CHATHAMANGALAM GRAMA PANCHAYATH

TYPE OF CAMP: VILLAGE ADOPTION PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE P.O. Manassery Ph. 673 602 Mukkam, District Dt. Kerala - 3. India CALICUT

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A Village adoption program was conducted on 28/11/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Chathamangalam gramapanchayath CDS. The dental camp began at 10 am . A total of 99 patients were screened and 37 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT NIT KOZHIKODE ON 26/11/22



DATE OF CONDUCT OF CAMP: 26/11/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:NIT KOZHIKODE

CAMP SITE: NIT KOZHIKODE.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 11

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 26/11/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with NIT Kozhikode. The dental camp began at 10 am . A total of 36 patients were screened and 22 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.





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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT DISTRICT JAIL KOZHIKODE ON 18/11/22



DATE OF CONDUCT OF CAMP: 18/11/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:KERALA PRISONS AND CORRECTIONAL SERVICES.

CAMP SITE:DISTRICT JAIL KOZHIKODE.

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 12

TOTAL NUMBER OF STAFF ATTENDED: 4

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A Dental screening and treatment camp was conducted on 18/11/2022 ,was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Kerala prisons and correctional services. The dental camp began at 10 am . A total of 129 patients were screened and 42 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

SCHOOL DENTAL HEALH PROGRAM AT BHARATIYA VIDYA BHAVAN ON 16/11/22



DATE OF CONDUCT OF CAMP: 16/11/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:BHARATIYA VIDYA BHAVAN SENIOR SECONDARY SCHOOL , PERUMTHURUTHY.

CAMP SITE: BHARATIYA VIDYA BHAVAN SENIOR SECONDARY SCHOOL , PERUMTHURUTHY.

TYPE OF CAMP: SCHOOL DENTAL HEALTH PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 10

TOTAL NUMBER OF STAFF ATTENDED: 2

DR. MANOJ KUMAR. K.P
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A School dental health program was conducted on 16/11/2022 as a part of childrens day was organised by the Department of Public health dentistry and pediatric and preventive dentistry, KMCT Dental College, Manassery in association with Bharatiya vidya bhavan senior secondary school perumthuruthy. The dental camp began at 10 am with dental awareness class for students. A total of 631 patients were screened by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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K.M.C.T. DENTAL COLLEGE
CALICUT

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

SCHOOL DENTAL HEALTH PROGRAM AT BHARATIYA VIDYA BHAVAN ON 15/11/22



DATE OF CONDUCT OF CAMP: 15/11/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY:BHARATIYA VIDYA BHAVAN SENIOR SECONDARY SCHOOL , PERUMTHURUTHY.

CAMP SITE: BHARATIYA VIDYA BHAVAN SENIOR SECONDARY SCHOOL PERUMTHURUTHY.

TYPE OF CAMP: SCHOOL DENTAL HEALTH PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

K.M.C.T. DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
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A School dental health program was conducted on 15/11/2022 as a part of childrens day was organised by the Department of Public health dentistry and pediatric and preventive dentistry, KMCT Dental College, Manassery in association with Bharatiya vidya bhavan senior secondary school perumthuruthy. The dental camp began at 10 am with dental awareness class for students. A total of 404 patients were screened by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.





KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH CARE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS AT PANNIKODE ON 14/11/22



DATE OF CONDUCT OF CAMP: 14/11/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: LOVE SHORE INSTITUTE FOR MENTALLY CHALLENGED , PANNIKODE.

CAMP SITE: LOVE SHORE INSTITUTE FOR MENTALLY CHALLENGED , PANNIKODE.

TYPE OF CAMP: ORAL HEALTH CARE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

TOTAL NUMBER OF STUDENTS ATTENDED: 10

TOTAL NUMBER OF STAFF ATTENDED: 2

K.M.C.T. DENTAL COLLEGE P.O. Manassery CALICUT

DR. MANOJ KUMAR. K.P
Principal
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Manassery, Mukkam

An Oral health care program for children with special needs was conducted on 14/11/2022 as a part of childrens day was organised by the Department of Public health dentistry and Department of pediatric and preventive dentistry, KMCT Dental College, Manassery in association with Love shore institute for mentally challenged, pannikode . The dental camp began at 10 am with dental awareness class for the parents and students. A total of 39 patients were screened and 2 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT KOOZHAKODE ON 13/11/22



DATE OF CONDUCT OF CAMP: 13/11/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: EMS CHARITABLE SOCIETY , KOOZHAKODE AND 17TH WARD KUDUMBASREE KOOZHAKODE.

CAMP SITE: KOOZHAKODE AUP SCHOOL

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 13/11/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with EMS Charitable society Koozhakode. The dental camp began at 10 am., A total of 64 patients were screened and 28 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM AT HIRA PUBLIC SCHOOL ON 07/12/22



DATE OF CONDUCT OF CAMP: 07/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: HIRA PUBLIC SCHOOL

CAMP SITE: HIRA PUBLIC SCHOOL

TYPE OF CAMP: ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

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An Adopted school oral health care program was conducted on 07/12/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Hira Public School. The dental camp began at 10 am.. A total of 33 patients were screened and 33 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM AT ST SEBASTIAN'S HSS KOODARANJI ON 05/12/22



DATE OF CONDUCT OF CAMP: 05/12/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: ST SEBASTIAN'S HSS KOODARANJI

CAMP SITE: ST SEBASTIAN'S HSS KOODARANJI

TYPE OF CAMP: ADOPTED SCHOOL ORAL HEALTH CARE PROGRAM

TOTAL NUMBER OF STUDENTS ATTENDED: 9

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TOTAL NUMBER OF STAFF ATTENDED: 2

An Adopted school oral health care program was conducted on 05/12/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with St Sebastian's HSS at Koodaranji. The dental camp began at 10 am,. A total of 123 patients were screened and 26 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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KMCT DENTAL COLLEGE

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Approved Research Centre of AIIMS

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-FUND COLLECTION REPORT

FUND RAISING FOR PAIN AND PALLIATIVE CARE SOCIETY-1st November 2022



A fund collection towards Pain and Palliative Care Society was organized by the **134 Interns**, the batch of 2022-23 in coordination with Department of Public Health Dentistry. The fund collection was organized in order to help the Pain and Palliative Care Society, a

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charitable organization comprising of volunteers and medical professionals trying to alleviate the suffering of chronically ill and debilitated. The fund collection took a month to complete and on **Ist November 2022** the amount collected was handed over to Dr Anwar Hussain, Director of Institute of Palliative Medicine by Intern representatives and **Dr Dhanya Muralidharan,** H.O.D, Department of Public Health Dentistry, KMCT Dental College.



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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT NIT CALICUT ON 29/10/22



DATE OF CONDUCT OF CAMP: 29/10/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: NIT CALICUT

CAMP SITE: NIT

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 10

TOTAL NUMBER OF STAFF ATTENDED: 4

A Dental screening and treatment camp was conducted on 29/10/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with NIT Calicut at NIT Campus. The dental camp began at 10 am.. A total of 55 patients were screened and 29 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT GANPATH VHSS FEROKE ON 30/10/22



DATE OF CONDUCT OF CAMP: 30/10/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: NAMMAL BEYPORE AND KOZHIKODE NATIONAL HOSPITAL

CAMP SITE: GANPATH VHSS , FEROKE

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 12

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 30/10/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Nanmal Beypore and Kozhikode National hospital at Ganpath VHSS Feroke. The dental camp began at 10 am,. A total of 209 patients were screened and 69 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

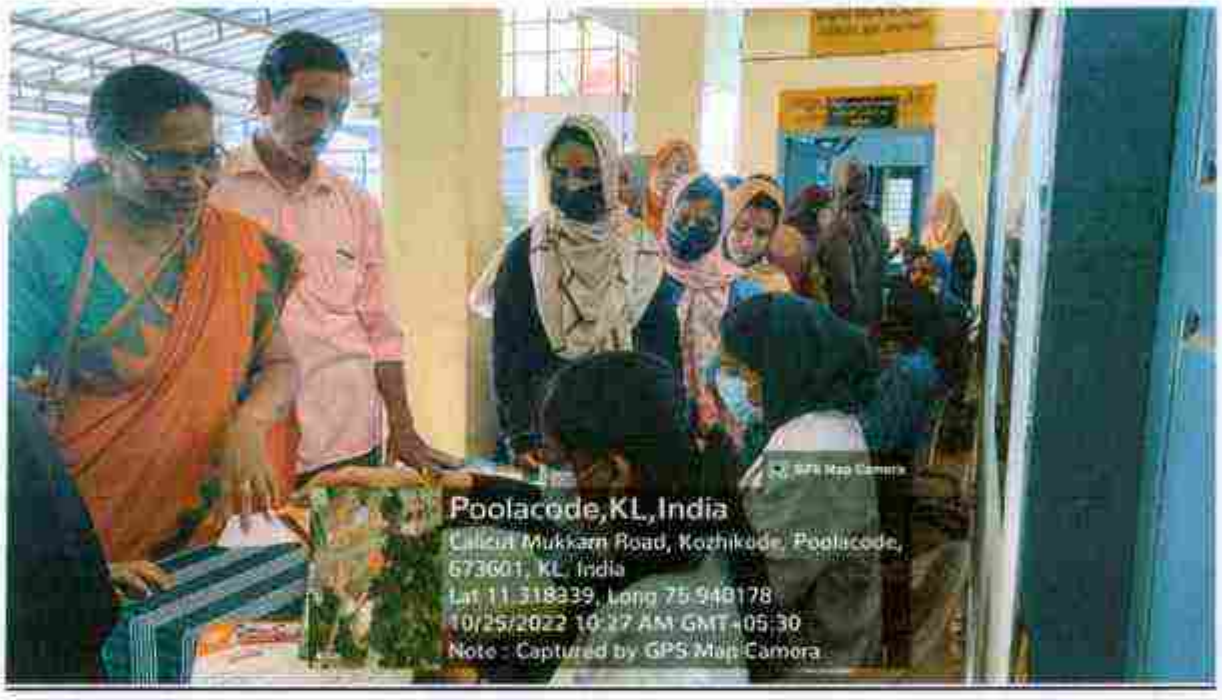


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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT CHATHAMANGALAM ON 25/10/22



DATE OF CONDUCT OF CAMP: 25/10/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: CDS CHATHAMANGALAM GRAMA PANCHAYATH

CAMP SITE: CHATHAMANGALAM

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 12

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 25/10/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Chathamangalam gramapanchayath CDS at Chathamangalam . The dental camp began at 10 am.. A total of 250 patients were screened and 39 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT KONNARA , EDAVANNAPPARA ON 23/10/22



DATE OF CONDUCT OF CAMP: 23/10/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: ISHAATH SSUNA STUDENTS ASSOCIATION

CAMP SITE: KONNARA , EDAVANNAPPARA

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 23/10/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Ishaath sunna students association , at Konnara , Edavannappara .The dental camp began at 10 am.. A total of 36 patients were screened and 13 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.





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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT THOLERI , PAYYOLI ON 08/10/22



DATE OF CONDUCT OF CAMP: 08/10/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: MANANTHAD JUMA MASJID AND ANSARUL ULOOM MADRASSA MAHALLU COMMITTEE , THOLERI , PAYYOLI

CAMP SITE: ANSARUL ULOOM MADRASSA ,THOLERI , PAYYOLI

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 08/10/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Mananthad juma masjid and Ansarul uloom madrassa mahallu committee , Tholeri , Payyoli at Ansarul uloom madrassa, Tholeri , Payyoli .The dental camp began at 10 am.. A total of 54 patients were screened and 28 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT JDT ON 02/10/22



DATE OF CONDUCT OF CAMP: 02/10/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: JANAMYTHRI POLICE OF KOZHIKODE

CAMP SITE: JDT

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on02/10/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Janamythri police of Kozhikode at JDT.The dental camp began at 10 am.. A total of 96 patients were screened and 47 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT MUKKAM GVHSS ON 30/9/22



DATE OF CONDUCT OF CAMP: 30/09/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: MUKKAM GVHSS

CAMP SITE: MUKKAM GVHSS

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 10

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 30/09/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Mukkam GVHSS at Mukkam GVHSS.The dental camp began at 10 am with an oral hygiene awareness session by Dr Athul Chandra dept of Endodontics. A total of 70 patients were screened and 34 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT NIT CAMPUS KOZHIKODE ON 17/9/22



DATE OF CONDUCT OF CAMP: 17/09/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: NIT CALICUT

CAMP SITE: NIT CAMPUS CALICUT

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 10

TOTAL NUMBER OF STAFF ATTENDED: 4

A Dental screening and treatment camp was conducted on 17/09/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with NIT Kozhikode at NIT campus.The dental camp began at 10 am. A total of 56 patients were screened and 22 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

Principal
KMCT Dental College
Manassery, Malappuram

KMCT DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT MELE PONNAMKAYAM TRIBAL COLONY

20/8/22



DATE OF CONDUCT OF CAMP: 20/08/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: FAMILY HEALTH CENTRE THIRUVAMBADY

CAMP SITE: MELE PONNAMKAYAM TRIBAL COLONY

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 4

KMCT DENTAL COLLEGE P.O. Manassery Pin 673 602 Mukkam, Calicut Dt. Kerala, S. India CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 20/08/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Family health centre Thiruvambady at mele ponnamkayam tribal colony.The dental camp began at 10 am. A total of 17 patients were screened and 7 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE
CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Kozhikode

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT REC GVHSS CHATHAMANGALAM

17/8/22



DATE OF CONDUCT OF CAMP: 17/08/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: REC GVHSS NSS UNIT

CAMP SITE: REC GVHSS CHATHAMANGALAM

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 7

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

TOTAL NUMBER OF STAFF ATTENDED: 2

A Dental screening and treatment camp was conducted on 17/08/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with REC GVHSS NSS Unit at REC GVHSS Chathamangalam .The dental camp began at 10 am. A total of 101 patients were screened and 24 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT
DENTAL COLLEGE

INDEPENDENCE DAY-2022



Independence day is celebrated every year on August 15th . **Independence Day** is celebrated annually on 15 August as a national holiday in India commemorating the nation's independence from the United Kingdom on 15 August 1947, the day when the provisions of the Indian Independence Act 1947, which transferred legislative sovereignty to the Indian Constituent Assembly, came into effect.

National Service Scheme of **KMCT Dental College** commemorated the day by hoisting the flag following the protocols.. Principal hoisted the flag and delivered the welcome address.

Patriotic song competitions were conducted by students also poster making competition. Prizes were distributed for best performances. Programmes we concluded by National anthem. 100 volunteers and 5 staffs participated in the programme.

Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS CAMP AT VADAYAM SOUTH LP SCHOOL KUTTIYADI

14/8/22



DATE OF CONDUCT OF CAMP: 14/08/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: KERALA SENIOR CITIZEN FORUM KUTTIYADI PANCHAYATH

CAMP SITE: VADAYAM SOUTH LP SCHOOL

TYPE OF CAMP: DENTAL SCREENING CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 7

TOTAL NUMBER OF STAFF ATTENDED: 2

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

A Dental screening was conducted on 14/08/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Kerala senior citizen forum Kuttiyadi Panchayath at Vadayam south LP school .The dental camp began at 10 am. A total of 27 patients were screened by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE
CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT GOVT SCHOOL VETTIOZHINJATHOTTAM

14/8/22



DATE OF CONDUCT OF CAMP: 14/08/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: SKSSF VETTIOZHINJATHOTTAM UNIT COMMITTEE

CAMP SITE: GOVT SCHOOL VETTIOZHIJATHOTTAM

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Malappuram

A Dental screening and treatment camp was conducted on 14/08/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with SKSSF Vettiozhijathottam unit committee at Govt school Vettiozhinjathottam.The dental camp began at 10 am. A total of 69 patients were screened and 21 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE
CALICUT

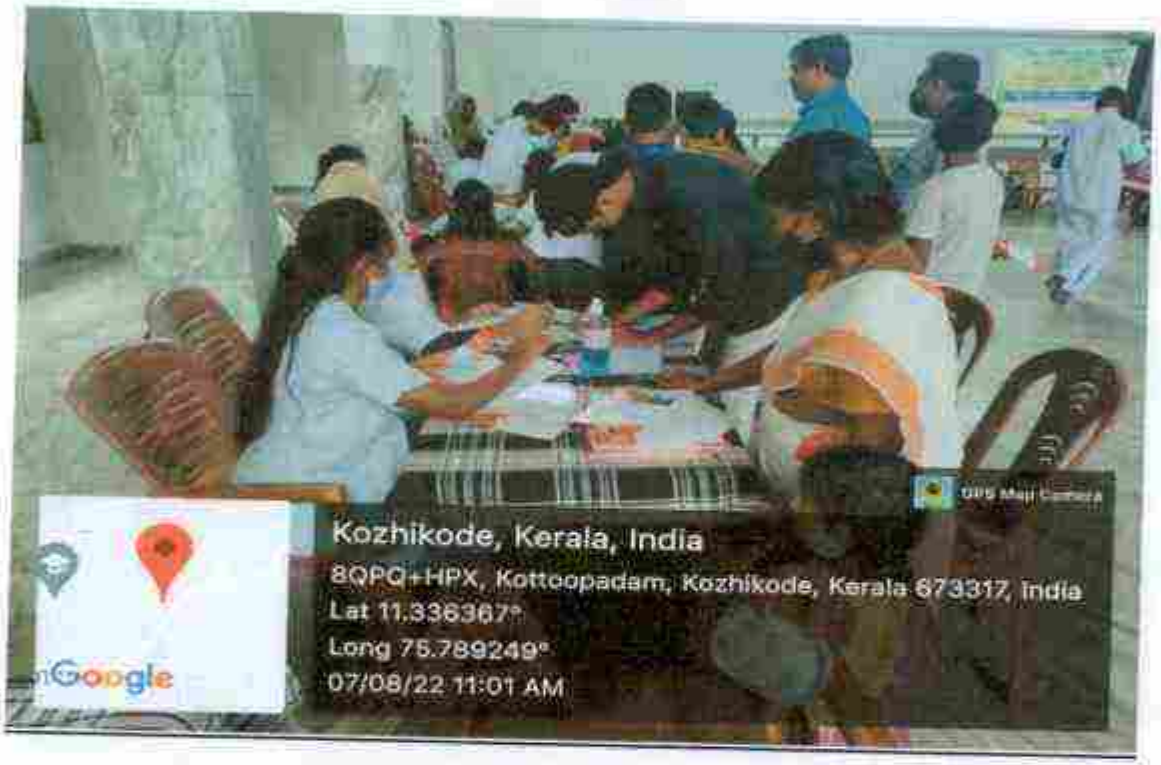
DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Malappuram

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT SREEKRISHNA AUDITORIUM KOTTOPPADAM

7/8/22



DATE OF CONDUCT OF CAMP: 04/08/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: ORUMA SWAYAM SAHAYA SANGAM

CAMP SITE: SREEKRISHNA AUDITORIUM KOTTOPPADAM

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 11

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE P.O. Manassery Calicut CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening treatment camp was conducted on 07/08/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with ORUMA Swayam Sahaya sangam .The dental camp began at 10 am. A total of 38 patients were screened and 15 patient treatments were done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE
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Kerala - S. India
CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS CAMP AT HILL VIEW INTERNATIONAL SCHOOL ,KOODATHAI

26/7/22



DATE OF CONDUCT OF CAMP: 26/07/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: HILL VIEW INTERNATIONAL SCHOOL , KOODATHAI

CAMP SITE: HILL VIEW INTERNATIONAL SCHOOL , KOODATHAI

TYPE OF CAMP: DENTAL SCREENING CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 8

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE CALICUT

MANOJ KUMAR.KP
Principal
KMCT Dental College
Thamarassery, Mukkam

A Dental screening camp was conducted on 26/07/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with HILL VIEW International school Koodathai at HILL VIEW International school , Koodathai. The dental camp began at 10 am . A total of 294 patients were screened by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE

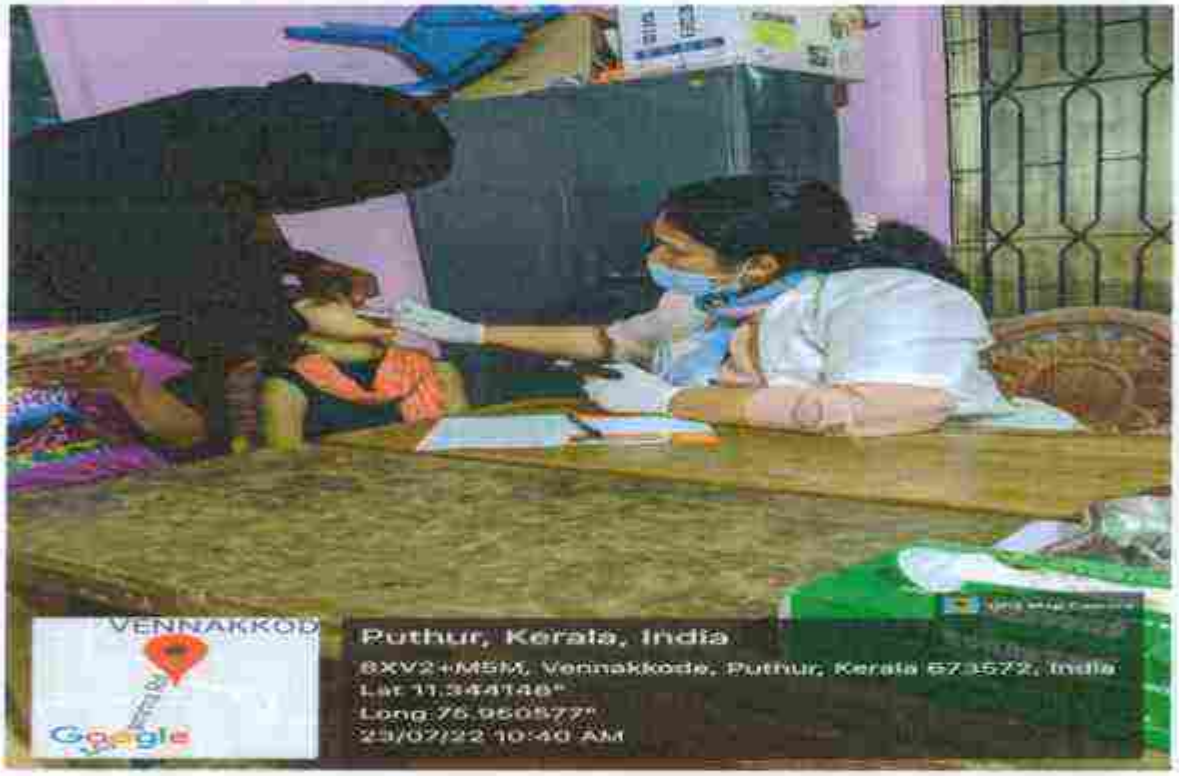
Dr. MANOJ KUMAR M.D
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT GMLP SCHOOL VENNAKODE

23/7/22



DATE OF CONDUCT OF CAMP: 23/07/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: MSF YOUTH LEAGUE

CAMP SITE: GMLP SCHOOL VENNAKODE

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT DENTAL COLLEGE PALAKKAD

Dr. MANO[illegible]
Professor
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 23/07/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with MSF Youth league at GMLP School Vennakode.Camp was inaugurated by T Moideen koya , Youth league district general secretary Kozhikode. The dental camp began at 9:30 am . A total of 46 patients were screened and 14 patient treatments done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam

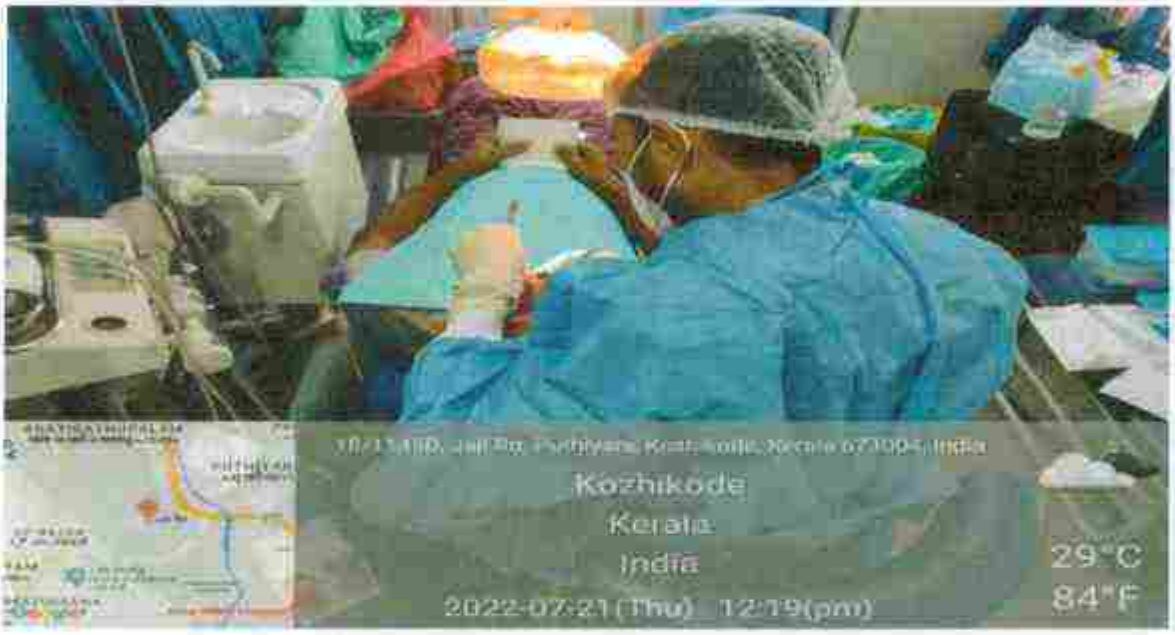
KMCT DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT DISTRICT JAIL , KOZHIKODE

21/7/22



DATE OF CONDUCT OF CAMP: 21/07/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: DISTRICT JAIL , KOZHIKODE

CAMP SITE: DISTRICT JAIL , KOZHIKODE

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 10

TOTAL NUMBER OF STAFF ATTENDED: 4

KMCT DENTAL COLLEGE

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 21/07/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with District jail , Kozhikode at District jail , Kozhikode. The dental camp began at 9:30 am . A total of 74 patients were screened and 29 patient treatments done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE
CALICUT

DR. RANJU RAMACHANDRAN
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT HSS KUNNAMANGALAM

17/7/22



DATE OF CONDUCT OF CAMP: 17/07/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: COMMUNITY HEALTH CENTER CHERUVADI

CAMP SITE: HSS KUNNAMANGALAM

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 10

TOTAL NUMBER OF STAFF ATTENDED: 2

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 17/07/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with community health centre Cheruvadi at HSS Kunnamangalam as a part of arogyamela inaugurated by sri AK Saseendran, Minister of forests. The dental camp began at 9:30 am , A total of 36 patients were screened and 10 patient treatments done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

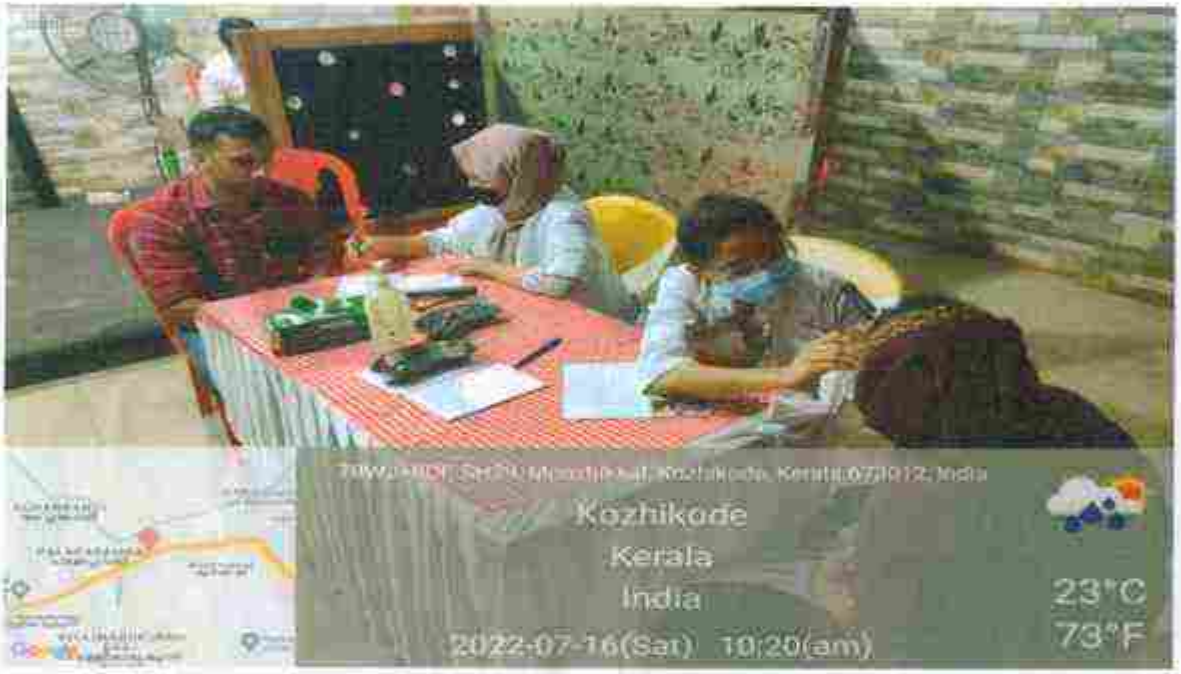
Dr MANOJ KUMAR.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT HOTEL AL MASEERA

16/7/22



DATE OF CONDUCT OF CAMP: 16/07/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: KOZHIKODE NATIONAL HOSPITAL ,MOOZHIKKAL VYAPARA VYAVASAYA SAMITHI AND CHERUVATTA UNIT COMMITTE

CAMP SITE: HOTEL AL MASEERA , MOOZHIKKAL

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 10

TOTAL NUMBER OF STAFF ATTENDED: 2

KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 16/07/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Kozhikode National hospital , Moozhikkal vyapara vyavassaya samithi and cheruvatta unit committee at hotel Al maseera , Moozhikkal. The dental camp began at 9:30 am . A total of 119 patients were screened and 19 patient treatments done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

Dr MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT CHELAMBRA ALP SCHOOL IDIMUZHIKKAL

10/7/22



DATE OF CONDUCT OF CAMP: 10/07/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: KARUNYA RESIDENCE ASSOCIATION

CAMP SITE: CHELAMBRA ALP SCHOOL IDIMUZHIKKAL

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 7

TOTAL NUMBER OF STAFF ATTENDED: 2

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 10/07/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Karunya residence association at chelambra ALP school Idimuzhikkal for the general public. The dental camp began at 9:30 am . A total of 52 patients were screened and 27 patient treatments done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.

Dr. MANOJ KUMAR.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT
DENTAL COLLEGE

International Day against drug abuse and illicit trafficking on 26th JUNE 2022



The **National Service Scheme** of **KMCT Dental College** conducted **an awareness talk and interactive session by Mr SANTOSH CHERUVOTE**, preventive officer Narcotics special squad Kozhikode. Welcome address was delivered by Dr Manoj Kumar KP, Principal KMCT Dental college he welcomed the dignitaries, staffs, students, house surgeons, non teaching staffs and patients to the occasion. NSS students conducted a ballot voting programme called as "puthulaharik oru vote" an initiative by Kozhikode district collector in association with campuses of Kozhikode, the programme was flagged of by principal Dr Manoj Kumar. Students including interns and PGs reported to the polling booth and voted on the ballot paper given by the collectorate. NSS volunteers were monitoring the entire event, they took the leadership role of preceding officer. The voting commenced by 9.00 am and concluded by 2.00 pm. All the ballot papers were counted and the report was sent to the collectorate. 100 volunteers and 6 staffs participated in the programme.

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Mukkam

KMCT
DENTAL COLLEGE

INTERNATIONAL DAY OF YOGA- June 21st 2022



The National Service Scheme of **KMCT Dental College** organised yoga demonstration session in accordance with International Yoga Day on 21/06/22. The programme started at 9.00 am by a silent prayer. Principal Dr. Manoj Kumar (HOD,Dept OMFS) gave the welcome addressee. Programme officer Dr.Arun Paul introduced the chief instructors DR Sijna and Dr Nayana. The demonstration started by introducing the importance of yoga to the students. Various yoga postures which are essential for a peaceful mind, good posture, digestion, sleep and anxiety were explained. 100 volunteers and 10 staffs participated in the programme.

Principal
KMCT Dental College

KMCT DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

NATIONAL PUBLIC HEALTH DENTISTRY DAY PROGRAM

ORAL HEALTH AWARENESS AND TREATMENTCAMP AT GOVT UP SCHOOL BILATHIKULAM ON

19-06-22



DATE OF CONDUCT OF CAMP: 19/06/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: KOZHIKODE MUNICIPAL CORPORATION

CAMP SITE:GOVT UP SCHOOL BILATHIKULAM

TYPE OF CAMP: NATIONAL PUBLIC HEALTH DENTISTRY DAY ORAL HEALTH SCREENING AND TREATMENT CAMP

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

TOTAL NUMBER OF STUDENTS ATTENDED: 9

TOTAL NUMBER OF STAFF ATTENDED: 2

On account of National Public Health Dentistry Day, a Dental screening camp was conducted on 19/06/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with Kozhikode Municipal corporation at Govt UP school Bilathikulam for the General public. The dental camp began at 9:30 am. A total of 69 patients were screened and 28 patient treatments done by interns and dental faculty and appropriate referrals were done. Oral health awareness session was taken for persons who attended the program by the faculty. The camp concluded at 3 pm. The National Public Health Dentistry Day oral health care program was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE
CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

NATIONAL PUBLIC HEALTH DENTISTRY DAY PROGRAM

ORAL HEALTH AWARENESS AND TREATMENTCAMP AT CM HIGHER SECONDARY SCHOOL MANNOR VALAVU ON

18-06-22



DATE OF CONDUCT OFCAMP: 18/06/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: NAMMAL BEYPORE AND SURAKSHA PAIN AND PALLIATIVE SOCIETY

CAMP SITE:CM HIGHER SECONDARY SCHOOL MANNOR VALAVU

TYPE OF CAMP: NATIONAL PUBLIC HEALTH DENTISTRY DAY ORAL HEALTH SCREENINGAND TREATMENT CAMP

DR. MANOJ KUMARU K.P
Principal
KMCT Dental College
Manassery, Mu

TOTAL NUMBER OF STUDENTS ATTENDED: 11

TOTAL NUMBER OF STAFF ATTENDED: 2

On account of National Public Health Dentistry Day, a Dental screening and treatment camp was organised by the Department of Public health dentistry, KMCT Dental College, Manassery on 18/06/2022, in association with Nammal Beypore and Suraksha pain and palliative society at CM Higher secondary school for the general public.The dental camp began at 9:30 am . A total of 164 patients were screened and 34 patient treatments done by interns and dental faculty and appropriate referrals were done. Oral health awareness session was taken for persons who attended the program by the faculty. The camp concluded at 3 pm. The National Public Health Dentistry Day oral health care program was well appreciated by the organizers and camp attendees.

KMCT DENTAL COLLEGE
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Kerala - India
CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-CAMP REPORT

ORAL HEALTH AWARENESS AND TREATMENT CAMP AT CHOOLIPPARA AUDITORIUM URANGATTIRI

7/6/22



DATE OF CONDUCT OF CAMP: 07/06/22

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: URANGATTIRI MANDALAM CONGRESS COMMITTEE

CAMP SITE: CHOOLIPPARA AUDITORIUM

TYPE OF CAMP: DENTAL SCREENING AND TREATMENT CAMP

TOTAL NUMBER OF STUDENTS ATTENDED: 11

TOTAL NUMBER OF STAFF ATTENDED: 2

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

A Dental screening and treatment camp was conducted on 07/06/2022, was organised by the Department of Public health dentistry, KMCT Dental College, Manassery in association with urangattiri mandalam congress committee at choolippara auditorium for the general public as a part of first death anniversary of former vezhakkod ward member and Panchayath vice president M Jyothish Kumar. The dental camp began at 9:30 am . A total of 132 patients were screened and 37 patient treatments done by interns and dental faculty and appropriate referrals were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees.



KMCT
DENTAL COLLEGE

WORLD ENVIRONMENT DAY - June 5th 2022



The National Service Scheme of **KMCT Dental College** took the initiative to plant saplings around the premises of girls hostel and staff quarters. 5 different saplings were bought fro the mukkam nursery. Dr Manoj Kumar KP, Principal KMCT Dental college welcomed the dignitaries, staffs, students, house surgeons, non teaching staffs and patients to the occasion and inaugurated the function. Students representatives together with the faculty planted the sapling. Vote of thanks was delivered by the NSS unit Programme Officer Dr Arun paul. 100 volunteers and 10 staffs participated in the programme.

Principal
KMCT Dental College

KMCT DENTAL COLLEGE

Accredited by NAAC with A+ Grade
Approved Research Centre of KUHS

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-INTERNSHIP REPORT

PALLIATIVE CARE INTERNSHIP PROGRAMME AT INSTITUTE OF PALLIATIVE MEDICINE, KOZHIKODE- June 1st 2022





A special program for interns **'Palliative Care Internship Program'** was initiated by the **Dept of Public Health Dentistry**, KMCT Dental College. The program was initiated in collaboration with **Institute of Palliative Medicine, Kozhikode**, a WHO recognized center providing palliative care. The program intended to provide the interns an opportunity to get exposure and training in Community based palliative care. On June 2nd 2022 the fresh batch of **118** Interns during their clinical posting in Dept of Public Health Dentistry, were posted for a period of one week at Institute of Palliative Medicine, Kozhikode, on rotation. The program included discussions, O.P and I.P care for patients, Home visits with palliative care

Principal
KMCT Dental College
Manassery, Mukkam

team, Volunteer services, News breaking and other interactive sessions designed to help students understand their role in alleviating the difficulties of terminally ill and chronically debilitated persons.

Principal
IMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY- INTERNSHIP REPORT

PERIPHERAL SATELLITE CENTER POSTINGS OF INTERNS FOR COMPREHENSIVE DENTAL CARE FOR COMMUNITY- June 1st 2022



KMCT Dental College
Manassery, Mukkam



Each batch of interns during their clinical posting in the Department of Public Health Dentistry are posted in the Satellite centers' of Pannicode, Meenchanda and Mavoor of KMCT Dental College. All the interns are posted for a period of 1 to 2 weeks at these centers on rotation. The Satellite centers' posting is meant to help interns receive additional clinical training and exposure as well as training in provision of comprehensive Dental Care for the community. The focus of this care is for rural community who have limited access to Dental Care. On **June 1st 2022** the current batch of **128 interns** began their postings at these centers on rotation. They are guided by deputed BDS and MDS faculty from the Department of Public Health Dentistry posted in these centers.

Principal
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Manassery, Mukkam

KMCT
DENTAL COLLEGE

ATTENDING PAIN AND PALLIATIVE POSTING

KMCT Medical College Campus, Mukkam, Kozhikode - 673602
0495-2292000 dental@kmct.edu.in
www.kmctdentalcollege.org

INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

List of students who have completed their internship postings at Institute of Palliative Medicine, Kozhikode from June 2022 to May 2023

INTERNS LIST

SL NO	NAME	REG NO	SIGNATURE
1	ANAND MENON	160020959	
2	DONA ELIZABETH SAM	160020984	
3	AISWARYA RAVEENDRAN	130021053	
4	AYSHA JINAN M	160020977	
5	AYSHA LEENA LIYANA AT	160020978	
6	AJMAL I	120020644	
7	AMILA HABEEB	140021451	
8	ANISHA S R	140021457	
9	SHAKIR JAMAL	150021458	
10	SNEHA JAIN	150021464	
11	HANAN C	160020993	
12	SHIJAS S	150021464	
13	ANAGH SUNIL	140021455	
14	ADITHYA B	150021382	
15	ADITHYA VARMA	150021383	
16	DIVYA SHAJI	160020983	
17	FATHIMA HANNA E K	160020986	
18	HAMDHA UMMAYYA	160020992	
19	HARINARAYANAN	160020994	

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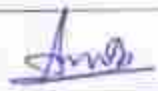
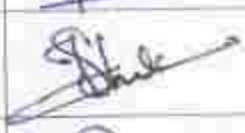
20	AYISHA FENNA	150021399	
21	ATHIRA S	150021397	
22	RIFNA NAZAR	130021119	
23	JASEENA S	160021000	
24	ELSA PHILIP	150021405	
25	DHANISHA BABY	150021403	
26	HENNA MUHAMMED	160020996	
27	HENNA IFTHIKAR	150021425	
28	VARSHA V	160021042	
29	PRASHANTH G	130021117	
30	ASWATHY ASOKAN	160020972	
31	ASIFA NAUREEN P K	160020970	
32	SWITA K SUNIL	160021039	
33	NAFEESA SHABNAM SHOUKATHALI	130021109	
34	FATHIMATHUL ASHMIRA	170020573	
35	RABABA K T	170020606	
36	PRIYA G NAIK	170020605	
37	FATHIMA S	170020571	
38	FAHAL V	120020668	
39	ATHILA PT	160020973	
39	SHANA SHAREEF K P	130021135	
40	VINEETH R J	160021043	

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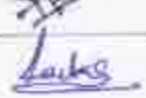
41	ATHIRA J	160020974	
42	VRINDA PANICKER	160021044	
43	FATHIMA NEHALA	150021408	
44	RAHUL AR	170020608	
45	FATHIMATHUL SAFA M	170020574	
46	GEETHU BIJU	170020575	
47	KARTHIKA BALAKRISHNAN	130021100	
48	RAMEESHA	160021021	
49	HUDHA	150021417	
50	SHABEEBA SHABOOM T	150021454	
51	PRATHIBHA P	160021019	
52	RIYA RACHEL MATHEW	160021025	
53	ABHISHEK M	160020949	
54	VINU JUBILO	150021477	
55	AFEEFA MOIDU	160020952	
56	AYSHA FIDWA	170020563	
57	MEKHA A	170020596	
58	SHILPA S	170020620	
59	ATHUL B	170020561	
60	MEHARBAN P	170020595	
61	AYSHA THASNEEM	160021155	
62	ALEENA NIZAR	140021447	
63	ROSHNA K	160021026	

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64	AMRUTHA SHIBU	160020958	
65	ANJALI M VARGHESE	160020962	
66	FATHIMA LINSHA	160020987	
67	CHELSA MARIA O J	170020565	
68	SINDHOORA S	170020621	
69	CHITHRATHIRA K	170020567	
70	MISFA BATHOOL	170020597	
71	MUHAMMED RAFI P C	170020598	
72	ANJANA P	130021060	
73	SAFA TK	160021028	
74	SHABEENA C	160021032	
75	ALKA DINESH	140021448	
76	SREEGA M	160021035	
77	APARNA SHIBU	160020966	
78	ANUSREE M	160020965	
79	FATHIMA MIRFA	170020569	
80	MUHAMMED SHALOOF	150021433	
81	DEEPTHI SANTHOSH	170020568	
82	NAFEESA HAMNA	170020600	
83	ASHLIN SUNNY	160020969	
84	ARYA DEVI P	160020968	
85	SUMAINA JASMIN	160021038	



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86	SUHANA	160021036	
87	NEENU K P	160021015	
88	FATHIMA NIDHA FAHMIN	170020570	
89	NAYANA RAJ	170020603	
90	FATHIMA RUSHDA	160020989	
91	ARUN VR	170020555	
92	ANUPAMA S	170020549	
93	SARA JONES	160021031	
94	SANEA JIFRY	170020616	
95	KAVYA KM	150021424	
96	HARISHANKAR T	140021486	
97	MAHJEBIN SIDDIQUE	160021006	
98	FATHIMA MOHAMMED NIZAR	120020672	
99	GRESHMA MT	170020577	
100	ARUNA A	130021067	
101	HARLEY JAISON	170020580	
102	LAKSHMI BABU	110020560	
103	AYISHA SHAJI	130021073	
104	ASWATHI KRISHNA	170020559	
105	MEGHA G	170020594	
106	LAKSHMI RAJ	170020589	
107	SHERIN SHANA	170060218	
108	ATHUL KUMAR	170020562	



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109	HIBA A	170020581	
110	JEEVA K	170020584	
111	PRABIN	130021115	
112	DEENA	130021078	
113	SNEHA P	170020622	
114	SREELAKSHMI S	170020623	
115	RIFFA K	170020610	
116	RIZANA K	170020611	
117	ARJUN R	170020553	
118	SWARAG SUNIL	170020624	

2/6/23

Head of the Department
Department of Public Health Dentistry
KMCT Dental College,
Manassery, Calicut

K.M.C.T. DENTAL COLLEGE
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A UNIT OF
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CARE SOCIETY

OBSERVERSHIP CERTIFICATE

This is to certify that Mr Anand Menon, has successfully completed 8 days observership at the Institute of Palliative Medicine, Kozhikode from 27/05/2022 to 04/06/2022. During this time, he was posted in the In-patient unit, and Out-patient unit.

04/12/2022

Dr Anwar Husain
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A UNIT OF PAIN AND PALLIATIVE CARE SOCIETY

OBSERVERSHIP CERTIFICATE

This is to certify that Ms Aysha Jinan has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 29/05/2022 to 04/06/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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This is to certify that Ms Aysha Leena liyana has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 29/05/2022 to 04/06/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

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OBSERVERSHIP CERTIFICATE

This is to certify that Mr Ajmal I has successfully completed 7 days observership at the Institute of Palliative Medicine, Kozhikode from 06/06/2022 to 13/06/2022. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Amila Haseeb, has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 13/06/2022 to 18/06/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
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04/12/2022

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Anisha S R , has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 13/06/2022 to 18/06/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

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This is to certify that Mr Shakir Jamal , has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 13/06/2022 to 18/06/2022. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director,
Institute of Palliative Medicine

04/12/2022

M.E.S. DENTAL COLLEGE
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Hanan C, has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 20/06/2022 to 25/06/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
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OBSERVERSHIP CERTIFICATE

This is to certify that Mr Shijas S, has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 27/06/2022 to 02/07/2022. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director,
Institute of Palliative Medicine

04/12/2022

DR. MANOJ KUMAR, K.P
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Email : palliativecare@gmail.com
Web : instituteofpalliativemedicine.org

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OBSERVERSHIP CERTIFICATE

This is to certify that Mr Anagh Sunil has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 27/06/2022 to 02/07/2022. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Adithya B, has successfully completed 8 days observership at the Institute of Palliative Medicine, Kozhikode from 05/07/2022 to 13/07/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director,
Institute of Palliative Medicine

04/12/2022

M.C.T. DENTAL COLLEGE
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Diya Shaji, has successfully completed 7 days observership at the Institute of Palliative Medicine, Kozhikode from 05/07/2022 to 13/07/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director,
Institute of Palliative Medicine

04/12/2022

M.C.T. DENTAL COLLEGE CALICUT

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OBSERVERSHIP CERTIFICATE

This is to certify that Mr Harinarayanan, has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 28/07/2022 to 03/08/2022. During this time, he was posted in the In-patient unit, and Out-patient unit.

04/12/2022

Dr Anwar Husain
Director,
Institute of Palliative Medicine

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Aysha Fenna, has successfully completed 8 days observership at the Institute of Palliative Medicine, Kozhikode from 04/08/2022 to 12/08/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director,
Institute of Palliative Medicine

04/12/2022

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Athira S from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 24/06/2023 to 30/06/2023. During this time, she was posted in the In-patient unit, and Out-patient unit

Dr Lulu Mathews
Academic Director, IPM

05/07/2023

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This is to certify that Ms Rifna Naser Abdul Kader has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 15/08/2022 to 20/08/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Jaseena S, has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 27/08/2022 to 02/09/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

04/12/2022

Dr Anwar Husain
Director,
Institute of Palliative Medicine

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Elsa Philip from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 28/06/2023 to 05/07/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

05/07/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Dhanisha Baby, has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 03/09/2022 to 10/09/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

04/12/2022

Dr Anwar Husain
Director,
Institute of Palliative Medicine

DR. MANOJ KUMAR. KP
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms K Henna Ifthikar has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 10/02/2023 to 16/02/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

01/04/2023

Dr Anwar Husain
Director
Institute of Palliative Medicine.

M.M.C.T. DENTAL COLLEGE CALICUT

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Varsha V from KMCT Dental College has successfully completed 7 days observership at the Institute of Palliative Medicine, Kozhikode from 09/05/2023 to 17/05/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

17/05/2023

DR. MANOJ KUMAR. K.P
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This is to certify that Ms Aswathi Ashokan has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 26/09/2022 to 01/10/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Asifa Naureen has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 26/09/2022 to 01/10/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Swita K Sunil has successfully completed 8 days observership at the Institute of Palliative Medicine, Kozhikode from 03/10/2022 to 11/10/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Nafeesa Shabnam has successfully completed 8 days observership at the Institute of Palliative Medicine, Kozhikode from 03/10/2022 to 11/10/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
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01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Priya G Naik from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 12/10/2022 to 20/10/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

10/10/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Mr Fahal.V has successfully completed 7 days observership at the Institute of Palliative Medicine, Kozhikode from 24/10/2022 to 31/10/2022. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
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01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Athila P T has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 26/10/2022 to 01/11/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Shana Shareef KP has successfully completed 7 days observership at the Institute of Palliative Medicine, Kozhikode from 17/01/2023 to 24/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
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01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Fathima Nehala from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 04/11/2022 to 10/11/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

19/09/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Geethu Biju from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 11/11/2022 to 19/11/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

08/09/2023

Dr Lulu Mathews
Academic Director, IPM

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Karthika Balakrishnan from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 11/11/2022 to 19/11/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

08/09/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Rameesha TK from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 11/11/2022 to 19/11/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

08/09/2023

Dr Lulu Mathews
Academic Director, IPM

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Hudha has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 03/11/2022 to 09/11/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Shabeeba Shaboom T has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 18/11/2022 to 24/11/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Prathibha P has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 18/11/2022 to 24/11/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Riya Rachel Mathew has successfully completed 7 days observership at the Institute of Palliative Medicine, Kozhikode from 24/11/2022 to 01/12/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Aysha Fidwa from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 27/11/2022 to 03/12/2022. During this time, she was posted in the In-patient unit and Out-patient unit.

10/10/2023

Dr Lulu Mathews
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Mekha A from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 04/12/2022 and 10/12/2022. During this time, she was posted in the In-patient unit, and Out patient unit.

12/12/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Shilpa S from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 04/12/2022 to 10/12/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

12/09/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Mr Athul B from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 11/12/2022 to 19/12/2022. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
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12/09/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Meharban P from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 11/12/2022 to 19/12/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

12/09/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Roshna K has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 25/12/2022 to 31/12/2022. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Fathima Linsha has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 04/01/2023 to 10/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
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01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Chelsa Maria from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 31/12/2022 to 02/01/2023 and from 26/09/2023 to 30/09/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

07/11/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Sindhoora S from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 27/12/2022 to 02/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

02/10/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Chithrathira K from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 03/01/2023 to 09/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

10/10/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Misfa Bathool from KMCT Dental College has successfully completed 8 days observership at the Institute of Palliative Medicine, Kozhikode from 10/01/2023 to 18/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

31/10/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Anjana P from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 17/05/2023 to 23/05/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

23/05/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Safa T K has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 10/01/2023 to 16/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

01/04/2023

Dr Anwar Husain
Director
Institute of Palliative Medicine.

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Shabeena C has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 17/01/2023 to 23/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
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01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Alka Dinesh from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 31/03/2023 to 06/04/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

12/04/2023

Dr Lulu Mathews
Academic Director, IPM

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Sreega M has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 24/01/2023 to 30/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Aparna Shibu has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 24/01/2023 to 30/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

01/04/2023

Dr Anwar Husain
Director
Institute of Palliative Medicine.

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Anusree. M has successfully completed 7 days observership at the Institute of Palliative Medicine, Kozhikode from 31/12/2022 to 08/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

K.M.C.T. DENTAL COLLEGE CALICUT

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ASSNT OF
PAIN AND PALLIATIVE
CARE SOCIETY

OBSERVERSHIP CERTIFICATE

This is to certify that Ms Fathima Mirfa P from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 19/01/2023 to 25/01/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

13/11/2023

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A UNIT OF PAIN AND PALLIATIVE CARE SOCIETY

OBSERVERSHIP CERTIFICATE

This is to certify that Mr Muhammed Shaloof Hussain from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 26/01/2023 to 06/02/2023. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

21/09/2023

DR. MANOJ K V B.D.S. M.D.
Principal
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Manassery, Mukkam

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Web : instituteofpalliativemedicine.org

A UNIT OF
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CARE SOCIETY

OBSERVERSHIP CERTIFICATE

This is to certify that Ms Deepthi Santhosh from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 02/02/2023 to 08/02/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

13/11/2023

Dr Lulu Mathews
Academic Director, IPM

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

K.M.C.T. DENTAL COLLEGE
CALICUT

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Email: ipm@pallimed.org, palli.med@gmail.com
Web: www.pallimed.org

OBSERVERSHIP CERTIFICATE

This is to certify that Ms Nafeesa Hamna K from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 09/02/2023 to 17/02/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

13/11/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Ashlin Sunny has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 16/02/2023 to 22/02/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

01/04/2023

Dr Anwar Husain
Director
Institute of Palliative Medicine.

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CALICUT

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Principal
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Neenu K P from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 18/02/2023 to 24/02/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director IPM

06/09/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Nayana Raj from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 04/03/2023 to 10/03/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

13/11/2023

Dr Lalu Mathews
Academic Director, IPM

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Fathima Rushda from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 11/03/2023 to 18/03/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

10/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Mr Arun V R from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 20/03/2023 to 25/03/2023. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

18/04/2023

M.M.C.T. DENTAL COLLEGE CALICUT

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Anupama S from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 20/03/2023 to 25/03/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

18/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Sara Jones has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 27/03/2023 to 01/04/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Sanea Jifry from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 03/04/2023 to 08/04/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

12/04/2023

Dr Lulu Mathews
Academic Director, IPM

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Kavya K M from KMCT Dental College has successfully completed 8 days observership at the Institute of Palliative Medicine, Kozhikode from 10/04/2023 to 18/04/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

18/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Mr Harisankar P from KMCT Dental College has successfully completed 8 days observership at the Institute of Palliative Medicine, Kozhikode from 10/04/2023 to 18/04/2023. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

18/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Mahjabin Siddique from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 30/03/2023 to 05/04/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

12/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Greshma M T has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 27/03/2023 to 01/04/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Anwar Husain
Director
Institute of Palliative Medicine.

01/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Aruna A from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 03/04/2023 to 08/04/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

12/04/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Aswathi Krishna P K from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 19/04/2023 to 25/04/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

02/05/2023

K.M.C.T. DENTAL COLLEGE
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Institute of Palliative Medicine
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Megha G from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 26/04/2023 to 02/05/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

02/05/2023

K.M.C.T. DENTAL COLLEGE CALICUT

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Web: instituteofpalliativemedicine.org

ACADEMY OF PAIN AND PALLIATIVE CARE SOCIETY

OBSERVERSHIP CERTIFICATE

This is to certify that Ms Sharin Shana from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 15/05/2023 to 18/05/2023, 24/11/2023 and 30/11/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

01/12/2023

K.M.C.T. DENTAL COLLEGE

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Institute of Palliative Medicine
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OBSERVERSHIP CERTIFICATE

This is to certify that Mr Athul Kumar E from KMCT Dental College has successfully completed 7 days observership at the Institute of Palliative Medicine, Kozhikode from 10/05/2023 to 18/05/2023. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

08/06/2023

K.M.C.T. DENTAL COLLEGE CALICUT

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Jeeva K from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 26/04/2023 to 02/05/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

02/05/2023

DR. MANOJ KUMAR. K.P
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Deena E from KMCT Dental College has successfully completed 7 days observership at the Institute of Palliative Medicine, Kozhikode from 11/05/2023 to 18/05/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

08/06/2023

K.M.C.T. DENTAL COLLEGE
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A UNIT OF
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Sneha P from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 19/05/2023 to 26/05/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

05/07/2023

DR. MANOJ KUMAR. K.P
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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Sreelekshmi S from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 19/05/2023 to 25/05/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

06/09/2023

K.M.C.T. DENTAL COLLEGE CALICUT

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OBSERVERSHIP CERTIFICATE

This is to certify that Ms Rizana from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 26/05/2023 to 02/06/2023. During this time, she was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

31/10/2023

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OBSERVERSHIP CERTIFICATE

This is to certify that Mr Arjun R from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 19/05/2023 to 25/05/2023. During this time, he was posted in the In-patient unit, and Out-patient unit.

Dr Lulu Mathews
Academic Director, IPM

06/09/2023

K.M.C.T. DENTAL COLLEGE
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OT REGISTER

033

Sl. No	Date	IP/OP No	Patient Name	Age/Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remarks
5.	19.7.2022	IP 502 20135139	Shahina V. K.	30/F	Right Subcondylar fracture	ORIF & GA	Dr Binoy Joseph Dr Vipin Das Dr Subin Dr Reshma Dr Yafna		
6.	26.7.2022	350145 2022122	MUHAMMED BADEEN	26/m	① ZMC #	ORIF & GA	Dr MANOJ KUMAR KP Dr VIPIN DAS Dr SUBIN Dr RESHMA Dr APPU		
7.	28/7/2022	350957 20139[illegible]	Nuha Fathima	12/F	Impacted 4-3	Surgical removal of Rt under GA.	Dr manoj kumar kp Dr Anoop Dr Deepthi Dr Reshma Dr Yafna		
8.	30/7/2022	570[illegible] 2022[illegible]	Rashid	11/M	① Parasymphysis # and ② angle # of mandible	ORIF & GA	Dr Manoj kumar kp Dr Vijayakumar Reddy Dr Sumith Dr Shaikh Dr Arun		

INSTITUTION'S INNOVATION COUNCIL
INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
KMCT Medical College Campus, Mukkam, Kozhikode - 673602
0495-2292000 dental@kmct.edu.in
www.kmctdentalcollege.org

OT REGISTER

Sl. No	Date	IP/OP No	Patient Name	Age/Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Assistants
1.	24/6/2016	36/2/16	Sreekala	36/F	Paraszymphyseal fracture	ORIF + GA	Dr Manoj Kumar KP	
		2016/24/36					Dr Aneesh	
							Dr Sumi	
							Dr Shanette	
							Dr Yashas	
2.	26/6/2016	36/2/22	Muthu T.S	26/M	Hypogenic	Chin Augmentation	Dr Binoy Joseph	
		2016/26/91				Genioplasty + GA	Dr Vipin Das	
							Dr Salim	
							Dr Ashik	
							Dr Appu	

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OT REGISTER

092

Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Room
					JULY 2022.				
1.	2/7/2022	367675 / 2022310274	George Varghese	60/M	ODONTOGENIC KERATO CYST.	CYST ENUCLEATION PERIPHERAL OSTEOTOMY CHEMICAL CAUTERISATION UNDER GA	Dr MANOJ KUMAR KP Dr VIPINDAS Dr SUNU Dr REHANA GAFOOR Dr JEFNA.		
2.	5/7/2022	367020 / 2022 7/343	Thasa	20/M	Mandibular Deficiency and mandibular Prognathism	Le fort I osteotomy Bilateral Mandibular Sagittal Splitting and BSSO Setback Under GA.	Dr. Manoj Kumar KP Dr Anoop A Dr Deepthi Dr Anshita Dr Aswin.		
3.	9/7/2022	368501 / 2022 15T006	Hasna	20/F	HYPOGENIA	CHIN AUGMENTATION GENIOPLASTY	Dr MANOJ KUMAR. KP Dr VIJAYAKUMAR DEPUTY Dr ASWATHI VINOD Dr SHWETHA Dr APPU.		
4.	16/7/2022	369334 / 2022318307	SOJAN GEORGE	25/M	(L) PARASYMPHYSIS FRACTURE	ORIF/GA	Dr MANOJ KUMAR. KP Dr VIJAYAKUMAR DEPUTY Dr CHANCHALESH Dr ANATHA Dr JEFNA.		

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OT REGISTER

Sl No	Date	IP/OP No	Patient Name	Age/Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remarks
5	15/9/2022	365810	[illegible]	54/M	FRACTURE OF RIGHT ANGLE OF MANDIBLE WITH LEFT PARASYMPHYSEAL	ORIF + GA	Dr MANOJ KUMAR K P Dr Vipin Das Dr Bhoochalath Dr Anubitta Dr Usha		
6	21/9/2022	372038	SOORAJ	41M	(R) ZMC #	ORIF + GA	Dr Binoy Joseph Dr Anoop Dr Subin Dr Shwetha Dr Appu		
7	22/9/2022	376427	AYISHA	52/F	NOE #	ORIF + GA	Dr MANOJ KUMAR K P Dr Anoop A Dr Aswathi Vinod Dr Shwetha Dr Ashitha		
8	27/9/2022	377402	Muhammed Munsoor	59/M	Multiple Carious teeth	Total Extraction GA	Dr Manoj kumar K P Dr Anoop A Dr Aswathi Vinod Dr Shwetha Dr Asmi SK		

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Sl. No	Date	IP/OP No	Patient Name	Age/Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remarks
					OCTOBER 2022				
1.	4.10.2022	378128	Nowshad AU	39/m	ⓡ ZMC #	ORIF + GA	Dr Manoj kumar K P Dr Vijaya kumar Dapuri Dr Aboobakkar Dr Anshita Dr Nafna.		
2.	7/10/2022	378623	Harsha	20/F	ⓛ Parasymphysis #	ORIF + GA	Dr Manoj kumar K P Dr Sanju Lakshmanan Dr Sunu Dr Reshma Dr Aswin		
3	11/10/2022	378935	Subair	54/m	Bilateral Left & Right fracture of Mandible.	ORIF + GA.	Dr Benny Joseph Dr Vipin Das Dr Binu V.S. Dr Reshma Dr Appu		
4.	15.10.2022	379323	Malavika	24/F	ⓡ Subcondylar #	ORIF + GA.	Dr Manoj kumar K P Dr Anoop A Dr Sahil Dr Sneha Dr Appu		

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Sl. No.	Date	OP/IP No.	Patient Name	Age/Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remarks
1.	18/10/2011	[illegible]	Sujatha	[illegible]	① [illegible]	ORIF L. CA	① Binoy Joseph ② Vipin Das ③ Deepthi ④ Ashitha ⑤ Aruna		
2.	19/10/2011	[illegible]	Rajan	45/M	① Blow out right eye socket	OBW Lat	① Manoj Kumar K.P. ② Deepthi ③ Ashitha ④ Aruna		
3.	22/10/2011	380802 2011-00783	Ramesh Kumar	30/M	Hypogenia	Genioplasty & CA	① Manoj Kumar K.P. ② Vipin Das ③ Ashitha Vinod ④ Roshna ⑤ Aruna		
4.	25/10/2011	381121 2011-00784	Basil K.	24/M	MANDIBULAR RETROGNATHISM.	BSSO ADVANCEMENT AND GENIOPLASTY	DR BENNY JOSEPH DR ANJOOP A DR DEEPTHI K. DR SHRUTHA DR ARUN.		

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NOVEMBER 2022

Sl. No	Date	IP/OP No	Patient Name	Age/Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remark
1.	3/11/2022	382308 2022391178	SIVARAJAN	43/M	L Angle fr of Mandible	ORIF & GA	Dr MANOJ KUMAR KP Dr SANJU LAKSHMANAN Dr AISWARYA VINOD Dr ANAHITA Dr APPU		
2.	8/11/2022	383168 9619212624	SANJANA	26/F	DENTOFACIAL DEFORMITY	SUBAPICAL OSTEOTOMY OF THE MANDIBLE & GA	Dr MANOJ KUMAR. Dr VIJAYAKUMAR DOPPU Dr SUBIN VARUGHESE Dr ANAHITA Dr VEENA Dr SIDHARTH Dr AFSAR.		
3	15/11/2022	383863 2022314241	Sohail	20/M	Nasomaxillary Deficiency Mandibular Prognathism	Le Fort 1 osteotomy superior post Advancement + BSSO setback + GA	Dr Manoj Kumar KP Dr Anoop Dr Chandhalesh Dr Reshma. Dr Appu Dr Salahudeen Dr Noor		
4	15/11/2022	384394 6282470265	Aneena KJ	29/F	Mandibular Prognathism	BSSO Setback & GA	Dr Benny Joseph Dr Vipin Das Dr Suny Dr Swetha		

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OT No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist
5	13/11/2021	364986	Reena Mohanan	45/F	L ZOC ##	ORIF-L-CB	Dr. Rajesh Dr. Anil Dr. Siddharth	Dr. Benoy Joseph Dr. Sanju L. Dr. Deepthi Dr. Anaitha Dr. Yeshna Dr. Noora Dr. Afsal
6	13/11/2021	369985	Ayoob	46/M	Fracture of angle of Mandible	Excision	Dr. Manoj Kumar KP Dr. Anoop Chandrababu Dr. Prathik Dr. Appu Dr. Anu Dr. Siddharth	Dr. Manoj Kumar KP Dr. Sanju L Dr. Yeshna Dr. Noora Dr. Salahudeen
7	13/11/2021	369987	Latha	44/F	(R) ZOC-##	CRIF-L-CB		

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8.	28/11/2022	386[illegible] 2[illegible]	Reena	33/F	Symphysis ##	ORIF & GA	Dr Manoj Kumar KP Dr Vipin Das Dr Sunil Dr Anahita Dr Aswathi Dr Afsar Dr Arun		

DECEMBER 2022

1.	1/12/2022	386[illegible] [illegible]	Sundaran Nair	65/M	Multiple Rib Fracture ##	ORIF & GA	Dr Manoj Kumar KP Dr Vipin Das Dr MC Chandrakant Dr Anahita Dr Asmi Dr Afsar		
2	5/12/2022	387178 [illegible]	Arun. K.	26/M	ⓗ RMC ##	ORIF & GA	Dr Sidharth Dr Manoj Kumar K P Dr Sangita Dr Sunil Dr Sweetha Cabin Dr Appu Mohan Dr Abdulla Nasar Dr Azeem Mushtaq		

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Sl. No	Date	IP/OP No	Patient Name	Age/Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remarks
1	19/12/22	2251/22	Muhammad Hanzal	22/M	Angular & BB pathology with fracture	ORIF & GA	Dr. Manoj Kumar MS Dr. Sanjay Dr. Aswathy Dr. Arpitha Dr. Afsan Dr. Siddharth		
2	21/12/22	2494/22	Aysha Basil	23/F	Dento alveolar fracture	ORIF & GA	Dr. Manoj Kumar MS Dr. Ramya Dr. Chandrakanth Dr. Rashma Dr. Vishnu Dr. Nitya Dr. Siddharth		
3	21/12/22	2494/22	Muhammad	44/M	Multiple Canine teeth	Extraction & GA	Dr. Manoj Kumar MS Dr. Ramya Dr. Chandrakanth Dr. Rashma Dr. Vishnu Dr. Nitya Dr. Siddharth		
4	26/12/22	2510/22	Fathimathul Hiba	20/F	Vertical Maxillary Excess & Mandibular Retrognathism.	Le Fort I Maxillary Impaction, osteotomy and BSSO advancement & Genioplasty.	Dr. Manoj Kumar MS Dr. Vipin Dr. Sonu Dr. Rashma Dr. Afsan		

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Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetic
30	29/12/22	289719/ 2022438690	Fayiz	25/M	Right zmc fracture, right parasymphysis mandible fracture, Left body of mandible fracture.	ORIF L GA	Dr Manoj Kumar, Dr Sanjo, Dr Deepthi, Dr Shwetha, Dr Yadhu, Dr R V Sabeel, Dr Nisar	
					JANUARY 2023			
1.	5/1/23	291658	Basheer	01/M	NOC Fracture	ORIF U GA	Dr Manoj kumar, Dr Nipin, Dr Binodkinal, Dr Ranjima, Dr Abraham	
2.	9/1/23	293224/ 2023445 933	Mohammed Rayan	0/M	Osteomyelitis @ mandible	Surgical management U GA and exploration	Dr Manojkumar, Dr Anoop, Dr Sabin, Dr Anabitha, Dr Siddharth, Dr Afsan	
3.	9/1/23	382479/ 2023 44535	Musthid	26/M	Multiple carious teeth and root stumps	Extraction of ——— under GA	Dr. Anoop, Dr [redacted], Dr Anabitha, Dr Siddharth, Dr Afsan	

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4)	13/1/2023	39[illegible]	Hafeeda [illegible]	41/F	(1) ZMF fracture	ORIF + I&D	Dr Manoj Jacob, Dr Sanjay L, Dr Shweta, Dr Anu	
5)	14/1/23	39[illegible]	Raghini	18/M	(1) pain injection on (2) body & mandible	Condylar neck fracture Removal of IMF	Dr Manoj Kumar, Dr Vipin, Dr Chandrashekar, Dr Shweta, Dr Sukanya, Dr Anu	
6)	14/1/23	39[illegible]	Jaswant	28/M	(1) Zygomatic arch fracture and right condylar (2) Rt mandible	closed reduction and IMF	Dr Anoop, Dr Deepthi, Dr Shweta, Dr Sukanya, Dr Nimi	
7)	19/1/23	39[illegible]	Jain Johnson	21/M	ROE Fracture	Open Reduction and Internal fixation + I&D	Dr Manoj Kumar, Dr Sanjay L, Dr Sukanya, Dr Anushree, Dr Appu, Dr Nimi, Dr Athira	

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8)	23/1/23	39[illegible]	Fatima Adam	6½/M	① Residual bone deformity 1st Right orbital region	ORIF + GA	Dr Manoj kumar Dr Anoop Dr Divakar Dr Shweta Dr Aswin Dr Afsal Dr Sidharth	
					FEBRUARY 2023.			
①	6/2/23	396916/ 30204603	Joel	19/M	Multiple impacted teeth	Surgical removal + GA	Dr Manoj kumar Dr Vipin Dr Deepthi Dr Reshma Dr Sabahudeen Dr Noor	
2)	6/2/23	396948/ 30231688680	Jithin Johnson	32/M	Bicondylar # and ② parasymphyseal #	ORIF + GA	Dr Manoj Kumar Dr Vipin Das Dr Deepthi Dr Suma Dr Anaketa Dr Sabahudeen Dr Afsal Dr Anu	

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Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist
7)	20/2/23	396121 [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
8)	21/2/23	399954/ 2023/02/0017	[illegible]	9Y/M	[illegible]	[illegible]	[illegible]	[illegible]
9.	20/02/23	400239/ 2023/02/0018	[illegible]	21/M	[illegible]	[illegible]	[illegible]	[illegible]
1	13/2/23 [illegible]	402254/ 2023/02/0019	[illegible]	53/F	[illegible]	[illegible]	[illegible]	[illegible]

MARCH 2023.

1	1/3/23 [illegible]	402254/ 2023/02/0019	[illegible]	53/F	[illegible]	OHF & GA	Dr. Manoj Kumar Dr. Vijin Das Dr. Sunitha Dr. Afroos Dr. Sabeshwari	
2	1/3/23 [illegible]	402254/ 2023/02/0019	[illegible]	53/F	[illegible]	OHF & GA	Dr. Manoj Kumar Dr. Vijin Das Dr. Sunitha Dr. Afroos Dr. Sabeshwari	
3	1/3/23 [illegible]	402254/ 2023/02/0019	[illegible]	53/F	[illegible]	OHF & GA	Dr. Manoj Kumar Dr. Vijin Das Dr. Sunitha Dr. Afroos Dr. Sabeshwari	
4	1/3/23 [illegible]	402254/ 2023/02/0019	[illegible]	53/F	[illegible]	OHF & GA	Dr. Manoj Kumar Dr. Vijin Das Dr. Sunitha Dr. Afroos Dr. Sabeshwari	
5	1/3/23 [illegible]	402254/ 2023/02/0019	[illegible]	53/F	[illegible]	OHF & GA	Dr. Manoj Kumar Dr. Vijin Das Dr. Sunitha Dr. Afroos Dr. Sabeshwari	
6	1/3/23 [illegible]	402254/ 2023/02/0019	[illegible]	53/F	[illegible]	OHF & GA	Dr. Manoj Kumar Dr. Vijin Das Dr. Sunitha Dr. Afroos Dr. Sabeshwari	

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Sl. No	Date	OP/IP No	Patient Name	Age/Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remarks
2	18/5/23	0032267 2023449918	Mujad	27/M	① Soft tissue injury with underlying ② Subconjunctival Bleed ##	Repair of Lip GA	Dr Manoj kumar Dr Sanjay L Dr Rajith Dr Prabisha Dr Rajeev Dr Sudhakaran		
3	18/5/23	0032268 2023449928	Aboobacker	27/M	① Parasymphysis #L of Mandible	ORIF with GA	Dr Manoj kumar Dr Akshay Dr Chandrashekar Dr Kalesan Dr Arun Dr Sabarinad		
4	18/5/23	0032269 2023449948	Neethu KT	31/F	Mandibular Symphysis fracture	ORIF with CIM	Dr Manoj kumar Dr Vipin Das Dr Deepthi Dr Shweta Dr Afsal Dr Sudheesh		
5	21/5/23	0032270 2023449980	Rasna	46/F	® Mandibular body fracture	ORIF with IMF	Dr Manoj kumar Dr Vipin das Dr Deepthi Dr Rathnam Dr Afsal.		

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Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeons	Anesthetist
1	1/4/23	40[illegible]	Ahmed Thameem	17/M	① Body of mandible # ② RVC fracture	ORIF & IMF	R. Manoj Kumar A Gangai C. A. Sriram Dr Ayushith Dr Nitin Dr Ajmal	
2	4/4/23	40[illegible]	Neeraj S Kumar	19/M	① parasymphysis and ② condylar # (L) mandible	ORIF & GA	Dr Manoj Kumar Dr Vipin Dr Abhishek Dr Roshine Dr Sidharth Dr Siddharth	
3	4/4/23	40[illegible]	Ismail	9/M	(R) zygomatic arch #	closed reduction & IVF	Dr Manoj Kumar Dr Vipin Dr Deepthi Dr Ayushith Dr Nitin Dr Siddharth	
4	26/4/23	40[illegible]	Binoo Kumar	21/F	OKC of the Right mandible	Light consideration + peripheral osteotomy + Intermaxillary cortication	Dr Remy Joseph Dr Sonja Dr Deepti Dr Rishma Dr Aswin Dr Siddharth	

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MAY 2023

Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Re
1.	15/5/23	412539/ 2023541 258	Arya Mohan	23/F	Right parasymphysis fracture	ORIF ↓ GA	Dr Manoj Kumar KP Dr Afsal Dr Sabah Dr Rishana Dr Appu Dr Siddiqui Dr Anu		
2.	11/5/23	411995/ 2023513199	Jiji	39/F	Rt. Subcondylar fracture	ORIF ↓ GA	Dr Manoj Kumar Dr Aswathi Vinod Dr Siddiqui Dr Shweta Dr Yesna Dr Afsal Dr Noor		
3.	17/5/23	413245/ 2023547135	Ramees	30/M	Mandibular defect with Mandibular fracture	Right hemimandibulectomy + BSSO setback	Dr Manoj Kumar Dr Vipin Das Dr Chandralekha Dr Shweta Dr Afsal Dr Anu Dr Remya Joseph Dr Abhijith Dr Deepthi Dr Siddharth		
4.	22/5/23	413546/ 2023562099	Teju Baby	22/F	Cyst enucleation + Peripheral ossifying fibroma + Chemical cauterization	OK of the Rt mandible			
5.	25/5/23	414500/ 2023574634	Shakila	21/F	Internal derangement of TMJ	Arthrocentesis	Dr Manoj Kumar Dr Sangita, Dr Aswathi Dr Shweta Dr Noor		

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Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist
6	28/5/23	413 680	Ameer	32/M	(R) ZMC fracture	CRIF & ERF	Dr Manoj Kumar Dr Athul Dr Sabin Dr Anushka Dr Arun Dr Siddharth	
7	29/5/23	413921	Kozhikode Kathy	54/M	(L) Parasymphysis fracture	CRIF & ERF	Dr Manoj Kumar Dr Vipin Dr Bhavesh Dr Rathna Dr Afsal Dr Sabeekesh	
8	29/5/23	414008	Vijith	28/M	Hypoplastic	Cheiloplasty + ERF	Dr Manoj Kumar Dr Sanju Dr Sumi Dr Shweta Dr Sidharth Dr Noel	

JUNE - 2022

1	4/6/22	9544867/ 7510019235	Mohammed Shamnas	19/M	Ectopic Eruption of 21	Surgical removal of 21 & CBA	Dr Manoj Kumar K.P Dr Vipin Das Dr Sonu Dr Sheena Dr Appu
2	4/6/22	9633 7/ 7034783	Mohammed Shamnas	19/M	"		
3	11/6/22	9544 / 8078	Abdul Gafoor	51/M	Impacted 48	Surgical removal of 48 & CBA	Dr Manoj Kumar K.P Dr Anoop Dr Aswathi Vinod Dr Sheena Dr Vipin

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Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remarks
4	11/2/22	365647/ 20221129 34	SHAMEER P.M	28/M	L. TMJ #	CR+IMF+ LMA	Dr noorjahan P Dr Vijayalakshmi Bapat Dr MD Chandralekha Dr Anusha Dr Appu		
5	14/2/2022	365820	Niya Fathima	20/F	Hypoplasia	Clin Augmentation Pericoronitis under GA -	Dr. Binny Joseph Dr Vipul Rao Dr Renu Dr Rathna Dr Ashik		
6.	14/2/2022	365891/ 20221130	Afzal	8/M	① right fracture of mandible	OPIF + GA	Dr Manoj Kumar K.P Dr Anoop A Dr Sneha Dr Keerthi Dr Vishnu		
7	21/2/2022	366163 20221505	Vijayan	57/M	② Subcondylar #	OPIF + GA	Dr Binny Joseph Dr Vijaya Kumar Dyavappa Dr Deepthi Dr Prakash Dr Appu		
8	24/2/2022	366224 20221610	Shyla	44/F	Left ameloblastoma	ORIF + GA	Dr Manoj Kumar K.P Dr Anju Lakshmanan Dr Chandralekha Dr Rathna		

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Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remarks
					AUGUST 2022..				
1.	2.8.2022	371247 2022/1018	FIROSH	20/M	RADICULAR CYST OF MAXILLA	CYST ENUCLEATION UNDER GA	Dr MANOJ KUMAR K.P Dr VIPIN DAS Dr ASWATHI VINOD Dr ANANTA Dr APPU.		
2.	6/8/2022	371219 2091570132	Shalini	36/F	Displaced fracture of Body of the mandible on (R) side + Fracture of Parasymphysis of mandible on (L) side + Comminuted Displaced Fracture of (R) zygomatic Arch.	DRIF UGA	Dr. Manoj kumar K.P Dr. Anoop A Dr Deepti Dr Reshma Dr Appu		
3.	6/8/2022	368803 2022/7649	Santha kumari	66/F	(L) malignant otitis Externa	biopsy under GA	Dr Manoj kumar KP Dr Anoop A Dr Deepti Dr Reshma Dr Appu.		

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Sl. No	Date	OP/IP No.	Patient Name	Age/Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remarks
4	16/8/2022	8727352 2022 22111	Aleena	19/F	Adenomatoid Odontogenic Tumour	Right Enucleation Frozen Section Report	Dr. Benny Joseph Dr. Anoop Dr. Deepthi Dr. Aswin		
5	17/8/2022	8728031 2022 22111	Shaiju	39/M	Ca Rectum	Right Hemicolectomy	Dr. Manoj Kumar K.P. Dr. Rajesh Dr. Sunil Dr. Yasha.		
6	17/8/2022	3740685 2020/10/1015	Safna	18/F	Vertical Mandibular Excess	Lefort I Superior Distraction Superior repositioning under GA	Dr. Manoj Kumar K.P Dr. Vipin Das Dr. Sunu Dr. Roshnath Dr. Rahul		
7	20/8/2022	8740219 2020/08/25	Ramesh	51/M	Parotid tumour Pleomorphic adenoma	Right Superficial Parotidectomy under GA	Dr Benny Joseph Dr Anoop Dr Deepthi Dr Sowmya		
8	20/8/2022	8741197 [illegible]	Aleena	21/F	Ca Endometrium	ORIF Left Femur	Dr. Appu Dr. Manoj Kumar Dr. Deepthi Dr. Mr. Chandrakala Dr. Anushka Dr. Stefano		

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Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist
				SEPTEMBER · 2022				
1.	6/9/2022	375044 / 2022L3158	Sebain	31/M	Left Paracystophyis ++	ORIF + GA	Dr: Manoj Kumar KP Dr: Vipin Das Dr Anuradha Dr Rashma Dr Amin	
2.	10/9/2022	375479 / 2022S7013	Sunitha.	29/F	Hypergonia.	Gonioplasty + GA	Dr. Manoj Kumar KP Dr Anoop Dr Sumi Dr Sunitha Dr Aggu.	
3.	13/9/22	375512 / 2022S8216	Nisha	44/F	Sinonasal Pneumocyst & THT	Anthroscopic + GA	Dr. Manoj Kumar KP Dr Vijay Kumar Dyavh Dr Nisha Dr Anuhitha Dr Vidya.	
4.	13/9/2022	375669 / 2022S7054	Ayesha	5yr/F	(R) ROC ++	ORIF + GA	Dr Binoy Joseph. Dr Vipin Das Dr Deepthi Dr Rashma Dr Amin	

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Sl No	Date	OP/IP No	Patient Name	Age/Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist	Remarks
3	8/12/22	5[illegible]	[illegible]	[illegible]	Adenomatoid Odontogenic Tumour	Enucleation	Dr. Benny Ephraim		
4	[illegible]	[illegible]	Zia Lawrence	9/F	Left orbital floor fracture	ORIF & BG	Dr Manoj Kumar KP Dr Vipin Dr Sudeep Dr Rahima Dr Aswin Dr Siddharth Dr Appu		
5	[illegible]	55[illegible]	Unnikrishnan	40/M	Bifocal Pleomorphic Adenoma of mandible	ORIF & BG	Dr Manoj Kumar KP Dr Vipin Dr Sudeep Dr Shuaibu Dr Ajmain Dr Nabil Dr Shahabal		

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

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KMCT DENTAL COLLEGE

OT REGISTER

Sl No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist
3)	8/2/23	347344/ 9023470740	Saji Varghese	53/M	Oroantral fistula	Oroantral fistula closure ↓ GA	Dr Manoj kumar Dr Vipin Das Dr Rashad Dr Anahita Dr Sahiba ed Dr Abdull Noor	
4)	16/2/23	348719/ 9013478949	Ananda Sanjay	22/F	Residual deformity	Le fort 1 osteotomy with differential impaction of maxilla	Dr Manj kuma Dr Sanju Dr Deepti Dr Shweta Dr Afsar Dr Sidharth.	
5)	18/2/23	349110/ 9013479789	Prajeesh	32/M	Bilateral submandibular and Submental Space infection	Incision and drainage ↓GA	Dr Manj kuma Dr Aswathi Dr Suma Dr Afsar Dr Sidharth	
6)	20/2/23 ✓	349175/ 9061488035	Ayisha Mehar	2/F	Aggressive tumour of (L) ramus of mandible	Incisional biopsy ↓GA	Dr Manj kumar Dr Vipin Dr Chanchalesh Dr Afsar Dr Noor.	

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OT REGISTER

Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist
6	27/3/23 ✓	404827 / 202350138	Seelal	33/M	Parfacial trauma	ORIF ↓GA	Dr Marg kumar Dr Vipin das Dr Chanchalesh Dr Shweta Dr Noor.	
7.	30/3/23	405341 / 202350483	Shahida V	25/F	Hypogenia	Genioplasty ↓GA	Dr Marg kumar Dr Sanju Dr Sunil Dr Anahita Dr Anu	
8	30/3/23	405355 / 202350950	Jasir	38/M	(L) Angle of mandible fracture	ORIF ↓ GA	Dr Marg kumar Dr Vipin das Dr Rinchard Dr Rathna Dr Sidharth Dr Afsal	

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

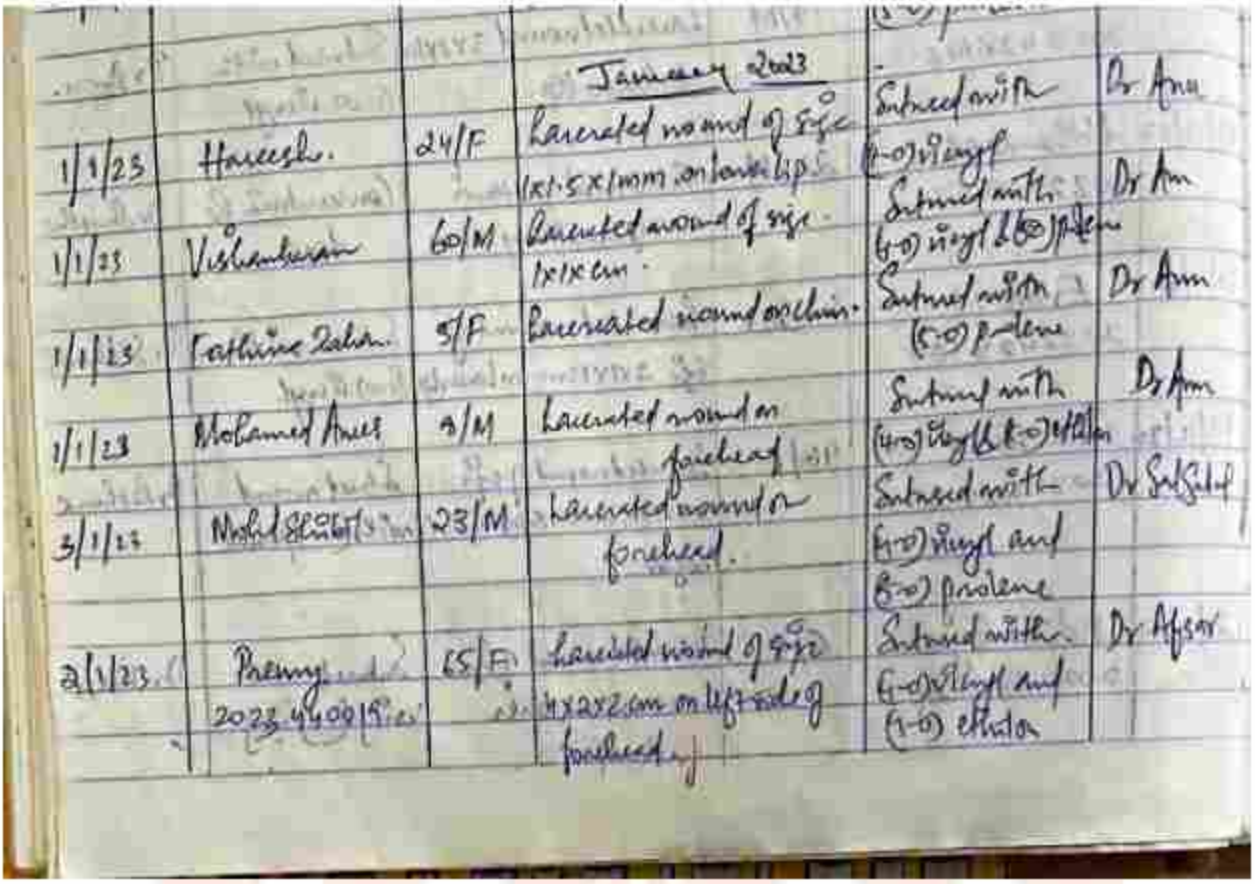
OT REGISTER

Sl. No	Date	IP/OP No	Patient Name	Age/ Sex	Diagnosis	Procedure / Type of Anesthesia	Surgeon	Anesthetist
5	24/4/23 ✓	409632 / 2023620115	Sukumaran	60/M	Mandibular symphysis #	ORIF & GA	Dr Manoj kumar Dr Vipin Dr Binshad Dr Anahita Dr Noor Dr Anu	
6	26/4/23	409917 / 2023761215	Fathima	35/F	(R) ZMC arch fracture	CRIF & GA	Dr Manoj kumar Dr Vipin Dr Binshad Dr Anahita Dr Noor Dr Anu	
7	27/4/23	410209 / 2023520412	Thushara	58/F	Hypogenia	Genioplasty & GA	Dr Manoj kumar Dr Sanju Dr Chanchalesh Dr Shweta Dr Sidharth Dr Afsal	
8	27/4/23	410376 / 2023530739	Hitesh	41/M	(R) ZMC arch #	ORIF & GA	Dr Manoj kumar Dr Sanju Dr chanchalesh Dr Shweta Dr Sidharth Dr Afsal	

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Department of oral and maxillofacial surgery

CASUALTY REGISTER



January 2023

1/1/23	Haneesh.	24/F	Lacerated wound of size 1x1.5x1mm on lower lip.	Sutured with (6-0) vicryl	Dr Anu
1/1/23	Vishnudasan	60/M	Lacerated wound of size 1x1x1 cm.	Sutured with (6-0) vicryl (6-0) prolene	Dr Anu
1/1/23	Kathrine Zaka.	5/F	Lacerated wound on chin.	Sutured with (5-0) prolene	Dr Anu
1/1/23	Mohamed Anees	3/M	Lacerated wound on forehead	Sutured with (4-0) vicryl (5-0) prolene	Dr Anu
3/1/23	Mohd Shakir	23/M	Lacerated wound on forehead.	Sutured with (4-0) vicryl and (5-0) prolene	Dr Sidhik
2/1/23	Phenny 2023 440019	65/F	Lacerated wound of size 4x2x2 cm on left side of forehead	Sutured with (4-0) vicryl and (1-0) ethilon	Dr Afsar

2/1/23	Akhnath Pradeep 2023440653	4½/M	Lacerated wound on forehead (rt eyebrow)	Suturing done with (4-0) Vicryl & (5-0) prolene	Dr Siddharth
3/1/23	Shifa 2023443125	33/F	Lacerated wound on chin	Suturing done with 4-0 vicryl 5-0 prolene	Dr Reshma
4/1/23	Vishnu 932/23	22/M	Lacerated wound below (R) eye	Suturing done with 4 0 vicryl 4-0 prolene	Dr Anahita
4/1/23	Md Zayan 1039/23	5/M	Lacerated wound on corner of mouth	Suturing done using 4-0 vicryl & 5-0 prolene	Dr Shweta
5/1/23	Noushils 1086/23	6/M	Consultation Maxillary sinus #	Conservative management	Dr Shweta
5/1/23	Habeeba	39/F	Consultation ZMCH	Pt was Planned for ORIF LCA Adv - review at dept of ONTS	Dr Shweta
6/1/23	Shakuntala	54/F	Lacerated wound on the lip	Suturing done using (4-0) Vicryl	Dr Reshma
7/1/23	Shashin 2023032954	77/M	Lacerated wound at labial mucosa	Suturing done	Dr Anahita
8/1/23	Vinod Kumar	42/M	Lacerated wound on rt side of forehead	Suturing done using (5-0) prole & (5-0) Vicryl	Dr Siddharth
8/1/23	Devi	19/F	Intraoral laceration on left upper buccal vestibule	Suturing done using (5-0) Vicryl	Dr Siddharth
8/1/23	Sreeja.	20/F	Intraoral laceration of lower lip	Suturing done using (5-0) Vicryl	Dr Siddharth
9/1/23	Aflan 2023446318	6/M	Lacerated wound on forehead.	Suturing done using 4-0 Vicryl 5-0 prolene.	Dr Reshma

					Dr Rasheeda
10/1/23	Rahmathullah	21/M	⊙ orbital floor fracture	Conservative management	
11/1/23	Leela Purushothaman	42/F	Lacerated wound on lower lip	Suturing done using 4-0 Vicryl/Ethilon	Dr. Afsar
11/1/23	Arshad Zaman 2023448201	21/M	Lacerated wound on scalp, forehead, lower lip.	Suturing done using 4-0 vicryl & 5-0 prolene	Dr. Afsar
11/1/23	Bilal Rasheed 2023448206	19/M	Multiple facial bone fractures	Pt admitted	Dr. Afsar
12/1/23	Jibin Johny 2023448205	21/M	Lacerated wound over the right eyelid. Multiple abrasions over the right side of face.	Pt not willing for treatment	Dr Afsar
12/01/23	Kiran.	30/M	lacerated wound above the right eyebrow.	suturing done with (4-0) Vicryl and (4-0) Prolene.	Dr Anu.
12/01/23	Sajith.	24/M.	lacerated wound on lower lip	Suturing done with 4-0 Vicryl.	Dr Anu
14/01/23	Tevin	22/M.	NOE fracture	Conservative	Dr Anu
15/01/23	Musamil	7/M	Lacerated wound on the chin	Suturing done with (4-0) vicryl and (5-0) prolene	Dr Afsar
15/01/23	Sidheeth	25/M	Lacerated wound on the forehead, Nose, chin	Suturing done using (4-0) vicryl and (5-0) prolene	Dr Afsar

16/1/23	Ahmed 2023449775	60/M	Laceration over upper lip	Suturing with (4-0 Vicryl and (5-0) prolene	Dr Sidharth
16/1/23	Arjun	27/M	Laceration over the forehead	Suturing done with (4-0) vicryl and (5-0) prolene	Dr Sidharth
16/1/23	Musthafa	24/M	Laceration over the forehead	Suturing done with (5-0) Vicryl and (5-0) prolene	Dr Sidharth
17/1/23	Manikandan	43/M	Grade I mobility 2, 1	Conservative management	Dr. Reshma
14/1/23	Renon Joseph	28/M	Lacerated wound of size 3x2x1cm on upper lip Lacerated wound of size 1.5x1cm on upper lip	Suturing done with 4-0 vicryl 5-0 prolene	Dr. Reshma
17/1/23	Barathan	21/M	Laceration of size 2x1x0.5cm on Chin: Another Laceration of size 0.3x0.2cm on the lower lip	Suturing done using 5-0 vicryl, 6 prolene	Dr. Reshma.
18/1/23	Rishan	4½M	Lacerated wound of size 4x2.5x1.5cm on (R) eyebrow region	Suturing done using 5-0 vicryl 5-0 prolene & GA	Dr Shweta
19/1/23	Chidambaram Nair	93/M	Lacerated wound of size 5x2x2cm on (R) lateral aspect of eye	Suturing done using 5-0 vicryl 5-0 prolene LA	Dr Shweta

20/1/23	Sreelakshmi	55/F	Lacerated wound over forehead	Sutured with (4-0) nylon & (5-0) prolene	Dr Anu
20/1/23	Omana	55/F	Bicondylar fracture lacerated wound over chin	Sutured with (4-0) nylon & (5-0) prolene	Dr Anu
20/1/23	Devayya	80/M	Lacerated wound over chin	Sutured with (4-0) nylon	Dr Anu
21/1/23	Mohd Sohail	21/M	Lacerated wound over lower lip	Sutured with (5-0) prolene	Dr Afsar
22/1/23	Mohd	75/M	Lacerated wound over vermilion of upper lip	Sutured with (4-0) nylon	Dr Afsar
23/1/23	Sugunalakshmi	80/F			
24/1/23	Rasila 2023456889	49/F	Lacerated wound on the forehead	Sutured with (4-0) vicryl and (5-0) prolene	Dr Bibitha
24/1/23	Md Anees 2023456938	5/M	Lacerated wound over right eyebrow region	Sutured wound with (4-0) vicryl and (5-0) prolene	Dr Bibitha
26/1/23	Narayanan	89/M	Contusion Abrasion of size 3×3 cm on forehead	Conservative management	Dr Sharad
26/1/23	Bagilal	28/M	Lacerated wound of size 1×1 cm on right eyebrow	Suturing done using 5-0 prolene	Dr Sharad
26/1/23	Jagannath	42/M	Lacerated wound of size 2×1 cm on left eyebrow	Suturing done using 4-0 vicryl	Dr Sharad
30/1/23	Khan Usman	21/M	Partially lacerated wound over face	Sutured wound using 4-0 vicryl	Dr Shirley
31/1/23	Chandra	22/Female	Lacerated wound	Suturing done with (4-0) vicryl and (5-0) prolene	Dr Nikhil

27/1/23	Ommini	80/F	Lacerated C shaped wound over ® forehead	Sutured Lacerated wound using 4-0 silk suture	Dr Noor
27/1/23	Kunjiraman	68/M	Lacerated wound over glabellar region	Sutured wound using 4-0 vicryl & 5-0 prolene	Dr Noor
27/1/23	Shreeja	9/F	Lacerated wound over ® eyebrow	Sutured Lacerated wound using 4-0 vicryl & 5-0 prolene	Dr Noor
28/1/23	Isham Hassan	21/M	Lacerated wound on Between, forehead	Sutured with (4-0) vicryl & (5-0) prolene	Dr Afsar
28/1/23	Shanmugam	55/M	Lacerated wound on forehead	Sutured with (4-0) vicryl & (5-0) prolene	Dr Anu
28/1/23	Athul Das	29/M	Lacerated wound on ® face	Sutured with (4-0) vicryl & (5-0) prolene	Dr Anu
28/1/23	Prakash	2½/M	Lacerated wound over forehead	Sutured with (5-0) prolene	Dr Anu
28/1/23	Valsamma	61/F	Lacerated wound over left face	Sutured with (4-0) vicryl	Dr Anu
30/1/23	202234684 Fargin Anas	4/M	Lacerated wound of size 1×.5×.5 on ® eyebrow	Sutured with (5-0) prolene	Dr Sal Sal
30/1/23	202114964 Jaya Raj	37/M	lacerated wound of size 2×1×1cm on chin	Sutured with (4-0) vicryl & (5-0) ethilon	Dr Sal Sal
30/1/23	202346326 Puthumanthil Anna	86/F	Laceration of size 1×.5×.3cm on ® eyebrow	Sutured with (5-0) ethilon silk	Dr Sal Sal
24/1/23	202431058 Thankamma	50/F	Laceration of size 3×1×.8cm on forehead	sutured using 4-0 vicryl & 5-0 prolene	Dr Prakash
25/1/23	Babu Joseph 9037620820	53/M	Laceration of size 5×3×2cm appx on forehead	sutured using 4-0 vicryl, 5-0 prolene	Dr Roshan
28/1/23	Hamsa 8281680119	86/F nil	Laceration on forehead size 2×1×1cm	sutured using 4-0 vicryl & 5-0 prolene	Dr Anu

INTEGRATED AND INTERDISCIPLINARY APPROACHES

KMCT Dental College prioritizes student-centric methods to enrich learning experiences through integrated and interdisciplinary approaches:

Interdepartmental Posting: Students are exposed to various departments within the college, allowing them to gain comprehensive knowledge and practical experience across different facets of dentistry. This holistic exposure enhances their understanding by integrating insights from multiple disciplines.

Clinico Pathological Club: This club fosters collaboration between dental and medical students, facilitating discussions, case studies, and presentations that explore the connections between clinical dentistry and pathology. This interdisciplinary approach broadens students' perspectives and understanding.\

Functional Memorandum of Understanding (MoU): The college establishes partnerships with external organizations or institutions, enabling students to engage in practical learning experiences beyond the campus. Such collaborations provide opportunities for internships, research projects, and practical exposure, enhancing their overall skill set.

Collaborative Research Activities: Students are encouraged to engage in interdisciplinary research projects, working with faculty members from various departments, promoting a broader understanding of dental sciences and encouraging teamwork and innovation.

By implementing these integrated and interdisciplinary learning initiatives, KMCT Dental College empowers students to develop a well-rounded understanding of dentistry that transcends individual disciplines. This approach equips them with a broader perspective, enhanced problem-solving abilities, and a more comprehensive skill set essential for their future careers in dentistry.

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KMCT
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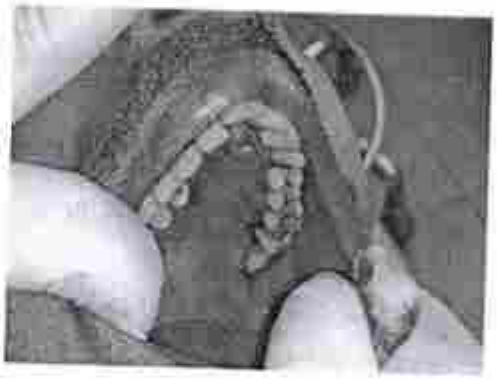
DEPT. OF PERIODONTICS

INTEGRATED & INTER-DISCIPLINARY LEARNING

Our students mainly postgraduate students engage in integrated learning by collaborating with various other departments, fostering a multidisciplinary approach to patient care. Through joint case discussions and treatment planning sessions, students benefit from insights shared by specialists in fields such as prosthodontics, oral surgery, and restorative dentistry. This collaborative environment enhances their understanding of the broader implications of periodontal care within the context of overall oral health.. Through this integrated learning model, postgraduate students not only refine their periodontal skills but also develop a well-rounded perspective, preparing them for comprehensive and collaborative patient management in their future practice.

Endo-Perio lesion (Root resection)







K.M.C.T. DENTAL COLLEGE
CALICUT

DR. [illegible] KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

An interdepartmental posting to department of OMFS for post graduate students was implemented with the objective of providing students with a holistic and interdisciplinary approach to dental education.

By exposing students to various specialties and encouraging interdisciplinary collaboration, the program contributed to the development of well-rounded dental professionals. Ongoing assessment and refinement of such initiatives are crucial for ensuring that dental education remains dynamic and aligned with evolving healthcare needs.

Manassery
23/08/2023

From
Dr Sheejith M,
HOD, Dept. of Prosthodontics
KMCT Dental College & Hospital,
Manassery, Mukkam, Calicut,

To
The Principal,
KMCT Dental College & Hospital,
Manassery

Sub: Request for 1 week posting for 1st yr PGs in OMFS department.

Respected Sir,

With utmost courtesy, I would like to bring to your kind concern that, our 1st year post graduate students would require an inter-departmental posting in OMFS department from 04/09/2023 to 09/09/2023 and 11/09/2023 to 16/09/2023 to get familiarized with various LA procedures, suturing techniques and minor surgical procedures.
I request you to kindly consider the matter and do the needful.
Hereby enclosing the list of PG students and date of posting

Thanking you,

Yours sincerely,

Dr Sheejith M

KMCT
DENTAL COLLEGE

Si no	List of PG students	Date of posting
1	Dr Chandana CN	04/09/2023 – 09/09/2023
2	Dr Gopika Jayakrishnan	
3	Dr Jinsha Maji	
4	Dr Sreya Jyothibas	11/09/2023 – 16/09/2023
5	Dr Sukhil T Sathyan	

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Mankkavu, Kozhikode

MCT Medical College Campus, Mukkam, Kozhikode - 673602
0495-2292000 dental@kmct.edu.in

INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

INTER- DEPARTMENTAL POSTING

DEPT OF ORAL AND MAXILLOFACIAL SURGERY

ARIF JALAL

DATE	WORK DONE	REMARKS
06/06/2023	→ Case discussions → Assisted Impaction case.	
07/06/2023	→ Suturing techniques → Discussion of Procedurals. ① Simple interrupted ② Simple Continuous ③ Continuous locking ④ Horizontal & Vertical mattress ⑤ Figure of Eight	
08/06/2023	→ Discussion on L.A → Medical Emergencies. → Demonstration of L.A. techniques. → Observed Incision & Drainage treatment	
09/06/2023	→ Assisted an impaction case. → Case discussions on Various Space infections	
10/06/2023	→ Attended Journal Club. → Case discussion. → Rhinoplasty assisted.	

DR. MANOJ KUMAR K.P
Principal
KIMS Dental College
Manjeshwaram

HEAD OF DEPARTMENT
DEPT. OF ORAL &
MAXILLOFACIAL SURGERY
KIMS DENTAL COLLEGE

INTER- DEPARTMENTAL POSTING

DEPT OF ORAL AND MAXILLOFACIAL SURGERY

ARIF JALAL

DATE	WORK DONE	REMARKS
06/06/2023	→ Case discussions → Assisted Impaction case.	06/06/23
07/06/2023	→ Suturing techniques → Discussion & Practicals ① Simple interrupted ② Simple Continuous ③ Continuous Locking ④ Horizontal & Vertical mattress ⑤ Figure of Eight	07/06/23
08/06/2023	→ Discussion on L.A. → Medical Emergencies. → Demonstration of L.A. techniques → Observed Incision & Drainage treatment	08/06/23
09/06/2023	→ Assisted an impaction case → Case discussions on various space infections	09/06/23
10/06/2023	→ Attended Journal Club. → Case discussion. → Rhinoplasty assisted.	10/06/23

DR. MANOJ KUMAR. K.P
Professor
Govt. Dental College
Alappuzha

HEAD OF DEPARTMENT
DEPT. OF ORAL &
MAXILLOFACIAL SURGERY
GOVT. DENTAL COLLEGE

INTER- DEPARTMENTAL POSTING

DEPT OF ORAL AND MAXILLOFACIAL SURGERY

DR. NEERAJA EV

DATE	WORK DONE	REMARKS
06/06/2023	Case discussions Assisted Impactions	
07/06/2023	Suturing techniques Simple / Interrupted Simple Continuous Euplasmon decking Mattress - figure of eight	
08/06/2023	Discussion on LA techniques Medical Emergencies Demonstration of LA techniques	
09/06/2023	Discussions - Flap reflection Impactions assisted. observed incision and Drainage.	
10/06/2023	- Case discussions - - Syncope - Management Extraction of Emergency Management - - Dental clubbing - Alveoplasty.	

DR. AJITHOS KUMAR. K.P

INTER- DEPARTMENTAL POSTING

DEPT OF ORAL AND MAXILLOFACIAL SURGERY

DR. MELISA CHERIYAN

DATE	WORK DONE	REMARKS
06/06/2023	→ Case discussions → Assisted Impaction	06/06/23
07/06/2023	→ Suturing techniques → discussion + practiced ① Simple interrupted ② Simple continuous ③ continuous locking ④ Mattress & figure of eight	07/06/23
08/06/2023	→ Discussion on LA. → medical emergencies → Inferior alveolar block given.	08/06/23
09/06/2023	→ Assisted an Impaction case → Case discussion on various space infections.	10/06/23
10/06/2023	→ Attended journal club → Case discussion.	10/06/23

DR. RAHUL KUMAR K.P
Tutor
KMCT Dental College
Manassery, Mukkam

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY
DENTAL COLLEGE
MUKKAM, CALICUT
10/06/23

INTER- DEPARTMENTAL POSTING

DEPT OF ORAL AND MAXILLOFACIAL SURGERY

PG STUDENT: Dr. Sukbil T Satbyan

DATE	WORK DONE	REMARKS
7/11/23	- Case observation - Impacted 3rd molar extraction, OAF surgical management. - Case discussions.	
8/11/23	- Case discussion - Bilateral TMJ Ankylosis, - Case observation, Extraction and Suturing techniques	
9/11/23	- Case Observation in OT, - Management of Mandibular Body Fracture.	
10/11/23	- Discussion on the topic -Asepsis and sterilization	

13/11/23	- Discussion done on the topic Local Anesthetic techniques, (IAND, PSA, MSA, Uncle Peletine, Infiltrative, Marked)	
14/11/23	- Demonstration of IAN & PSA nerve block. - Suturing techniques.	





കേരളം केरल KERALA

DM 864967

Memorandum of Understanding

National Institute of Technology, Calicut
&
KMCT Dental College, Manassery

PREAMBLE

National Institute of Technology Calicut (hereafter NITC, referred to as "First Party") is a prestigious Technical Institution of national importance set up by an Act of parliament (Act 29 of 2007) engaged in providing meaningful and quality education in engineering and science while conducting original research of highest standard.

WHEREAS, KMCT Dental College (KMCTDC), is a recognized Centre for research under Kerala University of Health Sciences (KUHS), NAAC accredited with A+ grade in the first cycle and recognized by the Dental Council of India (DCI), is committed to promote excellence in Dental education, Research and Oral health care with a focus on Community service. The college is a part of KMCT Group of Institutions set up by the Kunhitharuvai Memorial Charitable Trust (KMCT) Manassery, Mukkam Reg. no. 252/1999 is situated at Manassey, Mukkam, Kozhikode, spread over 50 acre area. Inaugurated in 2006, both the Out Patient and In Patient departments are functional from 2006.

NITC and KMCTDC would like to enter into a MoU in academic and research areas of mutual interest.

...32936 Kerala Rs:100... Kozhikode Chathamangalam

me..... Director NITC

ta..... 9/1/2023

MUKKAM P.O VIA
M.K FATHIMA ALI

P1/

भारतीय गैर-न्यायिक

एक सौ रुपये

Rs. 100

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ONE HUNDRED RUPEES

सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL

केरळം केरल KERALA

DM 864968

The First Party and the Second Party shall hereinafter individually be referred to as a "Party" and collectively as the "Parties". Any person that is not a signatory to this Agreement shall be referred to as a "Third Party".

1.0 Scope of MoU

This MoU deals with the broad areas of mutual interest/ collaboration, terms and conditions, financial arrangements, modalities of mutual interest/collaboration, responsibilities and obligations of parties pertaining to any activity to be undertaken as part of this MoU.

2.0 Objectives

NITC and KMCTDC wish to work jointly to promote education, research, technology development and its translation. The objective of this collaboration as defined in the MoU is to stimulate quality education and training to conduct joint collaborative research, develop an ecosystem of shared infrastructure for research, undertake multi centric trials of various research projects and promote inter-institutional cooperation. The two parties will develop and foster education, training, research & professional activities involving projects among students and faculty of the institutions thereby creating a research ecosystem with the sharing of knowledge, resource and infrastructure.

3.0 Collaborative activities& Implementation of the Project /Program

Both the parties agree to develop the following collaborative activities in areas of mutual interest.

o.32932...kerala Rs:100..... kozhikode chathamangalam

ame.....Director NITC

ate.....9/1/2023

MUKKAM CRO VEN...

Director
K.M.C.T.D.C. Limited
Mansion, Mukkam

P21

3.1 Collaborative electives

To offer institute UG & PG electives in collaboration with scientists and faculty of either institutions in their areas of expertise.

3.2 Internship UG and PG

To grant permission to the undergraduate/post graduate students of both parties to visit facilities at other party to carry out their internship programmes.

3.3 Project UG and PG

To grant permission to the undergraduate/post graduate students of both parties to visit other party's R&D facilities/carry out their project works.

3.4 External PhD of second party staff with first party

To encourage scientists/project scientists/research fellows of second party to seek admission with first party for M.Tech./M.S./Ph.D. and other programmes as per first party's admission norms and procedures.

3.5 Joint PhD guidance

To encourage PhD students of either party to have a joint supervisor from the other party and to carry out their research/experiments at the facilities of both parties. The facilities at KMCTDC are primarily for diagnosis and treatment of patients, therefore research use of these facilities will be subject to free time available.

3.6 Joint research projects

To carry out joint research projects with internal resources or jointly approach funding agencies.Both parties will explore opportunities of undertaking joint research projects and may seek research funding from external funding agencies. Each research proposal shall require approval of the respective institutions and applicable regulatory bodies.

Joint development of biomedical products and evaluating their characteristics by sharing *in vitro* and *in vivo* testing facilities and expertise of each party in mutually identified area for research collaboration.

3.7 Sharing of Research Facilities & Resources

Sharing the available infrastructure and laboratory facilities for research & academic purposes in accordance and compliant to the institutional policies of either parties.

To Exchange faculty members for lectures, talks, conferences, seminars, symposia and sharing ideas for enrichment of academic & research program offerings of either institute.

DR. M. V. [illegible] KAR, K.P

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To Exchange scientific materials and information of common interest including data, study reports, books, publications, course information etc. among the parties.

3.8 Others:

To jointly organise/conduct national/international symposium / conference/ workshop / training programmes.

Exchange of advice, information and assistance relating to areas of mutual interest.

To mutually host training programs / technical training sessions for project staff, students and faculty in specific areas requiring experimental and technical expertise.

4.0 Coordination

Both the parties to establish a "Joint Working Group" for coordination. Both the Parties shall ensure that the Joint Working Group comprises of appropriate personnel to discuss and implement the measures mentioned in this MoU.

First party shall be represented by the Chairperson, Centre for Industry Institute Relations (CIIR), Dean (Academic), Dean (R&C) along with other designated members from the Institute nominated as per Project / Program requirements;

Second party shall be represented by the Principal, KMCTDC

Further, each Party shall appoint a research Coordinator and a Single Point of Contact (SPOC) to coordinate the activities on its behalf. Research Coordinator will periodically review the activities and identify ways to strengthen cooperation between the two Parties for meeting the objectives of this MoU. Whenever required, they will seek approvals in their respective organisations and individual MoUs will be signed by the authorised signatories of both parties, if needed to get approval from funding agencies/ethics committee clearance.

All activities covered under this MoU will be carried out in such a manner so as not to digress from the established traditions and regulations of each party.

5.0 Other General Conditions:

5.1 Monitoring & Progress evaluation

Progress evaluation and monitoring regarding the outcome of MoU shall be done on a regular basis (Annually/ biannually/ quarterly). Shortcomings, if any, shall be addressed and amendments has to be done accordingly to ensure smooth running of the activities targeted in the MoU.

5.2 Scope for Amendments/Modification:

The areas of cooperation may be revised by mutual consent. However, specific programmes may require separate agreements detailed out and documented as annexures to this MoU. No amendment or modification of this MoU shall be valid unless the same is made in writing by both the parties or their authorised representatives and specifically stating the same to be an amendment of this MoU. The modification/changes shall be effective from the date on which they are made/executed unless otherwise agreed to.

5.3 Financial Obligations:

Research student/Project staff exchange: Unless otherwise agreed upon in writing for some particular case, travelling expenses shall be borne by the visitor's own institute/university as per their rules.

Faculty exchange: Unless otherwise agreed upon in writing for some particular case, expenses for traveling, stay, food etc. shall be borne by the visitor's own institute/university as per their rules.

Neither party has any financial obligation to other party under this MoU. Specific financial agreements shall be executed between both parties on finalization of activities covered under this MoU and on case to case basis as and when required.

5.3 Validity & Termination

This MoU is valid for an initial **period of five years** and becomes effective from the date it is signed by the partners. The partnership period may be extended by mutual consent. This MoU may be terminated:

(a) on either party giving the other party 6 months/1 year prior written notice;

(b) on written notice by one of the Parties if the other Party has committed a breach of this MoU.

In the event of termination of the MoU, for whatsoever reasons, both parties agree to fulfil their respective commitments in respect of the other party Fellows and candidates taken on external registration category who are undergoing their academic programme at the time of termination.

Further, specific commitments made prior to such intimation shall be honoured by both the partners including ensuring that any student/staff from both the sides at that time participating in the Programme is able to complete the term of the assignment and be assessed for it.

Once terminated, neither parties shall be responsible for any losses, financial or otherwise, which the other Party may suffer.

5.4 Dispute Resolution

In case, there be a dispute relating to any aspect of academic cooperation shall be addressed amicably by the joint working group abiding to the rules and regulations of both the institutes. If it cannot be resolved at this level, Director, first party and Principal, second party or their nominated representatives shall jointly resolve the dispute in a spirit of independence, mutual respect, and shared responsibility.

DR. MANOJ KUMAR. K.P
Principal
Govt. Brennen College
Mahe, Thalassery, Kerala

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5.5 Intellectual Property

Rights regarding publications, patents, royalty, and ownership of software/design/product developed, etc. under the scope of this MoU shall be decided by the two parties by mutual consent on a case to case basis.

5.6 Non-discrimination

Both the parties agree not to discriminate against any person because of age, gender, national origin, race, ancestry, colour, religion, creed, disability or handicap and sexual orientation. Neither institution shall impose criteria for the exchange of faculty, staff and students that would violate the principles of non-discrimination.

5.7 Code of conduct

Visiting student, staff and faculty will abide by the codes of conduct of the host Institution.

5.8 Legal status & Arbitration:

This document is a statement of intent to foster genuine and mutually beneficial cooperation and is not legally binding on both the parties. Any disputes shall be resolved through mutual discussion.

In the event of any dispute or difference between the parties here to, such disputes or differences shall be resolved amicably by mutual consultation. If such dispute or difference is not resolved then such difference shall be referred to an Arbitrator as the proceedings shall be as per the Arbitration and Conciliation Act 1996. The decision of the Arbitrators shall be final and binding upon parties to the dispute. The arbitration proceeding shall be held at Calicut. This MoU shall be governed and interpreted in accordance with the Indian Laws.

6.0 Exclusivity & Confidentiality:

This agreement is personal to both parties and neither party can assign this agreement nor the rights and privileges herein to anyone without the written permission of the other party.

Both parties shall not disclose, share or transfer any Intellectual property, Confidential information, Research Data & Information, Financial & Technical information and any other documents exchanged between them for research and collaborative activities covered under the framework of this agreement to a third party without written consent from the other party.

DR. MANOJKUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

7.0. Conflict of Interest:

Both parties warrant that this MoU is not likely to have any conflict of interest with any of their organizational, financial, contractual or other interests relating to the activities under this MOU.

IN WITNESS WHEREOF the Parties hereto have signed this MoU on this 9th day of January 2023 at Kozhikode.

For NIT Calicut:

प्रो. प्रसाद कृष्णा
Prof. PRASAD KRISHNA
निदेशक / DIRECTOR
राष्ट्रीय प्रौद्योगिकी संस्थान कालिकट
National Institute of Technology Calicut

Prof. Prasad Krishna
Director

For KMCT Dental College

Dr. Manoj Kumar KP
Principal

DR. MANOJ KUMAR. K.P
PRINCIPAL
KMCT Dental College
Manassery, Mukkam

K.M.C.T. DENTAL COLLEGE
P.O. Manassery
Pin 673602
Mukkam, Calicut Dt.
Kerala, India
CALICUT

Witnesses (Name & address):

1. Cdr (Dr) Shamasundara

2. Registrar
NIT Calicut

Witnesses (Name & address):

Dr VC Santhosh
Professor.
Dept of Periodontics
KMCT Dental College.

NIT CAMPUS (P.O)
Calicut 673601
Kerala, India

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

K.M.C.T. DENTAL COLLEGE
CALICUT

NATIONAL INSTITUTE OF TECHNOLOGY CALICUT
(An Institute of National Importance under the Ministry of Human Resource Development, Government of India)
CENTRE FOR BIOMECHANICS
N.I.T Campus Post, Calicut, Kerala 673601. Phone: 0495 2286400
Email: biomech@nitc.ac.in, Web: www.nitc.ac.in

To whomsoever it may concern

This is to certify that Dr Pranav AG, Final year post graduate student, Department of Prosthodontics in KMCT Dental College, Manassery, Calicut, has conducted the experiments on Universal testing machine, in connection with his dissertation work, in Centre for Biomechanics on 15/12/2022.

Officer in charge
Mr. SAJAN JR

Head, Centre for bio mechanics
Dr. IMMADHAVAN PILLAI

Centre for Biomechanics
National Institute of Technology
Calicut

NATIONAL INSTITUTE OF TECHNOLOGY CALICUT

(An institute of national importance under the Ministry of Human Resource Development, Government of India)

CENTRE FOR BIOMECHANICS

N.I.T Campus Post, Calicut, Kerala-673601, Phone: 0495 2286400

Email: biomech@nitc.ac.in, Web: www.nitc.ac.in

To whomsoever it may concern

This is to certify that Dr Priyanka K, Final year post graduate student, Department of Prosthodontics in KMCT Dental College, Manassery, Calicut, has conducted the experiments on Universal testing machine, in connection with her dissertation work, in Centre for Biomechanics on 06/12/2022.

Officer's Name
Mr. SANAL PR

Centre for Biomechanics
National Institute of Technology Calicut
Calicut - 673601, Kerala

T.M. Madhavan

Head, Centre for bio mechanics
Dr. TM MADHAVAN PILLAI

Centre for Biomechanics
National Institute of Technology Calicut
Calicut - 673601, Kerala

CERTIFICATE FROM CENTRE FOR BIOMECHANICS, NIT CALICUT

NATIONAL INSTITUTE OF TECHNOLOGY CALICUT
(An Institute of National Importance under the Ministry of Human Resource Development, Government of India)
CENTRE FOR BIOMECHANICS
N.I.T Campus Post, Calicut, Kerala 673601, Phone: 0495 2286400
Email: biomech@nitc.ac.in, Web: www.nitc.ac.in

To whomsoever it may concern

This is to certify that Dr Varenya R, Final year post graduate student, Department of Prosthodontics in KMCT Dental College, Manassery, Calicut, has conducted the experiments on Universal testing machine, in connection with her dissertation work, in Centre for Biomechanics on 09/12/2022.

नमसो मा ज्योतिर्गमय

Officer/s Name
Mr. SAHAJ R

Centre for Biomechanics
National Institute of Technology Calicut
Calicut 673601, Kerala

Head, Centre for bio mechanics
Dr. TM MADHAVAN PILLAI

Centre for Biomechanics
National Institute of Technology Calicut
Calicut 673601, Kerala

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TO WHOM SO EVER IT MAY CONCERN

This is to certify that the information in the attached document is verified by me and is true to the best of my knowledge.

Principal

Principal
KMCT Dental College
Manassery, Mukkam

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3.5 Collaboration

3.5.2. **Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year 2022-2023.**

Number of functional MoUs with Institutions/ industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year 2022-2023.

Year	2022-2023
Number of MoUs/Linkages	14

PRINCIPAL

Dr. MANOJ KUMAR P
Principal
KMCT Dental College
Manassery, Mukkam

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TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year
Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	1

PRINCIPAL

Dr. RAMDU
Principal
KMCT Dental College
Mamassery, Mukkom

3.5.2 ICAR- Indian Institute of Spices Research, Kozhikode

KMCT Dental College (KMCTDC) is collaborated with ICAR- Indian Institute of Spices Research, Kozhikode since 2023. A team of 21 members of KMCTDC including 14 faculty members and 7 post graduate students visited ICAR-IISR on 5th October 2023.Team from KMCTDC reached ICAR-IISR at 10.30 am. We were welcomed by Director of ICAR-IISR. Dr Anees K, Senior Scientist delivered a concise presentation on the background and activities of ICAR-IISR. Following that, there was a field visit to various laboratories, during which equipment details were explained. The institutional visit concluded promptly at 1pm, marking the end of our informative and engaging tour through the institution's various departments and facilities.

Sr No	Year of Collaboration	Title of the collaborative activity	Number of the Participants	Duration	Nature of activity
1	2022-2023	Institutional Visit	14 Teaching Faculty 7 Post Graduate student	1 day	Institution Visit

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3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	18

PRINCIPAL

Dr. [illegible]
Principal
KMCT Dental College
Manassery, Mukkam

3.5.2 Detailed program report on total number of Collaborative research activities with National Institute of Technology, Calicut in the year 2022-2023.

Post graduate students and teaching faculties of KMCT Dental college are benefitted from the MoU signed with NIT-C in 2019 and which is renewed in 2023. This collaboration has enabled various academic and research activities between the two institutions.

Activities carried out in 2022-2023:

In 2022-2023, three students from Department of Periodontics conducted laboratory testing for their thesis work from Department of Material Science,NIT. Three students from Department of Prosthodontics conducted laboratory testing for their thesis purpose from Department of Mechanical Engineering,NIT. Six students from Department of Conservative and Endodontics conducted laboratory testing for their thesis as well as short study research works from Department of Biomechanics,Department of Mechanical Engineering and Department of Chemical Engineering,NIT. Three students from Department of Orthodontics conducted laboratory testing for their thesis work from Department of Chemical Engineering and Department of Material Science and Engineering,NIT. One teaching faculty from Department of Oral and Maxillofacial Surgery enrolled as Ph.D scholar at Department of Material Science & Engineering, NIT.

Sr No	Year of Collaboration	Title of the collaborative activity	Name of the Participants	Duration	Nature of activity
1	2022-2023	COMPARITIVE EVALUATION ON THE EFFICACY OF DENTINAL TUBULAR OCCLUDING CAPACITY OF BIODENTINE, DIODE LASER AND BIODENTINE IN COMBINATION WITH DIODE LASER: AN IN VITRO STUDY	Dr RISVANA S	1 months	Student research
2	2022-2023	COMPARITIVE EVALATION OF ROOT SURFACE CONDITIONING EFFICACY OF SODIUM BICARBONATE, METFORMIN AND DOXYCYCLINE: AN IN VITRO STUDY	Dr SNEHA SHAJAN	1 months	Student research
3	2022-2023	COMPARING THE SURFACE OCCLUDING CAPACITY OF TWO COMMERCIALLY AVAILABLE DESENSITISING AGENTS CONTAINING POTTASIUM NITRATE AND STANNOUS FLOURIDE: AN INVITRO SEM STUDY	Dr DONA SUSAN VARGHES E	1 months	Student research
4	2022-2023	COMPARATIVE EVALUATION OF	Dr RAJINA	1 month	Student research

		BOND STRENGTH OF BIODENTINE TO COMPOSITE USING A TWO STEP SELF ETCH ADHESIVE AND A UNIVERSAL ADHESIVE SYSTEM- AN INVITRO STUDY.			
5	2022-2023	COMPARATIVE ASSESSMENT OF ETCH AND RINSE AND SELF ETCH MODES OF UNIVERSAL ADHESIVE ON MICROLEAKAGE IN CLASS 2 CAVITY RESTORED WITH OPEN SANDWICH TECHNIQUE- AN INVITRO STEREO MICROSCOPIC STUDY	Dr RAJINA	1 month	Student research
6	2022-2023	INFLUENCE OF PREPARATION TECHNIQUE AND DIFFERENT BONDING AGENTS ON THE FRACTURE RESISTANCE OF REATTACHED TOOTH FRAGMENT-AN INVITRO STUDY.	Dr DIVYA K RAJ	1 month	Student research
7	2022-2023	ASSESSMENT OF FAILURE LOAD AND SHEAR STRESS OF STAINLESS	Dr MUHAMMED FAIROOZ PP	1 month	Student research

		STEEL MINI IMPLANTS WITH DIFFERENT DIAMETERS: AN INVITRO STUDY			
8	2022-2023	COMPARATIVE EVALUATION OF FRICTIONAL RESISTANCE IN VARIOUS BRACKET ARCHWIRE COMBINATIONS	Dr ASWATHI K	1 month	Student research
9	2022-2023	EVALUATION OF SURFACE MORPHOLOGY AND STRESS DISTRIBUTION OF ORTHODONTIC MINI- IMPLANTS IN MAXILLA USING FINITE ELEMENT ANALYSIS	Dr INDU NAMBIAR	1 month	Student research
10	2022-2023	PhD SCHOLAR	Dr ASHWATI VINOD	ongoing	PhD programme
11	2022-2023	COMPARITIVE EVALUATION OF THE EFFECT OF DIFFERENT PREPARATION DESIGN ONTHE MARGINAL ADAPTATION, FRACTURE RESISTANCE AND FRACTURE PATTERN OF PORCELIN LAMINATE VENEERS-AN INVITRO STUDY	Dr VARANYA R	8 months	Student research

12	2022-2023	COMPARITIVE EVALATION OF FLEXURAL STRENGTH AND SOLUBILITY OF GLASS IONOMER LUTING CEMENT BY INCORPORATING VARIOUS NANOPARTICLES-AN INVITRO STUDY	Dr PRIYANKA K	8 months	Student research
13	2022-2023	COMPARATIVE EVALUATION OF SHEAR BOND STRENGTH BETWEEN DENTURE BASE MATERIALS AND ACYLIC TEETH HAVING DIFFERENT SURFACE TREATMENT-AN INVITRO STUDY	Dr PRANAV AG	7 months	Student research
14	2022-2023	RECYCLING OF NiTi ALLOYS USING LEACHING METHOD WITH H2SO4.	Dr PARVATHY NARAYANAN	2 days	Student research
15	2022-2023	COMPARATIVE EVALUATION OF BOND STRENGTH ON REATTACHMENT OF FRACRURED TOOTH FRAGMENTS WITH DUFFERENT REHYDRATION TECHNIQUES: AN IN VITRO STUDY	Dr GOPIKA GOPAN	1 day	Student research

16	2022-2023	EVALUATION OF REMINERALIZATION POTENTIAL OF GRAPE SEED EXTRACT AND COCOA EXTRACT ON DEMINERALIZED TOOTH – AN INVITRO STUDY	Dr NIKITHA RAJEEV	1 day	Student research
17	2022-2023	COMPARATIVE EVALUATION OF EFFECT OF CONDITIONING AGENTS ON THE SHEAR BOND STRENGTH OF GLASS IONOMER CEMENT- AN IN VITRO STUDY	Dr SNEHA CHANDRAN	1 day	Student research
18	2022-2023	EFFICIENCY OF DENTAL OPERATING MICROSCOPE OVER STEREOMICROSCOPE IN EARLY DETECTION OF SURFACE DEFECTS OF Ni-Ti ROTORY INSTRUMENTS.	Dr RISHANA P	1 day	Student research

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TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year
Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	1

PRINCIPAL

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Mampassery, Malloam

3.5.2 Detailed program report on total number of Collaborative research activities with Yenepoya University, Mangalore, Karnataka in the year 2022-2023.

KMCT Dental College (KMCTDC) is collaborated with Yenepoya University, Mangalore, Karnataka since 2015. Yenepoya University is a full fledged private University of higher education located in Deralakatte, Mangalore, Karnataka, India. One teaching faculty from Department of Oral pathology and microbiology department enrolled as Ph.D scholar at Yenepoya University.

Sr No	Year of Collaboration	Title of the collaborative activity	Number of the Participants	Duration	Nature of activity
1	2022-2023	PhD Programme	1Teaching Faculty	6 Years	Research Collaborative Activity

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TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	2

PRINCIPAL

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam

3.5.2 Detailed program report on total number of Collaborative activities with National College of Pharmacy, Kozhikode for research, faculty exchange, student exchange year-wise during the years

KMCT Dental college (KMCTDC) is collaborated with National College of Pharmacy, Kozhikode since 2018. National College of Pharmacy, Kozhikode is established in 1996, is a premier institution affiliated with KUHS,PCI, AICTE, and DME, and accredited by NBA.

A faculty from KMCTDC participated as a Session Chair for AICTE Sponsored three day National Conference on "INNOVATION THROUGH INTERDISCIPLINARY APPROACH IN HEALTH CARE PRACTICE (FUTURE INNOVATIONS)" organzed by National College of Pharmacy on 3rd-5th July 2023. A workshop was conducted at KMCTDC, on topic "Bridging the gap between Science & Entrepreneurship in the Life science Industry in Kerala" by National College of Pharmacy on 4th August 2023.

Activities conducted in 2022-2023:

In 2022-23, one workshop and faculty participation as session chair were conducted as a collaborative activity between KMCTDC and National College of Pharmacy.

Sr No	Date of Collaboration	Title of the collaborative activity	Number of the Participants from KMCTDC	Duration
1	03-07-2023 04-07-2023 05-07-2023	Session chair in AICTE Sponsored three day National Conference	1	3 days
2	04-08-2023	Workshop	26	1 days

KMCT
DENTAL COLLEGE

TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of Collaborative activities with Institute of Palliative Medicine, Medical College, Kozhikode for research, faculty exchange, student exchange year-wise during the years.

Year	2022-2023
Number of activities under MoUs/Linkages	119

PRINCIPAL

Dr. MANOJ KUMAR.C.P
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3.5.2 Detailed program report on total number of Collaborative activities with Institute of Palliative Medicine, Medical College, Kozhikode for research, faculty exchange, student exchange year-wise during the years

KMCT Dental college (KMCTDC) is collaborated with Institute of palliative medicine (IPM), Kozhikode since 2018. IPM is the pioneer of palliative care movement in South East Asia and the first World Health Organisation Collaborating Centre for Community Participation in Palliative Care and Long Term Care (WHOCC) in developing countries. IPM is the training, research and outreach arm of Pain and Palliative Care Society(PPCS).

Both Post graduate ,Under graduate students are getting advantages of this collaboration by attending their observership postings. Students get exposure to OP, IP and home care programs at IPM. This is an ongoing collaboration activity between KMCTDC and IPM.

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Activities conducted in 2022-2023:

In 2022-23, 118 House surgeons went to IPM for their 6 days of rotatory observership posting . One faculty from department of oral pathology and microbiology, KMCT Dental college is doing her PhD research project from IPM.

Sr No	Year of Collaboration	Title of the collaborative activity	Name of the Participants	Duration	Nature of activity
1	2022-2023	Student Internship	118 House Surgeons	6 days	Student Observership
2	2022-2023	PhD Research	Dr Usha Balan	3 Year	Faculty Research

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3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	5

KMCT DENTAL COLLEGE CALICUT

PRINCIPAL

Dr. MANOJ KUMAR A.P
Principal
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Manassery, Mukkam

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3.5.2 Detailed program report on total number of Collaborative activities with UL Care Nayanar Sadanam, Kozhikode.

KMCT Dental college (KMCTDC) is collaborated with UL Care Nayanar Sadanam, Kozhikode since 2016. This is a Hi- tech Multi Super Specialty Hospital with NABH and ISO 9001-2008 accreditation. UL Care Nayanar Sadanam presents an admirable platform for nurturing the employability and work skills of the intellectually challenged adults to help them attain independence in their daily routines by utilizing their abilities to the fullest through individualized vocational transition planning and productive in house training.

KMCT Dental College conducted oral health awareness and treatment camp at UL Care Nayanar Sadanam on 24/03/23, 31/03/23 and 05/04/23. It was conducted by Department of Public Health Dentistry and Department of Prosthodontics. as a part of World Prosthodontist day.The dental camp began at 10am. A total of 38 patients were screened and 33 patient treatments were done by interns and dental faculty and appropriate referrals were done. A total number of 18 prosthetic rehabilitations were done. The camp concluded at 3 pm. The dental camp was well appreciated by the organizers and camp attendees. KMCT Dental College is providing job opportunity for Students of UL Care Nayanar Sadanam.

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Activities conducted in 2022-2023:

In 2022-2023, 3 camps were conducted at UL Care Nayanar Sadanam. Two students from UL Care Nayanar Sadanam were given job at KMCT Dental College

Sr No	Date of Collaboration	Title of the collaborative activity	Number of the Participants from KMCTDC	Duration	Number of the Participant from UL Care Nayanar Sadanam
1	24-03-2023	Dental Camps	22	1 days	38
2	05-04-2023	Dental Camps	07	1 days	38
3	31-03-2023	Dental Camps	13	1 days	38
4	15-05-2023	Job Placement		Till now	1
5	15-05-2023	Job Placement		Till Now	1

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KMCT
DENTAL COLLEGE

TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	2

PRINCIPAL

Dr. THANOJ THOMAS
Principal
KMCT Dental College
Manassery, Mukkam

3.5.2 Detailed program report on total number of Collaborative activities with Providence Women's College, Kozhikode

KMCT Dental college (KMCTDC) is collaborated with Providence Women's College, Kozhikode since 2020. Providence Women's College, Kozhikode is one of the largest higher education centres for women in the state of Kerala. It was established in 1952 as a noble initiative to spread the message of empowerment through education among the women folk in the Malabar region.

A Dental screening and treatment camp was conducted on14/02/2023, was organised by the Department of Public health dentistry and Department of Oral and maxillofacial surgery in association with Providence Womens college, Kozhikode on account of International oral and maxillofacial surgeons day. Dr Manoj kumar KP, Principal KMCT Dental college delivered a talk on Oral and maxillofacial surgery. A total of 229patients were screened and 42patient treatments were done by interns and dental faculty and appropriate referrals were done.

A value added course was conducted at KMCTDC, on topic "The Curve That Sets Things Sraight" by resource person Ms. Bindu A, Associate Professor & Head of the Department of English, Providence Women's College.

Activities conducted in 2022-2023:

In 2022-23, one dental camps and one value added course were conducted as a collaborative activity between KMCTDC and Providence Women College.

Sr No	Date of Collaboration	Title of the collaborative activity	Number of the Participants from KMCTDC	Duration	Number of the Participants from Providence Women College
1	14-02-2023	Dental Camps	16	1 days	271
2	23-03-2023 24-03-2023	Value added course	93	2 days	1

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TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	6

PRINCIPAL

Dr. MANOJ KUMAR T.P
Principal
KMCT Dental College
Manassery, Mukkam

3.5.2 Detailed program report on total number of Collaborative activities with St. Sebastian's Higher Secondary School (SSHSS), Koodaranhi, Kozhikode

KMCT Dental college (KMCTDC) is collaborated with St. Sebastian's Higher Secondary School (SSHSS), Koodaranhi,Kozhikode since 2016. St. Sebastian's Higher Secondary School is a Christian minority institution located in Koodaranji, Kozhikode. It was established in 1948. The school got recognition from Government of Kerala in 1962.

KMCTDC adopted SSHSS and provide oral health care programmes on regular bases. The oral health care camps and awareness programmes are conducted by Department of Public health Dentistry, KMCT Dental College. This is an ongoing collaboration activity between KMCTDC and SSHSS.

Activities conducted in 2022-2023:

In 2022-23, six dental camps were conducted as a collaborative activity between KMCTDC and SSHSS. Under graduate students, Post graduate students, House surgeons and Teaching Faculties from KMCTDC attended the camp.

Sr No	Date of Collaboration	Title of the collaborative activity	Number of the Participants from KMCTDC	Duration	Number of the patients
1	08-11-2023	Dental Camps	11	1 days	128
2	05-12-2022	Dental Camps	11	1 days	149
3	09-01-2023	Dental Camps	11	1 days	107
4	06-02-2022	Dental Camps	11	1 days	92
5	09-03-2023	Dental Camps	11	1 days	132
6	26-06-2023	Dental Camps	11	1 days	139

KMCT
DENTAL COLLEGE

TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	7

PRINCIPAL

Dr. MANOJ [illegible]
Principal
KMCT Dental College
Mannassery, Mukkam

3.5.2 Detailed program report on total number of Collaborative activities with MVR Cancer Centre and Research Institute, Kozhikode for research, faculty exchange, student exchange year-wise during the years

KMCT Dental college (KMCTDC) is collaborated with MVR Cancer Centre and Research Institute, Kozhikode since 2018 and signed MoU between two institutions in 2021. MVR is an Oncology speciality healthcare institution of world standard dedicated to cancer related treatment and research, set up by Cancer and Allied Ailments Research (CARE) Foundation, a non-profitable charity organization & is a Tertiary Cancer hospital and Research Centre.

Post graduate students are getting advantages of this collaboration by attending their observership postings. Students are posted at Head and Neck Oncology Department and Pathology Department for their peripheral postings. One faculty member from KMCT dental college is doing PhD research project at MVR. Post graduate students from KMCT dental college attended two days workshop conducted by MVR Cancer Centre and Research Institute. This is an ongoing collaboration activity between KMCTDC and MVR. This collaboration has enabled various academic and research activities between the two institutions.

Activities carried out in 2022-2023:

In 2022-2023 two post graduate students from department of oral medicine & radiology were posted at Head and Neck Oncology department,MVR for attending their 30 days peripheral posting. Three post graduate students from department of oral and maxillofacial surgery were posted at Head and Neck Oncology department,MVR for attending their 30 days peripheral posting.

Thirteen post graduate students from KMCT dental college attended two days workshop conducted at MVR on " Designing Clinical Trial: A way to effectuate" on June 18th & 19th 2022. One faculty from department of oral pathology and microbiology, KMCT Dental college is doing her PhD research project from MVR

Sr No	Year of Collaboration	Title of the collaborative activity	Name of the Participants	Duration	Nature of activity
1	2022-2023	Student Internship	Dr Anlin Anto	30 days	Student Observership
2	2022-2023	Student Internship	Dr Sheha Hameed	30 days	Student Observership
3	2022-2023	Student Internship	Dr Shweta Sabu	30 days	Student Observership
4	2022-2023	Student Internship	Dr Anahita Koruth	30 days	Student Observership
5	2022-2023	Student Internship	Dr Reshma Gafoor	30 days	Student Observership
6	2022-2023	Workshop " Designing Clinical Trial: A way to effectuate" on June 18th & 19th 2022	13 postgraguate students	2 days	Workshop attended
7	2022-2023	PhD research	Dr Usha Balan, Professor	1 year and ongoing	Faculty research

KMCT
DENTAL COLLEGE

TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	3

PRINCIPAL

Dr. MANOJ KUMAR P
Principal
KMCT Dental College
Manassery, Mukkam

3.5.2 Sushrutha institute of plastic reconstructive and aesthetic surgery,Elite Mission Hospital,Thrissur

KMCT Dental college (KMCTDC) is collaborated with Sushrutha institute of plastic reconstructive and aesthetic surgery,Elite Mission Hospital,Thrissur (Elite) since 2015. This is a Hi- tech Multi Super Specialty Hospital with NABH and ISO 9001-2008 accreditation.

Post graduate students are getting advantages of this collaboration by attending their observership postings. Students are posted at Plastic surgery department for their peripheral postings.This is an ongoing collaboration activity between KMCTDC and Elite. Sample certificates and posting orders as proof for each year are attached at Document support.

Activities conducted in 2022-2023:

In 2022-2023, three post graduate students from department of oral and maxillofacial surgery were posted at Plastic surgery department, Elite for attending her 15 days peripheral posting.

Sr No	Year of Collaboration	Title of the collaborative activity	Name of the Participants	Duration	Nature of activity
1	2022-2023	Student Internship	Dr Appu Mohan	15 days	Student Observership
2	2022-2023	Student Internship	Dr Shweta Sabu	15 days	Student Observership
3	2022-2023	Student Internship	Dr Anahita Ann Koruth	15 days	Student Observership

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DENTAL COLLEGE

TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	2

PRINCIPAL

Dr. MANOJ KUMAR P
Principal
KMCT Dental College
Mannassery, Mukkam

3.5.2 Detailed program report on total number of Collaborative activities with MILMA (MRCMPU LTD), Peringulam, Kozhikide for research, faculty exchange, student exchange year-wise during the years

KMCT Dental college (KMCTDC) is collaborated with MILMA (MRCMPU LTD), Peringulam, Kozhikide since 2021. Students of KMCTDC are permitted field visits to MILMA Milk purification and processing and Water purification plants. List of students attending the field visit are attached in Document support.

Sr No	Year of Collaboration	Title of the collaborative activity	Name of the Participants	Duration	Nature of activity
1	2022-2023	Student Observership	54 students	1 day	Student Observership
2	2020-2021	Student Observership	80 students	1 day	Student Observership

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DENTAL COLLEGE

TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	3

PRINCIPAL

Dr. MANOJ KUMAR C.P
Principal
KMCT Dental College
Manassery, Mukkom

3.5.2 Detailed program report on total number of Collaborative activities with Centre for Technology Assisted Reconstructive Surgery Private Limited

KMCT Dental college (KMCTDC) is collaborated with Centre for Technology Assisted Reconstructive Surgery Private Limited (CTARS) since 2018.CTARS is an exclusive healthcare 3D designing and printing company with the core focus on Cranio-Maxillofacial region.

KMCT Dental College is collaborated with CTARS for 3D designing and printing of patients required oral and maxillofacial surgeries. This is an ongoing collaboration where post graduate students of department of oral and maxillofacial surgery utilize this opportunity for constructing prosthesis and splints for their surgical cases and also for doing their thesis related research activities.

Activities conducted in 2022-2023:

In 2022-23, three patient cases utilized 3D designing and printing facility as a collaborative activity between KMCTDC and Centre for Technology Assisted Reconstructive Surgery Private Limited.

Sr No	Date of Collaboration	Title of the collaborative activity	Name of the patient	Item ordred	Total amount
1	28-02-2023	Industrial collaboration	Anju	Splints	11,326
2	07-02-2023	Industrial collaboration	Amrutha Sanjay	BM-Orthognathic Planning	8,176
3	05-05-2023	Industrial collaboration	Ramees	Splints	11,326

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DENTAL COLLEGE

TO WHOMSOEVER IT MAY CONCERN

3.5.2 Total number of Functional MoUs with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Number of collaborative activities for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. during the year

Year	2022-2023
Number of activities under MoUs/Linkages	8

PRINCIPAL

Dr. MANOJ
Principal
KMCT Dental College
Manassery, Mukkam

3.5.2 Detailed program report on total number of Collaborative activities with Genesis Implant Technology Centre, Thrissur.

KMCT Dental college (KMCTDC) is collaborated with Genesis Implant Technology Centre, Thrissur since 2018. Genesis Implant Technology Centre, Thrissur has made a significant investment in dental implant research and development.

Under graduate and Post graduate students are getting advantages of this collaboration by attending Basic Implantology Course conducted at KMCT Dental College sponsored by Genesis Implant Technology Centre, Thrissur.

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Collaborative Activities in 2022-2023:

In 2022-2023, 63 House Surgeons and five post graduate students from department of Periodontology attended Basic Implantology Course Conducted by Department of Periodontology, KMCT Dental College in collaboration with Genesis Implant Technology Centre, Thrissur.

Sr No	Year of Collaboration	Date	Title of the collaborative activity	Number of the Participants	Duration
1	2022-2023	12-01-2022 13-01-2022	Clinical Skill Training	11	2 days
2	2022-2023	24-02-2022 25-02-2022	Clinical Skill Training	5	2 days
3	2022-2023	20-04-2022 21-04-2022	Clinical Skill Training	8	2 days
4	2022-2023	27-04-2022 28-04-2022	Clinical Skill Training	9	2 days
5	2022-2023	22-06-2022 23-06-2022	Clinical Skill Training	8	2 days
6	2022-2023	28-07-2022 29-07-2022	Clinical Skill Training	9	2days
7	2022 -2023	26-10-2022 27-10-2022	Clinical Skill Training	8	2 days
8	2022-2023	04-05-2023 05-05-2023	Clinical Skill Training	10	2 days

PRINCIPAL

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PARTICIPATORY LEARNING METHODOLOGY

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Participatory learning methodology is an approach that actively involves students in the learning process, encouraging them to engage, contribute, and take responsibility for their education.

1. **Seminar:**
    - Seminars are likely to involve both students and faculty members. Seminars promote active learning, improve public speaking skills, and foster a deeper understanding of dental concepts through peer interaction.
2. **Journal Club:**
    - students participate in journal clubs where they review and discuss recent publications related to dentistry, oral health, and relevant research methodologies. Journal clubs promote evidence-based practice, critical appraisal skills, and a culture of continuous learning among students.
3. **Continuing Dental Education (CDE):**
    - CDE involves ongoing education and training for dental professionals to stay updated on the latest advancements, techniques, and technologies in the field.
    - CDE programs contribute to lifelong learning, skill enhancement,
4. **Quiz:**
    - Regular quizzes on dental subjects conducted. This encourages students to stay actively engaged with the coursework and reinforces key concepts.Quizzes promote regular study habits, reinforce learning, and provide immediate feedback on understanding.
6. **Debate:**
    a. Organizing debates on ethical, professional, or controversial topics in dentistry can be an engaging participatory learning method.Debates enhance critical

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thinking, communication skills, and the ability to articulate and defend viewpoints. and the development of a well-rounded dental professional.

7. **Participation in Conferences and Conventions:**

   a. Students may be encouraged to participate in regional, national, or international dental conferences where they can present posters, attend lectures, and engage in discussions.Participation in conferences enhances research and presentation skills, exposes students to a broader dental community, and encourages a global perspective on dental care.

8. **Field Visit:**

   - Field visits may be organized to dental clinics, hospitals, or community outreach programs to provide students with practical exposure to dental care beyond the classroom. Field visits enhance practical knowledge, expose students to diverse dental practices, and bridge the gap between theoretical learning and real-world application

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REPORT

The group discussions on border moulding, Jaw relation and shade selection was done for final year students in prosthodontics .it was proved to be a valuable platform for sharing knowledge and experiences among participants. By delving into the intricacies of techniques, challenges, and material considerations, the discourse aimed to improve the clinical skills of students. These topics are integral aspect of Prosthodontic procedures and thus promoting best practices and ensuring optimal patient outcomes in removable dental prosthesis fabrication.

GROUP DISCUSSION :1

Border Molding:

- Define border molding in prosthodontics.
- Highlight its significance in the fabrication of complete dentures and removable partial dentures.
- Discuss its role in achieving accurate impressions.

2. **Purpose of Border Molding:**
   - Explore the primary objectives of border molding.
   - Explain how it helps capture the peripheral extension of the denture base.
   - Emphasize its role in enhancing the retention, stability, and support of the prosthesis.
3. **Materials Used in Border Molding:**
   - Discuss the various materials commonly used for border molding, such as modeling compound, impression compound, and elastomeric materials.
   - Compare the advantages and disadvantages of each material.
   - Consider patient comfort and material handling characteristics.
4. **Techniques of Border Molding:**
   - Detail the different techniques employed in border molding, including functional, manual, and selective pressure techniques.
   - Discuss the importance of patient communication and cooperation during the process.
5. **Challenges and Solutions:**
   - Identify common challenges faced during border molding.
   - Discuss solutions and strategies to overcome these challenges, ensuring a successful outcome.
6. **Clinical Considerations:**
   - Address the clinical factors that may affect the success of border molding, such as patient anatomy, tissue health, and neuromuscular control.
   - Discuss the impact of age, resorption, and other anatomical changes on border molding.
7. **Clinical Examples:**
   - Share case studies or examples illustrating the importance of proper border molding.
   - Discuss how accurate border molding contributes to the overall success of complete and partial dentures.
   -

8. **Quality Control and Evaluation:**
   - Highlight the criteria for evaluating the quality of border molding.
   - Discuss the role of clinicians and dental technicians in ensuring the accuracy of impressions.
9. **Recent Advances:**
   - Explore any recent advancements or technologies that have improved the border molding process.
   - Consider digital techniques or innovative materials that may enhance the precision and efficiency of border molding.
10. **Conclusion:**
   - Summarize the key points discussed.
   - Emphasize the critical role of border molding in achieving successful prosthodontic outcomes.

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GROUP DISCUSSION-I

Feed Back form

Grade:_____ Date of Visit: 8/7/22

Subject Name: PROSTHODONTICS Topic Name: BORDER MOULDING

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5
How far you found the lecture useful?	1	2	3	4	5
How far did the lecturer meet your expectations?	1	2	3	4	5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	4	5
How did you find the lecturer vocabulary?	1	2	3	4	5
How far audience participation & interaction encouraged?	1	2	3	4	5
How far the lecturer appeared enthusiastic about the subject?	1	2	3	4	5

OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

Feed Back form Group discussion - 1

Grade:_____ Date of Visit: 8/7/22

Subject Name: Prosthodontics Topic Name: Border Molding

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes✓	No
Was the content understandable?	Yes✓	No
Was there clarity in the content?	Yes✓	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5✓
How far you found the lecture useful?	1	2	3	4	5✓
How far did the lecturer meet your expectations?	1	2	3	4	5✓

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	4	5✓
How did you find the lecturer vocabulary?	1	2	3	4	5✓
How far audience participation & interaction encouraged?	1	2	3	4	5✓
How far the lecturer appeared enthusiastic about the subject?	1	2	3	4	5✓

OVERALL

Where you satisfied with the lecture?	Yes✓	No	
Was the lecturer able to answer your questions?	Yes✓	No	
What is your overall impression about the lecture?	Good✓	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

Feed Back form

Grade:_____ Date of Visit: 8/7/22

Subject Name:_____ Topic Name:_____

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5
How far you found the lecture useful?	1	2	3	4	5
How far did the lecturer meet your expectations?	1	2	3	4	5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	4	5
How did you find the lecturer vocabulary?	1	2	3	4	5
How far audience participation & interaction encouraged?	1	2	3	4	5
How far the lecturer appeared enthusiastic about the subject?	1	2	3	4	5

OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

Group Discussion I

Feed Back form

Grade:_____ Date of Visit: 8/7/22

Subject Name: Prosthodontics Topic Name: Border Moulding

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5
How far you found the lecture useful?	1	2	3	4	5
How far did the lecturer meet your expectations?	1	2	3	4	5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	4	5
How did you find the lecturer vocabulary?	1	2	3	4	5
How far audience participation & interaction encouraged?	1	2	3	4	5
How far the lecturer appeared enthusiastic about the subject?	1	2	3	4	5

OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

GROUP DISCUSSION :2

JAW RELATION

Introduction to Jaw Relation:

- Define jaw relation in the context of complete dentures.
- Emphasize its significance in achieving proper occlusion, esthetics, and function.

2. **Objectives of Jaw Relation:**
   - Discuss the primary goals of establishing accurate jaw relations.
   - Highlight the importance of replicating natural jaw movements and positions.
3. **Types of Jaw Relations:**
   - Introduce centric relation (CR) and centric occlusion (CO) as fundamental concepts.
   - Explain the differences between CR and CO.
   - Discuss the rationale for choosing one over the other in different clinical situations.
4. **Methods for Recording Jaw Relations:**
   - Detail the various techniques for recording jaw relations, including the Gothic arch tracing, pantographic tracings, and interocclusal records.
   - Discuss the advantages and limitations of each method.
5. **Clinical Considerations:**
   - Address factors that may influence jaw relations, such as patient anatomy, muscle tone, and existing dental conditions.
   - Discuss the impact of patient communication and cooperation in obtaining accurate records.
6. **Use of Facebow in Jaw Relation:**
   - Explain the role of the facebow in transferring the spatial relationship of the maxilla to the articulator.
   - Discuss the benefits of using a facebow in achieving a more precise and patient-specific setup.
7. **Vertical Dimension of Occlusion (VDO):**
   - Explore the concept of VDO and its significance in complete denture construction.
   - Discuss methods for establishing the correct VDO, including anatomical, physiological, and arbitrary methods.

8. **Recording Centric Relation:**
   - Explain step-by-step procedures for recording centric relation.
   - Discuss common errors and challenges encountered during the recording process.
9. **Verification of Jaw Relations:**
   - Emphasize the importance of verifying recorded jaw relations before proceeding with the final denture fabrication.
   - Discuss methods for verifying centric relation and occlusion on the articulator.
10. **Patient Considerations and Communication:**
   - Discuss effective communication with the patient during jaw relation procedures.
   - Address patient expectations and concerns related to jaw relations.
11. **Challenges and Troubleshooting:**
   - Identify common challenges in obtaining accurate jaw relations.
   - Discuss troubleshooting strategies and solutions for addressing these challenges.
12. **Case Presentations:**
   - Share case studies or clinical examples highlighting successful jaw relation procedures.
   - Discuss any unique challenges faced and how they were overcome.
13. **Recent Advances:**
   - Explore any recent advancements or technologies that have improved the accuracy and efficiency of recording jaw relations.
14. **Conclusion:**
   - Summarize the key points discussed.
   - Emphasize the collaborative effort between the clinician and dental technician in achieving successful jaw relations for complete dentures.

Professor & HOD
DEPT. OF PROSTHODONTICS
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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

GROUP DISCUSSION II

Feed Back form

Grade:_____ Date of Visit: 18/01/2023

Subject Name: PROSTHODONTICS Topic Name: JAW RELATION

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5
How far you found the lecture useful?	1	2	3	4	5
How far did the lecturer meet your expectations?	1	2	3	4	5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	4	5
How did you find the lecturer vocabulary?	1	2	3	4	5
How far audience participation & interaction encouraged?	1	2	3	4	5
How far the lecturer appeared enthusiastic about the subject?	1	2	3	4	5

OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

Group Discussion II

Feed Back form

Grade:_____ Date of Visit: 18.1.23

Subject Name: Prosthodontics Topic Name: Jaw Relation

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	✓Yes	No
Was the content understandable?	✓Yes	No
Was there clarity in the content?	✓Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	✓5
How far you found the lecture useful?	1	2	3	4	✓5
How far did the lecturer meet your expectations?	1	2	3	4	✓5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	4	✓5
How did you find the lecturer vocabulary?	1	2	3	✓4	5
How far audience participation & interaction encouraged?	1	2	3	4	✓5
How far the lecturer appeared enthusiastic about the subject?	1	2	3	4	✓5

OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

Group Discussion 2

Feed Back form

Grade:_____ Date of Visit:_____

Subject Name: Prosthodontics Topic Name: Jaw Relation

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5
How far you found the lecture useful?	1	2	3	4	5
How far did the lecturer meet your expectations?	1	2	3	4	5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	4	5
How did you find the lecturer vocabulary?	1	2	3	4	5
How far audience participation & interaction encouraged?	1	2	3	4	5
How far the lecturer appeared enthusiastic about the subject?	1	2	3	4	5

OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

GROUP DISCUSSION -3

SHADE SELECTION IN FPD

Introduction:

- Define the importance of shade selection in the context of Fixed Partial Dentures (FPD).
- Emphasize the role of shade in achieving a natural and esthetically pleasing appearance for dental restorations.

Factors Influencing Shade Selection:

1. **Natural Tooth Color:**
   - Discuss the variation in natural tooth colors among individuals.
   - Emphasize the importance of matching the restoration to the adjacent natural dentition.
2. **Lighting Conditions:**
   - Highlight the impact of lighting conditions on the perception of tooth color.
   - Discuss the use of different lighting sources in the dental office to simulate various environments.
3. **Patient Factors:**
   - Explore how individual patient factors, such as age, gender, and skin tone, may influence shade selection.
   - Discuss the importance of considering patient preferences and expectations.
4. **Material Characteristics:**
   - Explain how the choice of restorative materials, such as ceramics or metal-ceramic combinations, can affect the final shade outcome.
   - Discuss the translucency and opacity of materials and their impact on shade matching.

Shade Selection Techniques:

1. **Visual Shade Matching:**
   - Discuss the traditional visual shade matching method using shade guides.
   - Explore the challenges and limitations of relying solely on visual assessment.
2. **Digital Shade Matching:**
   - Introduce digital shade-matching devices and technologies.
   - Discuss the advantages of digital systems in terms of precision and consistency.
3. **Photographic Documentation:**
   - Explore the use of photography to document and communicate shade information.
   - Discuss the importance of standardized photography protocols.

Challenges in Shade Selection:

1. **Metamerism:**
   - Define metamerism and its impact on shade perception under different lighting conditions.
   - Discuss strategies to minimize the effects of metamerism during shade selection.
2. **Color Changes Over Time:**
   - Address the potential for color changes in restorations over time.
   - Discuss how to account for long-term color stability in shade selection.

Case Discussions:

- Present case studies with before-and-after images to illustrate successful shade matching.
- Discuss any challenges faced in specific cases and the solutions implemented.

Team Collaboration:

- Emphasize the collaborative nature of shade selection involving the dentist, dental technician, and patient.
- Discuss effective communication strategies between the dental team members.

Patient Communication:

- Discuss how to communicate the shade selection process with patients.
- Address the importance of managing patient expectations and involving them in the decision-making process.

Conclusion:

- Summarize key points discussed.
- Emphasize the importance of a systematic and collaborative approach to shade selection for successful outcomes in Fixed Partial Dentures.

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0495-2292000 dental@kmct.edu.in
www.kmctdentalcollege.org

Group Discussion

III

Feed Back form

Grade:_____ Date of Visit: 13.09.2023

Subject Name: Prosthodontis Topic Name: SHADE SELECTION-IPD

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5
How far you found the lecture useful?	1	2	3	4	5
How far did the lecturer meet your expectations?	1	2	3	4	5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	4	5
How did you find the lecturer vocabulary?	1	2	3	4	5
How far audience participation & interaction encouraged?	1	2	3	4	5
How far the lecturer appeared enthusiastic about the subject?	1	2	3	4	5

OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

Group Dsuuion-3

Feed Back form

Grade:_____ Date of Visit: 13.09.2023

Subject Name: Prosthodontics Topic Name: Shade selection in FPD

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes ✓	No
Was the content understandable?	Yes ✓	No
Was there clarity in the content?	Yes ✓	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4 ✓	5
How far you found the lecture useful?	1	2	3 ✓	4	5
How far did the lecturer meet your expectations?	1	2	3 ✓	4	5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3 ✓	4	5
How did you find the lecturer vocabulary?	1	2	3 ✓	4	5
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Was the lecturer able to answer your questions?	Yes ✓	No	
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Thank you for your Participation!

Feed Back form GROUP DISCUSSION -3

Grade:_____ Date of Visit: 13/9/23

Subject Name: Prosthodontics Topic Name: SHADE SELECTION IN FPD

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes ✓	No
Was the content understandable?	Yes ✓	No
Was there clarity in the content?	Yes ✓	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	~~4~~ ✓	5
How far you found the lecture useful?	1	2	3	4	~~5~~ ✓
How far did the lecturer meet your expectations?	1	2	3	~~4~~ ✓	5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	~~4~~ ✓	5
How did you find the lecturer vocabulary?	1	2	3	4	~~5~~ ✓
How far audience participation & interaction encouraged?	1	2	3	4	~~5~~ ✓
How far the lecturer appeared enthusiastic about the subject?	1	2	3	~~4~~ ✓	5

OVERALL

Where you satisfied with the lecture?	~~Yes~~ ✓	No	
Was the lecturer able to answer your questions?	~~Yes~~ ✓	No	
What is your overall impression about the lecture?	~~Good~~ ✓	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

Feed Back form

Grade:_____ Date of Visit: 13/9/'23

Subject Name: Prosthodontics · Topic Name: Shadeselection in FPD

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

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How far you found the lecture useful?	1	2	3	4	5
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What struck you about this topic?_____

PRESENTATION

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How did you find the lecturer vocabulary?	1	2	3	4	5
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OVERALL

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Was the lecturer able to answer your questions?	Yes	No	
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What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

Feed Back form

Grade:
Subject Name: Phrednoclambes

Date of Visit: 13/9/23
Topic Name: SDate Selected INFPD

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5
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What struck you about this topic?

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Thank you for your Participation!

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SEMINAR TOPICS FOR 3rd YEAR PGs

PRANAV A.G

1. Implant surfaces
2. Hobo twin table philosophy of full mouth rehabilitation.
3. Classification systems for maxillary defects.

PRIYANKA K

1. Abutments in implantology.
2. Temperomandibular disorders.

VARENYA .R

1. Loading protocols in implantology.
2. Pankey Mann Schuyler philosophy of FMR.
3.

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SEMINAR TOPICS FOR II YEAR PGs (2021 admn)

ARIF JALAL

1. Diagnosis & treatment planning in complete denture patients.
2. Biomechanics of removable partial denture.
3. Impression techniques in FPD.
4. CAD-CAM in maxillofacial prosthesis
5. Implant- abutment connection –its evaluation
6. Geriatric complete denture patient.

MELISA CHERIYAN

1. Diagnosis &treatment planning in FPD
2. Preparation of mouth for removable partial denture.
3. Dentogenic concept
4. Recent advances in dental implantology
5. Lasers in Prosthodontics
6. Speech considerations in complete denture patients.

NEERAJA E.V

1. Improving denture bearing areas in edentulous patients.
2. Survey & design.
3. Osseointegration.
4. Recent advances in articulators.
5. Occlusal concepts in complete denture.
6. Role of Prosthodontist in smile designing.

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MDS 1ST YEAR 2022-2023

SEMINAR TOPICS

Dr Sukhil T Sathyan

SI NO	Topics
1	APPLIED ANATOMY OFTMJ
2	ESTHETIS IN DENTISTRY
3	BLOOD – COMPOSITION AND FUNCTION
4	BIOCOMPATIBILITY OF DENTAL MATERIALS
5	DENTAL CASTING INVESTMENTS
6	RECENT ADVANCES IN IMAGING

Dr Jinsha Maji K

SI NO	TOPICS
1	MEDICAL EMERGENCIES AND MANAGEMENT
2	LOCAL ANESTHETICS
3	STUDY DESIGNS
4	DENTAL CASTING ALLOYS
5	LASERS IN DENTISTRY
6	HEAT CURE DENTURE BASE RESIN

Dr Gopika Jayakrishnan

SI NO	Topics
1	HEALING REGENERATION AND REPAIR MECHANISM
2	HEMORRHAGE AND SHOCK
3	INFLAMMATION
4	HYDROCOLLOID IMPRESSION MATERIALS
5	DENTAL IMPLANT MATERIAS
6	DENTAL CERAMICS

Dr Chandana CN

SI NO	TOPICS
1	FACIAL MUSCLES, NERVE SUPPLY, BLOOD SUPPLY AND LYMPHATIC DRAINAGE
2	ANEMIAS
3	INFECTION CONTROLIN PROSTHODONTICS
4	NON AQUEOUS ELASTOMERIC IMPRESSION MATERIALS
5	MFP MATERIALS
6	LUTING CEMENTS

Dr Sreya

SI NO	TOPICS
1	MUSCLES OF MASTICATION
2	DEVELOPMENT OF BRANCHIAL ARCHES, PHARYNGEAL POUCHES AND CLEFT
3	HEMOSTATSIS
4	FINISHING AND POLISHING MATERIALS
5	RECENT DEVELOPMENTS IN DENTAL MATERIALS
6	DENTAL WAXES

13/12/22

Dr ROOPINA SATHEESH

SI NO	TOPICS
1	APPLIED ANATOMY OF TMJ
2	COMPOSITION AND FUNCTION OF BLOOD
3	STUDY DESIGNS
4	RECENT DEVELOPMENT IN DENTAL MATERIALS
5	LUTING AGENTS
6	AGE CHANGES IN MAXILLA AND MANDIBLE

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MDS 1ST YEAR 2023-2026

SEMINAR TOPICS

Dr ADHILA NIHAL

SI NO	Topics
1	ANATOMICAL LANDMARKS – MAXILLA & MANDIBLE
2	HAEMORRHAGE AND SHOCK
3	INFECTION CONTROL IN PROSTHODONTICS
4	MAXILLLOFACIAL PRROSTHETIC MATERIALS
5	DENTAL CASTING ALLOYS
6	BIOMECHANICS OF EDENTULOUS STATE

Dr SAMEEM PAIKKATT

SI NO	Topics
1	MUSCLES OF MASTICATION
2	INFLAMMATION
3	DIE MATERIALS
4	HYDROCOLLOID IMPRESSION MATERIALS
5	MEDICAL EMERGENCIES AND THEIR MANAGEMENT
6	SEQUELAE OF WEARING COMPLETE DENTURES

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SCHEDULE FOR SEMINAR AND JOURNAL REVIEW PRESENTATIONS

October/ November/ December / JAN / FEB

2020 BATCH

Sl. No.	POSTGRADUATE NAME	SEMINAR	JOURNAL CLUB
1).	Dr. PRANAV AG	13-12-2022 03-01-2023 24-01-2023 14-02-2023	23-12-2022 13-01-2023 03-02-2023 24-02-2023
2).	Dr. PRIYANKA K	20-12-2022 10-01-2023 31-01-2023 21-02-2023	30-12-2022 20-01-2023 10-02-2023 03-03-2023
3).	Dr. VARENYA R	27-12-2022 17-01-2023 07-02-2023 28-02-2023	06-01-2023 27-01-2023 17-02-2023

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PRESENTATION SCHEDULE (March –May)

SI NO	DATE	PRESENTATION	DOCTOR
1	21/03/2023	SEMINAR	DR PRANAV
2	24/03/2023	JC	DR JINSHA DR CHANDANA
3	28/03/2023	SEMINAR	DR PRIYANKA
4	31/03/2023	JC	DR MELISA DR GOPIKA
5	04/04/2023	SEMINAR	DR VARENYA
6	07/04.2023	JC	DR NEERAJA DR ARIF
7	11/04/2023	SEMINAR	DR ARIF
8	18/04/2023	SEMINAR	DR MELISA
9	21/04/2023	JC	DR SREYA DR SUKHIL
10	25/04/2023	SEMINAR	DR NEERAJA
11	28/04/2023	JC	DR PRANAV DR ARIF

12	02/05/2023	SEMINAR	DR CHANDANA
13	05/05/2023	JC	DR PRIYANKA DR MELISA
14	09/05/2023	SEMINAR	DR GOPIKA
15	12/05/2023	JC	DR VARENYA DR NEERAJA
16	16/05/2023	SEMINAR	DR JINSHA
17	19/05/2023	JC	DR ARIF DR CHANDANA
18	23/05/2023	SEMINAR	DR SREYA
19	26/05/2023	JC	DR MELISA DR GOPIKA
20	30/05/2023	SEMINAR	DR SUKHIL

16/3/23

HOD

16/03/2023

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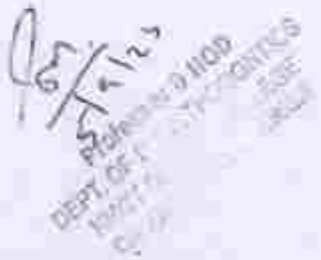
PRESENTATION SCHEDULE (SEP- DEC)

SL NO	DATE	PRESENTATION	PG
1	05.09.2023	SEMINAR	SREYA
2	08.09.2023	SEMINAR	ARIF
3	11.09.2023	JC	GOPIKA
4	12.09.2023	SEMINAR	JINSHA
5	13.09.2023	JC	NEERAJA
6	15.09.2023	SEMINAR	MELISA
7	18.09.2023	JC	SUKHIL
8	19.09.2023	SEMINAR	CHANDANA
9	20.09.2023	JC	SREYA
10	22.09.2023	SEMINAR	NEERAJA
11	25.09.2023	JC	ARIF
12	26.09.2023	SEMINAR	SUKHIL

13	29.09.2023	UNIVERSITY EXAM	
14	02.10.2023	JC	MELISA
15	03.10.2023	SEMINAR	SREYA
16	04.10.2023	JC	JINSHA
17	06.10.2023	SEMINAR	CHANDANA
18	09.10.2023	JC	SUKHIL
19	10.10.2023	SEMINAR	GOPIKA
20	11.10.2023	JC	SREYA
21	13.10.2023	SEMINAR	ARIF
22	16.10.2023	JC	CHANDANA
23	17.10.2023	SEMINAR	NEERAJA
24	18.10.2023	SEMINAR	SUKHIL
25	20.10.2023	SEMINAR	JINSHA
26	23.10.2023	JC	ARIF

27	24.10.2023	SEMINAR	MELISA
28	25.10.2023	JC	NEERAJA
29	27.10.2023	SEMINAR	SREYA
30	30.10.2023	SEMINAR	CHANDANA
31	31.10.2023	SEMINAR	SUKHIL
32	01.11.2023	JC	JINSHA
33	03.11.2023	SEMINAR	GOPIKA
34	06.11.2023	JC	MELISA
35	07.11.2023	SEMINAR	JINSHA
36	08.11.2023	JC	NEERAJA
37	10.11.2023	SEMINAR	ARIF
38	13.11.2023	SEMINAR	SREYA
39	14.11.2023	SEMINAR	CHANDANA
40	17.11.2023	SEMINAR	GOPIKA
41	20.11.2023	JC	ARIF

42	21.11.2023	SEMINAR	NEERAJA
43	24.11.2023	SEMINAR	MELISA
44	28.11.2023	SEMINAR	SUKHIL
45	29.11.2023	SEMINAR	ARIF
46	01.12.2023	SEMINAR	JINSHA
47	04.12.2023	SEMINAR	NEERAJA
48	05.12.2023	SEMINAR	GOPIKA
49	06.12.2023	SEMINAR	MELISA
50	08.12.2023	SEMINAR	SREYA



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PRESENTATION SCHEDULE (SEP- DEC)

SL NO	DATE	PRESENTATION	PG
1	05.09.2023	SEMINAR	SREYA
2	08.09.2023	SEMINAR	ARIF
3	11.09.2023	JC	GOPIKA
4	12.09.2023	SEMINAR	JINSHA
5	13.09.2023	JC	NEERAJA GOPIKA
6	15.09.2023	SEMINAR	MELISA
7	18.09.2023	JC	SUKHIL
8	19.09.2023	SEMINAR	CHANDANA
9	20.09.2023	JC	SREYA
10	22.09.2023	SEMINAR	NEERAJA
11	25.09.2023	JC	ARIF
12	26.09.2023	SEMINAR	SUKHIL

27	24.10.2023	SEMINAR	MELISA
28	25.10.2023	JC	NEERAJA
29	27.10.2023	SEMINAR	SREYA
30	30.10.2023	SEMINAR	CHANDANA
31	31.10.2023	SEMINAR	SUKHIL
32	01.11.2023	JC	JINSHA
33	03.11.2023	SEMINAR	GOPIKA
34	06.11.2023	JC	MELISA
35	07.11.2023	SEMINAR	JINSHA
36	08.11.2023	JC	NEERAJA
37	10.11.2023	SEMINAR	ARIF
38	13.11.2023	SEMINAR	SREYA
39	14.11.2023	SEMINAR	CHANDANA
40	17.11.2023	SEMINAR	GOPIKA
41	20.11.2023	JC	ARIF

SL No	Name of the Student	Year of study	Attendance
1	PRANAV A G	2021-2022	93%
	JOURNAL DISCUSSIONS	**SEMINARS**	
1	AN INNOVATIVE IMPLANT-SUPPORTED TREATMENT FOR EDENTULOUS MANDIBLE : CASE REPORT	Improving denture bearing area for edentulous patients	
2	MANAGEMENT OF UNFAVOURABLE IMPLANT POSITIONS AND ANGULATIONS IN EDENTULOUS MAXILLAE WITH DIFFERENT COMPLETE ARCH FIXED PROSTHETIC DESIGNS : A CASE SERIES AND CLINICAL GUIDELINES	Virtual facebow and articulators	
3	Influence of implant abutment material and ceramic thickness on optical properties	Major connectors	
4	Complete denture digital work flow:combining basic principles with Cad CAM approach	Classification systems for partially edentulous situations	
5	Influence of Stabilization splints thickness on temporomandibular thickness	Retainers in fpd	
6		Nano era in prosthodontics	

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PRESENTATION SCHEDULE (SEP- DEC)

SL NO	DATE	PRESENTATION	PG
1	05.09.2023	SEMINAR	SREYA
2	08.09.2023	SEMINAR	ARIF
3	11.09.2023	JC	GOPIKA
4	12.09.2023	SEMINAR	JINSHA
5	13.09.2023	JC	NEERAJA Gopika
6	15.09.2023	SEMINAR	MELISA
7	18.09.2023	JC	SUKHIL
8	19.09.2023	SEMINAR	CHANDANA
9	20.09.2023	JC	SREYA
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11	25.09.2023	JC	ARIF
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29	27.10.2023	SEMINAR	SREYA
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37	10.11.2023	SEMINAR	ARIF
38	13.11.2023	SEMINAR	SREYA
39	14.11.2023	SEMINAR	CHANDANA
40	17.11.2023	SEMINAR	GOPIKA
41	20.11.2023	JC	ARIF



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ILLUMINATE SMILE WITH LAMINATE VENEERS

Value Added Programme for Interns

27th & 28th May, 2022 8.00 AM to 4 PM

Venue : Mini Auditorium (7th Floor)

Contents

• Lecture • Demonstration • Discussion

Fee Details

REGISTRATION FEE - Rs. 200/-

Please pay the Registration Tariff to
Account Name: CDE Account | Account Number: 210101000076310
IFSC Code: UBIN0821012 | Branch: Manassery

Please send the Transaction Number/ Receipt to
Dr. Anusree Gopinath (Mob: 9496767029)
By Whatsapp once you have made the Payment to the Account
EMail - kmctprostho@gmail.com

Organized by IQAC & Department of Prosthodontics, KMCT Dental College

KMCT Medical College Campus, Mukkam, Kozhikode, Kerala- 673602

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DENTAL COLLEGE

Recognised Research Centre of Kerala University of Health Sciences
Recognised by Dental Council of India and Govt. of India
KMCT Medical College Campus, Mukkam, Kozhikode-673602
Phone: (0495)2292002, 2292004
E-mail: dental@kmct.edu.in, website: www.kmctdentalcollege.org

VALUE ADDED PROGRAMME

TITLE- ILLUMINATE SMILE WITH LAMINATE VENEERS
Date : 27&28 May 2022 Venue : Lecture hall 4, Dental College Time : 08.00 am – 4.00 pm
No. of Participants : 43
Summary: At KMCT Dental College department of prosthodontics conducted a value added programme "illuminate smile with laminate veneers" on 27th &28th may 2022 in mini auditorium. The programme attended by 43 participants. On 27th the programme started at 10 am. Orientation programme and theoretical explanations were given by Dr Sheejith M (Proff & HOD), Dr Swapna C (Proff), Dr Ranjith M (Proff). On 28th at Dept: of prosthodontics the hands on training was given by the team of Dr Monisha V S, Dr Nivea T Francis, Dr Arun Rajendran, Dr Niveditha S Prasad, Dr Anusree Gopinath, Dr Nila S Das, (Senior lectures of dept of prosthodontics).The session was well appreciated by delegates. It is beneficial to the budding dentists in the institution. High tea and lunch was served. The programme ended at 4.00 pm with the delivery of vote of thanks was given by Dr Nicholas Mathew (Reader) and programme was ended by rendering of the national anthem. Certificate of participation was issued to all delegates.

KMCT
DENTAL COLLEGE

Recognised Research Centre of Kerala University of Health Sciences
Recognised by Dental Council of India and Govt. of India
KMCT Medical College Campus, Mukkam, Kozhikode-673602
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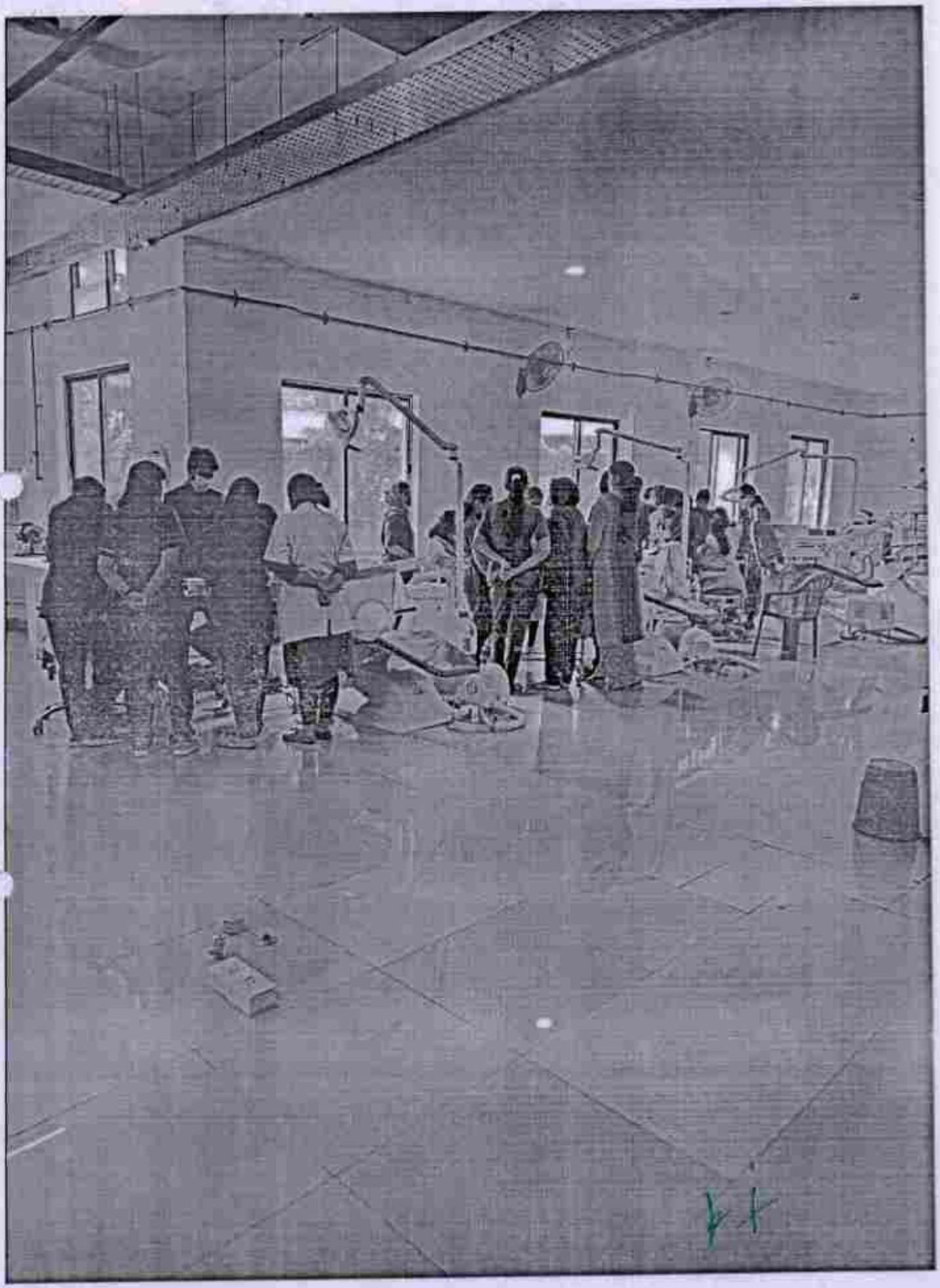
KMCT
DENTAL COLLEGE
Recognized Research Centre of KUHS

CERTIFICATE OF PARTICIPATION

This is to certify that

actively participated in the Value Added Programme on
"Illuminate Smile with Laminate Veneers"
organized by IQAC & Dept. of Prosthodontics, KMCT Dental College
on 27th & 28th of May - 2022 at KMCT Dental College, Kozhikode.

Dr. Manoj Kumar K. P.	Dr. Sheejith. M	Dr. Swapna C	Dr. Monisha V.S
Principal	HOD & Prof. Dept.of Prosthodontics	Professor- Dept.of Prosthodontics	Senior Lecturer Dept.of Prosthodontics









KMCT DENTAL COLLEGE

CDE ON DIGITAL DENTISTRY PARTICIPANTS (INTERNS)

SL NO	NAME	PHONE NO.	SIGNATURE
1	DR.MEGHA G		
2	DR. ASWATHI KRISHNA	8075785134	
3	DR. ANUPAMA S	9048172830	
4	DR.MISFABATHOOL	9207028009	
5	DR.SARA JONES	8547435596	
6	DR.SANA ABDULLA	8086471449	
7	DR.ARUN VR	7025189585	
8	DR.ANETTA	9526370897	
9	DR.FABIN	8111752292	
10	DR.FATHIMA	8921645113	
11	DR.HARISHANKAR	9745061626	
12	DR.PONNU THOMAS	7907455319	
13	DR.ARATHI	7593985697	
14	DR.MAHAJABIN SIDDIQUE	8281450183	
15	DR.HUDHA	9744955907	
16	DR.ADITHYA BHADRAN	9656549485	
17	DR.MISRA	9745366852	
18	DR.ADITYA VARMA	9645561704	
19	DR.AKHIL C	9562788218	
20	DR.MEGHA A	7907499599	
21	DR.ELSA PHILIP	9497198644	
22	DR.DANISHA BABY	7034994448	
23	DR.SANEA	9895053564	
24	DR.LEKSHMI RAJ	8281086986	
25	DR.AYSHA FENNA	9061934203	
26	MEGHNA SONNAD V P	9400389633	

KMCT DENTAL COLLEGE
DIGITAL DENTISTRY (SPOT REGISTRATION)

SL NO	NAME	DESIGNATION	PHONE NO.	SIGNATURE
1	Jyothy S Baiker	Intern	9539497011	
2	MANOJ VENUGOPAL		9446675135	(Co-R)
3	Dr. [illegible]	Sr. [illegible]	[illegible]	
4	Dr. Nirupa Unnikrishnan	Sr. Lecturer	[illegible]	
5	Dr. [illegible]	Prof.	9645812935	
6	Dr. Bijina	[illegible]	9744316268	
7	Kavya.	Intern	9496913591	
8	Dr. [illegible]	[illegible]	9895988855	
9	Dr. VC Santhosh	Professor	9447653215	(Co-I)
10	Dr. Shobha Sundareswaran	Professor	9447067245	

KMCT DENTAL COLLEGE

CDE ON DIGITAL DENTISTRY PARTICIPANTS (OTHER COLLEGES & PRIVATE PRACTITIONERS)

NAME	COLLEGE	PHONE NO.	SIGNATURE
DR.AKSHAYA	MES DENTAL COLLEGE	8137800755	
DR.SHAHNAZ SHAHNAWAZ	MES DENTAL COLLEGE	8590380280	
DR.VISWALEKSHMI	MES DENTAL COLLEGE	9633655415	
DR.ARYA	MES DENTAL COLLEGE	9562687350	
DR.ATHIRA	MES DENTAL COLLEGE	7591917729	
DR.NEETHU SURESH	MES DENTAL COLLEGE	8714379775	
DR.GOPIKA G	MES DENTAL COLLEGE	6282918645	
DR.PETER	MAHE DENTAL COLLEGE	9489960857	
DR. RAHUL	MAHE DENTAL COLLEGE	9597176498	
DR. JOBIN JOY	MAHE DENTAL COLLEGE	9495820496	
DR. HARSHINI	MAHE DENTAL COLLEGE	9488648312	
DR.PUNYA KRISHNAN	MALABAR DENTAL COLLEGE	6263760569	
DR.ARYASREE	MALABAR DENTAL COLLEGE	8792697185	
DR.ASHITHA	MALABAR DENTAL COLLEGE	7025747682	
DR.MANEESHA	MALABAR DENTAL COLLEGE	14165410883	
DR.SREELAKSHMI	MALABAR DENTAL COLLEGE	9048476947	
DR.THAJI VISHAKHA	MALABAR DENTAL COLLEGE	9744663465	
DR.NANDAKUMAR	KANNUR DENTAL COLLEGE	8547157100	
DR.KEVIN REJI K	KANNUR DENTAL COLLEGE	9480765731	
DR. AKSHAY P	KANNUR DENTAL COLLEGE	9072548693	

NAME	COLLEGE	PHONE NO.	SIGNATURE
DR.P SNEHA	KANNUR DENTAL COLLEGE	9656739350	
DR.SNEHA SHYAM SUNDER	KANNUR DENTAL COLLEGE	8848042646	
DR.AMRITHA PRASAD	KANNUR DENTAL COLLEGE	9489863887	
DR.ASWANI SURYA K	ANJANEYA DENTAL COLLEGE	9514G30431	
DR.NIGHILA RAVINDRAN	ANJANEYA DENTAL COLLEGE	8848852297	
DR.SNEHA JOSEPH	ANJANEYA DENTAL COLLEGE	9744262000	
DR.GLADYS THOMAS	ANJANEYA DENTAL COLLEGE	9972923754	
DR.NOUFAL EV	ANJANEYA DENTAL COLLEGE	9645636214	
DR.GAYATHRI GOPINATHAN	ANJANEYA DENTAL COLLEGE	9497230542	
DR.ASHA CS	EDUCARE DENTAL COLLEGE	8714365705	
DR.NILA H	EDUCARE DENTAL COLLEGE	8848468114	
DR.HRIDYA	EDUCARE DENTAL COLLEGE	9605614 1084	
DR. ANAMIKA ANIL	AZEEZIA DENTAL COLLEGE	8590644493	
DR. ROSHNI RAJ	AZEEZIA DENTAL COLLEGE	9072182421	
DR.ASHISH K SOMAN	SREE SANKARA DENTAL COLLEGE	8904650360	
DR.SHABEER UMMER	PRIVATE PRACTITIONER	9447411137	
DR.NABEEL	PRIVATE PRACTITIONER	9946222808	
DR.SUNIL AMEEN	PRIVATE PRACTITIONER		
REMA SUNIL	W/O DR.SUNIL AMEEN		
DR.ASWIN RAMAKRISHNAN	ORAL & MAXILLOFACIAL SURGEON	98950 95041	
Dr. CHAITHANYA	EDUCARE DENTAL COLLEGE	9742792822	
Dr. JASMINE T.J	AZEEZIA DENTAL COLLEGE	9562293828	

KMCT DENTAL COLLEGE

DIGITAL DENTISTRY CDE PARTICIPANTS (KMCT FACULTY)

SL NO	NAME	PHONE NO.	SIGNATURE
1	DR.SUBIN BHARATH	8330231851	
2	DR.SARIN	8762405880	
3	DR.ELSY BEJOY	9133332629	
4	DR.CHANDINI		
5	DR.ASHIK		
6	DR.KARTHIK NAIR	9035283412	
7	DR.ANJU	9946680710	
8	DR.VIDYA		
9	DR. AFROSA	9526020268	
10	DR. GEORGE		
11	DR.NAVIA	9995637737	
12	DR.MAKAL	9946364026	
13	DR.SREELEKSHMI	9048086927	
14	DR.FAWAS	9946364025	
15	DR.BAVITHA	9847940680	
16	DR.SAFIR	7204526525	
17	DR.JIBIN	9480327137	
18	DR.SUBISHA	7907192519	
19	DR.HRISHIDA	8105368330	
20	DR.HARISH KUMAR	9847230669	
21	DR.PRAJUSHA		
22	DR.SAJAI	8714309996	
23	DR.AMRITHA	9995624593	
24	DR.NILA		
25	DR.AKHILA		
26	DR.NIVEA		
27	DR.NIVEDITHA		

SL NO	NAME	PHONE NO.	SIGNATURE
28	DR.ANJALI		
29	DR.NICHOLAS MATHEW		
30	DR. ARUN RAJENDRAN		
31	DR.DHANYA MURALIDHARAN	8281031234	28/3/23
32	DR.ASIF	7025672828	
33	DR.TIM PETER	9633344683	
34	DR.APARNA	8129483383	
35	DR.MANOJ KUMAR KP		
36	DR.ASHIR. K R	9645456633	
37	DR. MARIUM. [PERIO]	9072386312	
38	Dr. Mariam	9645812936	
39	Dr. Lakshana. V	9946216630	

X NO	NAME	SIGNATURE
1.	Glin Sam	
2.	Tilibatha Dhara	
3.	Nada Thasneem	
4	Alka Dinesh	
5.	SREEGA M	
6.	K. ARATHI	
7	HAMDHA UMMAYYA	
8	Hanna Muhammad	
9.	Aswathi Ashokan	
10	JINCY AJAY A	
11	Anjana P	
12.	Mithuna V	
13.	NAFLA GAFOOR	
14	MEHJABIN SHIRIN K	
15	NABEELA TK	
16	Akshaya N	
17	Anu M Paul	
18	RINCY K	
19	Aysha Hafisha	
20	Nastiya Habeeba	
21	A. Faisal	

25) Afsa P [illegible] A M

26) Devanand AK

27) Jyothy S Panicker

28) Adithya.B

29) Adithya Varma

30) Fabin

31) Angel Sunil

32) Prashanth G

33) Mohammed Jamail

34) SHAKIR JAMAL

35) Amrutha Shiby

36) Aparna Shibu

37) Ashlin Sunny

38) Adhila P T

39) Jasmina Kabeer

40) FAHIMATH MUMTHAZ KP

41) Febin P

42) JANANA SHARIN EP

43) ANJALI M VARGHESE

44) FIDHA.T.K

45) LULU HAMZA

46) Tabitha

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II REGULAR BATCH (JAN 2023 EXAM)

SEMINAR SCHEDULE- BATCH 4

SI NO.	NAME	SEMINAR TOPIC	DATE
1	SARANYA MK	DIAGNOSIS AND TREATMENT PLANNING IN COMPLETE DENTURE	02/08/2022
2	SWARAG SUNIL	RETENTION IN COMPLETE DENTURE	
3	THAHSEEN KC	ARTICULATORS	
4	ANJALI BS	VERTICAL JAW RELATION	06/08/2022
5	APARNA S RAJEEV	ORIENTATION JAW RELATION	
6	ASLAHA FARHATH	SURVEYOR	
7	KADEEJA KAJLA	MAXILLARY MAJOR CONNECTOR	
8	SREELEKSHMI	MANDIBULAR MAJOR CONNECTOR	10/08/2022
9	KRISHNANJANA	PRINCIPLES OF TOOTH PREPARATION	
10	MATHEWS GEORGE	RELINING & REBASING	
11	ARJUN PR	CONNECTORS IN FPD	

MID POSTING EXAM SCHEDULE

SI NO.	DATE	TOPIC
1	26/08/2022	SEMINAR TOPIC 1-4
2	29/08/2022	SEMINAR TOPIC 5-8
3	31/08/2022	SEMINAR TOPIC 9-11

TYPHODONT TOOTH PREPARATION (ALL- CERAMIC CROWN)

Remaining Working Days within the Department posting(2-4pm)

SEMINAR & RECORD SUBMISSION

30/08/2022

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II REGULAR BATCH (JAN 2023 EXAM)

SEMINAR SCHEDULE- BATCH 2

SI NO.	NAME	SEMINAR TOPIC	DATE
1	ARJUN RUPESH THACHANAT	NEUTRAL ZONE IN COMPLETE DENTURES	19-10-2022
2	ASHIKHA HANAM	SURVEYING	
3	ASHIQUE RAHIMAN A	MECHANICAL AND CHEMICAL METHODS OF FLUID CONTROL	
4	ASHNA KHAN	LUTING CEMENTS	
5	CHANDNY C	DIAGNOSIS & TREATMENT PLANNING IN FPD	26-10-2022
6	CHELSIA SOMAN	SPECIAL IMPRESSION PROCEDURES IN RPD	
7	FATHIMA T	SEQUELAE OF WEARING COMPLETE DENTURES	
8	GRESHMA M T	DIRECT RETAINERS	
9	HARLEY JAISON	FUNDAMENTALS OF OCCLUSION IN FPD	02-11-2022
10	HIBA A	DENTURE ADHESIVES	
11	JEEVA K	MANAGEMENT OF ENDODONTICALLY TREATED TOOTH	

MID POSTING EXAM SCHEDULE

SI NO.	DATE	TOPIC
1	22-10-2022	SEMINAR TOPIC 1-4
2	28-10-2022	SEMINAR TOPIC 5-8
3	04-11-2022	SEMINAR TOPIC 9-11

TYPHODONT TOOTH PREPARATION (ALL- CERAMIC CROWN)

Remaining Working Days within the Department posting(2-4pm)

SEMINAR & RECORD SUBMISSION

08/11/2022

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II REGULAR BATCH (JULY 2023 EXAM)

SEMINAR SCHEDULE- BATCH 1

SI NO.	NAME	SEMINAR TOPIC	DATE
1	ABHIRAMI CK	RELINING AND REBASING	18/03/23
2	AKHIL NK	SURVEYORS & SURVEYING	
3	AKHIL THOMAS	PROVISIONAL RESTORATION	
4	ALFIYA KS	TRIAL DENTURE	
5	ALIYA C N K	PONTICS IN FPD	22/03/23
6	AMANA KATHOON	ORIENTATION JAW RELATION	
7	AMNA SHERIN M A	IMMEDIATE DENTURE	
8	ANJANA SATHEESH	IMPRESSIONS IN RPD	
9	APARNA VINOD	LUTING CEMENTS	01/03/23
10	ARYALAXMI B	OVERDENTURE	
11	ATHUL PS	MINOR CONNECTORS	
12	CHANDANA PV	SELECTION OF ANTERIOR TEETH	
13	CS SWATHI PRAKASH	SELECTION OF POSTERIOR TEETH	05/04/23
14	FARAH MOHAMED KATHIYASSAM VEED	PRE-PROSTHETIC SURGERY IN FPD	
15	FARHANA SHIAZ	VERTICAL JAW RE	
16	FATHIMA AMAL	TOOTH PREPARATION FOR FULL METAL AND METAL CERAMIC CROWN	

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II REGULAR BATCH (JAN 2023 EXAM)

SEMINAR SCHEDULE- BATCH 3

SI NO.	NAME	SEMINAR TOPIC	DATE
1	KRISHNAPRIYA KR	LUTING CEMENTS	05/12/22
2	KRISHNAPRIYA M RAJ	IMPRESSION TECHNIQUES IN FPD	
3	LATHEETHA SANAM	RESIN BONDED FPD	
4	MAHIMA M NAIR	ABUTMENT EVALUATION IN FPD	
5	MANISHA P MANIKANDAN	PREPARATION OF METAL CERAMIC CROWN	07/12/22
6	MAYA TV	ANATOMICAL LANDMARKS OF MAXILLA	
7	NAINU SHAJAHAN	ANATOMICAL LANDMARKS OF MANDIBLE	
8	NASREENA K	PREPARATION OF ALL CERAMIC CROWN	
9	PRESHMA PREMDAS P	MINOR CONNECTORS	09/12/22
10	RAMSEENA PM	POST INSERTION INSTUCTIONS AND COMPLICATIONS IN COMPLETE DENTURE	
11	ROSHNI N	LINGUALISED AND MONOPLANE OCCLUSION	
12	SACHIN S THOMAS	GAGGING AND XEROSTOMIA	

MID POSTING EXAM SCHEDULE

SI NO.	DATE	TOPIC
1	06/12/22	SEMINAR TOPIC 1-4
2	08/12/22	SEMINAR TOPIC 5-8
3	10/12/22	SEMINAR TOPIC 9-12

TYPHODONT TOOTH PREPARATION (ALL- CERAMIC CROWN)

Remaining Working Days within the Department posting(2-4pm)

SEMINAR & RECORD SUBMISSION

18/12/22

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II REGULAR BATCH (JAN 2023 EXAM)

SEMINAR SCHEDULE- BATCH 1

SI NO.	NAME	SEMINAR TOPIC	DATE
1	ABHINA PS	MAXILLARY AND MANDIBULAR IMPRESSION PROCEDURES	14/09/2022
2	ADITYA R PILLAI	RESIDUAL RIDGE RESORPTION	
3	ALEN SIBI	SUPPORT AND STABILITY	
4	ANAGHA DAS	POSTERIOR PALATAL SEAL	
5	ANAKHA AL	HORIZONTAL JAW RELATION	20/09/2022
6	ANAMIKA V RAMESH	SELECTION OF ANTERIOR TEETH	
7	ANJANA VP	MOUTH PREPARATION IN RPD	
8	ANJITHA A	REST AND REST SEATS	
9	ANUSHA DINESH	PONTICS IN FPD	28/09/2022
10	ARDRA	FINISHING AND CEMENTATION IN FPD	
11	ARDRA AR	PROVISIONAL RESTORATION	
12	ARJUN R	BALANCED OCCLUSION	

MID POSTING EXAM SCHEDULE

SI NO.	DATE	TOPIC
1	17-09-2022	SEMINAR TOPIC 1-4
2	24-09-2022	SEMINAR TOPIC 5-8
3	01-10-2022	SEMINAR TOPIC 9-12

TYPHODONT TOOTH PREPARATION (ALL- CERAMIC CROWN)

Remaining Working Days within the Department posting(2-4pm)

SEMINAR & RECORD SUBMISSION

01/10/2022

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II REGULAR BATCH (JULY 2023 EXAM)

SEMINAR SCHEDULE- BATCH 2

SI NO.	NAME	SEMINAR TOPIC	DATE
1	FATHIMA FARISHA	NEUTRAL ZONE IN COMPLETE DENTURES	20/04/23
2	FATHIMATHU JISHANA	DIRECT RETAINERS	
3	GOPIKA S UNNI	METHODS OF FLUID CONTROL IN FPD	
4	GOUTHAM KRISHNAN N K	SINGLE COMPLETE DENTURE	
5	HAMID HUSSAIN	TYPES OF ABUTMENTS IN FPD	26/04/23
6	HARSHA BABU	TISSUE CONDITIONERS	
7	HIBA K	SEQUELAE OF WEARING COMPLETE DENTURES	
8	HIBA P	BALANCED OCCLUSION	
9	JAHZA NAUH RAHMAN	SUPPORT AND STABILITY IN COMPLETE DENTURE	02/05/23
10	JEENA RAJAN	MOUTH PREPARATION FOR RPD	
11	JERRYMOL JAYAN	DENTURE ADHESIVES	
12	KADEEJA	TYPES OF MAXILLOFACIAL DEFECTS	
13	LEKSHMI S	MAXILLOFACIAL PROSTHETIC MATERIALS	05/05/23
14	MARIYA SALOMY ROY	CLASSIFICATION AND TYPES OF DENTAL IMPLANT	
15	MOHAMMAD AFNAN	OSSEOINTEGRATION	
16	NASNA	LAMINATES	

MID POSTING EXAM SCHEDULE

Sl NO.	DATE	TOPIC
1	25/04/23	SEMINAR TOPIC 1-4
2	28/04/23	SEMINAR TOPIC 5-8
3	03/05/23	SEMINAR TOPIC 9-12
4	08/05/23	SEMINAR TOPIC 13-16

TYPHODONT TOOTH PREPARATION (ALL- CERAMIC CROWN)

Remaining Working Days in the Department posting(2-4pm)

SEMINAR & RECORD SUBMISSION

13/05/23

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II REGULAR BATCH (JULY 2023 EXAM)

SEMINAR SCHEDULE- BATCH 4

SI NO.	NAME	SEMINAR TOPIC	DATE
1	SREENIDHA C	RESIDUAL RIDGE RESORPTION	25/02/23
2	VARSHA VARGHESE	MAXILLARY MAJOR CONNECTORS	
3	ZAHIRA HAMEED	MANDIBULAR MAJOR CONNECTORS	
4	ABHIRAJ PR	REST AND REST SEATS	
5	ALEENA JOSEPH	SPACERS IN COMPLETE DENTURE	
6	RABEEN MOHAMMED PK	SHADE SELECTION IN FPD	01/03/23
7	SAHEEL HASSAN R	RETENTION IN COMPLETE DENTURE	
8	ASHNA SHEFIN S	HORIZONTAL JAW RELATION	
9	BLESSLEE ROLAND LAZAR	ANATOMICAL LANDMARKS OF MAXILLA	
10	SANA K	PRINCIPLES OF TOOTH PREPARATION	
11	SHRUTHY B	TRIAL DENTURE	04/03/23
12	NYMA MEHARAJ	MOUTH PREPARATION FOR RPD	
13	KADEEJA KAJLA V	LUTING CEMENTS	
14	MATHEWS K GEORGE	DIAGNOSIS & TREATMENT PLANNING IN FPD	
15	ARJUN PR	ARTICULATORS	

MID POSTING EXAM SCHEDULE

SI NO.	DATE	TOPIC
1	27/02/23	SEMINAR TOPIC 1-5
2	03/03/23	SEMINAR TOPIC 6-10
3	07/03/23	SEMINAR TOPIC 11-15

TYPHODONT TOOTH PREPARATION (ALL- CERAMIC CROWN)

Remaining Working Days in the Department posting(2-4pm)

SEMINAR & RECORD SUBMISSION

09/03/23

HEAD OF THE DEPARTMENT

SEMINAR ALLOCATION FOR STUDENTS – ORAL PATHOLOGY(TO BE PRESENTED DURING PRACTICAL HRS (9:30- 10)

s. no	Name of the student	Seminar topics	Date
1.	AALIYA THAHAZINE		
2.	A ANAMIKA	HSV	
3.	AGHILA K		
4.	AISHA MAHAROOF		
5.	AISWARYA K		
6.	AISWARYA PRADEEP	COC	
7.	AISWARYA T T		
8.	AKSHAYA M P	PULPITIS	
9.	ALEENA THOMAS KANNAMPLAVIL		
10.	ANAGHA SUBRAMANIAN P P		
11.	ANJALI P		
12.	ANJANA MADHU		
13.	ANN MARIYA BABU		
14.	ANSIYA A P		
15.	ANUSHA T P	CANDIDIASIS	
16.	ANUSHNA S		
17.	APARNA K V	OSTEOMYELITIS	
18.	ARDRA E		
19.	ARJUN M T		
20.	ARPITHA J		
21.	ASEEMA THASNEEM P	DENTINOGENESIS IMPERFECTA	
22.	AVANI C		
23.	AYISHA UPPUKANDATHIL		
24.	AYISHA V P	AMELOGENESIS IMPERFECTA	
25.	BHAVANA KARAN		
26.	DIYA DINESH		
27.	ELIZABATH SNEHA		
28.	ELIZABETH ROSE THOMAS		
29.	ELVIN E	LICHEN PLANUS	
30.	FATHIMA JINSI		
31.	FATHIMA RAGEENA		
32.	FATHMA MUHAMMAD		

SEMINAR ALLOCATION FOR STUDENTS – ORAL PATHOLOGY(TO BE PRESENTED DURING PRACTICAL HRS (9:30- 10)

	ABOOBACKER		
33.	FAYIZA PAROKKOOE ZAINUDHEEN		
34.	FEMINA NIMSHI P		
35.	HAFNA CHOLOTHIL		
36.	HANNA PETER		
37.	HARIKEERTHANA DINESH		
38.	HARISHANKAR S BALAN		
39.	HEERA P		
40.	HIBA C K		
41.	HRIDHYA A D		
42.	JOEL SAJU SHAJI		
43.	JYOTHIR R S		
44.	KARTHIKA K U		
45.	KAVYA K S	HODGKINS LYMPHOMA	
46.	LIXY LUSCIOUS	PEMPHIGUS	
47.	MALAVIKA S		
48.	MANJU P		
49.	MUHAMMED RAZI P		
50.	MUHZINA Z		
51.	NANDANA K		
52.	NANDHANA BABU		
53.	NISHITHA P M		
54.	NOORA NAZAR		
55.	RANJUSHA RAJAN		
56.	SADHEEDA HAMZA	SCC	
57.	SARANGI SANTHOSH	LEUKOPLAKIA	
58.	SEMEENA S	PAGET'S DISEASE	
59.	SHIBILA P	FIBROUS DYSPLASIA	
60.	SHIBLA SHERIN		
61.	SIVA NANDA P R		
62.	SNEHA PRAKASH		
63.	SONA CHACKO		
64.	SREESHNA P		





SEMINAR ALLOCATION FOR STUDENTS – ORAL PATHOLOGY(TO BE PRESENTED DURING PRACTICAL HRS (9:30- 10)

65.	SREETHIKA P		
66.	SUDEV V S		
67.	SWETHA P S		
68.	THEERTHA A P		
69.	VARUN KRISHNA M		
70.	VISHNU PRIYA K		
71.	VISHNUPRIYA SUJITH K		
72.	VISMAYA RAJ P		
73.	AMEENA NOURIN T		
74.	FASEEN P T		
75.	HANA		

76	JILNA JAMAL
77	MEHARA SANA
78	MUHAMMED HADI T P
79	RISWANA THASLEEN
80	VARGHESE AJU
81	VISHAK R L
82	AKASH ANILKUMAR
83	MARIYAM MEHARIN
84	RIZWAN SHEIK UMAR
85	ASWATHYA S
86	GRINIJA ANNA JAMES
87	SHIFA P A
88	HASHIR P HAKEEM





DEPT.OF ORAL AND MAXILLOFACIAL SURGERY

SCHEDULE FOR JOURNAL CLUB (MAY 2022-JUNE 2023)

DATE	TOPIC	PRESENTED BY
8/6/2022	TWO POINT VS THREE POINT FIXATION IN DISPLACED ZMC FRACTURE	DR SHWETA SABU
30/6/2022	CONTRAST ANALYSIS OF OPEN REDUCTION AND INTERNAL FIXATION AND NON -SURGICAL TREATMENT OF CONDYLAR FRACTURE A META ANALYSIS	DR ASWIN
28/7/2022	EVALUATION OF EFFICACY AND MORBIDITY OF TITANIUM OSTEOGENESIS.	DR YEFNA
6/1/2023	BAD SPLITS IN BSSO	DR RESHMA GAFOOR
20/1/2023	BSSO VS DISTRACTION OSTEOGENESIS – A META ANALYSIS	DR SHWETA SABU
27/1/2023	THE EFFECT OF TRANEXMIC ACID ON BLOOD LOSS DURING ORTHOGNATHIC SURGERY – A RANDOMISED CONTROL TRIAL.	DR ANAHITA ANN KORUTH
4/3/2023	PATHOGENESIS OF OSMF	DR ABDULLA NOOR
9/3/2023	COMPARISON OF FUNCTIONAL OUTCOME AFTER OPEN/CLOSED REDUCTION OF MANDIBULAR SUBCONDYLAR FRACTURE	DR SIDDARTH
14/03/2023	DIAGNOSIS AND MANAGEMENT OF LUDWIG'S ANGINA - AN EVIDENCE BASED REVIEW. -	DR ANU KALAPURAKKAL
31/3/2023	DIAGNOSIS AND MANAGEMENT OF ORO ANTRAL FISTULA- CASE SERIES.	DR MUHAMMED AFSAR
14/04/2023	RECURRENCE RATE FOLLOWING	DR SALSABEEL ABDUL

	TREATMENT FOR PRIMARYY MULTICYSTIC AMELOBLASTOMA	
21/4/2023	OKC	DR SIDDARTH
5/5/2023	A RANDOMIZED CONTROL TRIAL ON CROSS INFECTION CONTROL IN MAXILLOFACIAL TRAUMA SURGERY A COMPARIOSON OF INTERMAXILLARY FIXATION TECHNIQUES	DR ASWIN
12/5/2023	SHORTAND LONG TERM OUTCOMES OF 3D PRINTED SURGICAL GUIDESAND VSP VS CONVENTIONAL METHODS FOR REE FIBULA FLAP.	DR APPU
20/5/2023	THE IMPACT OF SURGEERY FIRST APPROACH ON THE ORAL HEALTH RELATED QUALITY OF LIFE- A SYSTEMATIC REVIEW AND META ANALYSIS.	DR ABDULLA NOOR
26/5/2023	TMJ RELATED SHORT TERM OUTCOMES COMPARING TWO DIFFERENT OSTEOSYNTHESIS TECHNIQUE FOR BSSO.	DR ANU KALAPURAKKAL
10/6/2023	DOES EARLY REPAIR OF ORBITAL FRACTURES RESULT IN SUPERIOR PATIENT OUTCOME- A SYSTEMATIC REVIEW	DR MUHAMMED AFSAR
23/6/2023	IS FACIAL NERVE AT RISK FOLLOWING SURGICAL CORRECTION OF MANDIBULAR CONDYLAR FRACTURE – SYSTEMATIC REVIEW.	DR SALSABEEL ABDUL
12/7/2023	MANAGEMENT OF ISOLATED ZYGOMATIC FRACTURE.	DR ABDULLA NOOR
4/8/2023	SEQUENCING OF FIXATION IN PANFACIAL FRACTURE A SYSTEMIC REVIEW	DR ANU KALAPURAKKAL

DEPT.OF ORAL AND MAXILLOFACIAL SURGERY

STUDENT PROJECT LIST (MAY 2022-JUNE 2023)

SL NO.	STUDENT	YEAR	DEPARTMENT/ MENTOR	TOPIC
1.	Rishika P OMFS	3rd year	OMFS Dr.Vipin Das	Reason for impaction with the help of radiographic evidences
2.	Rinsha Raj UK	3rd year	OMFS Dr.Ashwathy Vinod	Incidence of dry socket
3.	Athul Kumar A Misfabathool Mahima Vrinda A.S	Intern Intern Intern Intern	OMFS Dr.Alic Thomas Dr. Sanju.L	Perception and awareness of oral and maxillofacial surgery speciality among medical fraternity.

STUDENTS ACADEMIC PRESENTATION

NAME OF THE PG STUDENT: PRIYANKA K (3RD YEAR PG)

ACTIVITY	NUMBER	DETAILS	DATE
JOURNAL CLUB	1	Evaluating the color stability of ocular prosthesis after immersion in 3 differentimmersion media- invitro study	17/11/20
	2	Fracture resistance and marginal fit of the zirconia crown with varied occlusalthickness	14/12/20
	3	Flexural Strength And Weibull Characteristics Of Stereolithography Additive Manufactured Versus Milled Zirconia.	25/5/21
	4	Comparative Study Clarifying the Usage of PEEK as Suitable Material to Be Used as Partial Denture Attachment and Framework	18/6/21
	5	Tooth-colored CAD/CAM Materials For Application In 3-unit Fixed Dental Prostheses In The Molar Area: An Illustrated Clinical Comparison	9/3/21
	6	Evaluation Of Micro hardness And Water Sorption/Solubility Of Dual-cure Resin Cement Through Monolithic Zirconia In Different Shades.	23/4/21
	7	Optimal Tooth Reduction for Veneer Restorations: A Case Report	14/12/21
	8	Lead protection and Positioning Splints before Brachytherapy in Maxillofacial prosthodontics : A CASE REPORT	22/10/21
	9	Immediate loading of Single Implants in the Anterior Maxilla : A 1-YEAR prospective Clinical study on 34 patients	29/3/22

	10	Influence of anodized titanium abutments on the esthetics of the periimplant soft tissue – A clinical study	31/5/22
	11	Rehabilitation of a Patient with Limited Opening with a Two-piece Magnetically Retained Obturator: A Case Report	20/9/22
	12	A Digital Fabrication of Dental Prosthesis for Preventing Self-Injurious Behavior Related to Autism Spectrum Disorder: A Case Report	30/12/22
	13	Clinical outcomes of Dental implants with two different internal connection configurations – A RCT	20/1/23
	14	Denture tracker for edentulous Alzhemer's patients.	21/2/23
	15	Effect of local application of platelet rich fibrin scaffold loaded with simvastatin on peri implant bone changes.	21/3/2023
SEMINAR	1	Applied anatomy of Maxilla	2/11/20
	2	Applied anatomy of Mandible	2/12/20
	3	Inflammation	29/12/20
	4	Local Anesthesia	9/2/21
	5	Inelastic Impression Materials	13/4/21
	6	Maxillofacial prosthetic material	10/5/21
	7	Stability in Complete Denture	28/9/21
	8	Occlusal concepts in Complete denture	16/11/21
	9	Patient – Dentist communication	25/1/22
	10	Direct retainer	16/6/22
	11	Special impression procedures for distal extension bases	26/7/22
	12	Pontics and edentulous ridges	20/12/22
	13	Laminate veneers	12/1/23

	14	Abutments in Implants	6/2/23
	15	Temporomandibular Disorders	5/4/23
CLINICAL CASE PRESENTATIONS	1	Tooth implant supported FPD (Upper full mouth and lower distal extension)	21/2/23
	2	Hollow bulb obturator	20/1/23
LECTURES FOR UNDER GRADUATES	1	Introduction to prosthodontics	8/9/21,1/6/22
	2	Anatomical landmarks of maxilla	29/9/21,29/6/22
	3	Anatomical landmarks of mandible	2/10/21,30/6/22
	4	Articulator	20/10/21,20/722
	5	Balanced occlusion	10/11/21,10/8/22
	6	Surveyor	24/11/21,24/8/22
SCIENTIFIC PRESENTATIONS	1	48th IPS National Conference Poster Presented- Artificial Intelligence And Its Application In Prosthodontics	3/12/20- 6/12/20
	2	Kerala state branch 4th Annual conference Poster presented- An Era moving towards predictive Insights	22/5/21- 23/5/21
	3	23rd IPS PG Convention 23rd IPS PG Convention Poster presented- Backscatter Radiation : An Enigma	5/3/21- 7/3/21
	4	49th IPS Conference Paper presented – Metastable zirconia – A boon or A bane	1/12/21 - 5/12/21
	5	24th IPS PG Convention Paper presented on – Antioxidants- A Key to successful Dental implants	3/3/22- 7/3/22
	6	5th IPS Kerala State conference	8/5/22

		Paper presented on – CLIP – A Proprietary 3D printing Method	
	7	50 th IPS NationalConference Poster presented-PAIR:Prosthetic based implant rehabilitation	9/11/22-15/11/22
	8	25th IPS PG Convention Poster presented : STENTS : A SHEILD TO PROTECT	1/6/23- 6/6/23
INTER-DISCIPLINARY PRESENTATION	1	Maxillofacial prosthesis paving pathway to safety and wellness	8/7/22
	2	Creating smiles in appalling minds (Case reports : Maxillectomy patients)	19/4/23
SCIENTIFIC PUBLICATION	1	Bone sustitutes in impalnt dentistry- a review (Dental bites)	3/7/21
	2	Impression techniques for patients with limited mouth opening – a review (Journal of medical and dental science research)	3/11/22
	3	Prosthetic rehabilitation of hemi-mandibulectomy patient – a case series.(Resubmission required)	1/6/23
SUBMISSION OF SYNOPSIS	1	Comparative evaluation of flexural strength and solubility of glass ionomer luting cement by incorporating various nanoparticles- in vitro study (SUBMITTED)	24/12/20
SUBMISSION OF LIBRARY DISSERTATION	1	CAD CAM And Rapid Prototyping (SUBMITTED)	2/3/21
SUBMISSION OF MAIN DISSERTATION	1	Comparative evaluation of flexural strength and solubility of glass ionomer luting cement by incorporating various nanoparticles- in vitro study (SUBMITTED)	28/1/23

BATCH-6

PART 1 PROSTHO POSTING

SEMINAR SCHEDULE

SL NO	STUDENTS NAME	TITLE OF SEMINAR	DATE
1.	RINSHA RAJ UK	BORDER MOULDING	11-7-23
2.	RISHIKA P	VERTICAL JAW RELATION	14-5-23
3.	SANAH BASHEER	TRY IN	18-7-23
E	EXAM	FIRST 3 SEMINAR TOPICS	20-7-23
4.	SANDRA K	MAXILLARY MAJOR CONNECTORS	24-7-23
5.	SANJITH SANTHOSH	MANDIBULAR MAJOR CONNECTORS	26-7-23
6.	SHIBINI P	POSTERIOR PALATAL SEAL	29-7-23
7.	SHIJAS AHMED MCC	RESTS AND REST SEATS	31-7-23
E	EXAM	LAST 4 SEMINAR TOPICS	3-7-23

BATCH-5

Sl no	Students name	Title of seminar	Date
1.	NAHNA NILUFER	Maxillary impression procedures	12-6-23
2.	NAJI MUHAMMED	Mandibular impression procedures	14-6-23
3.	NAJIYA FATHIMA	Objectives of impression making- retention	16-6-23
	EXAM		19-6-23
4.	NAJUMA	Introduction to rpd	21-6-23
5.	NANDANA VINOD	Residual ridge resorption	23-6-23
6.	NEHA SHEZIN	Posterior platal seal	26-6-23
7.	NIFSHA P	Diagnosis and treatment planning in complete denture	28-6-23

STUDENTS ACADEMIC PRESENTATION

NAME OF THE PG STUDENT: CHANDANA C N (1ST YEAR PG)

ACTIVITY	NUMBER	DETAILS	DATE
JOURNAL CLUB	1	Impact strength of 3D printed and conventional Heat cure and cold cure denture base acrylic resins	24/03/2023
	2	Denture stomatitis	23/06/23
	3	A classification of the edentulous jaws	17/07/2023
SEMINAR	**1**	Facial muscles , nerve supply blood supply and lymphatic drainage	2/05/2023
LECTURES FOR UNDER GRADUATES	**1**	Introduction to prosthodontics	24/05/2023
	2	Impression trays & impressions	5/07/2023
SCIENTIFIC PRESENTATIONS	1 Paper	Titanium the god of metals" Fact or myth.	29/04/2023
	2 Poster	Characteristic Anatomical articulator	04/06/2023
SUBMISSION OF SYNOPSIS	**1**	Synopsis Submission to University Comparative Evaluation Of Impact Strength And Surface Roughness Of 3d Printed ,Cad-Cam Milled And Heat Activated Polymethyl Methacrylate Resin - An Invitro Study	29/05/2023
SUBMISSION OF LIBRARY DISSERTATION	**1**	In progress-topic selected Myology in prosthodontics	

STUDENTS ACADEMIC PRESENTATION

NAME OF THE PG STUDENT: GOPIKA JAYAKRISHNAN (1ST YEAR PG)

ACTIVITY	NUMBER	DETAILS	DATE
JOURNAL CLUB	1	THE EVALUATION OF MICROHARDNESS AND WATER SOLUBILITY OF DUAL CURE RESIN CEMENT THROUGH MONOLITHIC ZIRCONIA IN DIFFERENT SHADES	31/03/2023
	2	EFFECT OF SURFACE TREATMENTS ON WEAR AND SURFACE PROPERTIES OF DIFFERENT CAD-CAM MATERIALS AND THEIR ENAMEL ANTAGONISTS	30/06/23
	3	BASIC PRINCIPLES IN IMPRESSION MAKING	20/07/2023
SEMINAR	1	HEALING, REGENERATION AND REPAIR	09/05/2023
LECTURES FOR UNDER GRADUATES	1	DENTAL CASTS	31/05/2023
SCIENTIFIC PRESENTATIONS	1 Paper	TITANIUM THE GOD OF METALS" FACT OR MYTH	29/04/2023
	2 Poster	CHARACTERISTIC ANATOMICAL ARTICULATOR	04/06/2023
SUBMISSION OF SYNOPSIS	1	COMPARATIVE EVALUATION OF THE EFFECT OF MICROCURRENT ELECTRICAL STIMULATION AND ACUPRESSURE IN PREVENTING GAG DURING PROSTHODONTIC TREATMENT	29/05/2023
SUBMISSION OF LIBRARY DISSERTATION	1	EVOLUTION OF DENTURES-DIGITAL DENTURES	

STUDENTS ACADEMIC PRESENTATION

NAME OF THE PG STUDENT: JINSHA MAJLK (1ST YEAR PG)

ACTIVITY	NUMBER	DETAILS	DATE
JOURNAL CLUB	1	ANTIFUNGAL EFFECT OF SILVER NANOPARTICLES COATING ON DENTURE BASE SPECIMENS MADE OF ACRYLIC RESIN	24/03/2023
	2	THE NEUTRAL ZONE IN COMPLETE DENTURE	07/07/2023
SEMINAR	1	MEDICAL EMERGENCIES AND MANAGEMENT	12/06/2023
LECTURES FOR UNDER GRADUATES	1	PARTS OF COMPLETE DENTURE	07/06/2023
	2	DENTURE BASES AND OCCLUSAL RIMS	19/07/2023
SCIENTIFIC PRESENTATIONS	1	NERO IMEDIATO;A PEEK IN TO FUTURE OF GREEN DENTISTRY.-PRESENTED PAPER ON 25TH IPS PG CONVENTION AND 6TH IPSKCON 2023	29/04/2023 02/06/2023
SUBMISSION OF SYNOPSIS	1	SYNOPSIS SUBMITTED TO UNIVERSITY "COMPARATIVE EVALUATION OF -EFFECT OF SURFACE ROUGHNESS ON MICROBIAL ADHESION TO MILLED, 3-D PRINTED AND CONVENTIONAL PMMA DENTURE BASE RESIN- AN IN VITRO STUDY".	29/05/2023
SUBMISSION OF LIBRARY DISSERTATION	1	IN PROGRESS-TOPIC SELECTED- "ROLE OF NUTRITION IN IMPLANTOLOGY"	

STUDENTS ACADEMIC PRESENTATION

NAME OF THE PG STUDENT: SUKHIL T SATHYAN (1ST YEAR PG)

ACTIVITY	NUMBER	DETAILS	DATE
JOURNAL CLUB	1	REPAIR BOND STRENGTH OF CONVENTIONALLY AND DIGITALLY FABRICATED DENTURE BASE RESINS TO AUTO-POLYMERIZING ACRYLIC RESIN:SURFACE TREATMENTS IN -VITRO	21/04/2023
	2	MAGNETS TO STABILIZE DENTURES	14/07/2023
SEMINAR	1	APPLIED ANATOMY OF TMJ	30/05/2023
LECTURES FOR UNDER GRADUATES	1	KENNEDY'SCLASSIFICATION AND APPLEGATE'S RULES	27/06/2023
SCIENTIFIC PRESENTATIONS	1	NERO IMEDIATO;A PEEK IN TO FUTURE OF GREEN DENTISTRY.-PRESENTED PAPER ON 25TH IPS PG CONVENTION AND 6TH IPSKCON 2023	29/04/2023 02/06/2023
SUBMISSION OF SYNOPSIS	1	SYNOPSIS SUBMITTED TO UNIVERSITY "EFFECTS OF SURFACE TREATMENTS ON THE TRNSVERSE STRENGTH OF CONVENTIONAL HEAT CURE, CAD-CAM MILLED AND 3D PRINTED DENTURE BASE RESINS REPAIRED WITH AUTO-POLYMERIZING ACRYLIC RESIN :AN VITRO STUDY".	29/05/2023
SUBMISSION OF LIBRARY DISSERTATION	1	IN PROGRESS-TOPIC SELECTED- "REGENERATIVE PROCEDURES IN IMPLANT DENTISTRY"	

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- Oral Medicine and radiology
- Oral and maxillofacial surgery
- Pediatric and preventive Dentistry
- Orthodontics and Dentofacial orthopedics
- Periodontology
- Conservative and Endodontics
- Oral pathology and microbiology
- Prosthodontics crown and bridge
- Public Health Dentistry

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QUIZ TITLE: PEDIATRIC DENTISTRY QUIZ

TOPICS: INTRODUCTION TO PEDIATRIC DENTISTRY, CASE HISTORY,BEHAVIOUR MANAGEMENT, CHILD PSYCHOLOGY

Date:

Time: 9:00-2:30 pm

Duration: 5 and half hours

Location: Seminar room

Organizers: Department of Pedodontics

Participants:

- Pediatric dentistry residents
- Dental students interested in pediatric dentistry

Program Schedule:

Registration and Welcome (30 minutes)

- 9:00 AM - 9:30 AM
- Registration desk opens
- Welcome speech by Dr.Marjani Raheema
- Distribution of quiz materials

Round 1: Written Test (60 minutes)

- 9:30 AM - 10:30 AM
- Multiple-choice questions (MCQs) and short-answer questions
- Covering topics such as pediatric Intereceptive Orthodontics, Pulp Therapy, Psychology and Behavior management

Break (15 minutes)

- 10:30 AM - 10:45 AM

Round 2: Case-Based Questions (45 minutes)

- 10:45 AM - 11:30 AM
- Participants analyze pediatric dental case scenarios

- Questions on diagnosis, treatment planning, and management

Round 3: Rapid Fire Round (30 minutes)

- 11:30 PM - 12:00 PM
- Quick questions on various pediatric dentistry topics
- Participants respond within a time limit

Scoring and Quiz Review (15 minutes)

- 12:00 PM – 1:00 PM
- Tallying of scores and announcement of winners
- Brief review of quiz questions and answers

Awards and Closing Remarks (15 minutes)

- 1:00 PM – 1:30 PM
- Distribution of certificates and prizes
- Closing remarks and thank you notes

Networking and Social Time (Optional)

- 1:30 PM onwards
- Participants can mingle, discuss quiz questions, and network


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8XGC+FPV Kerala IN
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Longitude: 75.9719128
Date: 17 Oct 2023
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PROGRAM SCHEDULE FOR QUIZ IN PERIODONTICS

QUIZ TOPIC- PERIODONTICS

8:00 AM - 8:30 AM: Registration

8:30 AM - 8:45 AM: Opening Remarks

- Welcome address
- Overview of the quiz program

8:45 AM - 10:00 AM: Session 1

- History, General Anatomy and etiopathogenesis

10:00 AM - 10:30 AM: Break

10:30 AM - 11:45 AM: Session 2

Diagnosis and treatment plan.

11:45 AM - 1:00 PM: Lunch Break

- Participants are free to have lunch and network

1:00 PM - 2:15 PM: Session 3

Multidisciplinary approach for the treatment of periodontitis

2:15 PM - 2:30 PM: Afternoon Break

2:30 PM - 3:45 PM: Session 4

- Recent advances in Periodontology

3:45 PM - 4:00 PM: Closing Remarks

- Thank you message to participants
- Announcement of any awards or recognitions





RADIOLOGY DAY '21

Department of oral medicine & radiology celebrated radiology day by conducting a Quiz competition and Black & White photography contest on 8th November 2021 at lecture hall 3, KMCT Dental college. Our quiz masters Dr. Hamesh Gangadharan and Dr. Niyas started the session by introducing the partiticipants and they were divided into 5 teams with 2 students each. After the quiz competition the winners were awarded with cash prize of Rs.2000 and the winner of photography contest were awarded with cash prize of Rs.1000 by our HOD Dr.Manoj Vengal.





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RADIATING HAPPINESS

World Radiology Day

MON 8TH NOV 2021 | 2.00 PM - 3.30 PM | FREE REGISTRATION

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

VENUE // LECTURE HALL 3

CAPTURE THE LIGHT



Black & white Photography
Clear original high res images
No theme
Send entries with caption
Open to students, PGs & staff

Send to via Email:
[illegible]@gmail.com

EXPOSED!!



Quiz Programme
Open to students & interns
2 per team
Topics related to Radiology
For recall

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CERTIFICATE OF APPRECIATION

This Certificate is Proudly Awarded to

Avani C

for securing the 1st Prize in the Quiz Competition on 18 october 2023 Conducted by Department of Pediatric Dentistrty in association with IQAC at KMCT Dental College, Kozhikode

Dr. Ayisha Nazreen
Director – Operations
KMCT Group of Institutions

Dr. Manoj Kumar K. P.
Principal

Dr. Dhanya Muralidharan
Organizing Chairman
Professor & HOD
Dept. of Public Health Dentistry

Dr. Amith Adyanthaya
IQAC Coordinator

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This Certificate is Proudly Awarded to

Fathima Jinsi

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Director – Operations
KMCT Group of Institutions

Dr. Manoj Kumar K. P.
Principal

Dr. Dhanya Muralidharan
Organizing Chairman
Professor & HOD
Dept. of Public Health Dentistry

Dr. Amith Adyanthaya
IQAC Coordinator

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DEPARTMENT OF PEDODONTICS

FINAL YEAR PART II – QUIZ PROGRAM

ACADEMIC YEAR 2021 -2022

A Quiz Competition was held on february 18th, 2022 for final year part II students. It was conducted by Dr Amit Adyantaya , HOD dept of pedodontics and Dr Asif Ismail. The Quiz about pediatric dentistry and was conducted during their posting period.The event witnessed enthusiastic preparation and participation of students. There was representation of three teams Section A, B and C, each consisting of five students. The quiz began with the introduction of the participants and rules of the quiz were explained. It was an interesting four round competition along with rapid fire round. Students were allotted 30 seconds to answer each question in five rounds. The Rapid-Fire round was of one minute. The teams were awarded 10 points for every correct answer. The students showcased their brilliance by rapidly answering the questions. Team B won the competition. The Quiz was a great success and participants enjoyed it thoroughly. We always encourages such positive competitions and hopes to bring out the best in all its students through such competitive events, while ensuring that the children learn through all possible ways- not just through books and class.

Dr. AMITH ADYANTHAYA
Professor & HOD
Dept. of Pedodontics

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Dr. AMITH ADYANTHAYA
Professor & HOD
Dept. of Periodontics

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Dr. AMITH ADYANTHAYA
Professor & HOD
Dept. of Prosodontics

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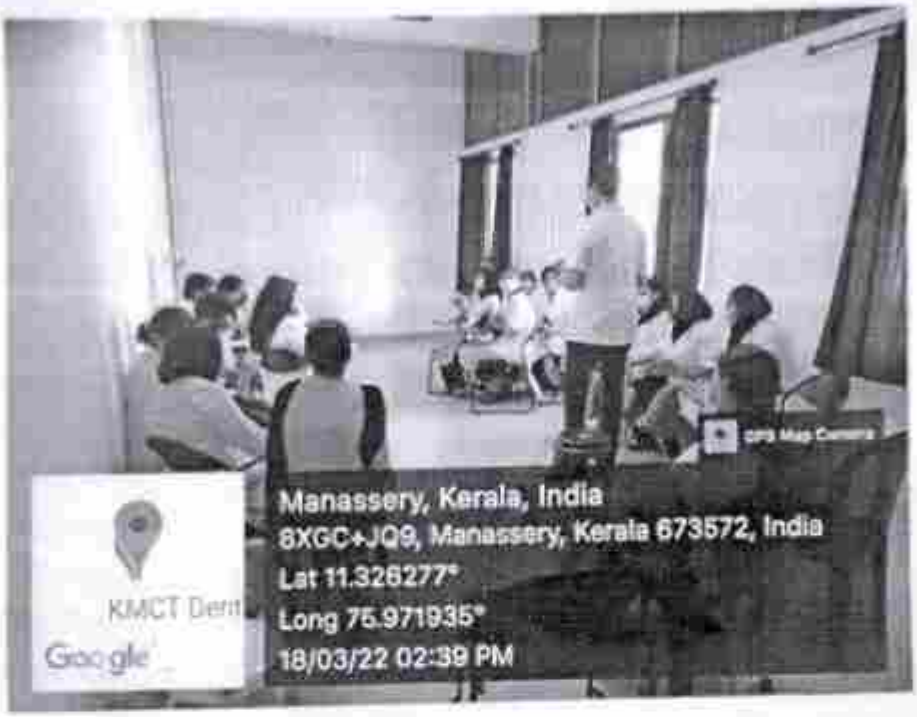
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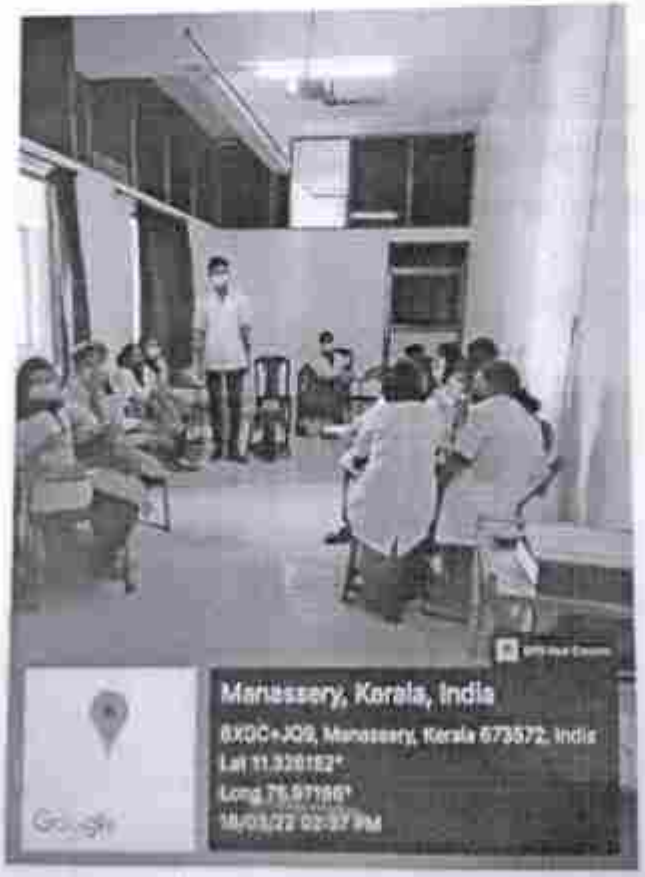
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4. Wafa haris – 170020628
5. Aiswarya p – 160020953
6. Anusha benny -160020964
7. Fathima Rushda – 160020989
8. Hina shari – 160020997
9. Neenu K.p – 160021015
10. Sara jones – 160021031
11. Muhammed Shaloof Hussain – 150021433
12. Sahla – 150021451
13. Deena E – 130021078
14. Prabin v b – 130021115
15. Hari sankar p – 140021486
16. Sabda Krishna .k – 130021122
17. Nitha p

Dr. AMITH ADYANTHAYA
Professor & HOD
Dept. of Pedodontics

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Recognised by Dental Council of India and Govt of India
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Phone : (0495)2292002,2292004, Fax (0495)2294726
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STUDENTS LIST :

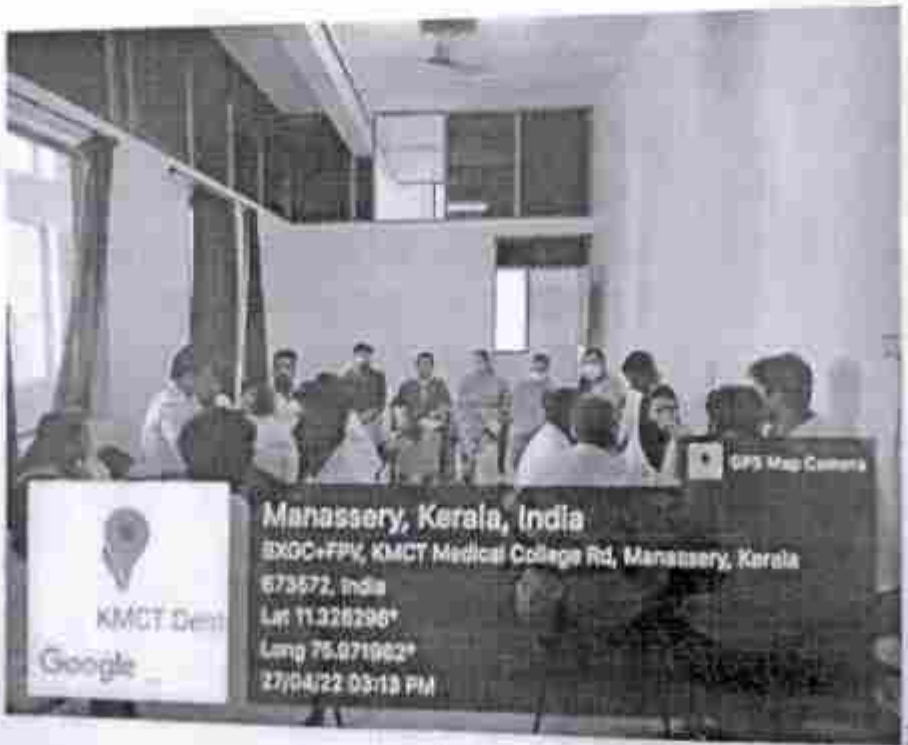
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170020533	ADARSH P
170020535	AKHIL C
170020537	ALFRID VARGHESE
170020538	ALIDA L P
170020539	ALIYA
170020544	ANASWARA K
170020545	ANETTA N A
170020546	ANJALI PRAKASHAN
170020549	ANUPAMA S
170020555	ARUN V R
170020559	ASWATHI KRISHNA P K
170020561	ATHUL B
170020562	ATHUL KUMAR A
170020563	AYSHA FIDWA
170020565	CHELSA MARIA O J
170020567	CHITHRATHIRA K

Dr. ASITH ADYANTHAYA
Professor & HOD
Dept. of Periodontics

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Recognised by Dental Council of India and Govt of India
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E-mail:dental@kmct.edu.inwww.kmct.edu.in





Dr. AMITH ADYANTHAYA
Professor & HOD
Dept. of Periodontics

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QUIZ COMPETITION – RAPID FIRE ROUND



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REPORT ON DEBATE

Topic: Aversive Conditioning

The dept. of Pedodontics of KMCT Dental College organised a debate for the 3rd year and Final year students on 8th March 2022.This debate helped the students to think carefully and share there view on the given topic.

Two teams with 13 students in each team participated in the debate.One team spoke in favour of Aversive Conditioning and other team spoke against it.

Debater from the team which was against Aversive conditioning said it is better to opt other non- pharmacological behaviour management methods like Tell- show-do,Euphemisms,positive reinforcement etc as it helps in developing positive attitude towards dental treatment.They also contributed by saying that it helps in creating a friendly atmosphere for children and makes them more comfortable for patients as well as clinicians.They added that dental health should be correlated with general health as well.If aversive methods are implemented, there are chances to develop hesitation towards the clinicians for both parents and the children.

Debater from the team which spoke for Aversive Conditioning methods like Voice Control,Physical restraints,HOME highlighted that it is necessary and the ultimate method for managing non-cooperative patients.If the child has came with an emergency and if he/she is not convinced with other non-aversive methods, it is better to do Voice control or other methods as there dental health issue will get resolved and future dental health is more secured.They added that it helps in time management, ie for the clinicians rather than spending too much time on one child, they can save time for other patients too.

In conclusion, students said it is very essential to manage the child in such a way that it gives more importance to the mental health as well as the dental health.A student from one team explained about the difficulty while handling non-cooperative patients.

The moderator concluded by saying that it eliminates a child's attempt to avoid dental treatment.This method is used as a last resort with very young, immature or physically handicapped child or those who are mentally or

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emotionally affected.It can be a safe and effective method of managing extremely negative behaviour.

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KMCT DENTAL COLLEGE

DEPARTMENT OF PEDODONTICS

PART II STUDENTS – DEBATE ACTIVITY





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KMCT DENTAL COLLEGE

DEPARTMENT OF PEDODONTICS

PART II STUDENTS – QUIZ ACTIVITY





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CDE and Hands on Workshop on

MASTERING DIGITAL DENTISTRY

8th, 9th,10th March 2023

Venue : Mini Auditorium, 7th Floor, KMCT Dental College



Resource Person

Dr. M. Shiva Shankar
Professor of Prosthodontics
Certified CAD CAM Trainer

Organized by

IQAC & Department of Prosthodontics Crown and Bridge, KMCT Dental College in Association with IPS Kerala Branch & Indian Dental Association

INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

KMCT Medical College Campus
Mukkam, Kozhikode - 673602

CDE PROGRAMME LIST
(8th March 2023)

9.00 AM Welcome Speech
Dr. Sheejth M
Professor & HOD- Dept. of Prosthodontics

9.15 AM Presidential Address
Dr. Manoj Kumar K P
Principal- KMCT Dental College

9.30 AM Inauguration
Dr. Ayisha Nazreen
Executive Trustee & Director of Operations
KMCT Group of Institutions

9.45 AM Felicitations
Dr. Cherian K P
President- IPS Kerala Branch
Dr. Rupesh P L
Secretary- IPS Kerala Branch

10.00 AM Introduction of Speaker- Dr. M Shiva Shankar
Dr. Ranjith M
Professor- Dept. of Prosthodontics

10.15 AM Vote of Thanks
Dr. Swapna C
Professor- Dept. of Prosthodontics

10.30 AM CDE on Digital Dentistry
Dr. M Shiva Shankar
Professor of Prosthodontics
Certified CAD CAM Trainer
Confident Dental Laboratory Pvt. Ltd, Bengaluru.

DAY 1 — 8th March CDE

10:30 AM to 12 PM	Introduction to the World of Digital Dentistry and Capabilities
12:15 PM to 1:30 PM	Intraoral Scanner –The Gateway to Digitization-Live Demonstration on Patient
	Q & A Session
1:30 PM to 2.00 PM	Lunch Break

DAY 1 — 8th March WORKSHOP

2:00 PM to 5:30 PM	Intraoral Scanning by Participants on the Models
5:30 PM	Tea & Snacks

DAY 2 — 9th March WORKSHOP

9:30 AM to 11:00 AM	Basic Steps on Usage of CAD Software and Step by Step Demonstration
11:00 AM to 5:00 PM	Designing Exercises on CAD Software - Hands on by Participants

DAY 3 — 10th March WORKSHOP

9:30 AM to 1:00 PM	Presentation on the Different Production methodologies Basics & Beyond of 3d Printing and live demo of 3d printing Hands-on on slicing software & Live Demonstration of 3d printing
1:30 PM to 5:00 PM	Demonstration on designing of advanced dental prosthesis Demonstration of Digital Implantology Q & A Session & Distribution of Certificates

ORGANIZING COMMITTEE

CHIEF PATRON

Dr. K. Moidu
Founder Chairman
KMCT Group of Institutions

Dr. Navas K. M.
Chairman & Managing Trustee
KMCT Group of Institutions

Dr. Ayisha Nazreen
Executive Trustee & Director Operations
KMCT Group of Institutions

PATRON

Dr. Manoj Kumar KP
Principal- KMCT Dental College

ORGANZING CHAIRMAN

Dr.Sheejith M
Professor & HOD - Dept. of Prosthodontics

PROGRAMME CONVENERS

Dr. Swapna C
Professor Dept of prosthodontics

Dr. Ranjith M
Professor Dept. of prosthodontics

For Registration, Please Contact
Dr. Nicholas Mathew 7558986056 | **Dr. Abu Nazar** 7012657855

Registration Fee:
(Including Lunch, Tea and Snacks)

CDE
₹ 800 (Staffs, PGs & Practitioners)
₹ 500 (Interns)

Workshop
₹ 10,000

BHIM UPI

Account Details
Account Name: CDE Account
Acc. No: 210110100076310
IFSC Code: UBIN0821012
Branch: Manassery

Last Date for Registration: 01-03-2023

Please Whatsapp the Transaction Id to Dr. Abu Nazar- 7012657855 after Payment

CDE AND HANDS-ON WORKSHOP

MASTERING DIGITAL DENTISTRY

DEPARTMENT OF PROSTHODONTICS, KMCT DENTAL COLLEGE HEADED BY DR SHEEJITH M PROFESSOR & HOD IN ASSOCIATION WITH INDIAN PROSTHODONTIC SOCIETY KERALA STATE BRANCH CONDUCTED A THREE DAY CDE AND HANDS- ON WORKSHOP PROGRAM ON THE TOPIC 'MASTERING DIGITAL DENTISTRY' BY THE EMINENT SPEAKER DR SHIVA SHANKAR ON 8TH , 9TH AND 10TH MARCH 2023.

CDE WAS CONDUCTED ON THE FIRST DAY WITH ALMOST 200 DELEGATES FROM DIFFERENT PARTS OF THE STATE. THE INAUGURAL SESSION WAS HONOURED WITH THE PRESENCE OF EMINENT DIGNITARIES , DR AYISHA NAZREEEN, DIRECTOR OF OPERATION, KMCT DENTAL COLLEGE, PRINCIPAL DR MANOJ KUMAR KP , KMCT DENTAL COLLEGE, DR CHERIAN KP , PRESIDENT IPS KERALA STATE BRANCH, DR RUPESH PL , SECRETARY, IPS KERALA STATE BRANCH AND DR GEORGE P JOHN VICE PRESIDENT INDIAN PROSTHODONTIC SOCIETY. CDE SESSION GAVE A DEEP INSIGHT INTO THE FIELD OF DIGITAL DENTISTRY WITH DEMO OF INTRA ORAL SCANNIG ON LIVE PATIENT.

THERE WERE 25 DELEGATES FOR THE HANDS-ON WORKSHOP. THE SESSION STARTED AT 3:30 PM ON 8TH AND THE FINAL SESSION WAS CONCLUDED ON 10TH OF MARCH 2023. IT INCLUDED DETAILED DESCRIPTION FOLLOWED BY HANDS-ON FOR INTRAORAL SCANNING, DESIGNING AND MANUFACTURING PROCEDURES .THE EVENT WAS CONCLUDED WITH FELICITATION OF THE SPEAKER AND DISTRIBUTION OF CERTIFICATES TO THE PARTICIPANTS.

Professor & HOD
DEPT. OF PROSTHODONTICS
KMCT DENTAL COLLEGE
CALICUT, KERALA

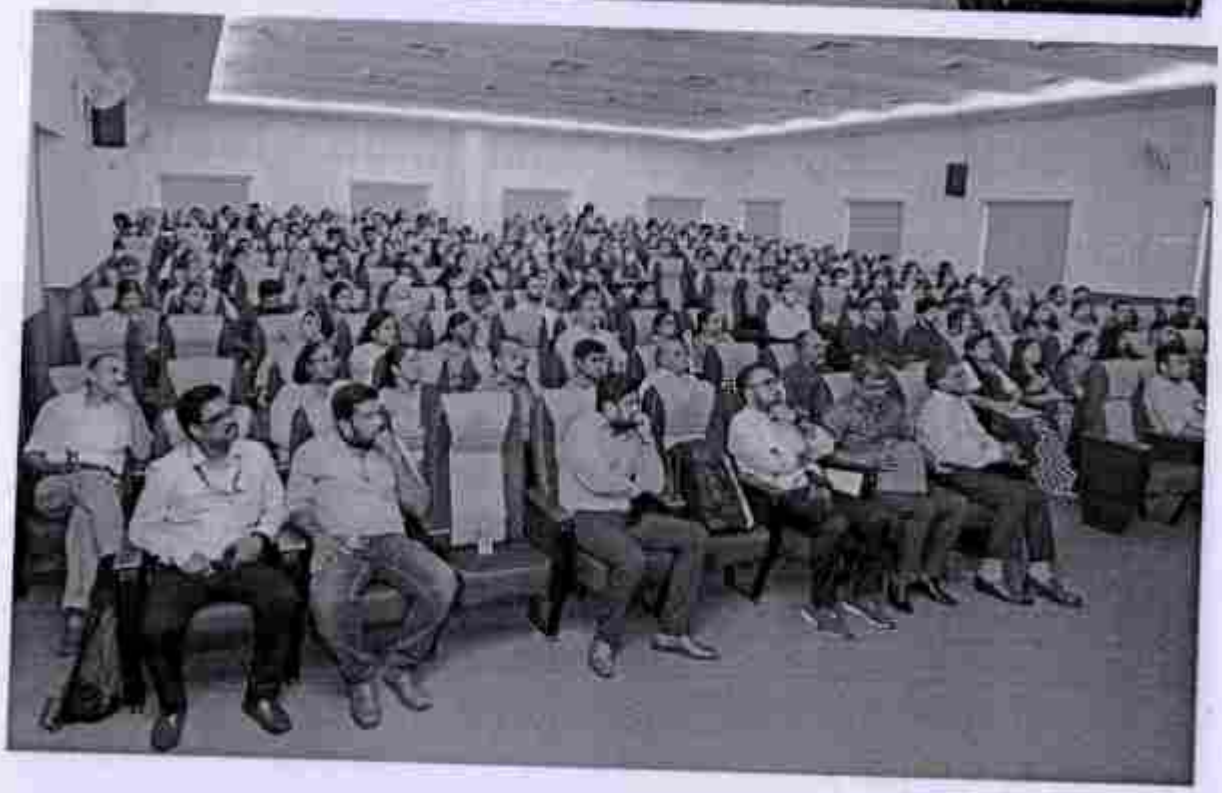













KMCT Dental College


KMCT
MASTERING DIGITAL DENTISTRY



KMCT DENTAL COLLEGE

CDE & HANDS ON WORKSHOP

ON

MASTERING DIGITAL DENTISTRY

8TH, 9TH,10TH MARCH 2023

Organized by

IQAC

&

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

KMCT DENTAL COLLEGE

In association with

IPS KERALA BRANCH

VENUE

MINI AUDITORIUM, 7TH FLOOR

KMCT DENTAL COLLEGE

CDE PROGRAMME LIST

8TH MARCH 2023

9.00 AM : **WELCOME SPEECH**

DR SHEEJTH M
Professor & HOD, Dept Of Prosthodontics

9.15 AM : **PRESIDENTIAL ADDRESS**

DR MANOJ KUMAR K.P
Principal, KMCT Dental College

9.30AM : **INAUGURATION**

DR AYISHA NASREEN
Executive Trustee & Director of Operations
KMCT Group of Institutions

9.45 AM : **FELICITATIONS**

DR CHERIYAN K P
President IPS Kerala Branch

DR RUPESH P L
Secretary, IPS Kerala Branch

10.00 AM : **INTRODUCTION OF SPEAKER – DR M SHIVA SHANKAR**

DR RANJITH M
Professor Dept of Prosthodontics

10.15AM : **VOTE OF THANKS**

DR SWAPNA C
Professor Dept of Prosthodontics

10.30AM : **CDE ON DIGITAL DENTISTRY**

DR M SHIVA SHANKAR
Professor of Prosthodontics
Certified CAD CAM Trainer
Confident Dental Laboratory Pvt Ltd, Bengaluru.

DAY 1 – 8TH MARCH CDE

10:30 – Tea break

10:45am to 12pm – Introduction to the world of DigitalDentistry and Capabilities

12:15am to 1:30pm – Intraoral Scanner –The gateway to digitization- Live Demonstration on patient

1:30pm to 2.00 pm – Lunch

DAY 1 – 8TH MARCH Afternoon WORKSHOP

2:00pm to 5:30pm – Intraoral scanning participants on the model

5:30pm - Tea & Snacks

DAY 2 – 9TH MARCH WORKSHOP

9:30am to 11:00am – Basic steps on usage of CAD softwareand Step by Step Demonstration

11:00am to 5:00pm – Designing exercises on CAD Software-Handson by participants

DAY 3 – 10TH MARCH WORKSHOP

9:30am to 1:00pm – Presentation on different production methodologies Basics and beyond of 3d printing Handson slicing software and Live Demonstration of 3d printing

1:30pm to 5:00pm – Demonstration on designing of advanceddental prosthesis Demonstration of Digital Implantology

QA session and Distribution of certificates

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Founder Chairman - KMCT Group of Institutions
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Chairman & Managing Trustee - KMCT Group of Institutions
Dr. Ayisha Nasreen
Executive Trustee & Director- Operations - KMCT Group of Institutions

PATRON

Dr. Manoj Kumar KP
Principal- KMCT Dental College

ORGANZING CHAIRMAN

Dr. Sheejith M
Professor & HOD- Dept of Prosthodontics

ORGANZING TEAM

Dr. Ranjith M
Dr. Swapna C
Professor Dept of Prosthodontics

FOR REGISTRATION, PLEASE CONTACT

Dr. Nivea T Francis 7829853121, Dr. Niveditha S Prasad 9496727672

Account Details
Account Name: CDE Account, Acc. No: 210110100076310
IFSC Code: UBIN0821012, Branch : Manassery

Registration fee: CDE ₹ 800 (Staffs, PG's & Practitioners)
₹500 (Interns)
Workshop ₹ 10,000
(Including Lunch, tea and snacks)

Last date for registration: 01-03-2023
Please WhatsApp the transaction id to Dr. Nivea/Dr. Niveditha after payment

Congratulations!



Dr. Aswathy Gopi & Dr. Priyanka K

Postgraduates - Dept. of Prosthodontics

for winning the prestigious "Presidents Rolling Trophy"
in **Prostho-Quest 2022** held in Annoor Dental College, Muvattupuzha
organized by 5th Indian Prosthodontics Society Kerala State Conference.

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KMCT Medical College Campus,
Mukkam, Kozhikode 673602

Congratulations



Dr. Melisa Cheriyan
2nd Year MDS
Prosthodontics



Dr. Arif Jalal
2nd Year MDS
Prosthodontics



Dr. Neeraja EV
2nd Year MDS
Prosthodontics



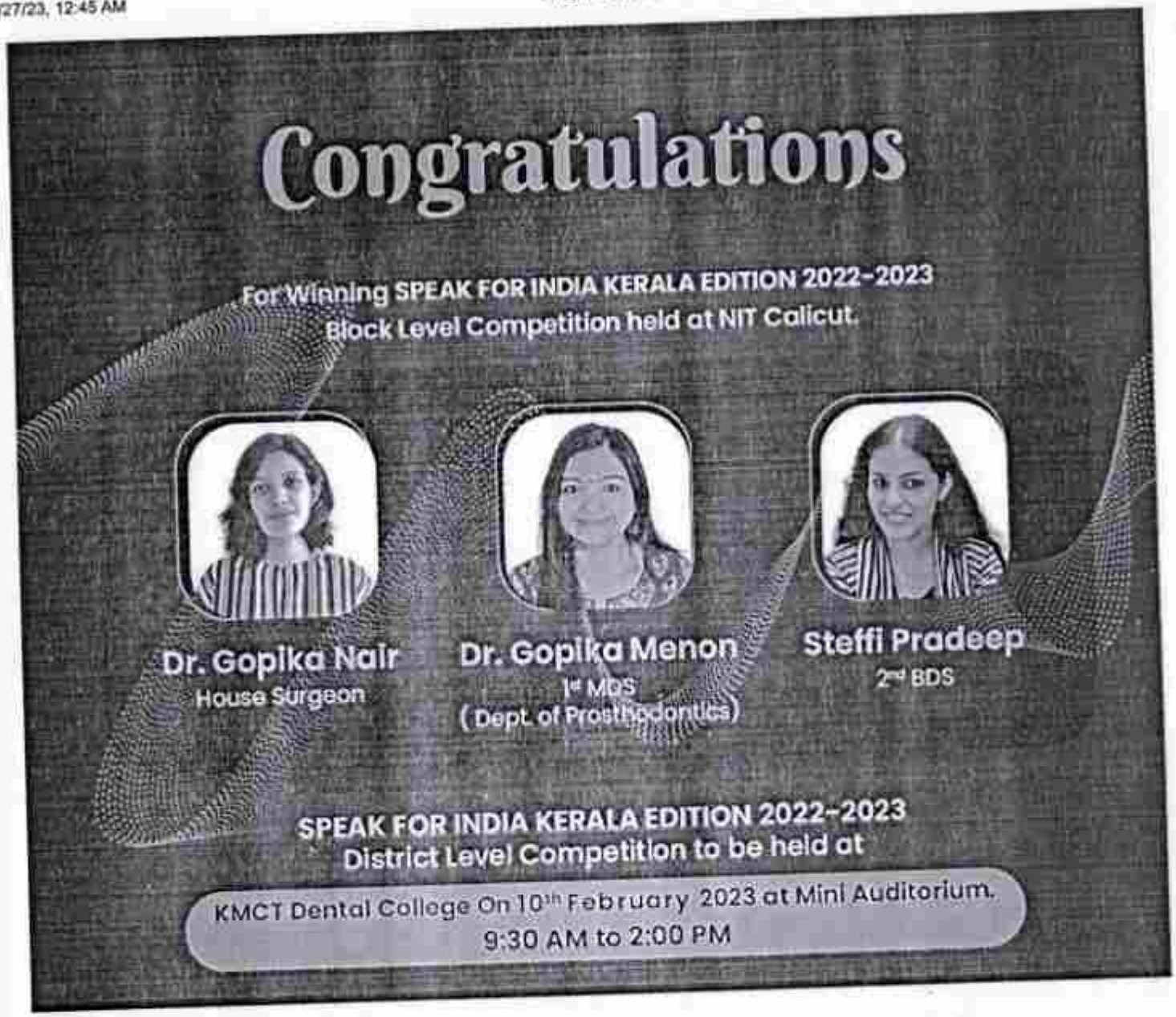
Dr. Sreya Jyothibas
1st Year MDS
Prosthodontics

For securing first place in table clinic titled 'Saliwell crown - a promising alternative to traditional xerostomia treatment' at the 25th IPS PG Convention held at Hyderabad from 2nd to 4th June 2023

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Congratulations!



Athira A S
House Surgeon

For securing First Prize for Scientific Paper Presentation
at Revive '23, The 53rd IDA State Conference
Held at Adlux International Convention Centre, Angamaly, Kerala.

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Congratulations!



Dr. Induja K

House Surgeon

For securing **First Prize for Scientific Poster Presentation**
at Revive '23, The 53rd IDA State Conference
Held at Adlux International Convention Centre, Angamaly, Kerala.

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Conservative and Endodontic Society of Kerala (CAESOK)

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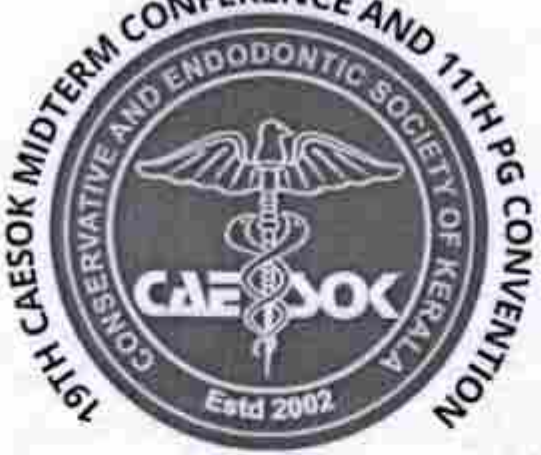
Awarded to

DR.NIMMY KURIAN

for presenting a Paper during the

18th CAESOK Midterm Conference and 10th PG Convention held from 3rd - 9th May 2021

Dr. Romel Joseph	Dr. Biju P Babu	Dr. Kennet J Chirayath	Dr. Sunil M Eraly	Dr. Afzal A
President, CAESOK	Organizing Chairman	Organising Secretary	Scientific Committee Chairman	Hon. Secretary, CAESOK



CERTIFICATE

Awarded to

NIMMY KURIAN,

For presenting a Paper/Poster and contributing to the success of the

19th CAESOK Midterm Conference and 11th PG Convention

conducted on 4,5 June 2022

Dr Romel Joseph *President CAESOK*	***Dr Afzal A*** Hon. Secretary CAESOK	***Dr Radhakishnan Nair*** *Organising Chairman*	***Dr Rajesh Pillai*** *Organising Secretary*	***Dr Lekshmy S Devi*** Chairperson, Scientific Committee

AN EVENT OF

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GSL DENTAL COLLEGE



Certificate of Presentation

Awarded to

DR. NIMMY KURIAN

for securing 3rd prize scientific paper at the 22nd IACDE National PG Convention held on 25th, 26th & 27th of March 2022 hosted by GSL Dental College & Hospital, Rajahmundry, Andhra Pradesh

Dr.Ratnakar.P

Dr.Dibyendu Mazumdar

Dr.Prahlad A Saraf

Dr.S.V.Satish

Dr.T.Murali Mohan

Dr.K.Ramakrishna Raju

Dr.Srinidhi.V.B



37th IACDE NATIONAL CONFERENCE

IDS 24

CERTIFICATE OF PRESENTATION

PRESENTED TO

DR. RAJINA S.J

for a Scientific Oral Presentation (Student category) as an author/ co-author - titled

"AN EFFECT OF ETCH AND RINSE AND SELF ETCH MODES IN UNIVERSAL DENTAL ADHESIVES ON MICROLEAKAGE BETWEEN COMPOSITE AND RESIN MODIFIED GIC IN CLASS 2 SANDWICH RESTORATIONS"

at the 37th IACDE National Conference 2022
held on 17th, 18th, 19th and 20th November 2022 at Bhopal(MP).
We appreciate your contribution to the success of this conference.

Dr. Dileyendra Mazumdar — Dr. Ravishankar P — Dr. Prahlad A Saraf — Dr. P Ravinshankar — Dr. Sangeeta Gandhe Wala — Dr. Sanjeev Ludia — Dr. Pradeep Jain

HOSTED BY - PEOPLE'S UNIVERSITY
PEOPLE'S DENTAL ACADEMY, BHANPUR, BHOPAL (MP)

GF-03/2

Indian Prosthodontic Society

50th Golden Jubilee CONFERENCE INDIAN PROSTHODONTIC SOCIETY

10th-13th November, 2022

The Leela Ambience Convention Hotel, New Delhi (INDIA)

CERTIFICATE OF APPRECIATION

IPS No.: S20995

Conf. No.: 5798

Awarded to

Dr. Melisa Cheriyan

for presenting a **Scientific Poster**

at the 50th Golden Jubilee Conference of the Indian Prosthodontic Society held on 10th-13th November 2022 at New Delhi

Dr. Mahesh Verma Organizing Chairman	**Dr. V Rangarajan** President, IPS	**Dr. Jangala Hari** Hon. Secretary, IPS	**Dr. U. V. Gandhi** Conference Secretary
Dr. Manesh Lahori Organizing Secretary	**Dr. Ravindra Savadi** Scientific Committee Chairperson	**Dr. Saranjit Singh Bhasin** Scientific Committee Chairperson	**Dr. Aman Popli** Poster Committee Chairperson

Golden Glory with Gold Standards

50th Golden Jubilee CONFERENCE INDIAN PROSTHODONTIC SOCIETY

10th-13th November, 2022

The Leela Ambience Convention Hotel, New Delhi (INDIA)

CERTIFICATE OF APPRECIATION

IPS No.: 521050

Awarded to

Conf. No.: 5352

Dr. Neeraja E.V

for presenting a ***Scientific Poster***

at the 50th Golden Jubilee Conference of the Indian Prosthodontic Society held on 10th-13th November 2022 at New Delhi

Dr. Mahesh Verma
Organizing Chairman

Dr. V Rangarajan
President, IPS

Dr. Jangala Hari
Hon. Secretary, IPS

Dr. U. V. Gandhi
Conference Secretary

Dr. Manesh Lahori
Organizing Secretary

Dr. Ravindra Savadi
Scientific Committee Chairperson

Dr. Saranjit Singh Bhasin
Scientific Committee Chairperson

Dr. Aman Popli
Poster Committee Chairperson

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INDIAN PROSTHODONTIC SOCIETY KERALA STATE BRANCH

2023 IPSKCON
6TH IPS KERALA STATE CONFERENCE

Certificate of Presentation

Awarded to

Dr. Sreya Jyothiraj .....

for having presented a Scientific Paper / E Poster titled.....

.....in the 6th Annual State Conference of Indian Prosthodontic Society Kerala State Branch 'IPSKCON 23' held on April 29th & 30th 2023 hosted by PMS College of Dental Science & Research, Vattappara, Trivandrum.

Prof. Dr. Cherian KP	Prof. Dr. Rupesh P.L	Prof. Dr. Shyam Mohan A	Prof. Dr. Arun Kumar G	Prof. Dr. Pradeep P Dathan
President IPSK	Secretary IPSK	Organising Chairman IPSKCON23	Organising Secretary IPSKCON23	Scientific Chairman IPSKCON23

Indian Prosthodontic Society

IPS SILVER JUBILEE PG CONVENTION

2nd - 4th June 2023, Hyderabad

Reg. No.S1629

CERTIFICATE OF APPRECIATION

Awarded to

Dr. VARENYA R

for presenting a scientific paper under the student category during the convention.

Dr. Chethan Hegde **President, IPS**	**Dr. Jangala Hari** **Secretary, IPS**	**Dr. K. Sanketh Reddy** **Treasurer, IPS**	**Dr. K.Mahendranadh Reddy** **Patron**
Dr. B. Chittaranjan **Organizing Chairman**	**Dr. D. Chalapathi Rao** **Organizing Secretary**	**Dr. P. Satheesh Simha Reddy** **Scientific Chairman**	

Indian Prosthodontic Society

IPS SILVER JUBILEE PG CONVENTION

2nd - 4th June 2023, Hyderabad

Reg. No.S1081

CERTIFICATE OF APPRECIATION

Awarded to

Dr. SUKHIL T. SATHYAN

for presenting a scientific paper under the student category during the convention.

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President, IPS

Dr. Jangala Hari
Secretary, IPS

Dr. K. Sanketh Reddy
Treasurer, IPS

Dr. K.Mahendranadh Reddy
Patron

Dr. B. Chittaranjan
Organizing Chairman

Dr. D. Chalapathi Rao
Organizing Secretary

Dr. P. Satheesh Simha Reddy
Scientific Chairman

Indian Prosthodontic Society

IPS SILVER JUBILEE PG CONVENTION

2nd - 4th June 2023, Hyderabad

Reg. No.S797

CERTIFICATE OF APPRECIATION

Awarded to

Dr. JINSHA MAJI K

for presenting a scientific paper under the student category during the convention.

Dr. Chethan Hegde President, IPS	Dr. Jangala Hari Secretary, IPS	Dr. K. Sanketh Reddy Treasurer, IPS	Dr. K.Mahendranadh Reddy Patron
Dr. B. Chittaranjan Organizing Chairman	Dr. D. Chalapathi Rao Organizing Secretary	Dr. P. Satheesh Simha Reddy Scientific Chairman	

IPS SILVER JUBILEE PG CONVENTION

2nd - 4th June 2023, Hyderabad

Reg. No.S740

CERTIFICATE OF APPRECIATION

Awarded to

Dr. GOPIKA JAYAKRISHNAN

for presenting a scientific poster under the student category during the convention.

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Dr. Jangala Hari
Secretary, IPS

Dr. K. Sanketh Reddy
Treasurer, IPS

Dr. K.Mahendranadh Reddy
Patron

Dr. B. Chittaranjan
Organizing Chairman

Dr. D. Chalapathi Rao
Organizing Secretary

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Scientific Chairman

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2nd - 4th June 2023, Hyderabad

Reg. No.S745

CERTIFICATE OF APPRECIATION

Awarded to

Dr. CHANDANA C N

for presenting a scientific poster under the student category during the convention.

Dr. Chethan Hegde
President, IPS

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Secretary, IPS

Dr. K. Sanketh Reddy
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Organizing Chairman

Dr. D. Chalapathi Rao
Organizing Secretary

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Scientific Chairman

25th IPS PG Convention

Indian Prosthodontic Society

IPS SILVER JUBILEE PG CONVENTION

2nd - 4th June 2023, Hyderabad

Reg. No.S798

CERTIFICATE OF APPRECIATION

Awarded to

Dr. NEERAJA E.V

for presenting table clinic under the student category during the convention.

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Scientific Chairman

Indian Prosthodontic Society

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2nd - 4th June 2023, Hyderabad

Reg. No.S1676

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Awarded to

Dr. PRIYANKA K

for presenting a scientific poster under the student category during the convention.

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Dr. K. Sanketh Reddy
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Patron

Dr. B. Chittaranjan
Organizing Chairman

Dr. D. Chalapathi Rao
Organizing Secretary

Dr. P. Satheesh Simha Reddy
Scientific Chairman

KMCT DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY-FIELD VISIT REPORT

MILK PROCESSING AND PURIFICATION FIELD VISIT FOR UNDERGRADUATE STUDENTS TO MILMA DAIRY PLANT, PERINGOLAM- 2nd & 4th May 2023



DATE OF CONDUCT OF CAMP: 2/05/2023

CONDUCTED BY: DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COLLABORATING AGENCY: MILMA DAIRY PLANT, PERINGALOM

CAMP SITE: PERINGALOM, CALICUT

TYPE OF CAMP: FIELD VISIT

TOTAL NUMBER OF STUDENTS ATTENDED: 30

TOTAL NUMBER OF STAFF ATTENDED: 1

A field visit to MILMA Dairy Plant, Peringalom, was organized for Final year part I regular batch students. The field visit was organized by the Department of Public Health Dentistry in collaboration with MILMA Dairy Cooperative Society. This visit was organized in order to help the students understand the process of milk purification as a first step in prevention of Milk borne diseases. A total of 30 students final year Part I regular batch students participated for the field visit over two days on 2nd and 4th May 2022 from 9 am to 1 pm. Dr Arun Paul, faculty from Department of Public Health Dentistry accompanied the students on the two days. They were given detailed explanation of milk purification by the MILMA officers and had first-hand experience of the processing and purification unit within in the Dairy plant. In addition they were also shown the ice cream and curd processing unit too. The Production manager also gave a talk and enlightened the students on the historical back ground of MILMA Dairy development. The visit concluded at 1 pm. Students gave valuable feed-back about their field visit to MILMA Dairy plant. A field visit study report was submitted by the students who participated.

Principal
IMCT Dental College
Manassery, Mukkam

From

Date: 01-05-2023

Dr.Dhanya Muralidharan
HOD
Dept. of Public Health Dentistry
KMCT Dental College, Manassery

To

The Principal
KMCT Dental College
Manassery

Sub: Request for permitting a two day academic visit to 'MILMA' plant at Kozhikode Dairy, Peringolam on 02/05/23 and 04/05/23 for 61 students.

Respected Sir,

One of the essential components of public health care is provision of safe drinking water and sanitation. On this context knowledge of the process of milk purification is the primary step in prevention of Milk borne diseases. The Dental Council of India's academic curriculum for final year part I dental students (61 in number) requires them to be made aware of milk purification process. Dept of PHD is conducting a field visit and kindly permit them to visit 'MILMA' (MRCMPU Ltd) Kozhikode Dairy- Peringolam- plant on 02/05/23 (30 students) and 04/05/23 (31 students) between 9 am to 1 pm and grant permission for two accompanying staffs.

Thanking you,

Yours sincerely,

1/5/23.

Dr. Dhanya Muralidharan

Head of the Department
Department of Public Health Dentistry
KMCT Dental College,
Manassery, Calicut

K.M.C.T. DENTAL COLLEGE
CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

From

Date: 01-05-2023

Dr.Dhanya Muralidharan
HOD
Dept. of Public Health Dentistry
KMCT Dental College, Manassery

To,

The Administrator

KMCT Dental College, Manassery

Respected Madam,

SUB: To provide Conveyance arrangement for Final year Part 1 students to visit 'MILMA' plant at Kozhikode Dairy, Peringolam on 02/05/23 and 04/05/23 for 61 students.

The Dept of Public health dentistry is conducting a field visit to visit 'MILMA' (MRCMPU Ltd) Kozhikode Dairy- Peringolam- plant on 02/05/23 (30 students) and 04/05/23 (31 students) between 9 am to 1 pm. Kindly request you to arrange a vehicle for pickup and drop on Tuesday **(02/05/23)** and Thursday **04/05/23**

Thanking you,

K.M.C.T. DENTAL COLLEGE
P.O. Manassery
Pin 673 602
Mukkam, Calicut Dt
Kerala, India
CALICUT

Yours sincerely,

1/5/23

Dr.Dhanya Muralidharan

Head of the Department
Department of Public Health Dentistry
KMCT Dental College,
Manassery, Calicut

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE
Manassery, Kozhikode

Ref No: KMCT/DC/C/2023/

Date: 01/05/2023

CIRCULAR

A field visit for Final year BDS Regular (2022-23) batches to Milma Dairy plant Peringolam Kozhikode is being organized by the department of Public Health Dentistry KMCT Dental College 02/05/2023 (30students) & 04/05/2023 (31 Students) between 9.30 to 1.pm.All students have to compulsory attend the visit according to the list attached. All HODs to permit students to attend the field visit according to the list attached

for PRINCIPAL

Copy To :

1. All HODs (Dental)
2. A.O
3. Notice Board
4. File.

K.M.C.T. DENTAL COLLEGE CALICUT

KMCT DENTAL COLLEGE CALICUT

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

Final year Part I Students List 2022-23 Regular batch

Day 1 (02/05/2023)

1	AARDRA ASOK	190020829	
2	ABHIJITH P A	190020830	
3	ABHIRAMI S V	190020832	
4	AFSANA A	190020833	
5	AISWARYA ANIL	190020835	
6	AKSHAY V R	190020838	
7	ALIYA M M	190020839	
8	ANJALA K THAMPI	190020845	
9	ANNA JOSEPH P	190020848	
10	ANUSHA M N	190020849	
11	ARCHANA NAIR	190020852	
12	ASWATHY J RAJ	190020856	
13	AYSHA NAVREEN	190020857	
14	B DEVIKA	190020858	
15	BENSIYA NAZRIN N	190020859	
16	FATHIMA FITHA	190020864	
17	GRACE ELIZ JOHN	190020865	
18	HANA	190020866	
19	HANA ABDUL KAREEM	190020868	
20	HIBA RAHMAN K P	190020869	
21	JOMOL ANN JOSEPH	190020873	
22	LAZIN FATHIMA *	190020877	
23	MAJIDHA	190020879	
24	MALAVIKA	190020880	
25	MALAVIKA N	190020881	
26	MALAVIKA P A	190020882	
27	MERIN MATHEW	190020885	
28	MIRSHANA M ASHRAF	190020887	
29	MOHAMMED ANAS U	190020889	

DR. MANOJ KUMAR. K.P
Principal
MCT Dental College
Manassery, Mukkam

Final year Part I Students List 2022-23 Regular batch

Day 2 (04/05/2023)

31	NADHA NADEER K	190020893
32	NAHNA NILOFAR	190020894
33	NAJI MUHAMMAD N	190020895
34	NAJIYA FATHIMMA P A	190020896
35	NAJUMA	190020897
36	NANDANA VINOD	190020898
37	NEHA SHEZIN M T	190020900
38	NIFSHA P	190020901
39	RINSHA RAJ U K	190020905
40	RISHIKA P	190020906
41	SANAH BASHEER	190020908
42	SANDRA K	190020909
43	SANJITH SANTHOSH	190020910
44	SHIBINI P	190020913
45	SHIJAS AHAMMED M C C	190020914
46	SHONIMA P	190020915
47	SONA	190020916
48	SREELAKSHMI P S	190020918
49	SREYA SURESH	190020919
50	ZEBA NASAR	190020927
51	DHANYA RADHAKRISHNAN	180020441
52	SARATHLAL T	180020498
53	ABILA J SOMAN	170020531
54	ANANTHAPADMANABHAN R S	150021388

M.C.H. DENTAL COLLEGE CALICUT

15/5/23

Head of the Department

DR. MANOJ KUMAR. K.P
Principal
MCT Dental College
Govt. Mukkam

KMCT
DENTAL COLLEGE

PROBLEM SOLVING METHODOLOGIES

At KMCT Dental College, student-centric methodologies like problem-solving are integral to enhancing learning experiences. These approaches are manifested through various avenues:

Case Discussions: Students engage in in-depth discussions about dental cases, analyzing symptoms, diagnoses, and treatment options. This fosters critical thinking, decision-making, and clinical reasoning skills.

Incidental Teaching: Educators capitalize on spontaneous opportunities during clinical sessions to teach and reinforce concepts, making learning more contextual and practical.

Case Scenarios: Students are presented with simulated or real-life dental scenarios, requiring them to apply theoretical knowledge to practical situations. This method enhances problem-solving abilities and prepares them for real clinical challenges.

Clinicopathological Club: This club offers a platform for students to explore the correlation between clinical manifestations and underlying pathological conditions. It encourages interdisciplinary learning and a deeper understanding of the relationship between dentistry and pathology.

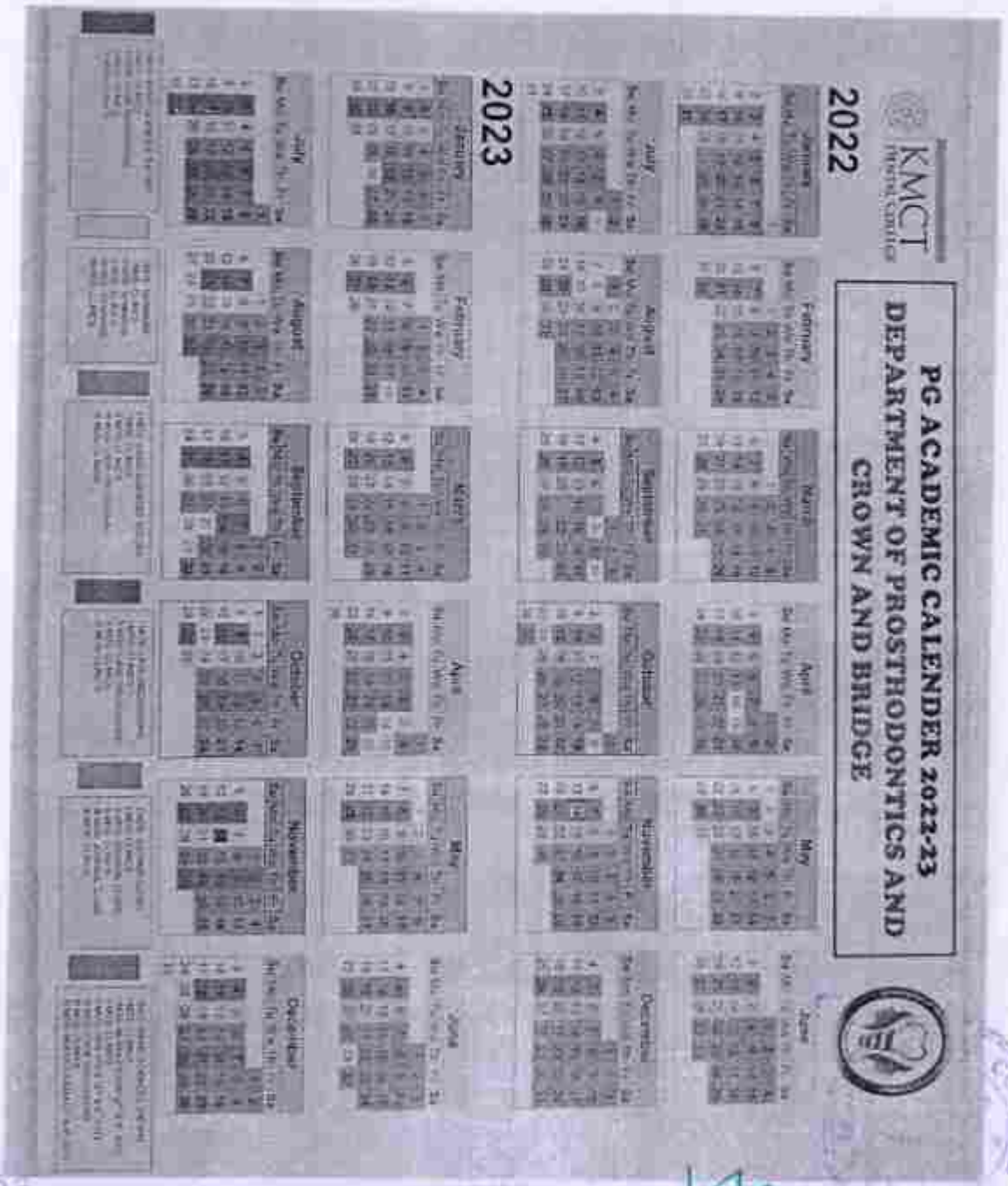
These student-centric methodologies at KMCT Dental College emphasize active participation, critical analysis, and practical application of knowledge. They bridge the gap between theoretical learning and clinical practice, ensuring that students are equipped not just with academic knowledge but also with the problem-solving skills essential for their future roles as competent dental professionals.

Dr. [illegible]
Principal
KMCT Dental College
Mukkamy, Mukkam

KMCT Medical College Campus, Mukkam, Kozhikode - 673602
0495-2292000 dental@kmct.edu.in
www.kmctdentalcollege.org

KMCT
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Recognised Research Centre of Kerala University of Health Sciences
Recognised by Dental Council of India and Govt of India
Manassery P.O, Mukkam,Kozhikode 673602,Kerala
Phone : (0495)2292002,2292004, Fax (0495)2294726
E-mail:dental@kmct.edu.inwww.kmct.edu.in

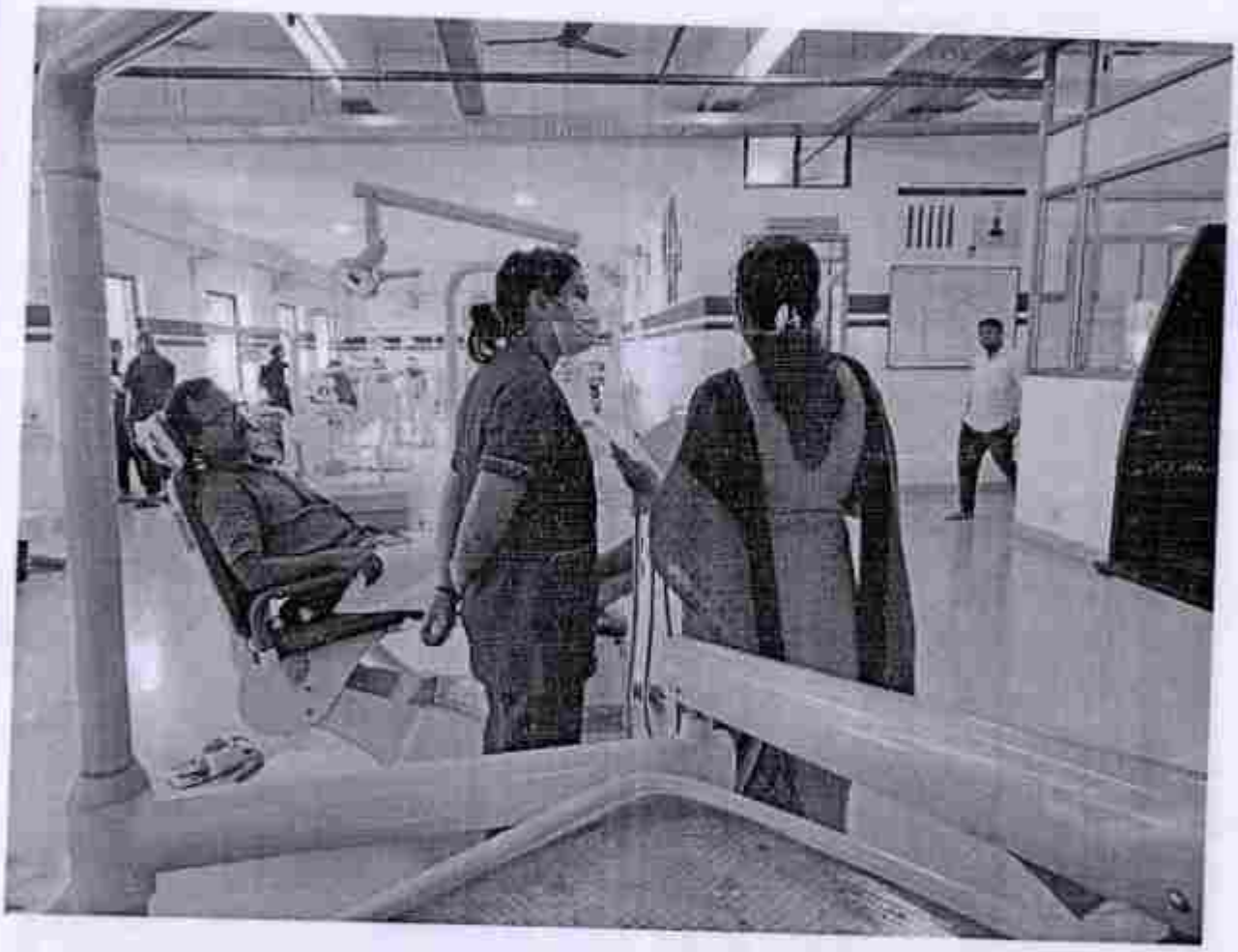
PG CASE DISCUSSION SCHEDULE



Principal
KMCT Dental College
Manassery, Mukkam

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OP CASE DICUSSSION WITH THE STAFF – INCIDENTIAL LEARNING AND PROBLEM SOLVING METHODOLOGIES

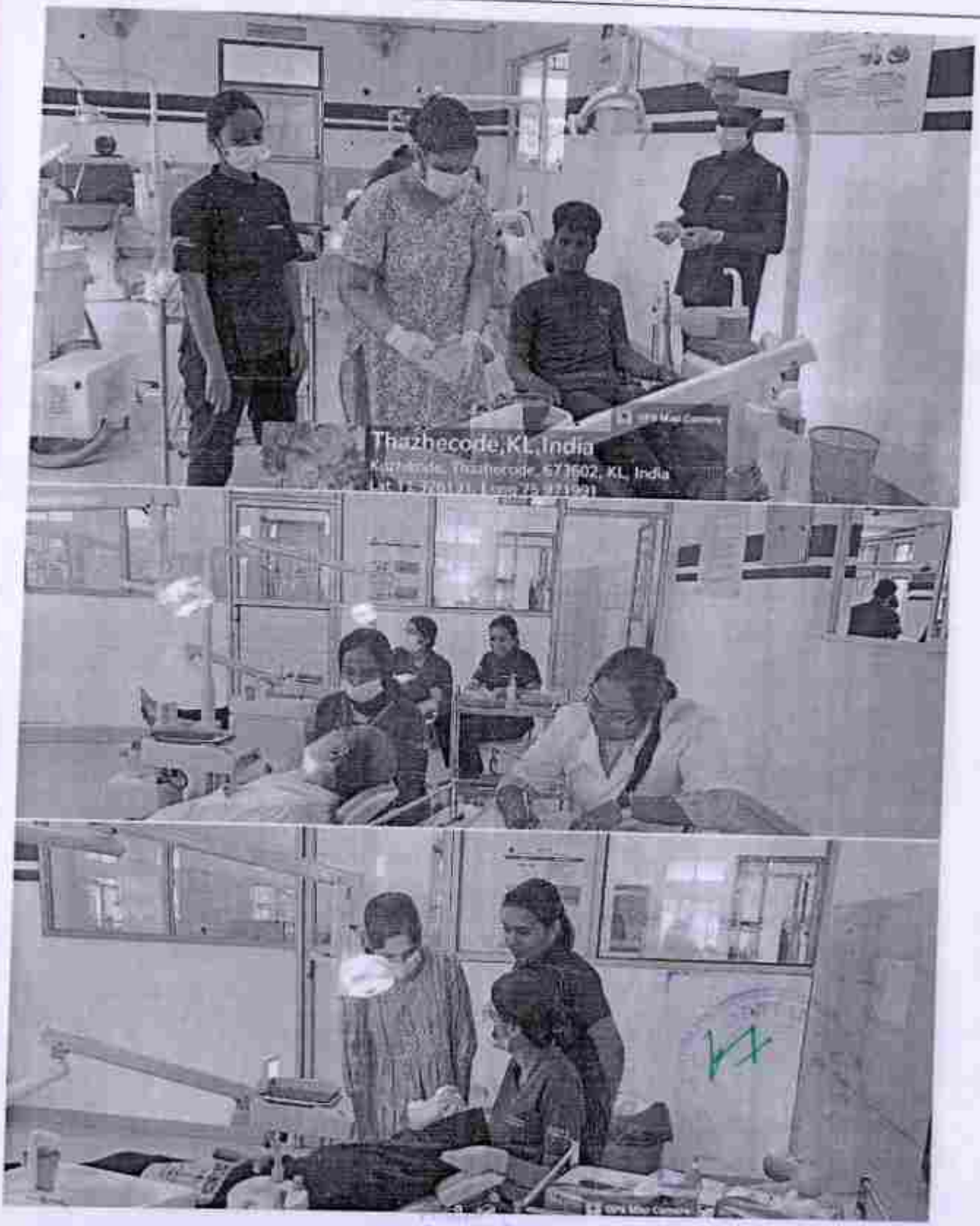
OP CASE DICUSSSION WITH THE STAFF – INCIDENTIAL LEARNING AND PROBLEM SOLVING METHODOLOGIES

Principal
KMCT Dental College
Manassery, Mukkam

Professor & HOD
DEPT. OF PROSTHODONTICS
KMCT DENTAL COLLEGE

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E-mail:dental@kmct.edu.inwww.kmct.edu.in



Case scenario-1

COMPLETELY EDENTULOUS RESORBED RIDGE

Case Scenario: Resorbed Complete Ridges

Patient Profile: Mrs. Johnson, a 75-year-old female, has been wearing complete dentures for the past 10 years. She comes to the dental clinic with complaints of pain, discomfort, and difficulty in chewing. Clinical examination reveals significant resorption of both maxillary and mandibular ridges.

Clinical Findings:

1. **Resorbed Ridges:** Upon examination, it is evident that Mrs. Johnson has experienced substantial bone resorption in both the maxillary and mandibular ridges. This resorption has resulted in poor denture stability, leading to discomfort and difficulty in mastication.
2. **Sore Spots and Instability:** Mrs. Johnson reports frequent sore spots and challenges in keeping her dentures in place. The instability of the dentures has led to impaired speech and difficulty in eating.
3. **Loss of Vertical Dimension:** Due to the resorption of the alveolar ridges, there is a noticeable loss in the vertical dimension of occlusion. This has contributed to changes in facial esthetics, making Mrs. Johnson appear older than her actual age.

Treatment Plan:

1. **Tissue Conditioning:** Initiate tissue conditioning to improve the adaptation of the existing dentures to the resorbed ridges. Soft liners or tissue conditioners may be used to enhance patient comfort.
2. **New Impression and Evaluation:** Take new impressions of the maxillary and mandibular ridges to capture the current anatomy accurately. Use appropriate impression materials to ensure optimal detail.
3. **Assessment of Vertical Dimension:** Evaluate the vertical dimension of occlusion and consider restoring it to its optimal position to improve facial esthetics and restore functional harmony.
4. **Relining or Remaking the Dentures:** Based on the extent of resorption, consider whether relining the existing dentures or completely remaking new dentures would be more appropriate. Discuss the options with the patient, considering factors such as cost, time, and expected outcomes.
5. **Implant Consideration:** Assess the feasibility of implant-supported dentures to enhance stability and retention. Discuss the potential benefits and challenges associated with implant therapy.

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6. **Patient Education:** Provide thorough education to Mrs. Johnson regarding the changes in her oral anatomy, the implications of bone resorption, and the available treatment options. Emphasize the importance of regular follow-up appointments for adjustments and maintenance.

Follow-Up: Schedule regular follow-up appointments to monitor Mrs. Johnson's progress and make any necessary adjustments to the dentures. If implant-supported dentures are considered, a comprehensive treatment plan should be developed, and the patient should be guided through the necessary procedures.

Conclusion: Addressing the challenges of a resorbed ridge in complete dentures requires a comprehensive approach. The treatment plan should aim to improve patient comfort, restore function, and enhance esthetics while considering the long-term stability of the prosthesis. Open communication with the patient is crucial to ensuring their understanding of the situation and commitment to the recommended treatment plan.





CASE SCENARIO -2

Full-Mouth Rehabilitation

Patient Profile: Mr. Dasan, a 55-year-old male, presents todepartment of prosthodontics,kmct the dental college with multiple dental issues. He complains of severe tooth pain, difficulty chewing, and is concerned about the esthetics of his smile. Clinical examination reveals extensive dental caries, periodontal disease, and occlusal wear.

Clinical Findings:

1. **Extensive Dental Caries:** Multiple teeth with extensive caries, involving both the anterior and posterior segments. Some teeth are non-restorable and require extraction.
2. **Periodontal Disease:** There is evidence of moderate to severe periodontal disease with deep pockets, gingival recession, and mobility in several teeth.
3. **Occlusal Wear:** Severe attrition and erosion are observed, affecting the occlusal surfaces of multiple teeth. The loss of tooth structure has led to changes in the vertical dimension of occlusion.

Treatment Plan:

1. **Comprehensive Examination:** Conduct a thorough examination, including digital radiographs, study models, and a comprehensive occlusal analysis, to assess the extent of the dental problems.
2. **Treatment Phases:**
    - **Phase 1: Emergency Treatment:** Address acute issues, such as severe pain and infections, with immediate extractions, and provide temporary relief.
    - **Phase 2: Periodontal Therapy:** Implement a periodontal treatment plan, including scaling and root planing, periodontal surgeries if necessary, to manage and stabilize the periodontal condition.
3. **Full-Mouth Rehabilitation:**
    - **Tooth Extractions:** Extract non-restorable teeth and those with poor prognosis.
    - **Dental Implants:** Consider dental implants to replace missing teeth and support fixed prosthetic restorations.
    - **Restorative Procedures:** Plan for crowns, bridges, and other restorations to address the extensive caries and occlusal wear.

- **Occlusal Analysis:** Conduct a thorough occlusal analysis to determine the optimal vertical dimension of occlusion and establish a stable and functional occlusion.

4. **Prosthetic Options:**
   - **Full-Arch Rehabilitation:** Consider full-arch implant-supported fixed prostheses for the edentulous areas.
   - **Partial Rehabilitation:** For remaining teeth, consider fixed or removable partial dentures to restore function and esthetics.
5. **Orthodontic Considerations:**
   - Evaluate the need for orthodontic intervention to correct malocclusion and achieve optimal alignment, especially if changes in the vertical dimension are significant.
6. **Collaboration with Specialists:**
   - Collaborate with oral surgeons, periodontists, and prosthodontists as needed for specialized procedures.
   - Engage a dental laboratory for the fabrication of prosthetic restorations.

Patient Education:

- Educate the patient about the proposed treatment plan, including the importance of maintaining good oral hygiene and attending regular follow-up appointments.

Follow-Up:

- Schedule regular follow-up appointments to monitor the progress of the rehabilitation.
- Conduct occlusal adjustments and make any necessary modifications to ensure the long-term success of the treatment.

Conclusion: Full-mouth rehabilitation in this case involves a comprehensive and staged approach to address the multifaceted dental issues. The goal is to restore function, relieve pain, and enhance the esthetics of smile through a combination of extractions, implants, restorations, and occlusal management. Continuous communication with the patient and collaboration with specialists are key elements in achieving successful outcomes in full-mouth rehabilitation.

Principal
KMCT Dental College
Manassery, Mukkam

KMCT Medical College Campus, Mukkam, Kozhikode - 673602
0495-2292000 dental@kmct.edu.in

Case scenario -3

Obturator

Case Scenario: Fabrication of an Obturator for a Maxillary Defect

Patient Profile: Mr Mohammed, a 70-year-old male, underwent surgical resection of a maxillary tumor due to cancer. The surgery resulted in a significant defect in the maxillary arch, affecting her ability to speak clearly and masticate effectively.

Clinical Findings:

1. **Maxillary Resection:** Mrs. Williams has a large defect in the maxillary arch extending from the midline to the right posterior region.
2. **Speech and Masticatory Difficulties:** The patient experiences challenges in speech clarity and mastication due to the absence of the hard and soft palate in the affected area.
3. **Oral Hygiene:** The patient is motivated to maintain good oral hygiene and expresses a strong desire to improve her speech and eating abilities.

Treatment Plan:

1. **Comprehensive Examination:**
   - **Impressions and Diagnostic Casts:** Obtain accurate impressions of the remaining maxillary structures to create diagnostic casts for obturator.
   - **Radiographic Evaluation:** Perform radiographic assessments to evaluate bone density and assess the extent of the defect

KMCT Dental College
Manassery, Mukkam

Feed Back form CASE SCENARIO - 1

Grade:_____ Date of Visit:_____

Subject Name: Prosthodontics Topic Name: Completely Edentulous Resorbed Ridge.

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5
How far you found the lecture useful?	1	2	3	4	5
How far did the lecturer meet your expectations?	1	2	3	4	5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	4	5
How did you find the lecturer vocabulary?	1	2	3	4	5
How far audience participation & interaction encouraged?	1	2	3	4	5
How far the lecturer appeared enthusiastic about the subject?	1	2	3	4	5

OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

SMBT Dental College Sangamner, Maharashtra

Case Scenario

Feed Back form

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: Full mouth rehabilitation

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	✓Yes	No
Was the content understandable?	✓Yes	No
Was there clarity in the content?	✓Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	✓5
How far you found the lecture useful?	1	2	3	4	✓5
How far did the lecturer meet your expectations?	1	2	3	4	✓5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	✓4	5
How did you find the lecturer vocabulary?	1	2	3	✓4	5
How far audience participation & interaction encouraged?	1	2	3	✓4	5
How far the lecturer appeared enthusiastic about the subject?	1	2	3	✓4	5

OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

DR. MANOJ KUMAR RAJU
Principal
KMCT Dental College
Mukkam

Case Scenario

Feed Back form

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: full mouth rehabilitation

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5
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How far did the lecturer meet your expectations?	1	2	3	4	5

What struck you about this topic?_____

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What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!



Dr. PRAVEEN KUMAR K.P
Principal
YMCT Dental College
Nerassery, Mukkam

CASE SENARIO

Feed Back form

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: FULL MOUTH REHABILITATION

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	(Yes)	No
Was the content understandable?	(Yes)	No
Was there clarity in the content?	(Yes)	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	(5)
How far you found the lecture useful?	1	2	3	4	(5)
How far did the lecturer meet your expectations?	1	2	3	4	(5)

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	(4)	5
How did you find the lecturer vocabulary?	1	2	3	4	(5)
How far audience participation & interaction encouraged?	1	2	3	4	(5)
How far the lecturer appeared enthusiastic about the subject?	1	2	3	(4)	5

OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

SMCT DENTAL COLLEGE

Dr. MANOJ KUMAR M.D.S
Principal
SMCT Dental College
Manassery, Malappuram

CASE SCENARIO

Feed Back form

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: FULL MOUTH REHABILITATION

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	✓Yes	No
Was the content understandable?	✓Yes	No
Was there clarity in the content?	✓Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	✓5
How far you found the lecture useful?	1	2	3	4	✓5
How far did the lecturer meet your expectations?	1	2	3	4	✓5

What struck you about this topic?_____

PRESENTATION

(Rate from 1-5 where 1 being the least)

How far the lecturer managed to capture your attention?	1	2	3	4	✓5
How did you find the lecturer vocabulary?	1	2	3	4	✓5
How far audience participation & interaction encouraged?	1	2	3	4	✓5
How far the lecturer appeared enthusiastic about the subject?	1	2	3	4	✓5

OVERALL

Where you satisfied with the lecture?	Yes	No	
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What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

DR. MANOJ KUMAR P.S
Principal
NMCT Dental College
Mc Kassery, Mukkam

Feed Back form

Case Scenario

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: Resorbed Ridge

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

STRUCTURE

(Rate from 1-5 where 1 being the least)

How was the focus of the talk good?	1	2	3	4	5
How far you found the lecture useful?	1	2	3	4	5
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What struck you about this topic?_____

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OVERALL

Where you satisfied with the lecture?	Yes	No	
Was the lecturer able to answer your questions?	Yes	No	
What is your overall impression about the lecture?	Good	Average	Ok

What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

CASE SCENARIO

Feed Back form

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: Residual Ridge Resorption

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
Was there clarity in the content?	Yes	No

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Thank you for your Participation!

Dr. MANOJ KUMAR K.K
Principal
AMCT Dental College
Marussery, Mukkam

Feed Back form Case Scenario

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: Residual Ridge Resorption

(Instructions: Just mark by circle where ever you find appropriate)

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KMCT Dental College
Manassery, Mukkam

Feed Back form CASE SCENARIO

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: Residual Ridge Resorption

(Instructions: Just mark by circle where ever you find appropriate)

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Thank you for your Participation!

Principal
AMCT Dental College
Manaserry, Multan

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OAL SCENARIO

Feed Back form

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: Residual Ridge Resorption

(Instructions: Just mark by circle where ever you find appropriate)

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Thank you for your Participation!

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

Feed Back form Case Scenario.

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: Obturator

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
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What suggestions do you have to improve the lecturers approach?_____

Thank you for your Participation!

Principal
MMGT Dental College
Mansehra, Mukkam

Feed Back form Case Scenario.

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: Obturators

(Instructions: Just mark by circle where ever you find appropriate)

CONTENT

Was the content interesting?	Yes	No
Was the content understandable?	Yes	No
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Thank you for your Participation!

Principal
IMCT Dental College
Manassery, Mukkam

Feed Back form Case Summit.

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: Obturators

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Thank you for your Participation!

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Principal
KMCT Dental College
Manassery, Malappuram

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Feed Back form

Case Scenario

Grade:_____ Date of Visit:_____

Subject Name:_____ Topic Name: Obturators

(Instructions: Just mark by circle where ever you find appropriate)

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Thank you for your Participation!

Principal
MMCT Dental College
Manassery, Mukkam

Feed Back form Case Scenario

Grade:_____ Date of Visit:_____

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Thank you for your Participation!

Dr. NANDU KUMAR N.S.
Principal
IMACT Dental College
Marampally, Muvattupuzha

IMACT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

The Department of Public Health Dentistry integrated **Problem solving methodologies** among the students by incorporating various problem solving exercise during lecture class.

The topic on Plannning and Evaluation was taught and discussed among the students. The students were trained to plan a program inorder to solve a health problem. This exercise is incultated so that the student can identify the health problem and expand his/her thinking ability, which can there by help in bringing new stratregies to prevent and control dental diseases.

These problem solving exercises help in improving the subject interest and understanding and eventually mold students to actively particpate in Public health activities.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

TOPIC: PLANNING AND EVALUATION

BATCH: FINAL YEAR PART 1 BDS ADDITIONAL BATCH 2022-2023

METHOD: PROBLEM SOLVING

1. **Come up with a Plan for a School Dental Health Program for a rural community in KodencheryPanchayath of Kozhikode District.**
   (Note: Use the steps in Planning Cycle to approach the problem. Refer Soben Peter Text book on the topic for reference.)

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2 Define survey. How do you plan for a survey among school children to find out the prevalence of dental disease.

Ans) Survey

- Survey

about the status of a [illegible] to provide the necessary essential information to assess [illegible] development [illegible]

Steps in survey

1 Establishing the objectives
2 Designing the investigation
3 Selecting the sample
4 Conducting the examination
5 Analysing the conclusions
6 publishing the result

1 Establishing the objectives

- investigator must be absolutely clear about the objective of the investigation
- The objective can either be stated in the form of a hypothesis which is to be tested
- objectives may be essential by describing what is to be measured
- Having determined the objectives, each subsequent stage of investigation must be completed in a way that will enable these objectives to be met

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2. Designing the investigation:

⇒ Survey protocol — it is necessary to prepare a written protocol for the survey which should contain:

- Main objectives and purpose of the survey
- A description of the type of information to be collected and of the methods to be used
- A description of the sampling methods to be used
- personal and physical arrangements
- statistical methods to be used in analysing the data
- A provisional budget
- A provisional timetable of work activities & responsible staff

⇒ obtaining approval from institute

⇒ Publishing

⇒ ensuring ethical issues

3. Selecting the sample:

- while designing a study, it is usually impossible to examine every individual in the population under investigation
- A sample is a part of population called as 'sample' reference or study population
- sampling is the process of selecting a sample of appropriate size and characteristics

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4) conducting and examination

⇒ scheduling :-

An orderly schedule should be prepared to avoid confusion to patient as well as unfavourable room
- schedule should allow for work flexibility so that unexpected delay do not cause major
impact in the overall time table

⇒ instruments of supplies :-

plane mouth mirror
periodontal probe
tweezers
work basin
gauze

⇒ infection control :-
⇒ examination area
chair, dental unit, illumination
⇒ training and calibration
⇒ kappa statistics
- used to calculate intra and inter examiner reproducibility

$$K = \frac{P_o - P_c}{1 - P_c}$$

P_o - proportion of observed agreement
P_c - proportion of agreement that would be expected by chance $[a+c] \times [a+b]$ for second row and $(b+d) \times (c+d)$ for second row

$$P_c = \frac{(a+c)\times(a+b) + (b+d)\times(c+d)}{(a+b+c+d)^2}$$

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classification of types of congestion and examples

→ Type I - complete differentiation

→ Type II - limited differentiation

- Type III - competition

- Type IV - screening - mass screening
multiple or multiphasic screening
principle screening

5. analysing the data

The analysis of findings has 2 components;

① Data processing

② interpretation of result

6. Drawing the conclusion and publishing the report;

- The conclusions are usually related to the investigators that has been conducted and if no exception or variation is made to the population as a whole unless the investigation was designed accordingly

- construction of a report with or without a set of recommendations

- clearness and simplicity should be sought

- the purpose of board comprising others the recommendation should deal only with major objectives

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DEPT OF PERIODONTICS

PROBLEM –SOLVING METHODOLOGIES

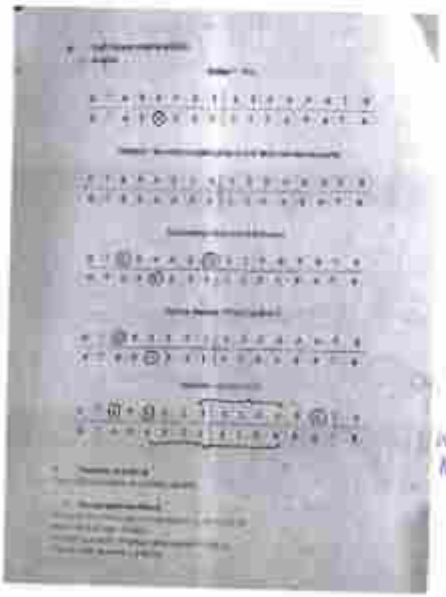
Case Based Leaning: Presenting real or simulated patient cases for students to analyze and discuss, applying theoretical knowledge to diagnose and plan treatment for periodontal conditions.

Clinical decision making workshop: Conducting workshops that simulate clinical scenarios, enhancing students' ability to make informed decisions and integrate critical thinking into periodontal interventions.

Simulated case scenario









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Recognised by Dental Council of India and Govt of India
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E-mail:dental@kmct.edu.inwww.kmct.edu.in

DEPARTMENT OF PROSTHODONTICS

REPORT

PROBLEM SOLVING METHODOLOGIES

Clinical case discussions are done for PGs based on their special cases. PGs along with an intern will be doing the OP duties which will help them to diagnose a case and formulate a treatment plan. Each OP is discussed with the staff before final diagnosis and treatment plan.

Incidental teaching based on the OP cases will be done with the respective OP staff and senior staff. case scenarios are given to PG and UG students to solve to improve their problem solving methodologies. clinical teaching/ clinical case discussion schedule. Feed back forms from patients and students were taken to ensure the appropriateness of the methods.

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DEPARTMENT OF PROSTHODONTICS

INTERNS DUTY ROSTER (Dec. 26-31, 2022)

Sl. No.	DATE & DAY	OP DUTY	EMR	UG CASE ASSISTANCE	ACRYLIC WORKS	PG CASE ASSISTANCE	IMPLANT CASE ASSISTANCE
1).	26-12-2022 (Monday)	JASNNA	JASEENA	ATHIRA AYISHA DHANISHA ELSA HAMDA HARI HENNA SHAKEEB ANASWARA	ANETTA ANJALI ANUSHA JITHEESHA SAHEEDA INDUJA SANA NABEELA	HINA WAFA	-
2).	27-12-2022 (Tuesday)	JASEENA	JASNNA	ANETTA ANJALI ANUSHA JITHEESHA SAHEEDA HINA WAFA NABEELA	ATHIRA AYISHA DHANISHA ELSA HAMDA HARI HENNA SHAKEEB ANASWARA	INDUJA SANA	-
3).	28-12-2022 (Wednesday)	ANJALI	DHANISHA	AYISHA ELSA HAMDA HARI HENNA SHAKEEB ANASWARA JASEENA INDUJA	ANETTA ANUSHA JITHEESHA SAHEEDA HINA WAFA JASNNA SANA	NABEELA ATHIRA	-
4).	29-12-2022 (Thursday)	DHANISHA	ANJALI	ANETTA ANUSHA JITHEESHA SAHEEDA HINA WAFA JASNNA SANA	AYISHA NABEELA ATHIRA HARI HENNA SHAKEEB ANASWARA JASEENA	ELSA HAMDA	-

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					INDUJA		
5).	30-12-2022 (Friday)	SAHEEDA	NABEELA	ATHIRA HARI HENNA SHAKEEB ANASWARA JASEENA INDUJA ELSA HAMDA	ANETTA ANUSHA JITHEESHA HINA WAFA JASNNA SANA ANJALI	AYISHA DHANISHA	
6).	31-12-2022 (Saturday)	NABEELA	SAHEEDA	ANETTA ANUSHA JITHEESHA HINA WAFA JASNNA SANA ANJALI	ATHIRA SHAKEEB ANASWARA JASEENA INDUJA ELSA HAMDA AYISHA DHANISHA	HARI HENNA	

Principal
IIMCT Dental College
Manassery, Mukkam

Prof. & HOD
DEPT. OF ORTHODONTICS
IIMCT DENTAL COLLEGE
KOZHIKODE, KERALA

HEAD OF THE DEPARTMENT

Case scenario-1

COMPLETELY EDENTULOUS RESORBED RIDGE

Case Scenario: Resorbed Complete Ridges

Patient Profile: Mrs. Johnson, a 75-year-old female, has been wearing complete dentures for the past 10 years. She comes to the dental clinic with complaints of pain, discomfort, and difficulty in chewing. Clinical examination reveals significant resorption of both maxillary and mandibular ridges.

Clinical Findings:

1. **Resorbed Ridges:** Upon examination, it is evident that Mrs. Johnson has experienced substantial bone resorption in both the maxillary and mandibular ridges. This resorption has resulted in poor denture stability, leading to discomfort and difficulty in mastication.
2. **Sore Spots and Instability:** Mrs. Johnson reports frequent sore spots and challenges in keeping her dentures in place. The instability of the dentures has led to impaired speech and difficulty in eating.
3. **Loss of Vertical Dimension:** Due to the resorption of the alveolar ridges, there is a noticeable loss in the vertical dimension of occlusion. This has contributed to changes in facial esthetics, making Mrs. Johnson appear older than her actual age.

Treatment Plan:

1. **Tissue Conditioning:** Initiate tissue conditioning to improve the adaptation of the existing dentures to the resorbed ridges. Soft liners or tissue conditioners may be used to enhance patient comfort.
2. **New Impression and Evaluation:** Take new impressions of the maxillary and mandibular ridges to capture the current anatomy accurately. Use appropriate impression materials to ensure optimal detail.
3. **Assessment of Vertical Dimension:** Evaluate the vertical dimension of occlusion and consider restoring it to its optimal position to improve facial esthetics and restore functional harmony.
4. **Relining or Remaking the Dentures:** Based on the extent of resorption, consider whether relining the existing dentures or completely remaking new dentures would be more appropriate. Discuss the options with the patient, considering factors such as cost, time, and expected outcomes.
5. **Implant Consideration:** Assess the feasibility of implant-supported dentures to enhance stability and retention. Discuss the potential benefits and challenges associated with implant therapy.
6. **Patient Education:** Provide thorough education to Mrs. Johnson regarding the changes in her oral anatomy, the implications of bone resorption, and the available treatment options.

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Emphasize the importance of regular follow-up appointments for adjustments and maintenance.

Follow-Up: Schedule regular follow-up appointments to monitor Mrs. Johnson's progress and make any necessary adjustments to the dentures. If implant-supported dentures are considered, a comprehensive treatment plan should be developed, and the patient should be guided through the necessary procedures.

Conclusion: Addressing the challenges of a resorbed ridge in complete dentures requires a comprehensive approach. The treatment plan should aim to improve patient comfort, restore function, and enhance esthetics while considering the long-term stability of the prosthesis. Open communication with the patient is crucial to ensuring their understanding of the situation and commitment to the recommended treatment plan.



CASE SCENARIO -2

Full-Mouth Rehabilitation

Patient Profile: Mr. Dasan, a 55-year-old male, presents todepartment of prosthodontics,kmct the dental college with multiple dental issues. He complains of severe tooth pain, difficulty chewing, and is concerned about the esthetics of his smile. Clinical examination reveals extensive dental caries, periodontal disease, and occlusal wear.

Clinical Findings:

1. **Extensive Dental Caries:** Multiple teeth with extensive caries, involving both the anterior and posterior segments. Some teeth are non-restorable and require extraction.
2. **Periodontal Disease:** There is evidence of moderate to severe periodontal disease with deep pockets, gingival recession, and mobility in several teeth.
3. **Occlusal Wear:** Severe attrition and erosion are observed, affecting the occlusal surfaces of multiple teeth. The loss of tooth structure has led to changes in the vertical dimension of occlusion.

Treatment Plan:

1. **Comprehensive Examination:** Conduct a thorough examination, including digital radiographs, study models, and a comprehensive occlusal analysis, to assess the extent of the dental problems.
2. **Treatment Phases:**
    - **Phase 1: Emergency Treatment:** Address acute issues, such as severe pain and infections, with immediate extractions, and provide temporary relief.
    - **Phase 2: Periodontal Therapy:** Implement a periodontal treatment plan, including scaling and root planing, periodontal surgeries if necessary, to manage and stabilize the periodontal condition.
3. **Full-Mouth Rehabilitation:**
    - **Tooth Extractions:** Extract non-restorable teeth and those with poor prognosis.
    - **Dental Implants:** Consider dental implants to replace missing teeth and support fixed prosthetic restorations.
    - **Restorative Procedures:** Plan for crowns, bridges, and other restorations to address the extensive caries and occlusal wear.
    - **Occlusal Analysis:** Conduct a thorough occlusal analysis to determine the optimal vertical dimension of occlusion and establish a stable and functional occlusion.
4. **Prosthetic Options:**

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- **Full-Arch Rehabilitation:** Consider full-arch implant-supported fixed prostheses for the edentulous areas.
- **Partial Rehabilitation:** For remaining teeth, consider fixed or removable partial dentures to restore function and esthetics.

5. **Orthodontic Considerations:**
   - Evaluate the need for orthodontic intervention to correct malocclusion and achieve optimal alignment, especially if changes in the vertical dimension are significant.
6. **Collaboration with Specialists:**
   - Collaborate with oral surgeons, periodontists, and prosthodontists as needed for specialized procedures.
   - Engage a dental laboratory for the fabrication of prosthetic restorations.

Patient Education:

- Educate the patient about the proposed treatment plan, including the importance of maintaining good oral hygiene and attending regular follow-up appointments.

Follow-Up:

- Schedule regular follow-up appointments to monitor the progress of the rehabilitation.
- Conduct occlusal adjustments and make any necessary modifications to ensure the long-term success of the treatment.

Conclusion: Full-mouth rehabilitation in this case involves a comprehensive and staged approach to address the multifaceted dental issues. The goal is to restore function, relieve pain, and enhance the esthetics of smile through a combination of extractions, implants, restorations, and occlusal management. Continuous communication with the patient and collaboration with specialists are key elements in achieving successful outcomes in full-mouth rehabilitation.



PROBLEM BASED LEARNING(PBL)

Problem-based learning (PBL) is a student-centered approach in which students learn about a subject by working in groups to solve an open-ended problem. This problem is what drives the motivation and the learning.

A problem-based learning project could involve students pitching ideas and creating their own plans to solve a need.

In our department we actively and purposefully engage students by showing the orthodontic skill as in form of demo for pre clinical works.





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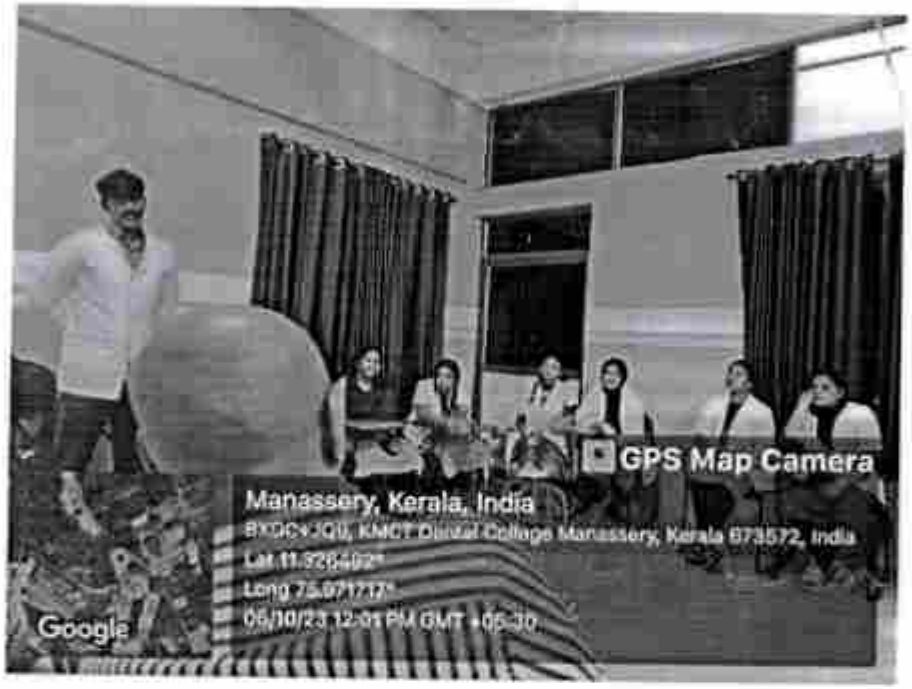
Role play for students



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Group discussion



Debate among students



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A Case-Based Learning Model in Orthodontics

Francoise E. Engel, D.D.S.; William D. Hendricson, M.S.

Abstract: *This report describes a case-based, student-centered instructional model designed to mimic orthodontic problem-solving and decision-making in dental general practice. Groups of about ten junior students meet in a series of one-hour seminars. One week prior to each seminar, a set of diagnostic data is distributed to every student and instructor for advance preparation. A list of questions is included to guide students through the analytical process and they record their diagnosis and treatment plan on a form. At each seminar two preassigned students lead the discussion, and others are randomly selected to answer the programmed questions. Instructors serve as facilitators and evaluators. To ensure consistency of evaluations and feedback, instructors are provided all the expected responses in advance, which they discuss in a pre-seminar meeting. Both students and instructors rated the seminars positively. Students reported significantly higher ($p<0.01$) levels of confidence after the seminars for each of seven reasoning skills. This teaching method can be applied to other dental areas to better develop the clinical reasoning skills of future dentists.*

Key Words: *dental students, orthodontics, case-based instruction, student-centered learning, problem-based learning*

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One of the goals of pre-doctoral dental education is to graduate general practitioners who are competent in dental diagnosis and treatment planning. This skill, which requires application of pre-existing knowledge to the resolution of patients' clinical problems, can not be acquired in the passive and non-interactive environment of a lecture hall. Clinical problem solving and decision making is best learned in the clinic by repetitive experiences with a broad spectrum of patients' problems. This training allows the novice learner to gradually develop expert thinking patterns that are primarily based on the formation of thousands of problem representations.[1,2] Students, however, are clinically exposed to only a small spectrum of cases due to the limitations of time and patient availability. In response to this deficiency, dental educators have recently developed innovative instructional formats to simulate dental clinical situations. Examples include standardized patients,[3,4] case-centered seminars,[5,6] and computer-based patient simulations.[7] Students who utilized any of these three instructional formats reported that, compared to lectures, the learning experience was more enjoyable, less stressful, and an effective way to learn.[3-7] Nevertheless, computer simulations and standardized patients are more costly and labor intensive than case-centered instruction.

Case-based seminars are commonly used in post-doctoral dental education because these programs emphasize more individualized and less formal instruction, as they typically have ten or less residents and a less demanding evaluation system than pre-doctoral programs. Though case-centered dental teaching models have been described previously,[5,6] this technique remains rarely used with pre-doctoral students due to resource and evaluation considerations related to class size. The Orthodontic Case Analysis Seminar model described here provides a practical method for incorporating case-centered seminars into a traditional pre-doc-

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toral curriculum for a large class of 93 students.

The Orthodontic Case Analysis Seminars are designed to expand previously taught lecture material and to enhance students' proficiency in orthodontic differential diagnosis and formulation of orthodontic treatment plans acceptable in our predoctoral clinic. The objective is to improve students' self confidence in the following seven fundamental orthodontic clinical reasoning skills: 1) recognizing all orthodontic problems, 2) organizing orthodontic problems into four categories (alignment and symmetry, transverse, anteroposterior, and vertical), 3) selecting orthodontic problems that can be treated in the dental school predoctoral clinic, 4) developing specific objectives for the correction of an orthodontic problem; 5) designing an active orthodontic appliance, 6) designing a retention appliance, and 7) determining the duration of the active treatment and retention phases. This model requires students to retrieve orthodontic knowledge previously acquired in second and third years and apply it to real clinical cases. This model was introduced into the third year didactic orthodontic course to mimic orthodontic problem-solving and decision-making in a dental general practice environment.

Instructional Method

The pre-doctoral junior class of 1992 consisted of 93 dental students enrolled in the orthodontic didactic course at The University of Texas Health Science Center at San Antonio-Dental School. This 19 hour course included 3 hours of examinations, 9 hours of conventional lectures, and 6 hours of case analysis seminars preceded by a one-hour large group case demonstration to familiarize instructors and students with the case analysis format. One-hour seminars were spread throughout the course to offer students opportunities to practice their orthodontic skills in differential diagnosis and treatment planning of selected orthodontic problems. Three child cases (mixed dentition) and three adult cases (permanent dentition) were discussed. Child-case problems included posterior space loss, anterior crossbite with congenitally missing incisor, and functional posterior crossbite. Adult-case problems included anterior midline diastema, mesially tipped molar to be used as abutment for a three-unit fixed partial denture, and a deceptive problem that appeared easy to correct but was not. Six groups of ten students and three groups of 11 students were formed. In each group, the gender distribution and the distribution of grade point averages were representative of the overall distributions in the class. There was one instructor per group and instructors changed groups after the first three seminars. An additional instructor was available in the event a group instructor was absent. Each group met in a preassigned small conference room equipped with an overhead projector and screen. Only one case was discussed per seminar.

To plan the course, four full-time faculty members of the Department of Orthodontics convened to decide on the choice of the cases, most of which came from the pre-doctoral clinic. Case handouts were then written, and reviewed twice by all full-time faculty members before the final draft was printed. All case handouts included the patient's medical and dental history and facial photographs, as well as photographs of the orthodontic study models and the panoramic radiograph. A list of five to six questions was provided to focus students on the key features of the case and guide them through the analytical process. Finally, students had to complete an Orthodontic Diagnosis and Treatment Planning form, identical to the one used in the clinic. A Bolton's analysis form was added to the adult-case handouts, when appropriate. Child-case handouts all included supplement material consisting of a photograph of the cephalogram, a sheet of tracing paper, cephalometric analysis and interpretation forms, a Moyer's mixed dentition analysis form, and probability tables for predicting the sizes of the unerupted cuspids and bicuspids. In addition, study models of each case were available to students, on reserve, in the Health Science Center Library.

One week prior to each seminar, handouts were distributed to students and instructors for advance preparation. To ensure consistency of evaluation and feedback, instructors were also provided all expected responses in advance that they further discussed in a 45 minute pre-seminar meeting which served as a final review of the case.

During each seminar, one or two pre-assigned student presenters were responsible for leading the discussion. At the beginning, the instructor gave the presenters a list of randomly selected students. Presenters first introduced the case and listed the skeletal, functional, and dental contributors to the patient's orthodontic problem(s). Then they called upon the assigned students to answer the programmed questions, and presenters were expected to critique and complete the responses. Finally, the presenters discussed the orthodontic problem lists, the orthodontic objective(s), and the treatment plan, which included mechanotherapy, duration and cost of active treatment, and type and duration of retention. To provide uniform and immediate feedback, a completed diagnosis and treatment planning form for each case was distributed to the students at the end of each seminar. This gave the students a mental model of expert clinical reasoning in orthodontics and thus allowed them to compare their own thought processes to those of experienced clinicians. This type of mental modeling has been shown to be a key element in the development of expert problem solving skills.[9] The case analysis seminars required the active partici-

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Table 1. Student Evaluation of Orthodontic Case Analysis Seminars (n=93)

In comparison to lectures, the orthodontic case seminars, n	1	% Strongly Disagree 2	% Disagree 3	% Agree 4	% Strongly Agree 1.00-4.00	Class Mean
1. Were more interesting and challenging.	92	–	–	46	54	3.66
2. Made me pay more attention in class.	93	–	9	54	37	3.39
3. Were a better match for the way I learn.	93	1	12	52	35	3.32
4. Made my learning more effective because the advanced preparation required before each seminar was evaluated.	93	1	12	55	32	3.29
5. Were a more enjoyable learning experience.	93	–	12	56	32	3.31
6. Fostered more beneficial interaction with my classmates.	93	–	2	58	40	3.49
7. Facilitated more communication between students and faculty.	93	1	1	46	52	3.59
8. Allowed me to receive more beneficial feedback from faculty.	92	–	5	53	42	3.44
9. Better prepared me to solve orthodontic problems in my future practice.	92	–	1	60	39	3.43
10. Are more effective than lectures and should be expanded in the dental school curriculum.	93	1	15	49	35	3.27

pation of the whole group. The instructor's role consisted of facilitating the discussion, providing immediate feedback, and evaluating the presenters and randomly assigned students.

The purpose of the evaluation system was to motivate students to prepare for the seminar and ensure a positive group dynamic. Each student had three to four opportunities to answer handout questions throughout the series. The mean score of his/her responses counted for 10 percent of the course final grade. Every student also served as a presenter once. Presenters were evaluated using the following criteria: 1) accuracy of orthodontic diagnostic data analysis and systematic problem list; 2) accuracy of sequential list of acceptable problems and treatment objectives; 3) detailed description and sequence of appropriate treatment; 4) ability to critique and complete student responses to handout questions; and 5) knowledge of related supporting background material. The case presentation score counted for another 10 percent of the course final grade. The material taught in the case analyses was assessed during the midterm and final examinations, by including cases similar to those discussed in the seminars.

The instructors were all orthodontists. In addition to the four full-time faculty members, six additional instructors were recruited from the pool of part-time faculty members teaching in the sophomore laboratory course and/or in the pre-doctoral clinic. The latter were already familiar with the objectives of our pre-doctoral program, the types of cases treated, the forms used, and the appliances prescribed in our pre-doctoral clinic. Instructors, therefore, required minimal training, which was provided during the initial case demonstration and the pre-seminar meetings.

To assist in predicting future resource requirements, faculty time devoted to case development and teaching was estimated. Each of the four full-time faculty spent on the average five hours, over a period of four months, on the design of each case. Each of the ten instructors (full-time and part-time faculty) devoted about three hours to each seminar including pre-seminar meeting, personal preparation time, and seminar instruction. The course director contributed an additional two hours per seminar for administrative tasks. After several years the case development time will decrease as an inventory of cases will accumulate. The expenses incurred for printing the handouts can be shared equally between the students and the department, thus reducing the financial burden on the institution.

EVALUATIONS

Student and Instructor Evaluations of Seminars—During the last seminar, students completed a ten-item questionnaire (Table 1). Each item consisted of a statement with which the student could agree or disagree. On a 1 to 4 scale, 1 represented strong disagreement and 4 strong agreement. At the last pre-seminar meeting, instructors completed an eight-item questionnaire (Table 2). As with the student questionnaire each item consisted of an agree/disagree statement which the instructors as-

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Table 2. Instructor Evaluation of Orthodontic Case Analysis Seminars (n=10)

As an instructor in case analysis seminars...	n	% Strongly Disagree 1	% Disagree 2	% Agree 3	% Strongly Agree 4	Instructor's Mean (1.00-4.00)
1. I enjoy the teaching experience more than when giving lectures.	9	–	–	56	44	3.44
2. I can better assess if students understand the material than when giving lectures.	10	–	10	30	60	3.50
3. I perceive more student enthusiasm than when giving lectures.	10	–	–	50	50	3.50
4. I believe students receive better preparation to solve clinical problems in this setting than they would in lectures.	10	–	–	20	80	3.80
5. I spend less time for advance preparation than when giving lectures.	10	10	30	20	40	2.90
6. I believe grading is a positive motivation for students to prepare for the seminars.	10	–	20	40	40	3.20
7. I don't mind giving numerical scores to students and teaching at the same time during the seminar.	10	10	10	70	10	2.80
8. All things considered, the case analysis teaching method is more effective than lectures and should be expanded in the dental school curriculum.	10	–	10	30	60	3.50

sessed with the same 1 to 4 scale. The individual mean score of the questionnaire was calculated for ch student and each instructor. Also mean score d frequency of response were determined for each item.

Students Self Assessment of Orthodontic Reasoning Skills--Students completed a seven-item questionnaire prior to and at the end of the Case Analysis Seminars (Table 3). Students were asked to rate their confidence in performing seven fundamental orthodontic clinical reasoning skills using a 1 to 7 scale. One represented "not at all confident" and 7 represented "very confident." Two-tailed t-tests were used to compare student responses on the first and second self-assessment inventories with the significance level set at 0.01.

RESULTS

All 93 students responded to the seminar evaluation. The composite mean score of the class for all items, obtained by averaging students' individual mean scores, was 3.31 out of a possible 4.00. The class mean score and frequency of response for each item are indicated in Table 1. A high percentage of students responded "agree" or "strongly agree" to each statement on the evaluation instrument. Student response frequencies ranged from the 84 percent who agreed or strongly agreed that the Orthodontic Case Analysis Seminars "are more tive than lectures and should be expanded in the dental school curriculum," to the 100 percent who agreed/strongly agreed that the case analysis seminars "were more interesting and challenging" than lectures. Ninety-nine percent responded that the seminars "better prepared me to solve orthodontic problems in my future practice" than lectures and 87 percent felt that the pre-seminar advance preparation, which was evaluated, made learning more effective.

All ten instructors participating in the case analysis seminars completed the eight-item questionnaire. The composite mean score of the instructors for all items was 3.33. The mean score and frequency of response for each item are indicated in Table 2. At least eight instructors responded "agree" or "strongly agree" to each item on the faculty questionnaire with the exception of "As an instructor in the case analysis seminars, I spend less time for advance preparation than when giving lectures," which received agree/strongly agreed responses from six instructors. The four who disagreed with this statement were the full-time faculty who participated in designing the cases. This item is the only one where responses of full-time faculty significantly differed from part-time faculty. Nine instructors agreed/strongly agreed with the statement, "All things considered, the case analysis teaching method is more effective than lectures and should be expanded in the dental school curriculum." All instructors agreed/strongly agreed that they perceived more student enthusiasm, and enjoyed the seminar experience more than giving lectures. All also responded that students "receive better preparation to solve clinical problems in this setting than they would in lectures."

Table 3. Student Self-Assessment Ratings of Orthodontic Reasoning Skills Before and After the Case Analysis Seminars (n=93)

Orthodontic Reasoning Skills	Self-Assessment Before Mean	SD	Self-Assessment After Mean	SD	t	p
1. Recognizing orthodontic problems	3.78	± 1.10	4.60	± 0.92	6.58	<0.01
2. Organizing orthodontic problems into four categories: Alignment & Symmetry, Transverse, Antero-Posterior, and Vertical	4.51	± 1.23	5.09	± 1.09	3.77	<0.01
3. Selecting orthodontic problems which can be treated in dental school predoctoral clinic	3.98	± 1.13	5.15	± 0.99	9.19	<0.01
4. Developing specific objectives for correction of an orthodontic problem	3.81	± 1.04	4.75	± 0.96	7.27	<0.01
5. Designing an active orthodontic appliance	3.87	± 1.11	4.81	± 0.96	7.49	<0.01
6. Designing a retention appliance	4.25	± 1.17	5.28	± 0.99	7.99	<0.01
7. Determining duration of the active treatment and retention phase	3.44	± 0.99	4.26	± 1.14	6.79	<0.01

Students responded to each question using a 1-7 scale where 1 represented a rating of "not confident at all," 4 represented "somewhat confident," and 7 represented "very confident."

As indicated in Table 3, students reported significantly higher levels of confidence after completing the seminars, for each of the seven orthodontic reasoning skills on the self-assessment inventory.

Discussion

The results of our evaluation revealed that the Orthodontic Case Analysis Seminars were well received by both students and instructors, as reflected by their composite mean scores on the evaluation instruments. The responses indicated that students enjoyed the challenge even though they were required to do more work than for conventional lectures. Notably, students' confidence in accomplishing fundamental orthodontic skills, which were strongly emphasized in the seminars, increased significantly between the beginning and the end of the course. The problem-solving format and the case-centered learning were perceived to be relevant and meaningful for future needs in practice. The advance preparation encouraged student interchange and interaction. Students became better acquainted with classmates and witnessed how open peer communication could improve learning. In this student-centered learning environment, every student also had the opportunity to experience a leadership role in which the main responsibility was to master the case in preparation for guiding the discussion. Finally, the small group setting and the immediate faculty feedback encouraged more attention and interest in class. Instructors liked this educational format as well. Though teaching and evaluating at the same time was perceived to be burdensome for two instructors, overall the close interactions with students made the teaching experience more enjoyable. Anecdotal comments indicated two other factors. Instructors felt rewarded when student enthusiasm and sharp clinical reasoning were demonstrated in class. The instructors were also positive about the pre-seminar meetings. Discussion of the cases among faculty stimulated continuous learning and uncovered prospective issues for research investigations.

Interpretation of these results should be approached with caution. The students' enhanced self-confidence cannot, of course, be attributed solely to the case analysis seminars since the students also attended orthodontic lectures during this time period. The lecture series, however, did not directly address the orthodontic reasoning skills listed in Table 3. Instead, the lectures focused on, how to write a letter of referral and an orthodontic prescription, the rationale for orthodontic retention, and an introduction to comprehensive orthodontics, surgical orthodontics, and interdisciplinary dentistry. In contrast, the case analysis seminars were specifically designed to help students gain competence in orthodontic reasoning skills. It is therefore logical to assume that the primary stimulus for the students' enhanced self-confidence was the case analysis seminars and not the lectures. The likelihood of overly positive evaluations is a concern when students are asked to self-assess their skills. The confidence data reported here does not appear to be positively skewed because the students did not uniformly use the high end of the 1 - 7 scale to rate themselves after the case analysis seminars. Indeed, there was a diversity of post-seminar ratings (including many ratings of 2, 3, or 4) suggesting that most students candidly appraised their skill level rather than just circling high numbers. Typical pre-seminar ratings

were 3s and 4s, which also appears reasonable given the students' exposure to orthodontics at that time.

Enthusiasm over the program uniqueness could have produced extraordinary student performance that may not be observed in subsequent years after the uniqueness has worn off. A similar 'halo' effect may have prompted special faculty effort that may be difficult to replicate in future years or when other instructors become involved in the seminars. Therefore, a multiyear follow up is being conducted to assess logistical, financial, and faculty development issues related to a seminar-based teaching strategy.

The Orthodontic Case Analysis Seminar model described in this manuscript shares four common features with previously published dental case-based instructional formats.[5,6] The teacher, and not the students, determines the learning objectives. Students are required to follow a systematic process when working through the case. Student participation in class is encouraged by requesting responses to preparatory questions provided in advance. Students must retrieve and integrate previously acquired factual information to solve clinical problems. However, three main differences are also apparent. In our model most students are evaluated at each seminar and their level of preparation constitutes a significant part (20 percent) of the course final score. Another unique feature is the pre-assignment of each student to serve as presenter or leader for one of the seminar discussions. Finally, the group size of about ten students is an average between the small group of Chiodo et al.[5] and the large group of Kassebaum et al.[6]

It must also be recognized that the case analysis seminars did not require additional hours to be incorporated into an already dense curriculum. Students' class time remained the same. Existing orthodontic curriculum time was reformatted to better achieve the objectives of the course. In summary, this teaching strategy emphasizes the development of clinical problem-solving and decision-making skills that are routinely applied in a dental practice. The clinical situation is created by presenting the patient's diagnostic data. In response, students are required to mimic every mental step they would take in an actual situation to solve the patient's problems. It appears, therefore, that the format of the Orthodontic Case Analysis Seminars could be applied to other clinical areas to enhance the development of diagnostic and treatment planning skills.

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Introduction

"The first step towards cure is to know what the disease is....."

Diagnosis and Treatment planning

- Diagnosis→ True Asessment—search for scientific truth (no room for opinions and judgements)
- Treatment planning → Search for solutions

It is not science alone—also includes wisdom of a prudent clinician to maximise benefit for patient. Patient also has a role in decision making process

Development of the database

3 major sources of collecting information—

- Patient questionnaire/ interview/history
- Clinical examination of the patient
- Evaluation of diagnostic records

PATIENT QUESTIONNAIRE/ INTERVIEW/HISTORY

Personal details

This will include Name, Age, Sex, Address , occupation, Family Income, Ethnic Origin.

CHIEF COMPLAINT

- Should be in Patient's own words, with Duration / Whether Progressive recorded.
- Esthetic/ functional/ Desire to improve quality of life
- Reveals patient's awareness
-

PRE & POSTNATAL HISTORY

1. **Condition of mother during pregnancy**
2. **Feeding → Breast/Bottle/Combination**
3. **When was the baby weaned to solid food?**
4. **Milestones of Development**

5. **Family History**
6. **Deleterious Oral Habits**
7. **Social / Behavioural / Psychological**
8. **Expectation / Motivation (Internal or External)**
9. **Maturational Status**
10. **Medical history**
    - H/o Rickets, Dysostoses? –affects development of jaws
    - Chronic colds/pneumonia –Breathing affected
    - Diabetes
    - Epilepsy
    - Blood dyscrasias
    - Allergies

Specific Questions

1. Do you have any history of heart problems?
2. Have you any history of chest problems? -the type of breathing (snoring, open mouth) Asthma
3. Do you bleed excessively if you cut yourself?
4. Have you ever had jaundice or hepatitis?
5. Are you allergic to anything such as penicillin?
6. Have you ever been to hospital for any reason?
7. Do you have any experience of local or general anaesthesia?
8. Do you experience Daytime sleepiness? Obstructive Sleep Apnoea ??
9. Are you taking any tablets, pills, or other medicines prescribed by your doctor? (Phenytoin, Nifedipine , Cyclosporine →hyperplastic gingival response)
10. Do you have hypersensitivity to nickel or other metals (-chromium and cobalt alloys) to elastics (latex), to acrylic , related to airway

11. **Dental history**

- Seek Information about:
    - Age of eruption of deciduous and permanent teeth
    - History of extraction –premature?
    - Early loss
    - Prolonged retention

- Decay
- Restoration
- Trauma to face/teeth
- Previous orthodontic treatment
- TMJ – Pain, Clicking

CLINICAL EXAMINATION

"The whole art of medicine is in observation.....

There is no more difficult art to acquire than the art of Observation"

Sir William Osler –Father of Modern Medicine

The importance of observation cannot be overemphasized. We all see the same things, but our observations need not necessarily be the same. As in any other branch of Medicine, in Orthodontics too, clinical examination remains the most important part of diagnosis and treatment planning. Unlike the olden days of Angle, where achievement of good occlusion was given priority as a treatment goal, achievement of an aesthetically pleasing facial appearance is the prime objective now. This paradigm shift in importance towards soft tissues emphasises the role of clinical examination.

Goals of Clinical Examination

1. Obtain information about health of oral tissues and jaw functions
2. Obtain information about dentofacial aesthetics
3. Determine what other diagnostic records are needed –to provide more pertinent information as well as for documentation

Treatment Optimization

In contemporary orthodontic diagnosis, the concept of "Treatment Optimization" is being followed. Optimization in Orthodontic clinical examination simply means that while the patient's negative traits are identified for elimination or correction, the positive attributes are also identified for preservation during treatment.

Steps in clinical examination

A. General examination
B. Extraoral examination
C. Intraoral Examination
D. Functional Examination
E.

GENERAL EXAMINATION

1. Height and weight
2. Gait
3. Posture
4. Body build
5. Physical examination

Height and Weight

✓Important insight into growth status

✓Comparison of the data is done with average values (+/- 2 SD) relating to the patients chronological age and race. The tables are different for boys ang girls

✓Incremental height recording helps to locate pubertal growth spurt

✓ Body proportions -- the ideal craniofacial height to standing height proportion – 1:7.5-1:8

✓Somatogram/Stadiometer

Gait

✓The way a person walks --observed as the patient enters the consulting room

✓Gait abnormalities.....

♦Neuromuscular disorders (sensory/motor impairments)

- Occlusion affects body equilibrium
- Strain of head and neck muscles
- Change in mandibular position

♦Orthopedic problems

- Osteoarthritis
- Skeletal deformities

♦ Medical Conditions

- Heart failure
- Respiratory insufficiency
- Obesity

Posture

✓Position of human body controlled by multisensory inputs

✓Upright posture - Jaw muscles support the head

✓Changes in mandibular position can affect body posture

✓ Patients often develop a compensatory head posture to minimize the unaesthetic impact of their facial appearance

✓ Mouth breathing →extended head posture

✓ Correlation between back shape profiles and CF parameters

–Kyphosis- higher frequency of M/O.

Body build

- Sheldon's somatotype (body build)
  - Ectomorphic(tall and thin)
  - Mesomorphic (average)
  - Endomorphic (short and obese)
- Berger's Body type
  - Aesthenic/ Leptosomatic (tall and thin)- narrow dental arch
  - Pyknic (short and obese)- larger and square dental arch
  - Athletic (normal build)- normal size arch

Clinical Implication

Ectomorphic children tend to grow more slowly and to reach the pubertal growth status later than do mesomorphic or endomorphic children of same age.

Physical Examination

Hair – alopecia, lack of body hair, texture of hair, sweating

Nails – colour, shape

Clinical Implication

Above being ectodermal derivatives, findings are significant

EXTRAORAL EXAMINATION

The head and face should be examined with the patient seated in an ordinary chair or stool (not laid back in the dental chair) with the head in Natural head position because this position shows reproducibility within the clinically acceptable range of 2 degrees.

Natural head position

Natural head position may be defined as a standardized and reproducible orientation of the head in space when the subject is focusing on a distant point at eye level. In NHP, the visual axis is horizontal. Lips should be relaxed. This can be done by

1. Asking the patient to look straight ahead at a distant object/infinity

2. Look into one's own eyes in a mirror placed in front

Clinical facial evaluation

- **Frontal**
- **Profile**

- ***Frontal Examination***
  - **Cephalic & Facial form**
  - **Facial symmetry**
  - **Facial proportions**
    - **Vertical**
    - **Horizontal**
- ***Profile Examination***
- ***Regional analysis***
  - **Upper third**
  - **Middle third**
  - **Lower third**
- **Mini-aesthetics-*Smile analysis***

CEPHALIC AND FACIAL SHAPE & FORM –

Cephalic index = *Cranial width X 100*

Cranial length

Shape of Head

Dolichocephalic :<75.9

Mesocephalic : 76-80.9

Brachycephalic : 81 – 85.4

Hyperbrachycephalic :> 85.5

Shape of Face

Facialindex = *Facial height(glabella to menton) X 100*

Bizygomatic width

Hypereuryprosopic :< 78.9

Euryprosopic : 79 – 83.9

Mesoprosopic :84 - 87.9

Leptoprosopic: 88 – 92.9

Heperleptoprosopic:> 93

Clinical Implications

- Head and facial forms usually correspond to each other. Some studies have shown correlation between facial form and dental arch form. Patients whose head and facial form differ are called "dinaric" individuals.
- Long narrow facial types may be associated with high palatal vault, narrow arches, anterior open bite, vertical maxillary excess and mandibular deficiency and Class II Div 1. Short square faces are usually associated with deep bites and masseteric hypertrophy –Class II Div 2.

Facial Proportions

Vertical

1. Vitruvian Trisection – 1st ratio — 1:1:1
    a. Trichion to Glabella
    b. Glabella to Subnasale
    c. Subnasale to Menton
2. Lower facial third –2nd ratio — 1: 2.3
    a. Subnasale to stomion
    b. Stomion to Menton
3. Lower face —3rd ratio — 1:1
    a. Subnasale to Lower lip vermilion-cutaneous junction
    b. Vermilion-cutaneous junction to Menton

Clinical Implications

Knowledge of facial proportions is very important in treatment planning for Orthodontics, Prosthodontics and Orthognathic surgery. Eg., if there is increase in lower anterior face height, therapeutic goals should include correction of the disproportion or at least steps to prevent further worsening of the situation.

The 3rd ratio is very important. If upper compartment of 3rd ratio is increased, it denotes vertical maxillary excess. Increase in lower compartment of 3rd ratio implies lower anterior mandibular excess.

Transverse

- Rule of Five
- Transverse facial dimensions divided into five equal parts from helix of one ear to the other – each segment should be width of one eye
- Middle fifth is very important
    - Alar base width=Intercanine width
    - Width of mouth=distance between medial iris margins
    - Chin must be located in middle of central fifth
- Bigonial width must be approximately 30% lesser than bizygomatic width

Clinical implications

1. Increased intercanthal distance could be due to
    a. Telecanthus –increased distance between medial canthi of the eyelids –eg., in cases with Downs syndrome (soft tissue measurement)
    b. Orbital hypertelorism—increased distance between medial orbital walls →craniofacial deformities - Crouzon's syndrome, Apert Syndrome, Pfeiffer Syndrome
2. Increased bigonial width could be due to masseteric hypertrophy
3. In rheumatoid arthritis,condylar resorption→ramus shortening→reduced thickness of mandible and gonial angles→bigonial width reduced. Gonial implants (hydroxyapatite) can be used to increase bigonial width in such cases.

Facial Symmetry

- Symmetry may be defined as correspondence in size, shape and relative parts on opposite sides of a dividing line or median plane. *Dorland's Medical dictionary* defines symmetry as

  "The similar arrangement in form and relationships of parts around a common axis or on each side of a plane of the body"
- Perfect bilateral body symmetry is more of a theoretical concept that seldom exists in living organisms. ***Clinically,*** symmetry means balance, whereas significant asymmetry means imbalance.
- Assymmetry is more prevalent in lower facial third. (Peck et al.,AO1991)

(Severt and Proffit 1997)

Upper 1/3 → 5%

Middle 1/3 → 36% (mainly nose)

Lower 1/3 → 75% (mainly chin)

- **Methods to assess symmetry**
  1. Drop a vertical from glabella—pass through midpoints of nose, lips, chin
  2. Mark midline of glabella, tip of nose, lips(philtrum), chin and see if line is straight. Distance of bilateral structures to midline.
  3. Inputs from rule of fifth.
  4. To evaluate maxillary occlusal cant, patient should bite on wooden spatula, Fox occlusal guide plane
  5. Submental view
  6. Assess superior view (stand behind chair and view from above).

PROFILE ANALYSIS –(Poor man's cephalometrics)

Full face Profile

1. **Divergence** –anterior, posterior, straight
2. **Profile** –convex, concave, straight
   a. soft tissue glabella vertical -- assess subnasale and pogonion
   b. Subnasale vertical-- Another alternative in patients with normal midfacial prominence
3. **Schwarz Profile analysis clinically applied: --**

   Depending on the relation of Subnasale (Sn) to the Nasion perpendicular(Pn) we have 3 types of faces.

   a. Average face – sn on pn
   B. Retro face – sn lies behind Pn
   C. Ante face–sn lies in front of Pn

   Depending on relation of subnasale to pogonion(Pg), in each of the above, we can have 3 types of lower face profiles

   a. Backward slant (Pg behindSn)
   b. Forward slant (Pg in front of Sn)
   c. Straight (Pg on Sn)

4. **Visualized Treatment Objective (VTO)** –When sagittal skeletal discrepancy is detected, VTO helps in pinpointing the source of the problem. Can be done for both Class II and Class III

-Upper third profile

Slope of forehead –flat, protrusive,anterior inclined, posterior inclined

-Middle third profile

1. Periorbital structures
2. Projection of nose –ratio of nasal width to nasal height-70%
3. Paranasal areas
4. Nasal base inclination or columella cant

-Lower third profile

1. Upper lip length and prominence
2. Nasolabial angle
3. Lip step
4. Lower lip prominence and lip length
5. Mentolabial sulcus
6. Chin prominence
7. Eline and S line
8. Chin –neck angle and distance
9. Clinical FMA

REGIONAL EXAMINATION OF FACIAL STRUCTURES

✓Absolute size

✓Relative size

✓Shape and proportion

✓Extent of rotation around facial axis

Upper Third

Forehead – Bitemporal width is 80-85% of bizygomatic width. Minor asymmetries can be disguised with hairstyle.Slant of forehead is important. Usually assessed in profile.

Middle Third

✓Inputs from Rule of Fifth – middle fifth

✓True symmetry of inner and outer canthi

✓Scleral visibility below pupil?

✓Malar prominences

✓Cheek →Cheek line of convexity→cheek bone-nasal base-lip contour curve. Smooth or interrupted?

✓Nose –categories →Leptorrhine, Mesorrhine, Platyrrhine.Nasal septum – any deviations? Alar base width =intercanthal width.Alar base should be 70% of nasal length(nasion to pronasale). Nasal projection to nasal length ratio=0.55 to 0.6

✓Symmetry of ala and nostrils

✓Ears –symmetry,level,projection

Lower Third

✓Lip length –upper and lower

✓Lip thickness –ratio of upper lip to lower lip thickness

✓Lip symmetry

✓Lip competence

✓Interlabial gap and incisor/gingival visibility at rest and smile

✓Philtrum –commissure ratio

✓ Gull wing upper lip -Upper lip tubercle usually lies slightly inferior to the vermilion on either side of it. If the tubercle is superior in relation to the adjacent vermilion – called gull wing lip deformity

✓Lip Trap

✓Chin → mentalis hyperactivity?

SMILE ANALYSIS

- Facial attractiveness is defined more by the smile than by soft tissues at rest
- Posed or social smile – reproducible
- Enjoyment smile or Duchenne smile – emotions displayed
- Amount of incisor and gingival display
- Transverse dimension of smile relative to the upper arch
- Amount of incisor and gingival display during smile
- Ideal elevation of lip on smile is slightly below the gingival margin
- gingival display acceptable upto 4mm(youthful and esthetic)

- Less display (> 4mm coverage of incisor by lip) is less attractive
- Buccal corridor (negative space)
- Smile Arc →Contour of the incisal edges of the maxillary anterior teeth relative to the lower lip during social smile
    - Consonant
    - Flat
    - Reverse arc

ASSESSMENT OF GUMMY SMILE

Etiology of gummy smiles –multifactorial:-

1. Short upper lip
2. Hyperactive perioralmuscles
3. Gingival overgrowth
4. Altered passive eruption
5. Decrease clinicalcrown height
6. Overeruption of maxillary incisors
7. Abnormal inclination (retroclination, as in Class II Div 2) of incisors

THE SEVEN STEPS TO CLINICAL ASSESS MENT OF GUMMY SMILE

Step 1 – Measure distance of each upper incisor gingival margin zenith to upper lip

Step 2 – Measure length of upper lip from subnasale to stomium at philtrum and commisures. It usually matches—maximum variation is upto 3mm normally.

(Normal lip length - Male-23mm, Female- 21 mm)

Step 3 -- Measure lip length at rest and full smile in mm. Difference is lip mobility.

$$\frac{\text{Lip Mobility}}{\text{Resting lip length}} \times 100 = \text{Average elevation is normally 27\%}$$

Step 4 –Measure crown length of maxillary incisors and sulcus depth. Normal probing depth should be 1mm. It will be increased in gingival excess and altered passive eruption. Measure all teeth. Check incisorcrown height-width ratio→80% ??

Step 5 – Assess maxillary incisor vertical position Vertical distance from incisor edge to Functional occlusal plane is ideally 2 - 4mm. Assess Upp incisor to SN. Retroclination increases gingival show.

Step 6 – Assess vertical maxillary position cephalometrically

Step 7 – Calculate contribution of various possible etiologies

INTRAORAL EXAMINATION

SOFT TISSUE EXAMINATION

TONGUE

Shape, color,size & configuration should be evaluated

Size:

It may be small, long, broad

A long,broad tongue doesn't always mean a case of macroglossia

Macroglossia:

- Defined as an enlarged tongue/ as a clinical condition where the resting tongue protrudes from the alveolar crest
- It is usually clinically diagnosed

2 Types

- ☐ True macroglossia
- ☐ Pseudomacroglossia : tongue may be normal in size, but appears to be large in relation to adjacent anatomical structures

Pseudomacroglossia

- ☐ Habitual posturing of the tongue
- ☐ Hypertrophied tonsils and adenoid tissue displacing the tongue forward
- ☐ Low palatal vault decreasing the oral cavity volume
- ☐ Transverse,vertical, or anteroposterior deficiency of the maxillary or mandibular arches that decreases the oral cavity volume
- ☐ Severe mandibular deficiency
- ☐ Cysts or tumors that displace the tongue

True macroglossia

- Shows a pronounced tongue enlargement

It may be:

- Congenital
- Acquired

DIAGNOSIS

- Usually diagnosed clinically
- A more detailed diagnostic evaluation can be made after exact analysis of tongue position and mobility & Studying physiological functions of tongue
- Further diagnostic aids →Lateral cephalogram & cineradiography (making of a motion picture record of successive images appearing on a fluoroscopic screen)

CLINICAL FEATURES

- Grossly enlarged and/or wide, broad and flat tongue
- Open bite (anterior or posterior)
- Mandibular prognathism, Class III malocclusion with or without anterior and posterior crossbite
- Chronic posturing of the tongue between the teeth at rest
- Buccal tipping of posterior teeth (increased curve of Wilson in upper arch, reverse curve in lower arch)
- Spacing in the mandibular or maxillary dentition
- Speech articulation disorders
- Asymmetry in the maxillary or mandibular arches associated with an asymmetric tongue
- Crenations on the tongue (scalloping)
- Instability in orthodontic mechanics or orthgnathic surgical procedures
- Increased transverse width of mandibular and maxillary arches
- Airway difficulties, such as sleep apnea, secondary to oral/oropharyngeal obstruction

(Ref :Larry M. Wolford and David A. Cottrell(Am J OrthodDentofacOrthop 1996;110:170-7.)

FRENUM

- One of the most variable anatomical structures present in the oral cavity
- "Fibrous band of tissue attached to the bone of the mandible and maxillae, and is present superficial to muscle attachments."
- Mostly seen in the vestibular mucosa of the mandible and maxilla, usually in the midline or premolar region
- Number thickness and levels of attachment should be noted

LABIAL FRENUM

- Small, sickle-shaped mucosal fold
- A heavy maxillary labial frenum may be the cause of a central diastema
- Sometimes,radiograph shows a bony fissure between the roots of upper central Incisors – interosseous fiber course
- Abnormal frenal attachment can be checked by blanching test
- The frenum of a newborn at the gum pad stage and before eruption of the dentition is a large, fleshy attachment with a wide origin –this is normal.
  - The tissue gradually narrows, attaching in the midline to the connective tissue of the internal maxillary suture and alveolar process.With the eruption of teeth and development of the alveolar ridge, the position of the frenum changes.
- Mandibular labial frenum is less often associated with midline diastema
- It frequently has a broad insertion which exerts a strong pull on the free and attached gingiva
- Can lead to gingival recession in anterior region

LINGUAL FRENUM

- Its abnormal attachment – ankyloglossia or tongue tie
- Associated with speech difficulties
- Sometimes produces a mandibular midline diastema

GINGIVA

Examination of the gingiva should include :

- Gingival type (thick-fibrous, thin-fragile)
- Gingival inflamation– shape of gingival margin, interdental papilla, bleeding on probing
- Mucogingival lesions
- Gingival recessions
- Gingival microaesthetics – height, contour, zenith

GINGIVAL INFLAMMATION

- Gingivitis & poor oral hygiene are contraindications for orthodontic treatment
- In children most, common form of gingivitis –by plaque accumulation
- Local gingival lesions – symptom of mouth breathing,abnormal occlusal & functional loads or medications [hydantoin,cyclosporin,nifidipine]
- In cases of gingivitis – periodontal treatment should be carried out prior to orthodontic treatment

PALATAL MUCOSA

Should be examined for

- Pathologic swelling
- Ulceration
- Scar tissue formation

MUCOSAL SWELLING

- Pathologic tooth germs are indicative of displaced tooth germs & cysts

MUCOSAL INDENTATIONS

- Mucosal ulcerations & indentations may indicate traumatic deep bite in which there will be a clearly visible groove in the palatal mucosa – by lower anterior teeth

SCAR TISSUE FORMATION

- Scar tissue following palatal surgery diminishes the prognosis for development of maxillary arch

TONSILS AND ADENOIDS

- Size & degree of inflammation should be noted
- Pathologic finding may be associated with mouth breathing & causes altered tongue position
- Enlarged adenoids may result in increased resistance to nasal airflow and cause mouth breathing.The typical long face pattern may be termed adenoid facies.

HARD TISSUE EXAMINATION

PALATE & ARCH FORM

1. Maxillary archform/symmetry →V shaped? Hourglass Shaped?
2. Palatal Vault –High?
3. Intermolar width →36-39mm normal. Less than 31mm needs orthopaedic or surgical expansion
4. Curve of Wilson → Accentuated?

Clinical examination of the dentition should be done in the following order:

- Assessment of the dental status
- Detailed recording of dental & occlusal anomalies
- Assessment of the apical bases
- Determination of the midline of the face & coincidence with dental structures

NUMBER OF TEETH

Count the no of teeth systematically from one end to the other in each arch

Teeth may be

- Missing
  - Extracted
  - Avulsed
  - Congenital
- Over-retained
- Supernumerary
- Ectopically erupted

INDIVIDUAL TOOTH IRREGULARITIES:

AXIAL ANGULATION OF TOOTH

- Axial angulation – deviation in a mesiodistal direction
- Also called "Tip"

INCLINATION OF TOOTH

- Deviation in a buccolingual direction
- Maxillary and mandibular incisor crowns are labially inclined
- Maxillary posterior teeth(canines to molars) have a palatalcrown inclination.
- Mandibular posterior teeth exhibit a lingual crown inclination.

TOOTH SIZE

- Tooth size is described as the seventh key to ideal dental occlusion.
- Denotes the Height-Width Relationships
- The width of the upper central incisor is about 75%-80% of its height.
- In examining an orthodontic patient, it is important to note both height and width, because if disproportions are noted, this allows a determination of which parameter is at fault.
- Bolton analysis helps in determining the tooth size.

TOOTH SHAPE

Maxillary incisor crown may have onr of the following shapes:

- Ovoid
- Rectangular
- Triangular

Tooth shape is genetically determined and there is considerable individual variability

TOOTH SHADE AND COLOUR

- The color and shade of the teeth changes with increasing age.
- The teeth appear lighter and brighter at a younger age, darker and duller as aging progresses.
- The shade change is due to formation of secondary dentin as pulp chambers decrease in size and thinning of the facial enamel, which results in a decrease in its translucency and
  a greater contribution of the darker underlying dentin to the shade of the tooth.
- A normal progression of shade change from the midline posteriorly is important contributor to an attractive and natural appearing smile.
- The maxillary central incisors tend to be the brightest in the smile > lateral incisors > canines
- The first and second premolars are lighter and brighter than the canines, more closely matched to the lateral incisors
- Facial skin colour and complexion should be a deciding factor in the determination of tooth colour

TOOTH PROPORTIONS

Proportional relationships of maxillary anterior teeth are important components of smile appearance

WIDTH RELATIONSHIPS AND THEGOLDEN PROPORTION:

- The apparent widths of the maxillary anterior teeth on smile, and their actual mesio-distal width, differ because of the curvature of the dental arch
- For best appearance, the apparent width of the lateral incisor should be 62% of the width of thecentral incisor, the apparent width of the canine should be 62% of that of the lateral incisor, and the apparent width of the first premolar should be 62% of that of the canine
- This ratio of recurring 62% proportions is referred to as the "golden proportion."
- The golden proportion (1.618: 1.0) is a mathematically constant ratio that defines the dimensions between larger and a smaller length.
- Levin observed the golden proportion between the width of central incisor, lateral incisor and the canine.
- It is an excellent guideline when lateral incisors are disproportionately small or large, and the width ratios of the central and lateral are the best way to determine what the post-treatment size of the lateral incisor should be.
- The same judgment is used when canines are narrowed to replace missing lateral incisors

  In order to be able to assess the Golden Proportion quickly and accurately an instrument, Dr Levin's GOLDEN MEAN GAUGE has been developed
- Grids can also be used to assess the golden proportion

HEIGHT WIDTH RELATIONSHIPS

- The width of the tooth should be about 80% of its height.

  In examining an orthodontic patient, it is important to note both height and width, because if disproportions are noted, this allows a determination of which parameter is at fault.

Sometimes the width of teeth can be more than height

Possible causes are:

- incomplete eruption (may correct itself with further development)

- loss of crown height from attrition (may indicate restoration)
- excessive gingival height (best treated with crown lengthening),
- an inherent distortion in crown form (suggests a more extensive restoration)

CONNECTORS AND EMBRASURES

- The connector (interdental contact area) is where adjacent teeth appear to touch, and may extend apically or occlusally from the actual contact point.
- The normal connector height is greatest between the central incisors, and diminishes from the centrals to the posterior teeth, moving apically in a progression from the central incisors to the premolars and molars.
- The embrasures (the triangular spaces incisal and gingival to the contact) ideally are larger in size than the connectors, and the gingival embrasures are filled by the interdental papilla
- Between the maxillary central incisors, the ideal aesthetic appearance results from 50% connector area & 50% papilla -50: 50 rule.

BLACK TRIANGLE

- Short interdental papillae leave an open gingival embrasure above theconnectors, and these "black triangles" can detract significantly from the appearance of the teeth on smile.
- Lay observers readily detect open gingival embrasures of 3 mm or more and judge them unesthetic.
- Black triangles in adults usually arise from loss of gingival tissue related to periodontal disease.

EXAMINATION OF OCCLUSION

- Intra-arch examination
- Inter-arch examination

Intra-arch examination

- Shape of the arch
- Arch alignment
- Arch symmetry
- Individual tooth irregularities

Shape of the arch can be

- Square
- Tapered
- ovoid

➢ Treatment should never alter the arch form & inter canine width because the supporting structures are adapted for loading masticatory forces

➢ The mandibular & maxillary arch forms should be symmetrical & coordinated with each other

➢ Should be concordant with the respective skeletal base

INTER ARCH RELATION -CLASSIFICATION OF MALOCCLUSION

A. SAGITTAL / ANTERO-POSTERIOR RELATIONSHIP

1. **Angle's Classification of malocclusion:**

Angle's Class I malocclusion-normal inter-arch molar relation. The mesio-buccal cusp of the maxillary first permanent molar occludes in the buccal groove of mandibular first permanent molar. The patient may exhibit dental irregularities such as crowding, spacing, rotations, missing tooth, etc.

Angle's Class II malocclusion-This group is characterized by a Class II molar relation where the disto-buccal cusp of the upper first permanent molar occludes in the buccal groove of the lower first permanent molar. Angle has sub-classified Class II malocclusion into two divisions:

Division 1 malocclusion- proclined upper incisors with a resultant increase in over jet. A deep incisor overbite can occur in the anterior region. A characteristic feature of this malocclusion is the presence of abnormal muscle activity. The upper lip is usually hypotonic, short and fails to form a lip seal.

Division 2 malocclusion- Class II molar relationship. The classic feature of this malocclusion is the presence of lingually inclined upper central incisors and labially tipped upper lateral incisors overlapping the central incisors. Variations of this forms are lingually inclined central incisor and lateral incisors with canine labially tipped. The patients exhibit a deep anterior overbite.

Van-der-Linden's Classification of Class II Div 2 malocclusion

Type A-Maxillary CI and LI are retroclined, but there is no crowdin

Type B-Maxillary LI are overlapping the retroclined CI

Type C- Maxillary CI and LI are retroclined and are overlapped by maxillary Canine

Rakosi's Classification of Class II Div 2 malocclusion

Type 1- CI are tipped lingually, the LI are in labioversion or normally inclined

Type 2-All 4 incisors are tipped lingually and the canines are in mesiolabial version

Type 3-Linguoversion of all the 6 anterior teeth

Type 4-Mixed type of frontal malposition, with lingually inclined incisors on one side

Subdivision malocclusion-When a Class II molar relation exists on one side and a Class I relation on the other, it is referred to as Class II, Subdivision. Based on whether it is a Division 1 or Division 2 it can be called Class II, Division 1, Subdivision(right or left) or Class II, Division 2, Subdivision(right or left).

Angle's Class III malocclusion - Class III molar relation with the mesio-buccal cusp of the maxillary first permanent molar occluding in the interdental space between the mandibular first and second molars.

Dewey's modification of Angle's classification of malocclusion

Class I modifications of Dewey classification of malocclusion

Type 1: Class I malocclusion with bunched or crowded anterior teeth.

Type 2 : Class I with protrusive maxillary incisors

Type 3: Class I malocclusion with anterior crossbite.

Type 4: Class I molar relation with posterior crossbite.

Type 5: The permanent molar has drifted mesially due to early extraction of second deciduous molar or second premolar.

Class III modifications of Dewey:

Type 1: The upper and lower dental arches when viewed separately are in normal alignment. But when the arches are made to occlude the patient shows an edge to edge incisor alignment, suggestive of a forwardly moved mandibular dental arch.

Type 2: The mandibur incisors are crowded and are in lingual relation to the maxillary incisors.

Type 3: The maxillary incisors are crowded and are in cross bite in relation to the mandibular anteriors.

2. **KATZ Classification of Premolar Occlusion**
   a. **Class I** – Most anterior upper premolar fits exactly into the embrasure created by the most anterior lower premolar
   b. **Class II** - Most anterior upper premolar occludes **mesial** to the embrasure created by the distal contact of the most anterior lower premolar.
   c. **Class III** - Most anterior upper premolar occludes **distal** to the embrasure created by the distal contact of the most anterior lower premolar.

3. **British Incisor classification**

   Class I-The lower incisor edges occlude on or lie below the cingulum plateau of the upper incisiors.

   Class II, division 1-The lower incisor edges occlude behind the cingulum plateau of the upper incisors and the upper incisors are normally inclined or proclined.

   Class II, division 2-The lower incisor edges occlude behind the cingulum plateau of the upper incisors and the upper incisors are retroclined.

   Class III-The lower incisor edges occlude anterior to the cingulum plateau of the upper incisors.

4. **Miguel Neto &Mucha's proposed classification system** - The anatomical structure used as reference by the Newly Proposed Classification System was the tip of the distobuccal cusp on the first upper molar relative to the occlusal embrasure between the first and secondlower molars.

KEY RIDGE POSITION

- Infrazygomaticcrest: This zygomatic pillar – 'key ridge' – established during growth directly above the centre of the roots of the 1st permanent molars & proceeds along the outside of the wall of the maxillary cavity upto zygomatic bone
- MB root of maxillary 1st permanent molar coincides with root of zygoma on both sides
- Helps in assessing the relation of maxilla to the cranial base
- In class II malocclusions –root of zygoma coincides with distobuccal cu

OVERJET

- Horizontal distance measured between the most prominent points of the upper & lower CI
- In cases with increased/decreased overjet we have to note whether it is purely dental/skeletal

Anterior Crossbite (Reverse Overjet)

It may be:

- Skeletal
- Functional
- Dental

B. VERTICAL RELATIONSHIP

Overbite:

- Vertical overlapping of incisors
- Normal 2-3mm
- Overbite is measured in mm and also in %
- % of overbite --Expression of overbite in % is more important than absolute values

Deep bite

It may be:

- Skeletal
- Dental

True deep bite

- Due to infraeruption of posterior teet
- freeway space is increased
- Prognosis with functional appliance is favourable
- As the interocclusal clearance is larger,sufficient freeway space will remain after extrusion of molars

Pseudo deepbite

- Due to supra eruption of lower anteriors,molars are erupted fully

Curve of Spee is exaggerated

- Small freeway space- prognosis with functional therapy is unfavourable

- Extrusion of molars will adversely affects the rest position & may create TMJ problems or cause a relapse of the deep bite
- Treatment of choice – Intrusion of incisors

Open bite

- Lack of vertical overlap of teeth
- Can be skeletal or dental
- Skeletal openbite – check clockwise rotation of mandible in individuals with steep FMA angle (vertical growers)

C. TRANSVERSE RELATIONSHIPS

Buccal crossbite

- Buccal cusps of lower teeth occlude buccally to those of maxillary teeth

Scissor bite

- When the max posterior teeth occlude completely buccal to the mandibular teeth

Buccal non-occlusion/complete lingual crossbite

Midline

- Dental midline discrepancy – non-coincidence of maxillary & mandibular dental midlines
- Dental midlines should also be evaluated with respect to facial midline & their respective skeletal bases

FUNCTIONAL ANALYSES

Analysis of static structures should be followed by analysis of function.

Goals

1. Evaluation of abnormal functions as possible aetiologic factors
2. Determine type of Orthodontic treatment required

IMPORTANT ASPECTS OF FUNCTIONAL ANALYSIS

1. Postural rest position, maximum intercuspation and freeway space assessment
2. TMJ Function
3. Orofacial functions
    a. Respiration
    b. Speech

c. Deglutition

d. Tongue assessment

Postural Rest Position – influenced by

- Forces of gravity
- Fatigue, stress, anxiety
- Head posture

Rest position should always be determined with patient in NHP.

Methods to determine Rest Position

- Phonetic method
- Command method
- Non-command method
- Combined

Registration of Rest position

1. Direct Intraoral method using millimetre callipers
2. Direct extraoral method using skin reference points
3. Indirect extraoral methods

Rest position of mandible is 2-3mm posteroinferior to centric occlusion

Freeway space – from rest position to habitual occlusion

Adults → 2-3mm

Children → 4mm

RELATIONSHIP BETWEEN REST POSITION AND HABITUAL OCCLUSION

1. Sagittal plane
2. Vertical plane
3. Transverse plane

SAGITTAL

Class II

✓ Pure rotation—no sliding component –no functional disturbance

✓ Rotational movement with anterior slide—poor prognosis

✓ Rotational movement with posterior slide—good prognosis

Class III

✓ Rotational without sliding—nonfunctional, true Class III unfavourable

✓Rotation with anterior slide—Functional, non skeletal, favourable –pseudo Class III

✓Rotation with posterior slide—masks the true extent of dysplasia

VERTICAL

✓True Deep bite

✓Pseudo deep bite

TRANSVERSE

✓Laterocclusion

✓Laterognathy

TMJ

✓Palpation –pain on pressure

✓Auscultation

✓Clicking –initial, intermediate, terminal, reciprocal

✓Crepitus

✓Unco-ordinated condyle movements

Record maximum mouth opening—interincisal distance between upper and lower central incisors→40-45mm normally (overbite is added, open bite is subtracted)

EXAMINATION OF ORO-FACIAL DYSFUNCTIONS

1. Swallowing –liptrap, mentalis hyperactivity, tongue thrust swallow
2. Tongue –tongue thrusting habit→Anterior, lateral, complex
3. Respiration –mouth breathing? Adenoid facies
4. Lips –lip sucking habit
5. Speech

CONCLUSION

Observation is the key to understanding. Training in observation is a must. This needs extensive practice and a strong theoretical background. Knowledge of normal aesthetic principles will help a clinician to notice something unusual. Training in observation is thereby the essential prerequisite to accurate clinical diagnosis.

CASE PRESENTATION

PRE-TREATMENT ASSESSMENT

- PATIENT DETAILS

NAME : Aman Hadi , Age: 15/ M OP No:16280/23
ADDRESS : Omassery(p.o)kozhikode
PH:8156832559
PATIENTS COMPLAINTS : C/O forwadly placed front teeth

RELEVANT MEDICAL HISTORY – No relevant history

RELEVANT DENTAL HISTORY – No relevant history
FAMILY HISTORY – No relevant history

CLINICAL EXAMINATION: EXTRA-ORAL FEATURES

FRONTAL

Head Form :Mesocephalic

Face Form :Mesoprosopic

Facial Symmetry :Apparently symmetric



General Examination

- Height: 175cm
- Weight: 53kg
- Gait: Normal
- Posture: Normal
- Body type: Ectomorphic



VERTICAL SYMMETRY



Lip posture :Incompetent

Cupids bow :Maintained

Upper lip length :18 mm

Lower lip length :34 mm

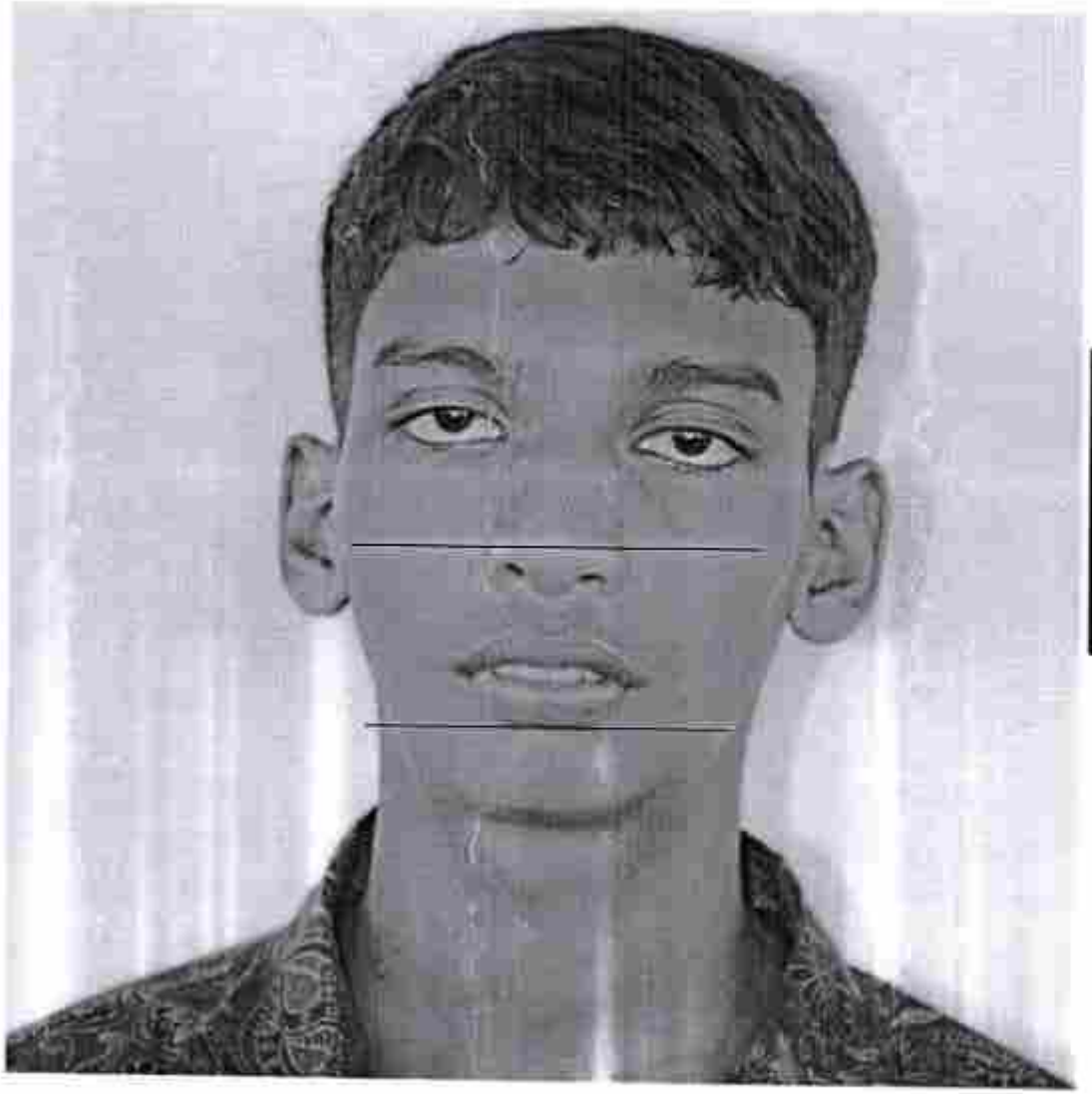
Interlabial gap :3 mm





TRANSVERSE SYMMETRY

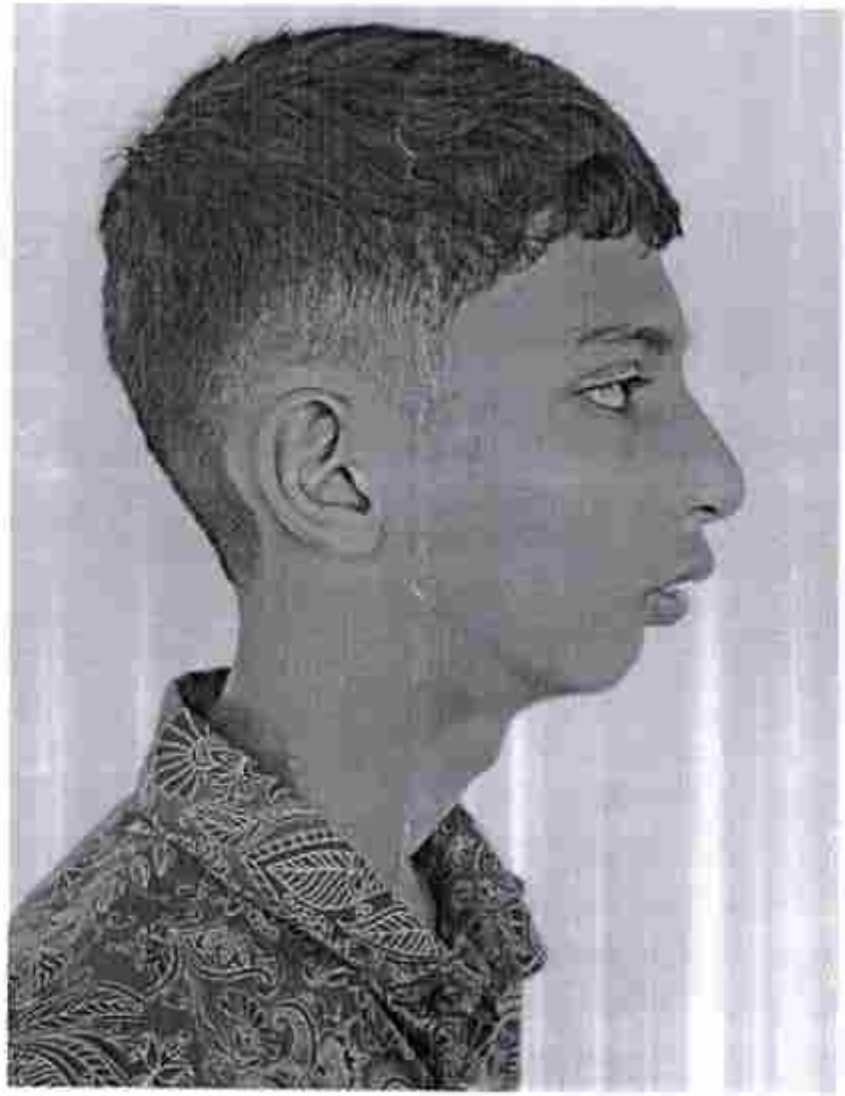
- Apparently symmetric



Bizygomatic width = 115mm
Biogonial Length = 110mm

PROFILE

Profile	:Convex
Divergence	:Posterior
Forehead	:Sloping
Nasolabial angle	:Acute
Lip step	:Negative
chin button	:Inadequate
Mentolabial sulcus	:Normal
Clinical FMA	:High angle



Incisal visibility at rest = 3 mm





Incisor visibility during smile = 100 %

VTO

Phitrum - commissure ratio



At rest
Philtrum=14mm
Commissure-25mm



On smile
Philtrum=11mm
Commissure= 19mm

MMN1

SMILE
Smile line : Gingival display present

Upper incisal exposure: 100 %
Lower incisal exposure: 0%

Buccal corridor
Right- 11mm
Left- 12mm



Smile Analysis



Average smile line
Non Consonant smile arc

FUNCTIONAL EXAMINATION

- Respiration - oronasal
- Mastication - normal
- Deglutition - normal
- Speech - normal
- TMJ - normal
- path of closure – normal path of closure

CLINICAL EXAMINATION: INTRA-ORAL FEATURES

SOFT TISSUES

Gingiva and frenal attachment:
normal

Gingival micro - esthetics:

Alterd gingival Zenith

Frenum : normal

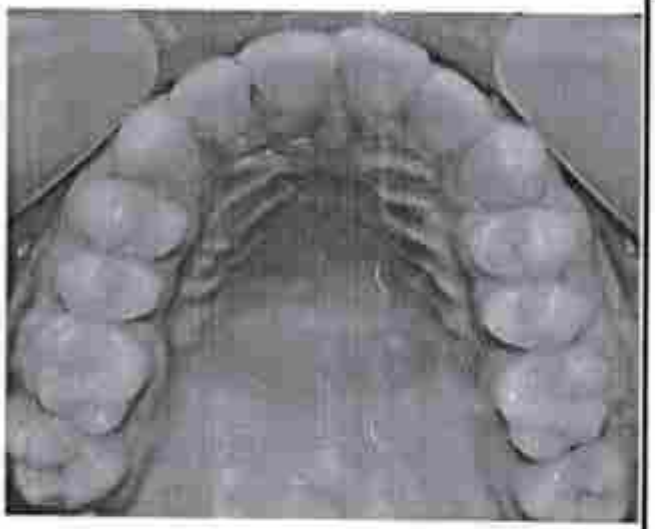
Tongue : normal

Tonsils : normal

Palate : normal

Oral hygiene : fair

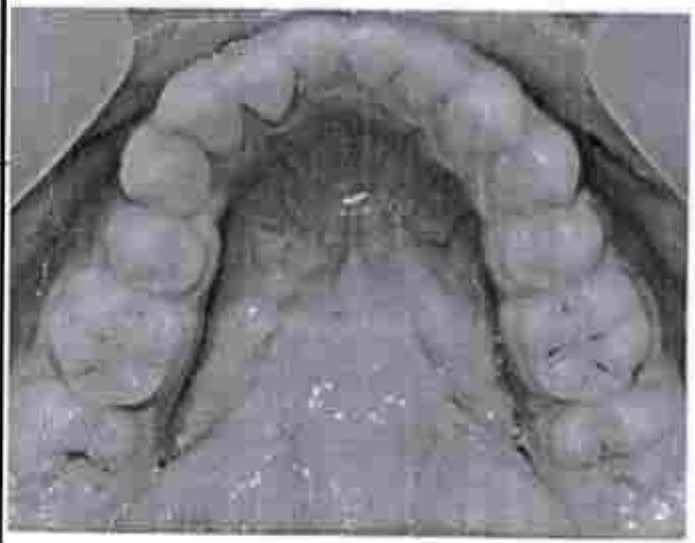




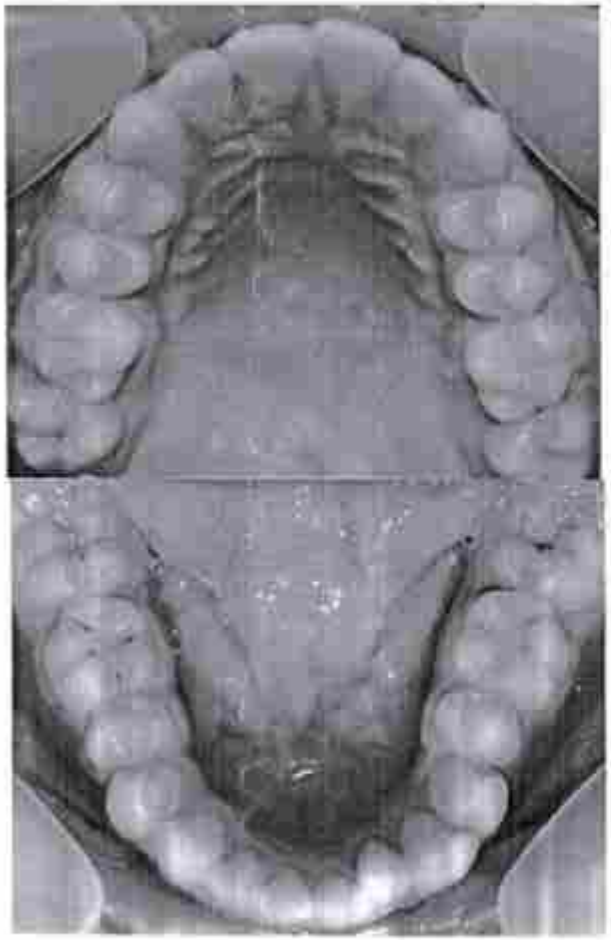
Hard Tissues

Erupted teeth present

7654321	1234567
7654321	1234567

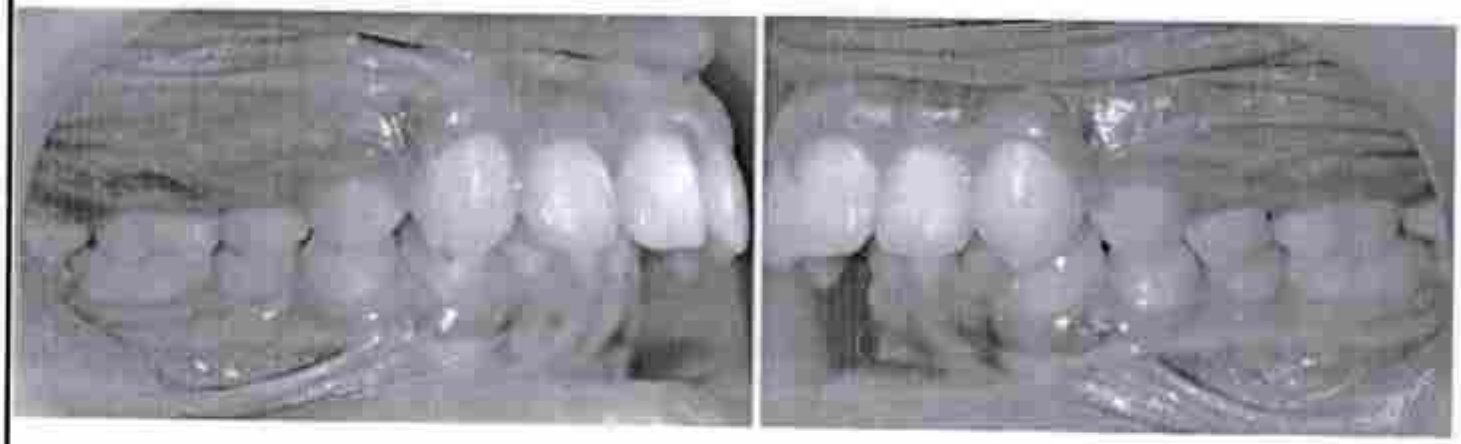


TEETH IRREGULARITIES

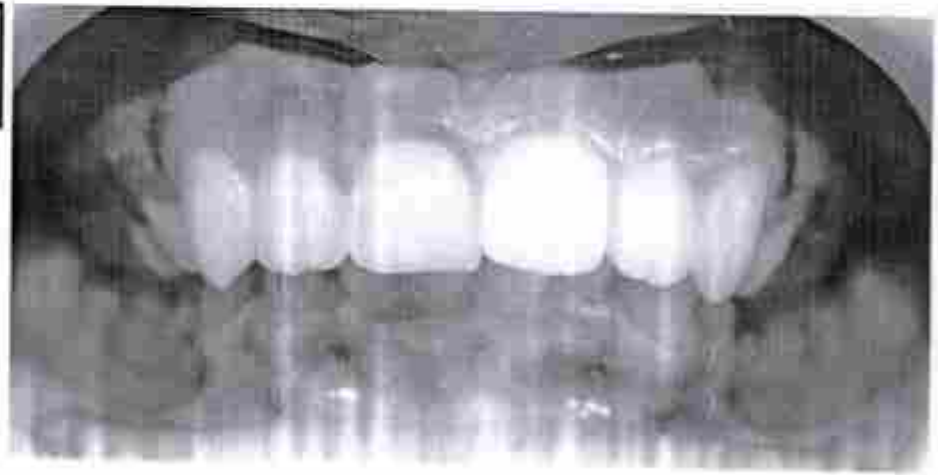


Mesio labially rotated 21 by 10º
Mesio lingually rotated 32,34 by 10 º
Deepbite -100%

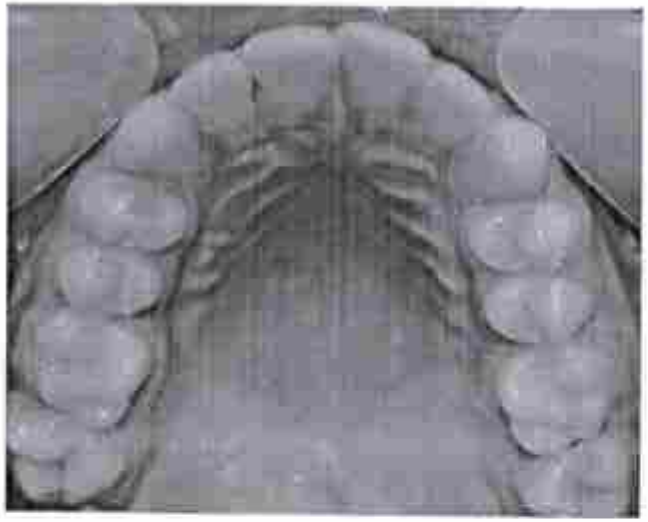
ANTERO-
POSTERIOR
Molar
Right – class II
Left – class 1I
Premolar
Right – class II
Left— Class II
Canine
Right- Class II
Left- Class II
Incisors
Overjet = 9mm

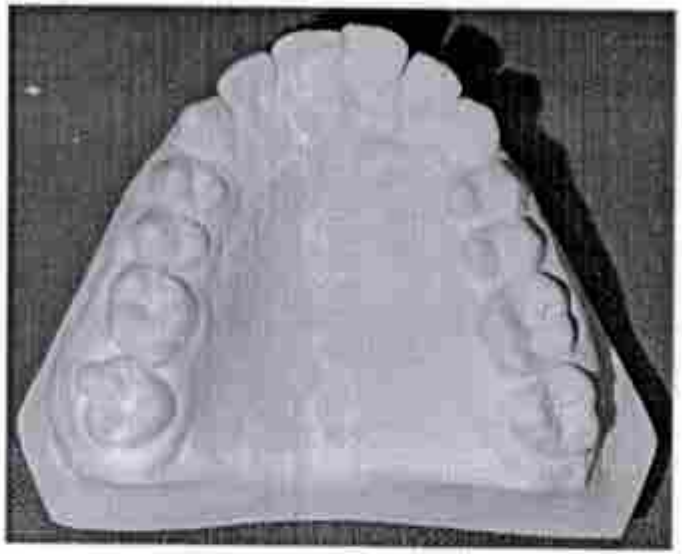


TRANSVERSE
Midline –Coincides

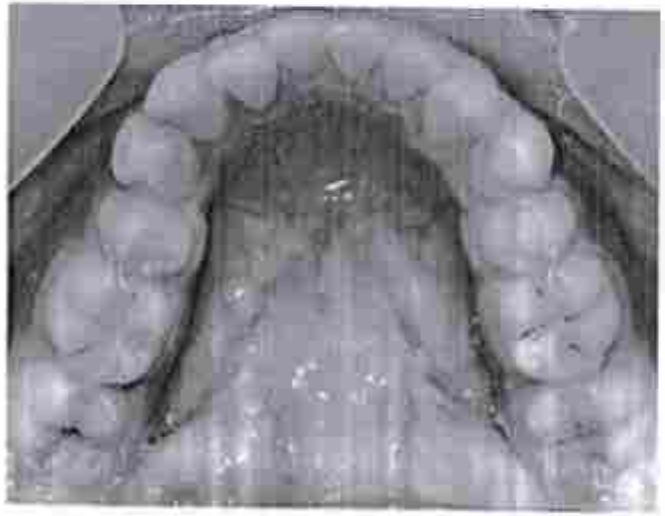


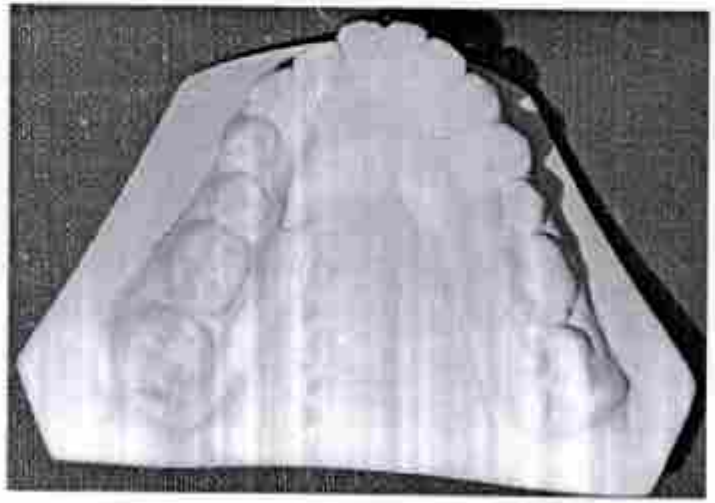
VERTICAL
overbite – 100%
Deep bite





IC- 36 mm
IP- 36mm

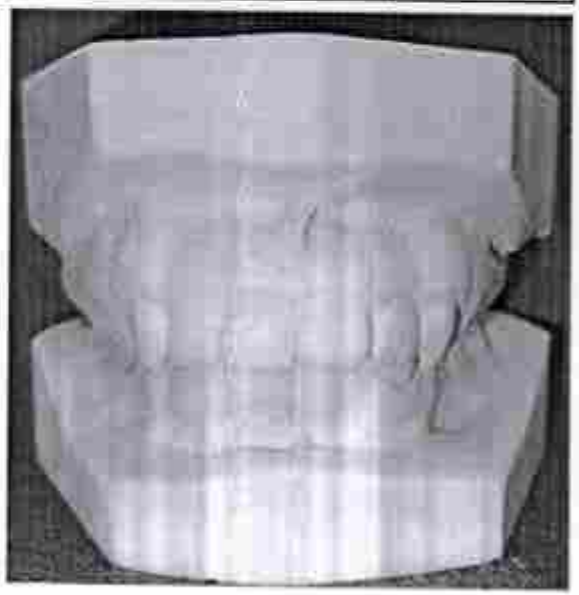




IC- 28 mm
IP- 32mm

Model analysis

12	8	8	9.5	9	10	9	8.5	9.5	8	8.5	12	upper
6	5	4	3	2	1	1	2	3	4	5	6	
12.5	8	8.5	8.5	6	6.5	6.5	7	8.5	8.5	8	13	lower



Curve of spee = 3mm Rt & 3mm Lt

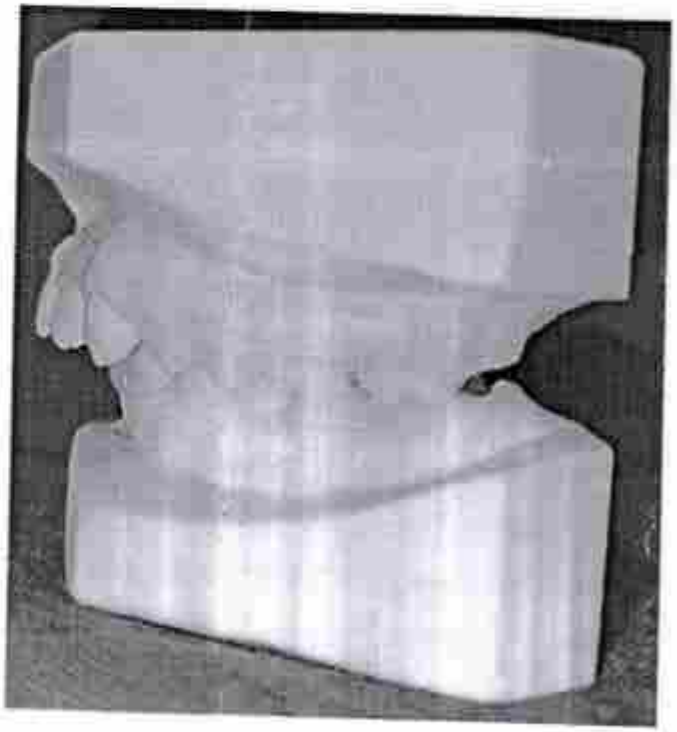
Arch perimeter analysis - 6mm crowding
Carey's analysis - 9mm crowding
Pont's analysis - arch needs expansion
Ashley Howe's analysis - Treated without extraction
Expansion possible

- Bolton's analysis

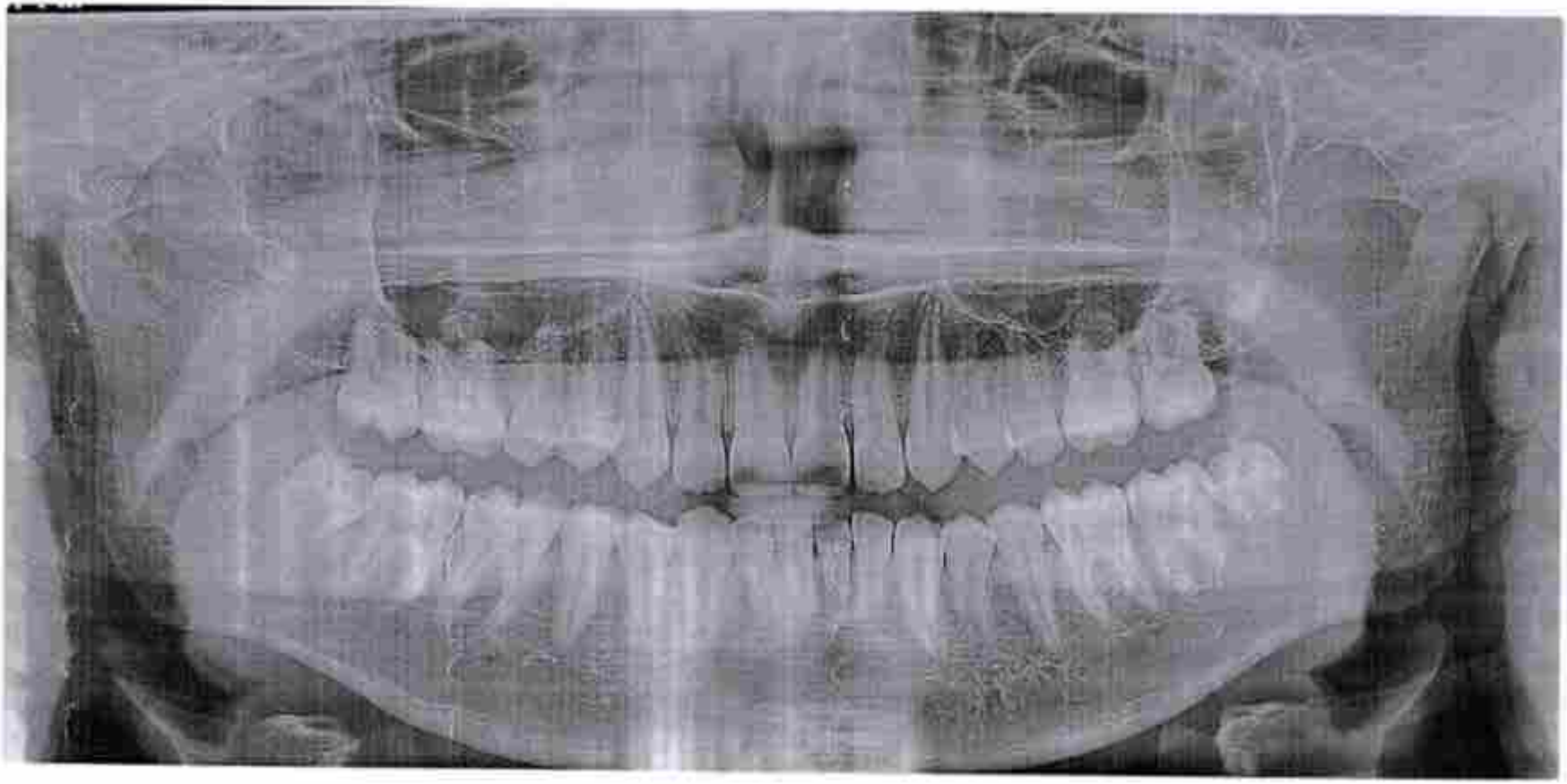
  overall maxillary TM excess by 0.83 mm

  anterior mandibular TM excess by 0.16 mm

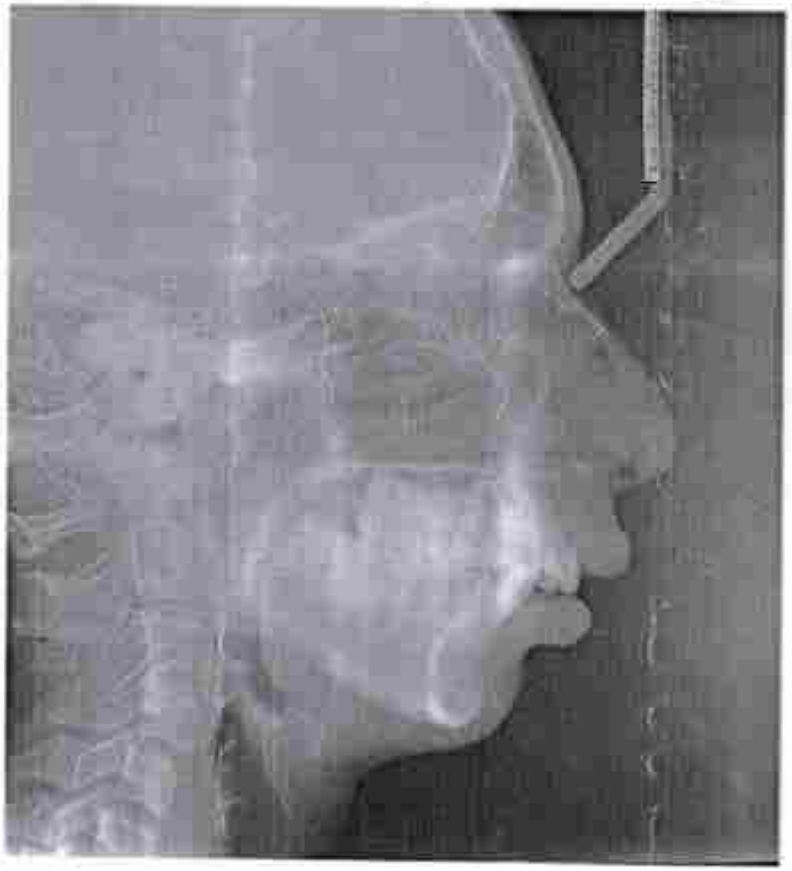




OPG

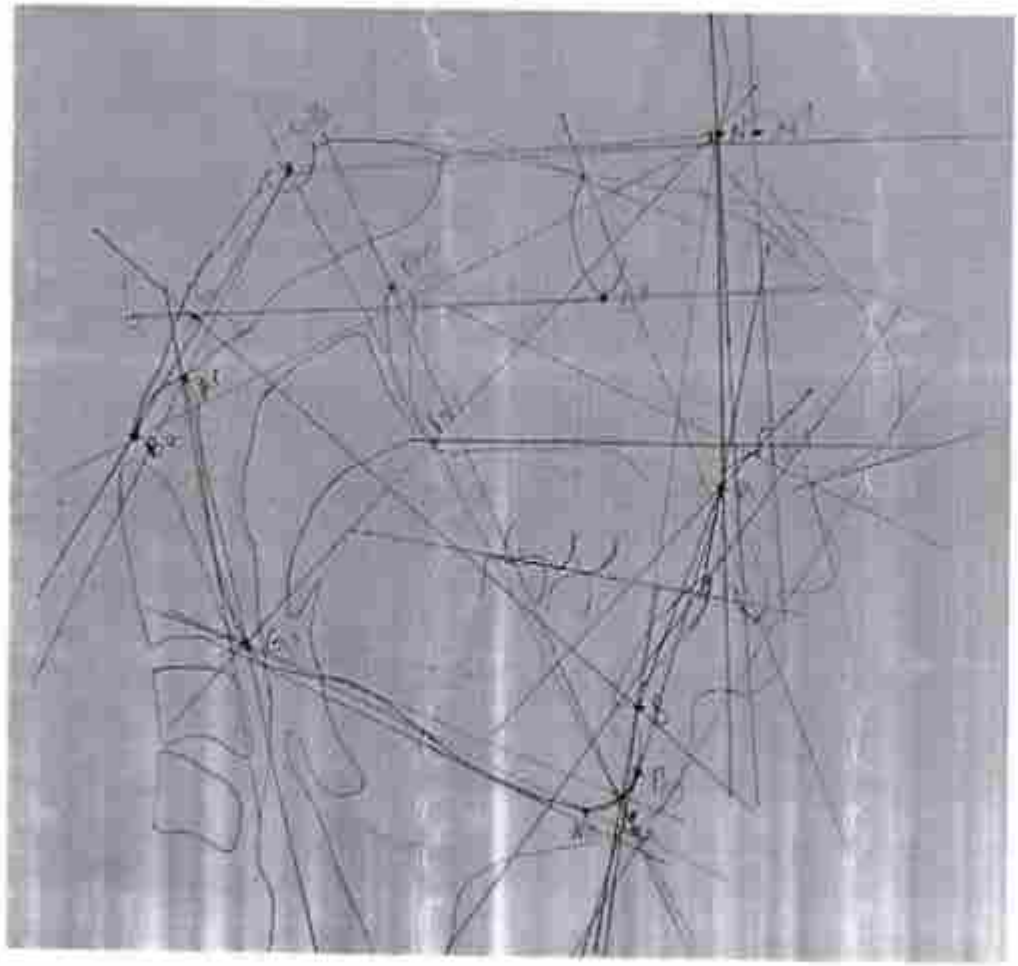


Lateral cephalogram





Lateral cephalogram analysis



Cranial base relationship

no	measurement	normal	pretreatment
1	N-S-Ba angle	130^0	125^0
2	SN-FH	7^0	4^0
3	SE to N	71 mm	63mm

MAXILLA TO CRANIUM

No	Measurement	Mean	Pre treatment	Inference
1	Angle SNA	82°	86 deg	Increased
2	N ⊥To Pt A (mm)	0-1	2 mm	Increased
3	Co- A (mm)	93.6±3.2	82 mm	Decreased
4	PNS-ANS (mm)	62+4m 57+4 f	49 mm	Decreased

Interpretation: dimensionally small maxilla

MANDIBLE TO CRANIUM

No	Measurement	Mean	Pre treatment	Inference
1	Angle SNB	**80°**	77°	Decreased
2	N⊥Pog (mm)	**-2 to +4**	18 mm	Increased
3	Co-Gn (mm)	**121.6±4.5**	95 mm	Decreased
4	Saddle Angle (N-S-Ar)	**123±5°**	121°	Normal
5	Articular Angle (S-Ar-Go)	**143±6°**	142°	Normal
6	Gonial Angle (Ar-Go-Me)	**128±7°**	129°	Normal
7	Upper Gonial Angle (degrees)	**52-55°**	54°	Increased
8	Lower Gonial Angle			

Interpretation: dimensionally small mandible

VERTICAL RELATIONS

No	Measurement	Mean	Pre treatment	Inference
1	FMA Angle	25°	29°	Increased
2	SN to Go-Gn (degrees)	32°	26°	Decreased
3	Y axis	59.5°	65°	Increased
4	Ant Face Height (mm)	120	103mm	Decreased
5	Posterior Face Height(mm)	75	70 mm	Decreased
6	Jarabak Ratio	62-65	68	Increased
7	Facial axis angle (Ptm-Gn to Na-Ba)	90°	86°	Decreased

Interpretation: Vertical growth pattern

MAXILLARY ROTATION

No	Measurement	Mean	Pre treatment	Inference
10	Occlusal plane to SN (degree)	**14°**	15°	Increased

MAXILLO-MANDIBULAR RELATIONSHIP

No	Measurement	Mean	Pre treatment	Inference
1	ANB	2^0	9^0	Increased
2	Wits	**0 to -1**	6.5mm	Increased
3	Beta angle	**27-34°**	21^0	Decreased

Interpretation: class 2 skeletal base

INCLINATION OF MAXILLARY DENTITION

No	Measurement	Mean	Pre treatment	Inference
1	Upper incisor to N-A (Angular) (Linear)	22° 4mm	20° 4 mm	Decreased Normal
2	Upper incisor to SN	94-102°	106°	Increased
3	Upper incisor to A pog	-1 to 5 mm	10 mm	Increased

Interpretation: Proclined incisors

INCLINATION OF MANDIBULAR DENTITION

No	Measurement	Mean	Pre treatment	Inference
1	Lower incisor to N-B (Angular) (Linear)	**25°** **4mm**	27° 8 mm	Increased
2	Lower incisor to A-Pog	**1-3mm**	2 mm	Normal
3	Lower incisor to Mandibular Plane (IMPA)	**90±5°**	100°	Increased

Interpretation: Proclined lower anteriors

UPPER AND LOWER DENTITION TO EACH OTHER

No	Measurement	Mean	Pre treatment	Inference
1	Inter incisal angle	**131°**	125°	Decreased

Interpretation:Proclined incisors

SOFT TISSUE ANALYSES
UPPER AND LOWER LIP

No	Measurement	Mean	Pre treatment	Inference
1	E line to Lower lip	0±2mm	5 mm	Incresed
2	Nasolabial Angle	90-110°	93°	Normal

- Inclination angle =86 deg
- U – NF =26 mm

DIAGNOSTIC SUMMARY

- Case of 15year old male patient with a skeletal class 2 base with vertical growth pattern exhibiting

DENTAL FEATURES:
Mesio labially rotated 21 by 10º
Mesio lingually rotated 32,34 by 10°
Deepbite -100%

SOFT TISSUE FEATURES
MACROESTHETICS:
Convex profile
Posterior divergence
Inadequate chin
Average mentolabial sulcus

MINIESTHETICS
Average smile line
Non consonant smile
MICROESTHETICS
Alterd gingival Zenith

PROBLEM LIST

SKELETAL
Class 2

DENTAL
Mesio labially rotated 21 by 10º
Mesio lingually rotated 32,34 by 10 º
Deepbite -100%

SOFT TISSUE

MACROESTHETICS
Straight profile
Posterior divergence
Inadequate chin
Shallow mentolabial sulcus

MINIESTHETICS
Average smile line
Non consonant smile

MICROESTHETICS
Altered gingival Zenith

AIM AND OBJECTIVES

SKELETAL

To correct class 2

DENTAL

- To correct:

Mesio labially rotated 21 by 10º

Mesio lingually rotated 32,34 by 10°

Deepbite -100%

SOFT TISSUE

MACROAESTHETIC :

Achieving a straight divergence

Miniesthetics

Correction of smile line

Correction of smile arc

Microesthetics

Correction of altered gingival Zenith

TREATMENT PLAN

Fixed functional appliance + Infra zygomatic crest implants

- Stage 1: Alignment and levelling
- Stage 2:retraction of upper & lower anteriors
- Stage 3 :finishing & detailing
- Genioplasty

MECHANOTHERAPY

- Fixed mechanotherapy with pre-adjusted edgewise appliance (0.022 MBT prescription) with appliance.

CLINICO PATHOLOGICAL CLUB REPORT

The institution conducts scientific presentations (clinical clubs) on monthly basis. The scientific committee schedules the clinical clubs which gives details of department and time of presentation prier.

The format and report has been attached here with.

From,

Coordinator for clinical club

KMCT Dental College

Through

Chairman, Scientific Committee

KMCT Dental College

To,

The Principal

KMCT Dental College

Respected sir,

Sub: Schedule for Clinical Clubs for next cycle.

As per previous instructions from Principal and Scientific Committee, every department is required to conduct clinical club on 2nd Friday of each month. The detail of schedule from June 2022 to May2023 is attached here with.

Thanking you

SCHEDULE FOR CLINICAL CLUB

S.no	Date	Dept
1	3-6-22	Oral and maxillofacial surgery
2	8-7-22	Prosthodontics
3	30-9-22	Periodontics
4	28-10-22	Pedodontics
5	11-11-22	Orthodontics
6	23-11-22	OMFS, OMR, OP, PEDODONTICS
7	9-12-22	Oral medicine and radiology
8	27-1-23	Conservative dentistry
9	10-2-23	Oral and maxillofacial pathology
10	17-3-23	Oral and maxillofacial surgery
11	19-4-23	Prosthodontics
12	19-5-23	Periodontics
13	9-6-23	Pedodontics

CLINICAL CLUB REPORT

S.no	Date	Dept	Topic	No of attendees
1	3-6-22	Oral and maxillofacial surgery	Pleomorphic adenoma of parotid; ab enigma to surgeons	87
2	8-7-22	Prosthodontics	Maxillofacial prosthesis; paving pathway to safety and wellness	92
3	30-9-22	Periodontics	Laser; A journey through the radiant light	90
4	28-10-22	Pedodontics	Smart tool in pdiatric endodontics	107
5	11-11-22	Orthodontics	Canine ; unveiling the hidden	115
6	23-11-22	OMFS, OMR, OP, PEDODONTICS	CASE DI	46
7	9-12-22	Oral medicine and radiology	PIOSCC developing from cyst; expect the unexpected	109
8	27-1-23	Conservative dentistry	Management of complex endodontic cases	102
9	10-2-23	Oral and maxillofacial pathology	A pediatric jaw lesion- unveiling its true shades	98
10	17-3-23	Oral and maxillofacial surgery	Craniomaxillofacial trauma; a case series	106
11	19-4-23	Prosthodontics	Creating smiles in appealing minds	97

12	19-5-23	Periodontics	From regeneration to implantation- A journey through innovative insight in bone regeneration	97
13	9-6-23	Pedodontics	Knot the snort	140

KMCT
DENTAL COLLEGE

SELF DIRECTED LEARNING

At KMCT Dental College, self-directed learning is a key component in enhancing students' learning experiences. The institution fosters self-directed learning through various means:

1. **Curriculum Flexibility**: Providing opportunities for students to have some control over their learning paths by offering elective courses or specialized tracks within the dental curriculum. This enables students to explore areas of personal interest.
2. **Resource Accessibility**: Offering a plethora of resources like libraries, online databases, and learning materials, allowing students to delve deeper into topics of their choice and conduct self-study beyond the prescribed curriculum..
3. **Project-Based Learning**: Implementing projects or assignments where students have the freedom to choose topics, conduct research, and present findings, promoting self-initiated learning and critical thinking.
4. **Guided Mentorship**: Providing guidance and mentorship by faculty members to assist students in structuring their self-directed learning paths, offering advice, and feedback along the way.

By emphasizing self-directed learning, KMCT Dental College empowers students to become independent, lifelong learners, preparing them not only for academic success but also for a career in dentistry that requires continuous learning and adaptation to new advancements in the field.

KMCT Medical College Campus, Mukkam, Kozhikode - 673602
0495-2292000 dental@kmct.edu.in
www.kmctdentalcollege.org

DEPT. OF PERIODONTICS

SELF-DIRECTED LEARNING

This method encourages students to independently set learning objectives, explore specific topics of interest, and identify resources for acquiring in-depth knowledge. Through independent research projects, students delve into periodontal research, developing critical thinking and analytical skills.



Students are given topics considering their interest as well and they are encouraged to prepare a detailed seminar on that specific topic.

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A series of seminars were conducted at department of prosthodontics, to provide a platform for academic enrichment and knowledge exchange among both Postgraduate (PG) and Undergraduate (UG) students. The seminars aimed to bridge the gap between the two academic levels, fostering a culture of continuous learning and collaboration.

Highlights:

1. **Student-led Sessions:**
   - Several seminars were led by PG students, providing them with a platform to share their research findings and expertise with UG peers.
2. **Interactive Workshops:**
   - Hands-on workshops were conducted to enhance practical skills, allowing UG students to apply theoretical knowledge gained in their coursework.
3. **Panel Discussions:**
   - Panel discussions involving faculty members, PG, and UG students facilitated open conversations about academic challenges, career paths, and the importance of collaboration.

Feedback:

- **PG Students:**
  - Expressed satisfaction with the opportunity to share their research and mentor UG students.
  - Found value in the networking opportunities with faculty and UG students.
- **UG Students:**
  - Appreciated exposure to advanced topics and career insights.
  - Enjoyed the interactive and collaborative nature of the seminars.

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

FINAL YEAR BDS PART I REGULAR BATCH

SEMINAR SCHEDULE- BATCH 1

	Students name	Title of seminar	Date
1.	Ardra Asok	Anterior teeth selection	08-11-23
2.	Abhijith PA	Posterior teeth selection	18-11-23
3.	Afsana A	Immediate Dentures	11-11-23
4.	Abhirami SV	Beading, Boxing and Indexing	07-11-23
5.	Aiswarya Anil	Theories/philosophies of impression making	16-11-23
6.	Akshay VR	ACP Classification of completely edentulous patients	17-11-23
7.	Aliya MM	Importance of saliva in complete dentures	10-11-23
8.	Anjala K Thampi	Denture processing – Compression moulding technique	09-11-23

Exam – All topics 27-11-23

7/11/23

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

FIRST YEAR PART I SUPPLEMENTARY BATCH

SEMINAR SCHEDULE

BATCH III

SL NO.	STUDENTS NAME	TITLE OF SEMINAR	DATE
1	BINSA S	PRINCIPLES AND OBJECTIVES OF IMPRESSION MAKING	6-10-23
2	DEVIKA BS	VERTICAL JAW RELATION	7-10-23
3	DEVIKA SHAJI	TRY IN	10-10-23
4	JOOBEL JAMAL	ARTICULATORS	12-10-23
5	KRIPA UNNIKRISHNAN	FACEBOW	13-10-23

MID POSTING EXAM SCHEDULE

SL NO.	EXAM DATE	TOPICS
1	9-10-23	SEMINAR TOPICS 1-2
2	16-10-23	SEMINAR TOPICS 3-5

TYPHO PREPARATION - 2 PM to 4 PM ALL THURSDAYS

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

FINAL YEAR BDS PART I SUPPLEMENTARY BATCH

SEMINAR SCHEDULE- BATCH 4

	Students name	Title of seminar	Date
1.	Lasima Sakir KP	Anterior teeth selection	14-11-23
2.	Linsha PK	Mandibular major connectors	15-11-23
3.	Mehza Femin Mustafa	Border moulding	22-11-23
4.	Midhuna Mohan	Posterior palatal seal	13-11-23
5.	Mohamad Anfad	Residual ridge resorption	23-11-23

Exam – All topics 27-11-23

21/11/23

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

FINAL YEAR PART I REGULAR BATCH

SEMINAR SCHEDULE

BATCH V

SL NO.	STUDENTS NAME	TITLE OF SEMINAR	DATE
1	NAHNA NILUFER	MAXILLARY IMPRESSION PROCEDURES	12-06-23
2	NAJI MUHAMMED	MANDIBULAR IMPRESSION PROCEDURES	14-06-23
3	NAJIYA FATHIMA	OBJECTIVES OF IMPRESSION MAKING - RETENTION	16-06-23
4	NAJUMA	INTRODUCTION TO RPD	21-06-23
5	NANDANA VINOD	RESIDUAL RIDGE RESORPTION	23-06-23
6	NEHA SHEZIN	POSTERIOR PALATAL SEAL	26-06-23
7	NIFSHA P	DIAGNOSIS AND TREATMENT PLANNING IN COMPLETE DENTURE	28-06-23

EXAM – ALL TOPICS 06-07-23

HEAD OF THE DEPARTMENT

20/6/23

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

FINAL YEAR PART I REGULAR BATCH

SEMINAR SCHEDULE

BATCH VI

SL NO.	STUDENTS NAME	TITLE OF SEMINAR	DATE
1	RINSHA RAJ UK	BORDER MOULDING	11-07-23
2	RISHIKA	VERTICAL JAW RELATION	14-07-23
3	SANAH BASHEER	TRY IN	18-07-23
4	SANDRA K	MAXILLARY MAJOR CONNECTORS	31-07-23
5	SANJITH SANTHOSH	MANDIBULAR MAJOR CONNECTORS	02-08-23
6	SHIBINI P	POSTERIOR PALATAL SEAL	31-07-23
7	SHIJAS AHMED MCC	REST AND REST SEATS	29-07-23

SL NO.	EXAM DATE	TOPICS
1	29-07-23	SEMINAR TOPICS 1-3
2	03-07-23	SEMINAR TOPICS 4-7

MID POSTING EXAM SCHEDULE

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR PART I REGULAR
BATCH SEMINAR SCHEDULE

BATCH VII

SL NO.	STUDENTS NAME	TITLE OF SEMINAR	DATE
1	SHONIMA P	MAXILLARY IMPRESSION PROCEDURES	19-08-23
2	SONA	MANDIBULAR IMPRESSION PROCEDURES	22-08-23
3	SREELAKSHMI PS	PRINCIPLES OF TOOTH PREPARATION	24-08-23
4	SREYA SURESH	PREPARATION OF ALL CERAMIC CROWN	26-08-23

EXAM – ALL TOPICS 04-09-23

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

FINAL YEAR PART I REGULAR BATCH

SEMINAR SCHEDULE

BATCH VIII

SL NO.	STUDENTS NAME	TITLE OF SEMINAR	DATE
1	ZEBA NASAR	MAXILLARY MAJOR CONNECTORS	6-10-23
2	DHANYA RADHAKRISHNAN	MANDIBULAR MAJOR CONNECTORS	7-10-23
3	SARATH LAL T	BORDER MOULDING	10-10-23
4	ABILA J SOMAN	POSTERIOR PALATAL SEAL	12-10-23
5	ANANTHA PADMANABHAN RS	RESIDUAL RIDGE RESORPTION	13-10-23

MID POSTING EXAM SCHEDULE

SL NO	DATE	TOPICS
1	9-10-23	SEMINAR TOPICS 1-2
2	18-10-23	SEMINAR TOPICS 3-5

TYPHO PREPARATION - 2 PM to 4 PM ALL THURSDAYS

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR PART I REGULAR BATCH

SEMINAR SCHEDULE

SL NO.	STUDENTS NAME	TITLE OF SEMINAR	DATE
1	SANIDA DS	MAXILLARY IMPRESSION PROCEDURES	16-09-23
2	SABIKHA V	MANDIBULAR IMPRESSION PROCEDURES	19-09-23

EXAM – ALL TOPICS 25-09-23

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II SUPPLEMENTARY BATCH (JAN 2024 EXAM)

SEMINAR SCHEDULE- BATCH 2

SI NO.	NAME	SEMINAR TOPIC	DATE
1	Athira Murali	Overdenture	30/10/23
2	Athira R	Sterilization & Disinfection in Prosthodontics	
3	Aysha Rafah	Articulators	
4	Bhagya M	Spacers in complete denture	01/11/23
5	Fathima Diana M.P	Connectors in FPD	
6	Fathimath Shahadiyya	Methods of fluid control in FPD	
7	Gopika S	Failures in FPD	03/11/23
8	Hamida C.P	Trial Denure	
9	Hiba Sherin	Post Insertion instructions and complications in complete denture	

MID POSTING EXAM SCHEDULE

SI NO.	DATE	TOPIC
1	31/10/23	SEMINAR TOPIC 1-3
2	02/11/23	SEMINAR TOPIC 4-6
3	04/11/23	SEMINAR TOPIC 7-9

TYPHODONT TOOTH PREPARATION (ALL- CERAMIC CROWN)

Remaining Working Days in the Department posting(2-4pm)

SEMINAR & RECORD SUBMISSION

10/11/2023

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II SUPPLEMENTARY BATCH (JAN 2024 EXAM)

SEMINAR SCHEDULE- BATCH 3

SI NO.	NAME	SEMINAR TOPIC	DATE
1	HUSNA REHMAN	ANATOMICAL LANDMARKS OF MANDIBLE	09/12/23
2	LIYA GRACE	LAMINATES	
3	MANEESHA N	OBTURATORS	
4	MOHAMMED SABAH	CLEFT LIP AND PALATE	12/12/23
5	NEHLA SHERIN	CEMENTATION PROCEDURES IN FPD	
6	NASNI NASAR	FUNDAMENTALS OF OCCLUSION IN FPD	
7	NINSHIDA	PRE PROSTHETIC SURGERY IN FPD	14/12/23
8	RAMESH TT	IMPLANT FAILURES	
9	RASHIDA NASAR	METHODS OF GINGIVAL RETRACTION	

MID POSTING EXAM SCHEDULE

SI NO.	DATE	TOPIC
1	11/12/23	SEMINAR TOPIC 1-3
2	13/12/23	SEMINAR TOPIC 4-6
3	15/12/23	SEMINAR TOPIC 7-9

TYPHODONT TOOTH PREPARATION (ALL- CERAMIC CROWN)

Remaining Working Days in the Department posting(2-4pm)

SEMINAR & RECORD SUBMISSION

16/12/2023

HEAD OF THE DEPARTMENT

2021 BATCH

Sl. No.	POSTGRADUATE NAME	SEMINAR	JOURNAL CLUB
1)	Dr. ARIF JALAL	21-10-2022 01-11-2022 22-11-2022	11-10-2022 11-11-2022 2-12-2022
2)	Dr. MELISA CHERIYAN	18-10-2022 08-11-2022 29-11-2022	28-10-2022 18-11-2022 09-12-2022
3)	Dr. NEERAJA EV	25-10-2022 15-11-2022 06-12-2022	14-10-2022 04-11-2022 25-11-2022 16-12-2022

7/12/22

HEAD OF THE DEPARTMENT

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

III YEAR MDS (2019 ADMISSION)

SCHEDULE FOR SEMINAR & JOURNAL REVIEW PRESENTATIONS

(MARCH, APRIL & MAY 2022)

Sl. No.	DATE	SEMINAR	JOURNAL REVIEW
1).	Dr. ANJANA RAJ PP	-	-
2).	Dr. ASWATHY GOPI	27-05-2022	19-04-2022
3).	Dr. ANUJA R	20-05-2022	08-04-2022

12/5/22

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KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

SCHEDULE FOR SEMINAR AND JOURNAL REVIEW PRESENTATIONS

October/ November/ December /JAN / FEB

2020 BATCH

Sl. No.	POSTGRADUATE NAME	SEMINAR	JOURNAL CLUB
1).	Dr. PRANAV AG	13-12-2022 03-01-2023 24-01-2023 14-02-2023	23-12-2022 13-01-2023 03-02-2023 24-02-2023
2).	Dr. PRIYANKA K	20-12-2022 10-01-2023 31-01-2023 21-02-2023	30-12-2022 20-01-2023 10-02-2023 03-03-2023
3).	Dr. VARENYA R	27-12-2022 17-01-2023 07-02-2023 28-02-2023	06-01-2023 27-01-2023 17-02-2023

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

I YEAR MDS (2021 ADMISSION)

SCHEDULE FOR SEMINAR & JOURNAL REVIEW PRESENTATIONS

(MARCH, APRIL & MAY 2022)

Sl. No.	DATE	SEMINAR	JOURNAL REVIEW
1).	Dr. ARIF JALAL	05-04-2022	03-05-2022
2).	Dr. MELISA CHERIYAN	12-04-2022	10-05-2022
3).	Dr. NEERAJA EV	22-04-2022	17-05-2022

Professor & HOD

HEAD OF THE DEPARTMENT

2021 BATCH

Sl. No.	POSTGRADUATE NAME	SEMINAR	JOURNAL CLUB
1)	Dr. ARIF JALAL	21-10-2022 01-11-2022 22-11-2022	11-10-2022 11-11-2022 2-12-2022
2)	Dr. MELISA CHERIYAN	18-10-2022 08-11-2022 29-11-2022	28-10-2022 18-11-2022 09-12-2022
3)	Dr. NEERAJA EV	25-10-2022 15-11-2022 06-12-2022	14-10-2022 04-11-2022 25-11-2022 16-12-2022

31-1-22

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DEPARTMENT OF PROSTHODONTICS

PRESENTATION SCHEDULE [JUNE, JULY, AUGUST]

SL NO	DATE	PRESENTATION	PG
1	13.06.2023	SEMINAR	JINSHA
2	16.06.2023	JC	VARENYA GOPIKA
3	20.06.2023	SEMINAR	PRANAV
4	23.06.2023	JC	CHANDANA SREYA
5	27.06.2023	SEMINAR	ARIF
6	30.06.2023	JC	MELISA NEERAJA
7	04.07.2023	SEMINAR	VARENYA
8	07.07.2023	JC	CHANDANA JINSHA
9	11.07.2023	SEMINAR	NEERAJA
10	14.07.2023	JC	ARIF SUKHIL
11	18.07.2023	SEMINAR	PRANAV
12	21.07.2023	JC	NEERAJA GOPIKA

13	25.07.2023	SEMINAR	MELISA
14	28.07.2023	JC	JINSHA SREYA
15	01.08.2023	SEMINAR	CHANDANA
16	04.08.2023	JC	ARIF NEERAJA
17	08.08.2023	SEMINAR	GOPIKA
18	11.08.2023	JC	MELISA SUKHIL
19	15.08.2023	INDEPENDENCE DAY	
20	18.08.2023	JC	ARIF GOPIKA
21	22.08.2023	SEMINAR	SUKHIL
22	25.08.2023	JC	NEERAJA
23	29.08.2023	SEMINAR	SREYA
24	01.09.2023	JC	MELISA CHANDANA

A comprehensive set of assignments was designed and given to both Postgraduate (PG) and Undergraduate (UG) students to enhance academic rigor, foster critical thinking, and promote skill development. The assignments were crafted to align with the respective academic levels, ensuring that they contribute effectively to the overall learning objectives.

Feedback and Evaluation:

- **PG Assignments:**
  - Positive feedback regarding the challenge and relevance of assignments in advancing their research and analytical skills.
  - Suggestions for more interdisciplinary projects to foster a broader perspective.
- **UG Assignments:**
  - Acknowledgment of the value of assignments in reinforcing classroom learning.
  - Requests for more guidance on advanced research methodologies.

KMCT DENTAL COLLEGE

DEPARTMENT OF PEDODONTICS

SEMINAR TOPICS

BATCH-I 18/04/23 to 16/05/23

SL NO	NAME	SEMINAR TOPIC
1. 18/4	ADARSH L	MANAGEMENT OF DENTAL EMERGENCIES
2. 21/4	ADARSH P	SPORTS DENTISTRY
3. 24/4	AKHIL C	REFLEXES IN CHILDREN
4. 25/4	ALFRID VARGHESE	ANTIBIOTICS & ANALGESICS IN PEDIATRIC DENTISTRY
5. 27/4	ALIDA L P	DRUGS DOSAGE CALCULATION FOR PEDIATRIC PATIENTS
6. 25/4	ALIYA	MINOR SURGICAL PROCEDURES IN CHILDREN
7. 26/4	ANASWARA K	DEVELOPMENT OF OCCLUSION
8. 26/4	ANETTA N A	DEVELOPMENTAL DISTURBANCES OF TEETH
9. 26/4	ANJALI PRAKASHAN	ISOLATION TECHNIQUES IN OPERATIVE DENTISTRY
10. 28/4	ANUPAMA S	CARIES RISK FACTORS
11. 29/4	ARUN V R	GROWTH ASSESMENT
12. 29/4	ASWATHI KRISHNA P K	CARIES DIAGNOSIS
13. 29/4	ATHUL B	PLAQUE CONTROL IN CHILDREN
14. 29/4	ATHUL KUMAR A	PLAQUE CONTROL IN DIFFERENTLY ABLED
15. 29/4	AYSHA FIDWA	SERIAL EXTRACTION
16. 30/4	CHELSA MARIA O J	SPACE REGAINER
17. 30/4	CHITHRATHIRA K	SPACE MAINTAINER

In charge - Dr ANJALI SADAYAN

Topics allotted by - Dr MARIUM RAHEEMA PK

17) Adarsh L — Management of Dental Emergencies 6/05/2023. — Dr Karthik / Dr Vidhya

18) Anaswara K — Development of occlusion

Sl No	DATE	TOPIC	STUDENT NAME	SIGNATURE
1	21/01/22	Sports Dentistry	Adarsh P	Dr George Dr Vidhya H
2	21/04/22	Reflexes in children	Akhil. C	Dr George Dr Vidhya H
3	22/04/22	Antibiotics and analgesics in pediatric Dentistry	Alfred	Dr Anju Dr Vidhya
4	22/04/22	Drug Dosage calculation	Alida	Dr Anju Dr Vidhya
5	25/4/22	Minor Surgical procedures in children	Aliya.	Dr Darshana V Dr Kavitha
6	26/4/22	Development of dentition	Anamika K (Repeat)	Dr Darshana V Dr Kavitha
7	26/4/22	Developmental disturbances of teeth	Anita. N.A	Dr Anju Dr Kavitha
8	26/4/22	Isolation techniques in operative dentistry	Anjali Prakashan	
9	27/4/22	Extra oral facial	Anupama. S	Dr Vidhya Dr Anju Dr Varsha
10	27/4/22	Growth Assessment	Aswathy VR	Dr Anju Dr Varsha Dr Vidhya
11	28/4/22	Caries diagnosis	Aswathi Krishna. (Repeat)	Dr George Dr Vidhya
12	28/4/22	plaque control in children	Athul B.	
13	29/4/22	Plaque control in Differently Abled	Athul kumar A	Dr Anju Dr Vidhya
14	29/4/22	Serial extraction	Ayesha Ridwa	
15	29/4/22	Space Regainer	Chelsa Maria OJ	Dr Darshana Dr Darshana
16	29/4/22	Space Maintainer	Chithra Krishna K	

DEPARTMENT OF PEDIATRIC & PREVENTIVE DENTISTRY

FINAL YEAR PART 2 BDS SUPPLEMENTARY BATCH

SEMINAR TOPICS

BATCH A

S.No	DATE	SEMINAR TOPIC	STUDENT NAME
1	17/10/22	CASE HISTORY	ABHINA PS
2	18/10/22	RADIOGRAPHIC TECHNIQUES	ADITHYA R
3	22/10/22	TOOTH NUMBERING SYSTEM & TEETHING	ALLEN
4	25/10/22	CHILD PSYCHOLOGY –PSYCHOSEXUAL THEORY	ANAGHADAS
5	26/10/22	CHILD PSYCHOLOGY – PSYCHOSOCIAL THEORY	ANAKHA
6	27/10/22	DIET & NUTRITION	ANAMIKA
7	28/10/22	PIT & FISSURE SEALANTS	ANJANA
8	29/10/22	ORAL HABITS – THUMB SUCKING	ANJITHA
9	31/10/22	ORAL HABITS – TONGUE THRUSTING	ANUSHA
10	1/11/22	ORAL HABITS –MOUTH BREATHING & BRUXISM	ARDRA
11	2/11/22	SERIAL EXTRACTION	ARDRA AR
12	3/11/22	ANTERIOR CROSS BITE & ITS MANAGEMENT	ARJUN R

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Dept. of Pedodontics

Sl. No.	Date	Seminar Topic	Student Name	Signature
1	18/10/22	Case History	Abhina	
2	19/10/22	Radiographic Techniques	Adithya	
3	25/10/22	Tooth Numbering System & Teething	Allen	
4	26/10/22	Child Psychology - Psychosexual Theory	Anagha Das	
5	27/10/22	Child Psychology - Psychosocial Theory	Anakha	
6	28/10/22	Diet & Nutrition	Anamika	
7	29/10/22	Oral Habits- Thumb Sucking	Anjitha	
8	02/11/22	Oral Habit : Tongue Thrusting	Anusha	
9	09/11/22	Serial Extraction	Arona AR	
11	09/11/22	Anterior Cross Bite & Its Management	Arjun R	
12	13/12/22	Oral Habits - Mouth Breathing And Bruxism	Arora	
13	07/11/22	Pit & Fissure Sealant	Arjuna	

DEPARTMENT OF PEDIATRIC & PREVENTIVE DENTISTRY

FINAL YEAR PART 2 BDS SUPPLEMENTARY BATCH

SEMINAR TOPICS

BATCH 8

S No.	DATE	SEMINAR TOPIC	STUDENT NAME
13	6/12/22	FIXED SPACE MAINTAINERS	ARJUN RUPEESH
14	8/12/22	SPACE REGAINERS	ASHIKHA HANAM
15	7/12/22	CARIES RISK ASSESSMENT	ASHIQUE R
16	9/12/22	DIAGNOSTIC AIDS IN DENTAL CARIES	ASHNA KHAN
17	9/12/22	EARLY CHILDHOOD CARIES	CHANDY C
18	13/12/22	RAMPANT CARIES	CHELSIA S
19	12/12/22	CHEMOMECHANICAL CARIES REMOVAL	FATHIMA T
20	13/12/22	CAVITY PREPARATIONS & MODIFICATIONS IN PRIMARY TEETH	GRESHMA MT
21	14/12/22	RUBBER DAM	HARLEY J
22	15/12/22	GLASS IONOMER CEMENT	HIBA A
23	16/12/22	ATRAUMATIC RESTORATIVE TREATMENT	JEEVA K

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S.No	Date	Seminar Topic	Student Name	Signature (Staff)
1	06/12/22	Fixed Space Maintainers	Arjun	
2	08/12/22	Space Regainers	Ashiksa	
3	13/12/22	Caries Risk Assessment	Ashwin	
4	10/12/22	Diagnostic Aids	Asma	
5	13/12/22	Rampant Caries	Chelsia	
6	13/12/22	Early Childhood Caries	Chandu	
7	14/12/22	Cavity Preparation & Modifications	Gresma	
8	14/12/22	Chemomechanical Caries Removal	Fathima	
9	14/12/22	Rubber Dam	Harley	
10	15/12/22	GIC	Hiba	
11	15/12/22	Art	Jeeva	

DEPARTMENT OF PEDIATRIC & PREVENTIVE DENTISTRY

FINAL YEAR PART 2 BDS SUPPLEMENTARY BATCH

SEMINAR TOPICS

BATCH C

S No.	DATE	SEMINAR TOPIC	STUDENT NAME
24	5/05/22	ANTERIOR CROWNS IN PEDIATRIC DENTISTRY	KRISHNA PRIYA KR
25	5/05/22	INDIRECT & DIRECT PULP CAPPING	KRISHNA PRIYA M RAJ
26	6/05/22	PULPOTOMY	LATHEETHA S
27	6/05/22	PULPECTOMY	MAHIMA
28	11/05/22	APEXOGENESIS & APEXIFICATION	MANISHA P
29	9/05/22	LOCAL ANESTHESIA	MAYA T.V
30	10/05/22	AVULSION & ITS MANAGMENT	NAINU S
31	10/05/22	PEDIATRIC MINOR ORAL SURGERY	NASREENA K
32	11/05/22	CEREBRAL PALSY & AUTISM	PRESHMA P
33	11/05/22	CLEFT LIP & PALATE	RAMSEENA
34	12/05/22	DEVELOPMENTAL ANOMALIES OF DENTITION	ROSHINI
35	12/05/22	CHILD ABUSE & NEGLECT	SACHIN S

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S.No	DATE	SEMINAR TOPIC	STUDENT NAME	SIGNATURE
1	6/8/22	ANTERIOR CROWNS	KRISHNA	
2	6/8/22	INDIRECT & DIRECT	KRISHNA	
3	9/8/2022	APEXOGENESIS & APEXIFICATION	MANISHA	
4	12/8/2022	PULPOTOMY	LATHEETHA	
5	12/8/2022	PULPECTOMY	MAHIMA	
6	24/8/22	AVULSION	NAINU	
7	24/8/22	CHILD ABUSE & NEGLECT	SACHIN S	
8	27/8/22	PEDIATRIC MINOR O.S	NASREENA	
9	27/8/22	CEREBRAL PALSY & AUTISM	PRESHMA	
10	29/8/22	CHILD ABUSE & NEGLECT	SACHIN S	
11	31/8/22	CLEFT LIP & PALATE	RAMSEENA	
12	31/8/22	DEVELOPMENTAL ANOMALIES OF DENTITION	RUSHINI	

DEPARTMENT OF PEDIATRIC & PREVENTIVE DENTISTRY

FINAL YEAR PART 2 BDS SUPPLEMENTARY BATCH

SEMINAR TOPICS

BATCH D

S.No	DATE	SEMINAR TOPIC	STUDENT NAME
36	13/9/22	STAINLESS STEEL CROWNS	SARANYA M K
37	14/9/22	LASERS IN PEDIATRIC DENTISTRY	SWARAG SUNIL
38	15/9/22	DIGITAL RADIOGRAPHIC DIAGNOSIS	THAHSEEN KC
39	16/9/22	DEVELOPMENT OF OCCLUSION – DECIDOUS & MIXED DENTITION PERIOD	ANJALI BS
40	17/9/22	CHILD PSYCHOLOGY – CLASSICAL CONDITIONING & OPERANT CONDITIONING	APARNA S
41	19/9/22	FEAR & ANXIETY	ASLAHA F
42	20/9/22	NON PHARMACOLOGICAL BEHAVIOUR MANAGMENT	KADEEJA KAILA
43	22/9/22	CONSCIOUS SEDATION	SREELAKSHMI
44	23/9/22	TOPICAL FLUORIDE & FLUORIDE VARNISH	KRISHNANJANA
45	24/9/22	DEFLUORIDATION TECHNIQUES	MATHEW K G
46	26/9/22	MODEL ANALYSIS IN MIXED DENTITION	ARJUN PR

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Dept. of Pedodontics

SN	DATE	SEMINAR TOPIC	STUDENT NAME	STAFF SIGNATURE
1	13/9/22	STAINLESS STEEL CROWNS	SARANYA	
2	14/9/22	LASERS IN PEDIATRIC DENTISTRY	SWARAL	
3	17/9/22	DIGITAL RADIOGRAPHIC DIAGNOSIS	THASEEN	
4	20/9/22	DEVELOPMENT OF OCCLUSION - DECIDUOUS & MIXED	ANJALI	
5	23/9/22	CHILD PSYCHOLOGY - CLASSICAL AND OPERANT CONDITIONING	APARNA	
6	24/9/22	FEAR & ANXIETY	ASLAHA	
7	—	NON - PHARMACOLOGICAL BEHAVIOUR MANAGEMENT	KADEEJA	— NOT PRESENTED
8	26/9/22	CONSCIOUS SEDATION	SREELAKSHMI	
9	13/12/22	TOPICAL FLUORIDE & FLUORIDE VARNISH	KRISHNANJANA	
10	—	DEFLUORIDATION TECHNIQUES	MATHEW K4	NOT PRESENTED —
11	—	MODEL ANALYSIS IN MIXED DENTITION	ARJUN PR	NOT PRESENTED —

DEPARTMENT OF PEDODONTICS

KMCT DENTAL COLLEGE

BDS PART –II

REGULAR 2023 JULY EXAM

BATCH – A

SEMINAR TOPICS

S.No	DATE	SEMINAR TOPIC	STUDENT NAME
1	24/04/23	CASE HISTORY	ABIRAMI
2	25/04/23	RADIOGRAPHIC TECHNIQUES	AKHIL N K
3	26/04/23	TEETHING	AKHIL T
4	27/04/23	DEVELOPMENT OF OCCLUSION IN MIXED DENTITION PERIOD	ALFIYA E S
5	28/04/23	CLASSICAL CONDITIONING & OPERANT CONDITIONING THEORY	ALIYA C N K
6	29/04/23	COGNITIVE THEORY & HIERARCHY OF NEEDS THEORY	AMANA
7	02/05/23	FEAR & ANXIETY	AMNA
8	03/05/23	DIET & NUTRITION	ANJANA
9	04/05/23	FLUORIDE TOXICITY	APARNA
10	05/05/23	DEFLUORIDATION	ARYALAXMI
11	06/05/23	MODEL ANALYSIS IN MIXED DENTITION	ATHUL
12	08/05/23	FIXED SPACE MAINTAINERS	CHANDANA
13	09/05/23	SPACE REGAINERS	C S SWATHI
14	10/05/23	CARIES VACCINE	FARAH
15	11/05/23	CARIES RISK ASSESSMENT	FARHANA
16	12/05/23	DIAGNOSTIC AIDS IN DENTAL CARIES	FATHIMA A

STAFF INCHARGE - DR. ASIF ISMAIL

DR. AMITH ADYANTHAYA
(HOD)

Sl No	Date	Seminar Topic	Student Name	Staff Signature
1	24/4/23	Case History	Abidha	
2	25/4/23	Radiographic Techniques	Akhil MK	
3	27/4/23	Teething	Akhil T	
4	27/4/23	Development Of Occlusion In Mixed Dentition	Alfiya	
5	28/4/23	Classical Conditioning & Operant Conditioning Theory	Aliya	
6	02/05/23	Cognitive Theory & Hierarchy Of Needs	Amana	
7	05/05/23	Fear And Anxiety	Ansha	
8	05/05/23	Diet & Nutrition	Anjana	
9	06/05/23	Fluoride Toxicity	Aparna	
10	08/05/23	Defluoridation	Aryalaxmi	
11	18/05/23	Model Analysis	Athul	
12	09/05/23	Fixed Space Maintainers	Chandana	
13	09/05/23	Caries Vaccine	Farah	
14	11/05/23	Space Regainers	C S Swathi	
15	11/05/23	Caries Risk Assessment	Farhana	
16	11/05/23	Diagnostic Aids In Dental Caries	Fathima A	

REGULAR 2023 JULY EXAM

BATCH - B

SEMINAR TOPICS

S.No	DATE	SEMINAR TOPIC	STUDENT NAME
17	05/06/23	EARLY CHILDHOOD CARIES	FATHIMA F
18	05/06/23	RAMPANT CARIES	FATHIMATHU J
19	06/06/23	CHEMOMECHANICAL CARIES REMOVAL	GOPIKA
20	06/06/23	PRINCIPLES OF CAVITY PREPARATION & MODIFICATIONS IN PRIMARY TEETH	GOUTHAM
21	03/06/23	MATRIX, WEDGES & RUBBERDAM	HAMID H
22	09/06/23	ANTERIOR CROWNS IN PEDIATRIC DENTISTRY	HARSHA B
23	05/06/23	DIAGNOSTIC PULP TESTING	HIBA K
24	01/06/23	INDIRECT PULP CAPPING & DIRECT PULP CAPPING	HIBA P
25	08/06/23	LOCAL ANESTHESIA	JAHZA
26	07/06/23	AVULSION & ITS MANAGMENT	JEENA
27	12/06/23	PEDIATRIC MINOR ORAL SURGERY	JERRYMOL
28	13/06/23	MEDICAL EMERGENCIES IN DENTAL PRACTICE	KADEEJA
29	13/06/23	CEREBRAL PALSY & CHILDHOOD AUTISM	LEKSHMI
30	12/06/23	CLEFT LIP & PALATE	MARIYA
31	14/06/23	DEVELOPMENTAL ANOMALIES OF DENTITION	MOHD AFNAN
32	14/06/23	CHILD ABUSE & NEGLECT	NASNA

SNo	DATE	SEMINAR TOPIC	SEMINAR GIVEN	SIGNATURE
1	2/6/23	FAMILIES OF CARIES PREVENTION	SULTAN	
2	13/6/23	RAMPANT CARIES	FATIMA	
3	13/6/23	ANESTHESIA CHALLENGES IN PEDIATRIC DENTISTRY	MARIA	
4	13/6/23	MATRIX, WEDGES & RETENTION	HAMID	
5	14/6/23	INDIRECT & DIRECT PULP CAPPING	HIBA	
6	14/6/23	AVULSION & MANAGEMENT	JEENA	
7	14/6/23	CHILD ABUSE & NEGLECT	NASNA	
8	15/6/23	DIAGNOSTIC PULP TESTING	HIBA	
9	15/6/23	LOCAL ANESTHESIA	JAMZA	
10	15/6/23	MINOR ORAL SURGERY	JERRY HOL	
11	16/6/23	MEDICAL EMERGENCY	KADEEJA	
12	16/6/23	CEREBRAL PALSY & AUTISM	LEKSHMI	
13	20/6/23	DEVELOPMENTAL ANOMALIES OF DENTITION	MOHD. ALVIN	
14	20/6/23	CLEFT LIP & PALATE	MARIA	
15	20/6/23	CHEMO MECHANICAL CARIES REMOVAL	GOPIKA	

REGULAR 2023 JULY EXAM

BATCH - C

SEMINAR TOPICS

S.No	DATE	SEMINAR TOPIC	STUDENT NAME
33		CHILD PSYCHOLOGY – PSYCHOSEXUAL THEORY	NAVANEETH
34		CHILD PSYCHOLOGY – PSYCHOSOCIAL THEORY	NOUFIYA
35		PIT & FISSURE SEALANTS	NOVA
36		TOPICAL FLUORIDES & FLUORIDE VARNISH	POOJA
37		ORAL HABITS – THUMB SUCKING	PRASOBHA
38		ORAL HABITS – TONGUE THRUSTING	PRAVEENA
39		ORAL HABITS – MOUTH BREATHING & BRUXISM	RAMSHIDA
40		SERIAL EXTRACTION	RAMZIYA
41		GLASS IONOMER CEMENT	RAMZIYA M
42		ATRAUMATIC RESTORATIVE TREATMENTS	RICHU
43		STAINLESS STEEL CROWNS	SAJENA
44		PULPOTOMY	SHANIBA
45		PULPECTOMY	SILPA P
46		APEXOGENESIS & APEXIFICATION	SNEHA
47		SPORTS DENTISTRY	SREENANDANA

S.No	DATE	SEMINAR TOPIC	STUDENT NAME	STAFF SIGN
1	7/2/23	CHILD PSYCHOLOGY - PSYCHOSEXUAL THEORY	[illegible]	Dr. ASLF
2	24/2/23	CHILD PSYCHOLOGY - PSYCHOSOCIAL THEORY	NOUSIYA M.H	Dr. [illegible]
3	25/2/23	PIT & FISSURE SEALANTS	[illegible]	Dr. [illegible]
4	27/2/23	TOPICAL FLUORIDES & FLOORIDE VARNISH	POOJA NARAYANAN	Dr. [illegible]
5	28/2/23	ORAL HABITS - THUMB SUCKING	PRASOBHA	Dr. [illegible]
6	1/3/23	ORAL HABITS - TONGUE THRUSTING	PRAVEENA K	Dr. [illegible]
7	2/3/23	MOUTH BREATHING AND BRUXISM	RAMSHIDHA.K.P	Dr. [illegible]
8	03/03/23	SERIAL EXTRACTION	RAMZIYA	Dr. ASLF
9	03/03/23	GLASS IONOMER CEMENT	RAMZIYA M	DR ASLF
10	04/03/23	ATRAUMATIC RESTORATIVE MATERIALS	RISHU JOJI	Dr. [illegible]
11	06/03/23	STAINLESS STEEL CROWNS	SAJENA	DR ASLF
12	07/03/23	PULPOTOMY	SHANIBA	DR ASLF
13	08/03/23	PULPECTOMY	SILPA	DR GEORGE
14	9/3/23	APEXOGENESIS AND APEXIFICATION	[illegible]	Dr. [illegible]
15	9/3/23	SPECIAL DENTISTRY	SREELAKSHMI A.S	Dr. [illegible]

REGULAR 2023 JULY EXAM

BATCH - D

SEMINAR TOPICS

S.No	DATE	SEMINAR TOPIC	STUDENT NAME	
48		NON PHARMACOLOGICAL BEHAVIOUR MANAGMENT	SREENIDHA	
49		DIGITAL RADIOGRAPHIC DIAGNOSIS	VARSHA V	
50		TOOTH NUMBERING SYSTEM & MORPHOLOGY OF PRIMARY TEETH	ZAHRA H	
51		LASER – INTRODUCTION, PRINCIPLE & TYPES OF LASER	ABHIRAJ	
52		APPLICATIONS & HAZARDS OF LASER	ALEENA J	
53		SILVER DIAMINE FLUORIDE	RABEEN M	
54		THEORIES OF GROWTH	SAHEEL H	
55		CONSCIOUS SEDATION	ASHNA S	
56		PLAQUE CONTROL IN CHILDREN	BLESSLEE R	
57		ANTERIOR CROSSBITE & ITS MANAGMENT	SANA	
58		MYOFUNCTIONAL THERAPY	SRUTHY	→ Posting Not Attended
59		RESTORATIVE MATERIALS - SILVER AMALGAM & COMPOSITE	NYMA M	
60		INTRODUCTION TO PEDODONTICS	KADEEJA K	→ Posting Not Attended
61		FIRST DENTAL VISIT & DENTAL HOME	MATHEWS	
62		SETTING UP OF A PEDIATRIC DENTAL CLINIC & Introduction to Pedodontics	ARJUN P.R	

S. No

S No	Date	Seminar Topic	Student Name	Staff Sign
1	16/3/23	Non-Pharmacological Behaviour Management	Sreehari	DRAFT
2	17/3/23	Digital Radiographic Diagnosis	Varsha	DRAFT
3	18/3/23	Tooth Numbering System & Morphology Of Primary Tooth	Zahra	
4	20/3/23	Laser - Introduction	Aneeras	
5	21/3/23	Laser - Applications & Hazards	Aleena	
6	22/3/23	Silver Diamine Fluoride	Rasseen M	
7	23/3/23	Theories Of Growth	Saheel	
8	03/4/23	Conscious Sedation	Asiya	
9	04/4/23	Plaque Control In Children	Blessie	
10	05/04/23	First Dental Visit And Dental Home	Mathews	
11	10/04/23	Restorative Materials - Silver Amalgam & Composite	Nyna	
12	11/04/23	Anterior Crossbite & Its Management	Sana	
13	11/04/23	Introduction To Periodontals & Setting Up Periodontic Dental Clinic	Arjun PR	

KMCT DENTAL COLLEGE

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

FINAL YEAR PART - II BDS

SEMINAR TOPICS

BATCH – A

S.No	DATE	SEMINAR TOPIC	STUDENT NAME
1		APEXOGENESIS & APEXIFICATION	ALINA ABDUL SALAM
2		PERIODONTAL DISEASES IN CHILDREN	ANJALY BIJOY P
3		LOCAL ANESTHESIA	ANJITHA D
4		AVULSION & ITS MANAGMENT	ANUMOL JOSE
5		PEDIATRIC MINOR ORAL SURGERY	ANUSREE L
6		MEDICAL EMERGENCIES IN DENTAL PRACTICE	APARNA HARI
7		CLEFT LIP & PALATE	ARSHINA V K
8		SPORTS DENTISTRY	ASHIKA V P
9		CHILD ABUSE & NEGLECT	ASHITHA RAJAN

HEAD OF DEPARTMENT

KMCT DENTAL COLLEGE

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

FINAL YEAR PART - II BDS

SEMINAR TOPICS

BATCH – B

S.No	DATE	SEMINAR TOPIC	STUDENT NAME
1		PEDIATRIC OPERATIVE DENTISTRY – CAVITY PREPARATION	ATHIRA MURALI V K
2		RUBBERDAM, MATRIX & WEDGES	ATHIRA P
3		GLASS IONOMER CEMENT	AYSHA RAFAH C K
4		ATRAUMATIC RESTORATIVE TREATMENT	BHAGYA M
5		STAINLESS STEEL CROWNS	FATHIMA DILNA M P
6		ANTERIOR CROWNS IN PEDIATRIC DENTISTRY	FATHIMATH S
7		INDIRECT & DIRECT PULP CAPPING	GOPIKA S
8		PULPOTOMY	HAMIDA C P
9		PULPECTOMY	HIBASHERIN P

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KMCT DENTAL COLLEGE

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

FINAL YEAR PART - II BDS

SEMINAR TOPICS

BATCH – C

S.No	DATE	SEMINAR TOPIC	STUDENT NAME
1		CASE HISTORY IN PEDIATRIC DENTISTRY	HUSNA REHMAN
2		MORPHOLOGY OF PRIMARY TEETH & TOOTH NUMBERING SYSTEM	LIYAGRACE A V
3		FIXED SPACE MAINTAINERS	MANEESHA N.M
4		DEVELOPMENT OF OCCLUSION – PRIMARY & MIXED DENTITION STAGE	MUHAMMED SABAH
5		MOLAR INCISOR HYPOMINERALIZATION	NAHALA SHERIN K.P
6		CHILD PSYCHOLOGY –PSYCHODYNAMIC THEORY & HIERARCHY OF NEEDS	NASNI NASAR
7		CHILD PSYCHOLOGY – PSYCHOSOCIAL THEORY & OBSERVATIONAL LEARNING THEORY	NINSHIDHA
8		CHILD PSYCHOLOGY – COGNITIVE THEORY & SEPARATION – INDIVIDUATION THEORY	RAMESH TT
9		CHILD PSYCHOLOGY – CLASSCAL CONDITIONING THEORY AND OPERANT CONDITIOINING THEORY	RASHIDA NASSAR

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KMCT DENTAL COLLEGE

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

FINAL YEAR PART - II BDS

SEMINAR TOPICS

BATCH – D

S.No	DATE	SEMINAR TOPIC	STUDENT NAME
1		DIET & NUTRITION	RASMIYA K K
2		PIT & FISSURE SEALANTS	SALHA K
3		TOPICAL FLUORIDE & FLUORIDE VARNISH	SALMAN FARIS
4		FLUORIDE TOXICITY & DEFLUORIDATION TECHNIQUE	SAMYUKTHA V
5		ORAL HABIT – THUMB SUCKING	VINEETHA JAMES
6		ORAL HABIT – TONGUE THRUSTING	JWALNARAI A
7		ORAL HABIT – MOUTH BREATHING & BRUXISM	MANISHA E
8		CARIES RISK ASSESSMENT	SANA SHERIN
9		EARLY CHILDHOOD CARIES	SRUTHY B
10		RAMPANT CARIES	SANAM SHARUN

HEAD OF DEPARTMENT

Journal club schedule

1	4/12/21	OBTURATING MATERIALS USED FOR PULPECTOMY	DR GEORGE BABU	MUBEENA
2	7/12/21	EVALUATION OF 3 PULPOTOMY MEDICAMENTS IN PRIMARY TEETH	DR GEORGE BABU	PREEMA
3	12/2/22	PULP SENSIBILITY AND VITALITY TESTS FOR DIAGNOSING PULP HEALTH IN PERMANENT TEETH:A CRITICAL REVIEW	DR.AMITH ADYANTHAYA	GOPIKA
4	19/02/22	BIODENTINE PULPOTOMY IN IRREVERSIBLE PULPITIS- CASE REPORTS	DR AMITH ADYANTHAYA	PREEMA
5	21/02/22	COMPARISON OF FRACTURE STRENGTH AMONG DIFFERENT COMMONLY PLACED ANTERIOR ESTHETIC RESTORATION	DR GEORGRE	MUBEENA
6	15/4/22	CLINICAL AND RADIOGRAPHIC EVALUATION OF SINGLE VERSUS MULTIPLE VISIT PULPECTOMY TREATMENT IN PRIMARY TEETH WITH APICAL PERIODONTITIS	DR AMITH ADYANTHAYA	GOPIKA
7	22/04/22	DIGITAL SPACE MAINTAINER	DR AMITH ADYANTHAYA	MUBEENA
8	25/5/22	HISTOLOGICAL ANALYSIS OF HUMAN PULP BY COMPARING PROPOLIS, MTA AND CEM AS DPC AGENT IN PRIMARY MOLARS.	DR ASIF	PREEMA
9	26/5/22	CORRELATION BETWEEN NASAL CAVITY VOLUME AND NASAL INDEX IN NASAL BREATHERS AND MOUTH BREATHERS	DR GEORGE	MUBEENA
10	7/6/22	STAINLESS STEEL CROWN VS BULK FILL COMPOSITES FOR THE RESTORATION OF PRIMARY MOLARS POST PULPECTOMY: 1-YEAR SURVIVAL AND ACCEPTANCE : RESULTS OF A RANDOMIZED CLINICAL TRIAL	DR.MARIUM RAHEEMA	GOPIKA
11	09/06/22	GLYCOGEN STORAGE DISEASE AND	DR AMITH	PREEMA

		SELECTION OF REGENERATIVE ENDODONTICS ,APEXOGENESIS, APEXIFICATION ,PULPOTOMY, AND OTHER ENDODONTIC TREATMENTS FOR IMMATURE PERMANENT TEETH	ADYANTHAYA	
32	6/04/2023	OBTURATING MATERIALS IN PEDIATRIC DENTISTRY - A REVIEW	DR.AMITH ADYANTHAYA	LAYA
33	13/6/23	MANAGEMENT OF INITIAL CARIOUS LESION OF MIH WITH SDF OR SMART TECHNIQUE	DR MARIUM	MUBEENA
34	24/06/2023	ONE YEAR CLINICAL [PERFORMANCE OF ACTIVA BIOACTIVE RESTORATIVE COMPOSITE IN PRIMARY MOLARS	DR.AMITH ADYANTHAYA	GOPIKA
35	20/07/2023	RELIABILITY OF THREE DIFFERENT ALTERNATIVE POINTS TO POINT A	DR.AMITH ADYANTHAYA	SHEMNA

		Shenine · M · L 10 years PG
07-04-22	Seminar - Calcium Homeostasis STAFF PRESENT DR ANITH ADYANTHAYA DR. ACIF ISMAIL DR. GEORGE BABU DR. ANJU DR. KARTHIK DR. VIDYA DR. DARSHANA	
30.4.22	SEMINAR - SALT AND NILL FLUORIDATION	Preema. MU 2nd year PG
	STAFF PRESENT → Dr. Marium → Dr. Anith Adyanthaya.	
1.5.22	Tc - FSAI - angle - A Sgt - linear	
2.5.22	~~Seminar~~ - approach for assessing Sagittal Skeletal discrepancy Dr. Marium	Mubeena. TA
2.5.22	SEMINAR - TMJ	

4.5.22	SEMINAR - PAIN AND PAIN PATHWAY	NILEENA FIRST YEAR.	
12.5.22	Seminar - Dysluridation Staff Present: Dr. [illegible] sir Dr. Asif sir	Gopika 2nd year PG	
20.5.22	Seminar - Blood Supply & Head & Neck Staff present 1. Dr. Anith Adyanthaya 2. Dr. Mariam Rahuma	Nileena - 1st year	
25.5.22	IC - Histological analysis of Human pulp by comparing peoples, MTA & CEM as DPC agent in primary Molar. Staff present → Dr. Asfiya & Dr. [illegible]	Prema - M.U	
26.5.22	IC - Comparative Evaluation of NCV & NI in Month breathers & Nasal breathers - A CBCT Study Staff present → 1. Dr. George babu 2. Dr. Afeefa 3. Dr. Jaishana	Mubeena - TA	
~~12.5.22~~	~~Seminar - FMJ~~ ~~Staff present - 1) [illegible]~~		

28.5.2022	Zygoplatia: supply of head & Neck Staff present: Dr Arif	Dr Neeraja Jaiya	
~~31-5-~~ 31-5-22.	Fluoride Toxicity Staff present: Dr Maryam Rah Dr Arif Dr Afroza Dr Anju Dr vidhya Dr Darshana Dr Karthik	Gopika 2nd year PG	r/t 02/06/22
1-06-22.	SEMINAR - TMJ staff present: Dr Mariam raheem Dr. Afroza Dr. Anju Dr. Karthik Dr. Darshana	Laya 1st year pg	r/t 1/6/22
4-6-22	SEMINAR - introduction to paediatric endodontics Dr Amit Dr Mariam Raheema	Dr Gopika 2nd yr pg Dr Neeraja	
6-6-22	SEMINAL - ROOT (BELONGS PAR)	I st yr P g	

7.6.22	JC - STAINLESS STEEL CROWN v/s. BULK FILLED COMPOSITE FOR THE RESTORATION OF PRIMARY MOLARS POST PULPECTOMY. DR ARARIUM ROHITHA DR AFROZA DR DARSHANA DR KARTHIK DR ANJU.	Q-PLICA 2nd PG
9.6.22	CASE DISCUSSION - GLYCOGEN STORAGE DISORDER DR AMIT DR HARIUM DR GEORGE DR KARTHIK DR DARSHANA	DR PREMA 2nd PG
10.6.22	SEMINAR - INTRODUCTION TO PREVENTIVE & INTERCEPTIVE ORTHODONTICS DR AMIT DR DARSHANA DR ANJU DR VIDYA	NILEENA 1 PG.
11.6.22	JC_ Local Anesthesia in pediatric dentistry - A Literature review on Current anesthetic Techniques & appeared	Prema 1st year Staff : 1. Dr. Amith Adyanthaya 2. Dr. Karthik 3. Dr. Anju 4. Dr. Leona

14-6-22	JC- Case report- A regenerative Endodontic tx of an immature permanent canine - 12 year follow up	Dr. Mubeena PG Staff present 1. Dr. Mariam 2. Dr. Kaveri 3. Dr. Anju 4. Dr. Darshana
15-6-22	SHOCK - SEMINAR	DR. SHEMNA DR. ASIF ISMAIL
17/6/22		DR ASIF ISMAIL DR DARSANA DR AFROZA
20.6.22	FEAR AND ITS MANAGEMENT	
22/6/22	JC- Comparison of two behaviour management techniques during Mandibular block anesthesia among Preschool children: a randomized clinical trial	Dr Gopika (2nd Year PG) Staff Present 1) Dr. Mariam 2) Dr. Anju 3) Dr. Afrooza 4) Dr. Asif
13/6/22	JC- Low level Laser Therapy for the Management of Hypersensitivity in MIH patients	Dr Mubeena (2nd year) Staff present 1. Dr Anilla Adyanthaya 2. Dr. Mariam Rahiana 3. Dr. Asif Ismail 4. Dr. Anju & Dr. Kaveri 5. Dr. Darshana Dr. Vidya

16/7/22	SEMINAR DIET COUNSELLING	Dr. SHEMEENA (PG) Staff Present Dr ASIF ISMAIL	
18/7/22	JC: New canals chamatic tools in Permanent Teeth A comparative in vitro Study to established methods in Primary and Permanent teeth	Dr Gopika (2nd year PG) Staff present: Dr. George Dr Afeera Dr Rakhee Dr Karthik Dr. Laya (Tutor)	
20/7/22	SEMINAR: Oral mucosa	Staff present: Dr. Asif Ismail	
20/7/22	JC: Association of serum vitamin D and salivary calcium and phosphorous levels in 6-11 year old school children with dental caries	Dr. Preema Staff present Dr. Asif Ismail	
22.7.22	Seminar - Clinical Status of pulp & Root canal System	Dr. Mubeena Staff Attended 1. Dr. Ajith Adyanthaya 2. Dr. Maryam 3. Dr. Aafreen 4. Dr. Anju 5. Dr. Karthik	
23.7.22	- Seminar - Continuation of Clinical Status of pulp & Root Canal System		

25-07-22	JC: Apical Extrusion of Debris with root canal instrumentation in Primary teeth – A systematic Review.	DR. GURPREET Dr. Arif Dr. Anju Dr. Vidhya.	
26-07-22	SEMINAR - PIT & FISSURE SEALANT -	DR. SHEENA STAFF PRESENT DR. MARIUM DR. ANJU DR. DARSHANA DR. VIDYA.	12/04
2-8-22	JC - Systemic review of Randomized Controlled trials on Survival rate of ART Compared with Conventional RCT on 1° dentition	Dr. Mubeena (pr.) - Staff presented 1- Dr. Asif Ismail 2- Dr. George babu	
3-8-22	JC Treatment outcome in primary Maxillary incisors filled with ZOE - 10 years 2 years	Dr. Marium Dr. Anju	
5-8-22	SEMINAR - SPACE MAINTAINER	Dr. MARIUM Dr. DARSHANA Dr. VIDYA.	
9-8-22	JC - Different obturation techniques in primary teeth: Review	Dr. Marium Dr. George Dr. Asif Dr. Darshana.	
16-8-22	JC - Effectiveness of different Methods in removing Dentin Caries of primary teeth - Micro-CT & SEM Evaluation	Dr. Marium Dr. George babu Dr. Kavitha Dr. Anju Dr. [illegible]	

		Dr. Preema.	
12/9/22	Jc:- Comparison between two protocols for antenatal Diagnosis in Newborn babies	Staff attended Dr. Amith Dr. Karthik Dr. Anju Dr. Dakshana.	
19/9/22	Journals: Pulp Sensibility test pulp vitality test	Preema staff attended Dr. Amith Dr Dakshana Dr Mariam Dr. Anju	
16/9/22			
20/9/22	Electric pulp testing.		
22/9/22	Jc- Sequential obturation of F-Space for correction of moderate crowding — 3 case report	Gopika Staff present Dr Mariam Dr George Dr. Anju Dr. Asif Dr. Afreen Dr. Dakshana Dr. Vidhya	
23/9/22	SPACE MAINTAINER	LAYA Staff present Dr. Amith Dr Mariam Dr. George Dr. Asif	
05/10/2022	SMEAR LAYER In Operative dentistry & Endodontics.	Sherone. Staff Present. Dr. Amith Dr. Asif Dr. Karthik Dr. Vidya.	

18/10/22	IC- Root Feature in the Primary with Management Scopey Review	Musuna-TA Staff present -Dr. Maxima Dr. Asij Dr. kaethik Dr. Deeksha	
31/10/2022	Seminar Endodontic access cavity Preparation (Part I)	Gopika Gopan-A Staff present: Dr. Amrith Dr. Maxima Dr. Anju Dr. Asif	31/10
6-11-22	Seminar - Introduction & Epidemiology of Trauma	Laya. Staff present Dr. Amrith Adyanthaya Dr. Maxima Dr. George Dr. Asij Dr. kaethik Dr. Anju Dr. Vidya Dr Deeksha Dr. Afeeza	6/11
22-11-22	IC - In vitro comparative Evaluation of Dentinal crack Formation caused by 3 diff Nickel Titanium Files in 3 teeth	Midhuna-TA Dr. Maxima Dr. Asij Dr. Anju Dr. Deeksha Dr. Vidya	MR

Date	Topic	Presented by	Signature
25/11/22	Seminar Root canal anatomy of Primary teeth	Gopika Staff: Dr Amith, Dr Asif	
6/12/22	An Approach of preserving a mandibular primary second molar By a Hemisection procedure: A case report with 36-months follow up.	Preeena. staff attended D. George Dr. Ieavathsh. Dr. Anju. Dr. Darshana.	
9/12/22	Seminar - Endodontic Tailgants - part - I	Mubeena Staff attended 1. Dr. Amith Adyanthaya 2. Dr. Asif Imajid	
25/11/22	Seminar - Root canal anatomy of Primary teeth	Gopika Staff attended 1. Dr. Amith Adyanthaya. 2. Dr. Asif Imajid -	25/11
8/12/22	IC. Lesion sterilization and tissue repair therapy using GAM antibiotic paste.	Sheena. Staff attend. DR AMrith Dr. Karthik. Dr. Anju.	

DATE	TOPIC	PRESENTED BY	SIGNATURE
6.02.2023	ANALGESICS IN PEDIATRIC DENTISTRY	AISWARYA. M.V 1) Dr. Asif Ismail	
14.02.23	"CARIES ACTIVITY AND CARIES SUSCEPTIBILITY"	KRISHNA. N.S [2 sessions] Staff attended: 1) Dr. Mariam 2) Dr. George 3) Dr. Asif 4) Dr. Karthik 5) Dr. Anju 6) Dr. Vidya 7) Dr. Hrishidha 8) Dr. Dershana	14/2/23
30.1.2023	ANTIBIOTICS IN PEDIATRIC DENTISTRY	HANNA K. HAFIZ Staff attended: 1. Dr. Afroza	
1-2-23 15.02.23.	CASEDISCUSSION- CLASS 2 Medical emergencies in pediatric dental practice	1. Dr Amil, Dr. Anju, Dr Asif Alisha. T Basan Staff attended 1) Dr Amitha 2) Dr. Anju 3) Dr vidhya 4) Dr. Hrishidha 5) Dr. Darshana 6) Dr. Karthik.	

DATE	TOPIC	PRESENTED BY	SIGNATURE
17-2-23	Seminar- Endodontic Irrigants - part-2	Mubeena T.A Staff attended 1. Dr Smith 2. Dr Mariam 3. Dr Vidya 4. Dr Jiju 5. Dr Sreekanth	
16/2/23	PULP AND PERIAPICAL DISEASES (Part I)	Jasreen. A Staff attended 1. Dr George 2. Dr Anju 3. Dr Sreekanth 4. Dr. Vidya 5. Dr. Harishidha	
2/3/23	Pulp and periapical diseases (part II)	Jasreen. A Staff attended 1. Dr Manjeera 2. Dr George 3 Dr Aruna 4. Dr Kavitha 5 Dr Darshana 6 Dr. Harishidha	6/3/23
11/3/23	Irrigation protocols in Endodontics - Session - 3	Mubeena T.A Staff attended 1. Dr Smith Alexander 2. Dr Asif Ismail	

Date	Topic	Presented by	Signature
20/3/2025	Nerve supply of head & neck	Akshaya. M.V 1. Dr. Amith 2. Dr. Mariam 3. Dr. George 4. Dr. Asif 5. Dr. Karthik 6. Dr. Anju 7. Dr. Vidhya 8. Dr. Hashida 9. Dr. Pavithra	
24/03/2025	Laboratory diagnosis in children	Akshaya. T Susan 1. Dr. Amith 2. Dr. Asif 3. Dr. Anju 4. Dr. Vidhya 5. Dr. Hashida 6. Dr. Pavithra	25/3
28.03.25	ARTERIAL SUPPLY AND LYMPHATIC DRAINAGE OF HEAD AND NECK	Krishna. N.S Staff attended Dr. Amith Dr. Mariam Dr. George Dr. Anju Dr. Karthik Dr. Pavithra Dr. Afsana Dr. Vidhya Dr. Asif Dr. Hashida	29/3

Date	Topic	Presented By	Signature
20/03/23	JC: Review of		
18/5/2023	Vital Pulp therapy	Gayathri Gopan	
		Staff attended	
		Dr. Anju	
		Dr. Anjana	
		Dr. Ashwini	
		Dr. Anjaly	
		Dr. Aiswarya	
		Dr. Anuradha	
4/3/2023	efficacy of	Dr Mariam	
1/4/23		Dr. Ashwini	
		Dr Anju	
		Dr. Vidya	
		Staff attended	
		Dr Jyothi	
10/6/23		Jaslora	
		Staff attended	
		Dr. Amith Adyanthaya	
		Dr. Manasi Rathnam	
		Dr. Aiswarya	
14/3/2023	Immunity and	Presented by	
6/4/23		Staff attended	
		1. Dr. Laya	
		2. Dr. Mariam	
		3. Dr. Vidya	
		4. Dr. Amith Adyanthaya	
		5. Dr. Dhanya	
		6. Dr. Karthik	
29/04/23	Pulpotomy -	7. Dr. Anjana	
		Staff attended	
		1. Dr. Sandhya	
		2. Dr. Amitha	
16/05/23	endodontics	Presented by	
		1. Dr. Anjana	
		2. Dr. Mariam	
		3. Dr. Anju	
		4. Dr. Karthik	

Date	Topic	Presented By	Signature
10.5.23	Hea		
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10.11.22			
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	Supra		
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	repor		
10.11.2022	Impac		
	ECC		
	of life		
	child		
10.11.2022	Nano		
	retro		
	Prima		
	x-ray		

10.5.23	Headgear ceremonies	Nileena Dr Amit Adyanthaya Dr George Dr Anju Dr Bincemol Dr Afsana Dr Kuruba	
13.6.23	J.C Management of Initial cases taken of MIH with SDF & SMART Technique	Mubeena T.A Dr Mneesha Dr George Dr Hasnida Dr Asy Ismail	
10.11.22	J.C A radicular cyst involving bilateral supernumerary teeth in anterior - case report	Krishna Dr Anith Dr Mariam Dr George	
10.11.2022	Impact of severe ECC on quality of life of preschool children & their parents	Aiswarya Dr Smith Dr George Dr Anju	
10.11.2022	J.C Management of intrusion injuries of primary teeth - a case report	Alisha Dr Anith Dr George Dr Asif	

21.06.2023	Seminar – Enamel presented by Aishwarya 1st yr PG	Dr Maruva Raheema Dr George Dr Anju Dr Kavitha Dr Asif Dr Afroza Dr Neshida	rfR 03/07/23
28.06.23	Seminar – Venous drainage of head and neck. presented by Krishna 1st yr PG.	Dr Maruva Raheema Dr Anish Adhyanthaya Dr Anju Dr Geetha Dr George Dr Vidhya Dr Neshida	rfR 03/07/23
21.07.23	JC - Reliability of different alternative points to pt A - Presented by Dr Shamna	Dr Anish Adhyanthaya Dr Maruva Raheema	rfR 27/07/23
26.07.23 & 27.07.23	Seminar - Dentho(2 sessions) - Presented by Dr Alisha	Dr Maruva Raheema Dr Afroza Dr Asif Dr Geo	rfR 29/07/23

DEPARTMENT OF CONSERVATIVE AND ENDODONTICS

KMCT DENTAL COLLEGE, MUKKOM, CALICUT

CHECKLIST FOR EVALUATION OF CLINICAL CASE AND CLINICAL WORK

NAME OF THE STUDENT DATE

NAME OF THE FACULTY/OBSERVER

NAME OF THE PATIENT AGE SEX OP NO

Sl No;	ITEMS FOR OBSERVATION DURING EVALUATION	SCORE
1	History	
	Elicitation	
	Completeness	
2	Examination	
	General examination	
	Extra oral examination	
	Intra oral examination	
3	Provisional diagnosis	
4	Investigation	
	Complete and relevant	
	Interpretation	
5	Diagnosis	
	Ability to defend diagnosis	
6	Differential diagnosis	
	Ability to justify differential diagnosis	
7	Treatment plan	
	Accuracy	
	Priority order	
8	Management	
9	Overall observation	
	Chair side manners	
	Rapport with patient	
	Maintenance of case record	
	Quality of clinical work	
	Presentation of completed case	
10	TOTAL SCORE	

PERFORMANCE	SCORE
POOR	0
BELOW AVERAGE	1
AVERAGE	2
GOOD	3
VERY GOOD	4

SIGNATURE OF THE FACULTY/GUIDE

SIGNATURE OF THE HOD

DEPARTMENT OF CONSERVATIVE AND ENDODONTICS

KMCT DENTAL COLLEGE, MUKKOM, CALICUT

CHECKLIST FOR EVALUATION OF SEMINAR PRESENTATION

NAME OF THE STUDENT DATE

NAME OF THE FACULTY

NAME OF THE SEMINAR

SL NO	ITEMS FOR OBSERVATION DURING EVALUATION	SCORE
1	RELEVANCE OF THE TOPIC	
2	APPROPRIATE CROSS REFERENCES	
3	COMPLETENESS OF PREPARATION	
4	ABILITY TO RESPOND TO QUESTIONS	
5	EFFECTIVENESS OF AUDIO-VISUAL AIDS USED	
6	TIME SCHEDULING	
7	CLARITY OF PRESENTATION	
8	OVERALL PERFORMANCE	
9	TOTAL SCORE	

PERFORMANCE	SCORE
POOR	0
BELOW AVERAGE	1
AVERAGE	2
GOOD	3
VERY GOOD	4

SIGNATURE OF THE FACULTY/OBSERVER;

DEPARTMENT OF CONSERVATIVE AND ENDODONTICS

KMCT DENTAL COLLEGE, MUKKOM, CALICUT

CHECKLIST FOR EVALUATION OF DISSERTATION WORK

NAME OF THE STUDENT

DATE

NAME OF THE FACULTY/GUIDE/CO-GUIDE

SL NO	ITEMS FOR OBSERVATION DURING EVALUATION	SCORE
1	INTEREST SHOWN IN SELECTING TOPIC	
2	REVLEVANCE OF TOPIC	
3	PREPARATION OF PROFORMA	
4	APPROPRIATE REVIEW	
5	APPROPRIATE CROSS REFERENCES	
6	PERIODIC CONSULTATION WITH GUIDE/Co-guide	
7	DEPTH OF ANALYSIS/DISCUSS	
8	ABILITY TO RESPOND TO QUESTIONS	
9	DEPARTMENT PRESENTATION OF FINDINGS	
9	QUALITY OF FINAL OUTPUT	
	TOTAL SCORE	

PERFORMANCE	SCORE
POOR	0
BELOW AVERAGE	1
AVERAGE	2
GOOD	3
VERY GOOD	4

SIGNATURE OF THE FACULTY/GUIDE/CO-GUIDE

SIGNATURE OF THE HOD

DEPARTMENT OF CONSERVATIVE AND ENDODONTICS

KMCT DENTAL COLLEGE, MUKKOM, CALICUT

CHECK LIST FOR OVERALL ASSESSMENT SHEET

DATE

Check List No	PARTICULARS	Name of the trainee:		
		FIRST YEAR	SECOND YEAR	THIRD YEAR
1	Preclinical Exercises			
2	Journal Review Presentation			
3	Seminars			
4	Library dissertation			
5	Clinical work			
6	Clinical presentation			
7	Teaching skill practice			
8	Dissertation			
	TOTAL			

Signature of HOD **Signature of Principal**

The above overall assessment sheet used along with the logbook should form the basis for certifying satisfactory completion of course of study, in addition to the attendance requirement.

Key: Mean score: Is the sum of all the scores of checklist 1 to 6

DEPARTMENT OF CONSERVATIVE AND ENDODONTICS

KMCT DENTAL COLLEGE, MUKKOM, CALICUT

ACADEMIC ACTIVITIES ATTENDED

Name:

Admission year:

Date	Type of activity-specify seminar, journal club Presentation, U G teaching	Particulars

Signature of the HOD

DEPARTMENT OF CONSERVATIVE AND ENDODONTICS

KMCT DENTAL COLLEGE, MUKKOM, CALICUT

ACADEMIC PRESENTATIONS MADE BY THE TRAINEE

Name:

Admission year:

Date	Topic	Type of activity-specify seminar, journal club, Presentation, U G teaching

Signature of the HOD

CHECKLISTS FOR PG'S

1. PRECLINICAL WORK
2. JOURNAL CLUB
3. SEMINARS
4. EVALUATION OF CLINICAL WORK IN OPD (Monthly report as per DCI)
5. CLINICAL CASE PRESENTATION (For special cases with case history)
6. EVALUATION OF CLINICAL CASE AND CLINICAL WORK
7. EVALUATION OF TEACHING SKILL
8. LIBRARY DISSERTATION
9. DISSERTATION
10. CONTINOUS EVALUATION OF DISSERTATION
11. OVERALL ASSESMENT (KUHS)

LOG BOOK	as per KUHS
MONTHLY REPORT	as per KUHS

OVERALL ASSESMENT (DCI)

TABLE 1	as per DCI
TABLE 2	as per DCI
TABLE 3	as per DCI

PG SEMINAR TOPICS (2022 -25)

	1ST YEAR	2ND YEAR	3RD YEAR
VIBIN	1. TEMPOROMANDIBULAR JOINT 2. BICOMPATIBILITY OF DENTAL MATERIALS 3. AMALGAM 4. DEVELOPMENTAL DISTURBANCES OF TEETH 5. CIRCULATORY DISTURBANCES	1. OCCLUSION 2. HAND INSTRUMENTS IN CONSERVATIVE DENTISTRY 3. DIRECT GOLD RESTORATIONS 4. COMPLEX AMALGAM RESTORATIONS 5. GLASS IONOMER CEMENT	1. ENDODONTIC EMERGENCIES 2. TRAUMATIC INJURIES 3. BONDING AGENTS 4. FINISHING AND POLISHING 5. DEEP CARIOUS LESIONS AND ITS MANAGEMENT
RISHANA	1. MUSCLES OF MASTICATION 2. DENTIN 3. INFECTION CONTROL 4. MANDIBULAR NERVE 5. INFECTIONS OF ORAL CAVITY	1. SEPARATORS 2. DENTAL BURS 3. AESTHETIC DENTISTRY 4. ENDODONTIC MICROBIOLOGY 5. INTRACANAL MEDICAMENT	1. DIGITAL IMAGING 2. OBTURATION 3. CBCT IN ENDODONTICS 4. ENDODONTIC FAILURES AND RETREATMENT 5. RESORPTION
PARVATHY	1. LOCAL ANAESTHESIA 2. NSAIDS 3. CARIES PREVENTIVE MEASURES 4. SALIVARY GLANDS 5. NEOPLASMS	1. HYPERSENSITIVITY 2. MICROLEAKAGE 3. SEALERS 4. ROOT CANAL IRRIGANTS 5. MINIMAL INVASIVE DENTISTRY	1. ENDOPERIOLESION AND ITS MANAGEMENT 2. LASERS IN ENDODONTICS 3. PROCEDURAL ERRORS 4. ENDODONTIC SURGERY 5. RECENTS ADVANCES IN RESTORATIVE MATERIALS
NIKITHA	1. PHYSICAL PROPERTIES OF DENTAL MATERIALS 2. PAIN 3. TRIGEMINAL NERVE 4. COMPOSITE 5. CEMENTUM	1. ROTARY IN CONSERVATIVE DENTISTRY 2. DENTAL CERAMICS	1. ENDODONTIC DIAGNOSIS 2. WORKING LENGTH DETERMINATION 3. SINGLE VISIT ENDODONTICS

		3. CAST METAL RESTORATIONS 4. IMPRESSION PROCEDURES IN INDIRECT RESTORATIONS 5. CONTACTS AND CONTOURS	4. INTERIM RESTORATIONS 5. CASTING DEFECTS
SNEHA	1. PERIODONTAL LIGAMENT 2. ETIOLOGY, CLINICAL FEATURES AND HISTOPATHOLOGY OF DENTAL CARIES 3. DIAGNOSIS AND CARIES RISK ASSESSMENT 4. PREVENTION AND MANAGEMENT OF DENTAL CARIES 5. ENAMEL	1. NON-CARIOUS LESIONS 2. BLEACHING 3. LASERS IN CONSERVATIVE DENTISTRY 4. ISOLATION 5. COLOR AND ITS APPLICATION	1. COMPOSITE 2. MANAGEMENT OF GROSSLY MUTILATED TEETH 3. PULP AND PERIAPICAL PATHOLOGY 4. ACCESS CAVITY PREPARATION 5. REGENERATIVE ENDODONTICS

Head of the Department
Dept. of Conservative Dentistry
& Endodontics
KMCT Dental College, Calicut

SEMINARS

CONSERVATIVE DENTISTRY

1. OCCLUSION IN OPERATIVE DENTISTRY
2. OCCLUSAL CONSIDERATION IN OPERATIVE DENTISTRY
3. BIOLOGICAL CONSIDERATIONS FOR OPERATIVE PROCEDURES
4. BIOLOGICAL RESPONSE TO DENTAL PROCEDURES
5. PULP PROTECTIVE MECHANISM
6. CONTACT & CONTOUR
7. EFFECT OF DENTAL PROCEDURES TO PULP
8. RADIATION SAFETY IN OPERATORY
9. DEVELOPMENT OF DENTAL STRUCTURES
10. ISOLATION OF THE OPERATING FIELD
11. RUBBER DAM
12. INFECTION CONTROL IN OPERATIVE DENTISTRY
13. STERILIZATION & DISINFECTION
14. OCCUPATIONAL HAZARDS IN OPERATIVE DENTISTRY
15. VIRAL INFECTIONS IN THE DENTAL OPERATORY
16. ASEPSIS IN OPERATIVE DENTISTRY
17. STERILIZATION PROTOCOL IN OPERATIVE DENTISTRY
18. PRELIMINARY CONSIDERATIONS IN OPERATIVE DENTISTRY
19. GRASP, FINGER REST & CHAIR POSITION
20. HAND CUTTING INSTRUMENTS USED IN OPERATIVE DENTISTRY
21. FINISHING AND POLISHING INSTRUMENTS
22. OPERATIVE HAND INSTRUMENTS
23. OPERATIVE ROTARY INSTRUMENTS
24. OPERATIVE INSTRUMENTS
25. POWERED DENTAL CUTTING TOOLS
26. OPERATIVE CONSIDERATIONS IN A MEDICALLY COMPROMISED PATIENTS
27. EVALUATION AND TREATMENT PLANNING IN CONSERVATIVE DENTISTRY
28. DEVELOPMENTAL DEFECTS OF THE TOOTH
29. DEVELOPMENT OF DENTAL CARIES
30. PATHOGENESIS OF DENTAL CARIES
31. THEORIES OF DENTAL CARIES AND HISTOPATHOLOGY
32. CARIES DIAGNOSIS AND HISTOPATHOLOGY
33. DIAGNOSIS OF DENTAL CARIES
34. PREVENTION OF DENTAL CARIES
35. PREVENTIVE MEASURES FOR DENTAL CARIES
36. MANAGEMENT OF DEEP CARIOUS LESIONS
37. ETIOLOGY OF DENTAL CARIES
38. CARIES ACTIVITY TESTS
39. CATEGORIZATION OF CARIES & CAVITIES
40. FLUORIDES AND ITS DENTAL EFFECTS

41. PRINCIPALS OF TOOTH PREPARATION
42. DESIGNS FOR AMALGAM RESTORATIONS
43. MATRIX & MATRICING
44. MATRIX BANDS AND MATRICING
45. TOOTH SEPARATION

46. PIN RETAINED AMALGAM RESTORATIONS
47. PIN RETAINED RESTORATIONS
48. COMPLEX AMALGAM RESTORATIONS
49. RECENT MODIFICATIONS OF TOOTH PREPARATION

50. CAST RESTORATIONS
51. BEVELS AND FLARES IN RESTORATIONS
52. BEVELS AND FLARES
53. INLAYS AND ONLAYS
54. INTRA CORONAL CAST METAL RESTORATIONS
55. GINGIVAL TISSUE MANAGEMENT
56. INDIRECT RESTORATIONS
57. IMPRESSIONS FOR CAST RESTORATIONS
58. IMPRESSIONS FOR INDIRECT RESTORATIONS
59. TEMPORARY AND INTERMEDIARY RESTORATION

60. AESTHETIC CONSIDERATIONS IN CONSERVATIVE DENTISTRY
61. INDIRECT TOOTH COLORED RESTORATIONS
62. TOOTH PREPARATION FOR COMPOSITES
63. ADHESION IN OPERATIVE DENTISTRY
64. TOOTH COLORED DIRECT RESTORATIONS
65 RESIN BASED COMPOSITE RESTORATIONS
65. COMPOSITE RESTORATIONS
66. VENEERS

68. NON CARIOUS TOOTH DESTRUCTION
69. PULP RESPONSE TO DENTAL MATERIALS AND OPERATIVE PROCEDURES
70. DIRECT FILLING GOLD RESTORATIONS
71. DENTIN HYPERSENSITIVITY
72. MINIMAL INTERVENTION DEN

DENTAL MATERIALS

1. SAFETY STANDARDS OF DENTAL MATERIALS
2. BIOCOMPATABILITY OF DENTAL MATERIALS
3. BIOCOMPATABILITY TESTING OF DENTAL MATERIALS
4. VISUAL PROPERTIES OF DENTAL MATERIALS
5. PULPAL EFFECTS OF DENTAL MATERIALS
6. Biomechanics for restorative dentistry
7. STRENGTH PROPERTIES OF DENTAL RESTORATIVE MATERIALS
8. BIOLOGICAL RESPONSE IN THE DENTAL ENVIRONMENT & ADVERSE EFFECTS FROM DENTAL MATERIALS
9. PHYSICAL TESTING OF MATERIALS

10. SETTING REACTIONS OF DENTAL CEMENTS
11. GLASS IONOMER CEMENTS
12. RESIN MODIFIED GLASS INOMER AND COMPOMERS
13. LUTING CEMENTS
14. ZINC POLYCARBOXYLATE
15. LINERS BASES SUB BASES VARNISHES
16. DENTAL CEMENTS
17. FLUORIDE RELEASING DENTAL MATERIALS
18. ZINC OXIDE EUGENOL CEMENT
19. PULP PROTECTING AGENTS
20. ANTI CARIOGENIC PROPERTY OF RESTORATIVE MATERIALS

21. DENTIN BONDING SYSTEMS
22. ADHESION TO ENAMEL AND DENTIN

23. COMPOSITE AND ITS PROPERTIES
24. DRAWBACKS OF DENTAL COMPOSITES
25. LIGHT CURE COMPOSITES
26. POLYMERIZATION OF DENTAL MATERIALS
27. DIRECT AND INDIRECT COMPOSITE RESTORATIONS
28. Polymerization shrinkage

29. A COMPARISON BETWEEN COMPOSITE AND AMALGAM
30. AMMALGAMMATION REACTIONS

31. ADVANTAGES OF SILVER AMALGAM
32. FAILURES OF SILVER AMALGAM
33. PHYSICAL PROPERTIES OF AMALGAM RESTORATIONS
34. SILVER AMALGAM
35. MERCURY RELATED PROBLEMS AND ITS MANAGEMENT

36. ABRASIVE AND POLISHING AGENTS
37. FINISHING AND POLISHING TOOLS

38. ALLOYS USED FOR CAST RESTORATION
39. INDIRECT RESTORATIVE MATERIALS
40. CERAMIC MATERIALS
41. IMPRESSION MATERIALS USED FOR INDIRECT RESTORATIONS
42. INVESTMENT MATERIALS
43. CASTING PROCEDURES
44. FAILURES IN CAST RESTORATIONS
45. INDIRECT TOOTH COLORED RESTORATIVE MATERIAL
46 DIRECT FILLING GOLD

47 TARNISH AND CORROSION IN DENTISTRY

ENDODONTICS

1. RATIONALE OF ENDODONTICS
2. PULP ANATOMY AND HISTOLOGY
3. CANAL CONFIGURATION AND VARIATIONS
4. ANATOMY OF DENTAL PULP
5. VARIATIONS IN ROOT CANAL ANATOMY
6. AGE RELATED CHANGES OF THE DENTAL PULP
7. ANATOMY OF PULP CAVITY
8. ANATOMY OF ROOT APEXENDODONTIC MICROBIOLOGY

9. MICROBIOLOGY OF ENDODDONTIC DISEASES
10. RELEVANCE OF MICROBIAL CULTURE IN ENDODONTICS
11. BIOLOGICAL CONSIDERATIONS IN ENDODONTICS
12. CULTURE IN ENDODONTICS
13. ANTIBIOTICS IN ENDODONTICS

15. STERILIZATION AND DISINFECTION IN ENDODONTICS
16. ASEPSIS IN ENDODONTICS
17. UNIVERSAL PRECAUTIONS

18. OROFACIAL PAIN
19. NON ODODNTOGENIC FACIAL PAIN
20. PATHOPHYSIOLOGY OF ODODNTOGENIC AND NON-ODODNTOGENIC PAIN
21. PULP AND PERIAPICAL PATHOLOGIES
22. PULP AND PERIAPICAL PATHOLOGY
23. PATHOPHYSIOLOGY OF ENDODONTIC INFECTIONS
24. PULPAL PATHOSIS
25. PERIAPICAL PATHOSIS
26. ODONTOGENIC FACIAL PAIN

27. CASE HISTORY AND TREATMENT PLANNING IN ENDODONTICS
28. EXAMINATION AND HISTORY TAKING
29. RADIOGRAPHS IN ENDODONTICS

30. RADIOGRAPHIC TECHNIQUES IN ENDODONTICS
31. ENDODONTIC RADIOGRAPHS
32. DIAGNOSTIC TESTING PROCEDURES IN ENDODONTICS
33. DIAGNOSTIC AID S IN ENDODONTICS
34. CONTEMPORARY DIAGNOSTIC AIDS
35. ENDODONTIC DIAGNOSIS
36. ANESTHETIC CONSIDERATIONS IN ENDODONTICS
37. BIOCOMPATABILITY OF ENDODONTIC MATERIALS

38. TOOTH MORPHOLOGY AND ACCESS CAVITY PREPARATIONS
39. ACCESS CAVITY PREPARATION
40. ACCESS CAVITY DESIGNS

41. ENDODONTIC INSTRUMENTS
42. ROTARY ENDODONTICS
43. NEW GENERATION ENDODONTIC INSTRUMENTS
44. ENDODONTIC HAND INSTRUMENTS
45. ENDODONTIC ROTARY INSTRUMENT

46. WORKING LENGTH DETERMINATION
47. ENDOMETRICS
48. ELECTRONIC APEX LOCATORS
49. APICAL CONTROL ZONE

50. BIOMECHANICAL PREPARATION OF ROOT CANALS
51. BIOMECHANICAL PREPARATION
52. ROOT CANAL STERILIZATION METHODS
53. SEALERS AND MEDICAMENTS
54. ENDODONTIC IRRIGANTS
55. INTRACANAL MEDICAMENTS
56. ROOT CANAL IRRIGANTS AND INTRACANAL MEDICAMENTS
57. ROOT CANAL OBTURATING MATERIALS
58. ROOT CANAL OBTURATION TECHNIQUES

59. ROOT RESORPTION
60. MANAGEMENT OF TRAUMATIC INJURIES
61. TOOTH INFRACTIONS
62. AVULSION AND ITS MANAGEMENT
63. TRAUMATIC INJURIES TO TOOTH
64. CRACKED TOOTH SYNDROME
65. CLASSIFICATIONS OF TRAUMATIC INJURIES
66. MANAGEMENT OF ENDODONTIC EMERGANCIES
67. MANAGEMENT OF DENTAL TRAUMA IN IMMATURE TEETH

69. SURGICAL ENDODONTICS
70. ENDODONTIC MICROSURGERY
71. RETROGRADE MATERIALS
72. ROOT END FILLING MATERIALS
73. FLAP DESIGNS FOR ENDODONTIC SURGERY

74. ENDODONTIC FAILURES
75. ENDODONTIC MISHAPS
76. PERFORATIONS AND ITS MANAGEMENT
77. ENDODONTIC RE- TREATMENT

78. ENDODONTIC MANAGEMENT OF IMMATURE TEETH
79. VITAL PULP THERAPY

80. PERIO-ENDODONTIC INTER RELATIONSHIPS

81. POST ENDODONTIC RESTORASTIONS
82. INTRA RADICULAR POSTS
83. MANAGEMENT OF DISCOLORED TEETH
84. BLEACHING OF TOOTH
85. RECENTS ADVANCES IN ENDODONTICS
86. SINGLE VISIT ENDODONTICS
87. HEALING AFTER ENDODONTICS

POSTERS (TWO POSTERS PER STUDENT)

CONSERVATIVE

GLASS IONOMER CEMENTS

DENTAL CEMENTS

TYPES OF RESTORATIVE MATERIALS

HAND INSTRUMENTS

EVOLUTION OF DENTAL HANDPIECES

DEVELOPMENT OF ROTARY INSTRUMENTS

FINISHING & POLISHING EQUIPMENT

ABRASIVE & POLISHING AGENTS

RUBBER DAM

ISOLATION IN THE OPERATING FIELD

PERSONAL PROTECTIVE BARRIER

INFECTION CONTROL IN OPERATIVE DENTISTRY

STERILIZATION & DISINFECTION

CHAIR POSITION AND INSTRUMENT GRASPS

GINGIVAL TISSUE MANAGEMENT IN OPERATIVE DENTISTRY

DIAGNOSIS OF CARIES

DENTAL CARIES –TYPES

DENTAL CARIES - CAUSES

DEVELOPMENT OF DENTAL CARIES

CARIES PREVENTION

PULP PROTECTION MECHANISMS

FUNDAMENTALS OF TOOTH PREPARATION

PRINCIPLES OF TOOTH PREPARATION

TYPES OF AMALGAM RESTORATIONS

PIN AMALGAM

PIN RETAINED AMALGAM

INDIRECT RESTORATIONS

RESIN BASED COMPOSITE RESTORATIONS

DENTIN BONDING SYSTEMS

COMPOSITE RESTORATIONS

TOOTH PREPARATION FOR COMPOSITES

CAST RESTORATIONS

TYPES OF COMPOSITES

CONTACT & CONTOUR

MATRIX & MATRICING

MATRICES

NON CARIOUS LESIONS

NON CARIOUS TOOTH DESTRUCTION

POSTER –ENDODONTIC

ROOTCANAL ODBTURATING TECHNIQUES

ADVANCES IN ENDODONTICS

DIAGNOSTIC AIDS IN ENDO

CONTEMPORARY DIAGNOSTIC AIDS

RADIOGRAPHIC TECHNIQUES IN ENDODONTICS

INSTRUMENTS AND MATERIALS USED FOR ROOT CANAL OBTURATION

ENDODONTIC HAND INSTRUMENTS

ENDODONTIC INSTRUMENTS

ROTARY INSTRUMENTATION

ROTARY ENDODONTICS

ENDODONTIC IRRIGANTS

SODIUM HYPOCHLORITE

CALCIUM HYDROXIDE INTRACANAL MEDICAMENTS

CANAL CONFIGURATION & VARIATIONS

VARIATIONS OF ROOT CANAL SYSTEM

ACCESS CAVITY DESIGNS

ENDOMETRICS

STEP-BACK TECHNIQUE

LATERAL CONDENSATION

RETREATMENT IN ENDODONTICS

ENDOD RETROGRADE FILLING MATERIALS

ENDODONTIC MICROSURGERY

SURGICAL ENDODONTICS

RETROGRADE FILLING MATERIALS

TRAUMATIC INJURIES TO TEETH

AVULSION

EXTERNAL RESORPTION

TRAUMATIC INJURIES – CLASSIFICATION

ENDODONTIC MISHAPS

ENDODONTIC PERFORATIONS

ENDO-PERIO LESIONS

PULPAL PATHOSIS

PULPAL PATHOSIS - CAUSES

ENDO PERIO LESION MANAGEMENT

PATHOPHYSIOLOGY OF ENDODONTIC INFECTIONS

PG SEMINAR TOPICS (2022 -25)

	1ST YEAR	2ND YEAR	3RD YEAR
VIBIN	1. TEMPOROMANDIBULAR JOINT 2. BICOMPATIBILITY OF DENTAL MATERIALS 3. AMALGAM 4. DEVELOPMENTAL DISTURBANCES OF TEETH 5. CIRCULATORY DISTURBANCES	1. OCCLUSION 2. HAND INSTRUMENTS IN CONSERVATIVE DENTISTRY 3. DIRECT GOLD RESTORATIONS 4. COMPLEX AMALGAM RESTORATIONS 5. GLASS IONOMER CEMENT	1. ENDODONTIC EMERGENCIES 2. TRAUMATIC INJURIES 3. BONDING AGENTS 4. FINISHING AND POLISHING 5. DEEP CARIOUS LESIONS AND ITS MANAGEMENT
RISHANA	1. MUSCLES OF MASTICATION 2. DENTIN 3. INFECTION CONTROL 4. MANDIBULAR NERVE 5. INFECTIONS OF ORAL CAVITY	1. SEPARATORS 2. DENTAL BURS 3. AESTHETIC DENTISTRY 4. ENDODONTIC MICROBIOLOGY 5. INTRACANAL MEDICAMENT	1. DIGITAL IMAGING 2. OBTURATION 3. CBCT IN ENDODONTICS 4. ENDODONTIC FAILURES AND RETREATMENT 5. RESORPTION
PARVATHY	1. LOCAL ANAESTHESIA 2. NSAIDS 3. CARIES PREVENTIVE MEASURES 4. SALIVARY GLANDS 5. NEOPLASMS	1. HYPERSENSITIVITY 2. MICROLEAKAGE 3. SEALERS 4. ROOT CANAL IRRIGANTS 5. MINIMAL INVASIVE DENTISTRY	1. ENDOPERIOLESION AND ITS MANAGEMENT 2. LASERS IN ENDODONTICS 3. PROCEDURAL ERRORS 4. ENDODONTIC SURGERY 5. RECENTS ADVANCES IN RESTORATIVE MATERIALS
NIKITHA	1. PHYSICAL PROPERTIES OF DENTAL MATERIALS 2. PAIN 3. TRIGEMINAL NERVE 4. COMPOSITE 5. CEMENTUM	1. ROTARY IN CONSERVATIVE DENTISTRY 2. DENTAL CERAMICS	1. ENDODONTIC DIAGNOSIS 2. WORKING LENGTH DETERMINATION 3. SINGLE VISIT ENDODONTICS

JOURNAL CLUB 2022-2023

DATE	TOPIC	PRESENTED BY
9-2-2022	PRESENT STATUS & FUTUTRE DIRECTIONS – GUIDED ENDODOTICS	Dr. NAJYA
24-2-2022	DYNAMIC TORQUE ANALYSIS OF ROTARY & RECIPROCATING INSTRUMENTS DURING ROOT CANAL INSTRUMENTATION IN SIMULATED CANALS BY AN ENDODONTIST OR A GENERAL DENTIST	Dr DIVYA
3-3-2022	DENTINAL HYPERSENSITIVITY	Dr NIMMY
6-4-2022	A REVIEW ON EXTERNAL CERVICAL RESORPTION	Dr NOOPURA
9-4-2022	EXTERNAL CERVICAL RESORPTION	Dr NOOPURA
25-4-2022	NaOCl ACCIDENT- A SYSTEMATIC REVIEW	Dr REJINA
26-4-2022	APICAL VAPOUR LOCK EFFECT IN ENDODONTICS – A REVIEW	Dr VIDYA
14-6-2022	A NEW MINIMALLY INVASIVE GIDED ENDODONTIC MICROSURGERY BY CBCT & 3D PRINTING TECHNOLOGY	Dr NIMMY
21-6-2022	THE EFFECT OF $Ca(OH)_2$ & NANO $Ca(OH)_2$ ON MICROHARDNESS AND SUPERFICIAL CHEMICAL STRUCTURE OF ROOT CANAL DENTIN - AN EX VIVO STUDY	Dr REJINA
5-7-2022	FINAL ENDODONTIC IRRIGATION WITH 70% ETHANOL ENHANCED CALCIUM HYDROXIDE REMOVAL FROM APICAL THIRD	Dr KAVYA
12-7-2022	MESIO-BUCCAL& PALATAL INTRAORIFICE DISTANCE MAY PREDICT THE PRESENCE OF THE 2ND MESIO BUCCAL CANAL IN MAXILLARY 2ND MOLAR WITH FUSED ROOTS	Dr NIMMY
21-9-2022	IMPACT OF CANAL TAPER & ACCESS CAVITY DESIGNS OF LIFE SPANS OF ENDODONTICALLY TREATED MOLAR – FEA STUDY	Dr VIDYA
5-10-2022	OUTCOME ASSESSMENT OF TEETH WITH NECROTIC PULP & APICAL PERIODONTITIS TREATED WITH LONG TERM CALCIUM HYDROXIDE	Dr NOOPURA

12-10-2022	INCIDENCE ETIOLOGY & MORPHOLOGGY OF C SHAPED ROOT CANAL SYSTEM & ITS IMPACT ON CLINICAL ANOMALY	Dr DIVYA
18-10-2022	GUIDED ENDODONTICS MODIFIED FOR TREATING MOLARS USING AN INTRA CORONAL GUIDE TECHNIQUE	Dr NOOPURA
19-10-2022	SYRINGE IRRIGATION IN MINIMALLY SHAPED ROOT CANALS USING 3 ENDODONTIC NEEDLES – A COMPUTATIONAL FLUID DYNAMIC STUDY	Dr NIMMY
29-11-2022	CAN IRRIGANT AGITATION LEAD TO FORMATION OF SMEAR LAYER	Dr KAVYA
30-11-2022	OUTCOMES OF ROOT CANAL THERAPY OF FULL PULPOTOMY USING 2 ENDODONTIC BIO MATERIALS IN MATURE PERMANENT TEETH – RANDOMISED CONTROL TRIAL	Dr SWAPNA
15-12-2022	CLINICAL OUTCOME OF NON-SURGICAL ENDODONTIC TREATMENT USING A MATCHED SINGLE CONE OBTURATION TECHNIQUE & CALCIUM HYDROXIDE BASED SEALER	Dr NIMMY
22-12-2022	COMPARITIVE ASSESSMENT OF TI – PREPARED RICH PLATELET FIBRIN, ENDOSEQUENCE ROOT REPAIR MATERIAL, CALICIUM HYDROXIDE AS PULPOTOMY AGENTS IN PERMANENT TEETH WITH IRREVERSIBLE PULPITIS – A RANDOMIZED CONTROL TRIAL	Dr NIMMY
28-12-2022	PERIAPICAL ENDODONTIC STATUS SCALE FOR ENDODONTICALLY TREATED TEETH & THEIR ASSOSCIATION WITH MAXILLARY SINUS – A CBCT STUDY	Dr NOOPURA
8-2-2023	THE RETREIVABILITY OF CALCIUM SILICATE BASED SEALER DURING RE – TREATMENT AND EFFECTIVENESS OF	Dr VIDYA

	ADDITIONAL PUI , A MICRO CT STUDY	
14-2-2023	COMPARISON OF POST OBTURATION PAIN EXPERIENCE AFTER APICAL EXTRUSION OF CALCIUM SILICATE & RESIN BASED ROOT CANAL SEALER	Dr REJINA
2-3-2023	BIOMECHANICAL BEHAVIOUR OF ENDODONTICALLY TREATED PREMOLARS USING DIFFERENT PREPARATION DESIGNS & CAD-CAM MATERIALS	Dr VIDYA
7-3-2023	MULTI SPECIES BIOFILM REMOVAL BY A MULTI SONIC IRRIGATION SYSTEM IN MANDIBULAR MOLARS	Dr DIVYA
9-3-2023	EFFECT OF CONTROLLED DELIVERY OF CHELATING AGENTS ON PULP TISSUE DISSOLUTION ABILITY OF FRESH SODIUM HYPOCHLORITE SOLUTIONS	Dr REJINA
10-3-2023	A DIAGNOSTIC ACCURACY STUDY OF LASER DOPPLER FLOWMETRY FOR THE ASSESSMENT OF PULPAL STATUS IN CHILDREN'S PERMANENT INCISOR TEETH	Dr NOOPURA
14-3-2023	ASSESSMENT OF REMINERALISATION POTENTIAL OF BIOACTIVE DENTAL COMPOSITE USING IN VITRO DEMINERLISED DENTIN MODEL	Dr SWAPNA
25-4-2023	A PROSPECTIVE STUDY OF LONG TERM REGENERATIVE ENDODONTICS OUTCOMES OF NECROTIC IMMATURE PPERMANANT TEETH – AN 8YEAR FOLLOW UP	Dr SWAPNA
2-5-2023	INFLUENCE OF DEEP MARGIN ELEVATION AND PREPARATION DESIGN ON FRACTURE STRENGTH OF INDIRECTLY RESTORED MOLARS	Dr DIVYA
21-6-2023	COMBINATION OF NON-SURGICAL ENDODONTIC AND VITAL PULP THERAPY FOR MANAGEMENT OF MATURE PERMANENT MANDIBULAR	Dr KAVYA

	MOLAR TEETH WITH SYMPTOMATIC IRREVERSIBLE PULPITIS AND APICAL PERIODONTITIS	
7-7-2023	FESEM EVALUATION OF SMEAR LAYER REMOVAL FROM CONSERVATIVELY SHAPED CANALS : LASER ACTIVATED IRRIGATION (PIPS&SWEEPS) COMPARED TO SONIC & PASSIVE ULTRASONIC ACTIVATION – AN EXVIVO STUDY	Dr DIVYA
12-7-2023	EFFECTIVENESS OF DIFERENT IRRIGATION TECHNIQUES ON POST SPACE SMEAR LAYER REMOVAL – SEM EVALUATION	Dr SWAPNA

DATE	TOPIC (SEMINAR/JC)	PRESENTER	STAFF PRE
21/9/22	JC - Impact of canal taper and access cavity designs of life span of endodontically treated mandibular molar - FEA study	Vidya. V	Dr. Eley Sr Dr. Ravi. S Dr. Priya Dr. Subiya Dr. Sonia Dr. Chand Dr. Nevil
22/9/22	Deep caries Management - Seminar	Rajira. S J	Dr. Eley Dr. Ravi.

29/9/22	Deep caries Management - Seminar	Rajina	Dr. Eby Dr. Ravi Dr. Subin Dr. Sonia Dr. Nevi
4/10/22	Structure and function of dental pulp complex - Seminar	Kavya	Dr. Eby Dr. Ravi Dr. Subin Dr. Nevil

11/10/22	Composite	Swapna	Dr. Ravi. S. V Dr Princy Paul Dr. Sabna
12/10/22	IC - Incidence, Etiology and morphology of C-shaped root Canal system and its impact on clinical anomaly	Divya	Dr. Elsy P Simon Dr. Ravi Dr Princy Dr. Ashik Dr Aswin
13/10/22	Obturation Technique	Noopura	Dr. Elsy an P. Simon Dr. Ravi S. V Dr. Princy Dr. Ashik Dr. Sabin

20/10/22	Seminar	Recent techniques in composite Restoration	Vidya	Dr. Nasee Dr. Nevil
21/10/22	Seminar	Recent techniques in composite Restoration	Vidya	Dr Ravi S Dr Ashik Dr. Sarin

29/11/22	Can irrigant agitation lead to the formation of a smear layer?	Journal Club.	Kavya	Dr Elsy
30/11/22	Outcomes of root canal therapy or full pulpotomy using 2 endodontic biomaterial in mature permanent teeth- RCT	Journal	Swapna	Dr. Elsy
1/12/22	Glass ionomer cement	Seminar	Divya	Dr Elsy Dr Ravi
2/12/22	Glass ionomer cement	Seminar	Divya	Dr. Ravi
7/12/22	Tooth preparation for indirect tooth coloured restorations	Seminar	Nimmy	Dr. Elsy Dr. Ravi

22/12/22.	Comparative assessment of Ti-prepared platelet such fibrin, endoscquence root repair material, $Ca(OH)_2$ as pulpotomy agents in permanent teeth with irreversible pulpitis - A RCT.	Journal club.	Nimmy	Dr Elsy Dr Ravi Dr Nevil
27/12/22	Irrigation techniques in Endodontics	Seminar	Vidya	Dr Elsy Dr Subi
28/12/22	Periapical endodontic status scale for endodontically treated teeth and their association with maxillary sinus : A CBCT study	~~Seminar~~ Journal club	Roopma	Dr Elsy P Dr Princy
29/12/22	Irrigation techniques in Endodontics	Seminar	Vidya	Dr. Elsy Dr Prem
3/1/2023	Access cavity preparation	Seminar	Rajima.	Dr Elsy P Dr Ravi

				Dr. Chandhini Dr. Veena
11/1/23	Partial Adhesive Restoration Direct Veneers TMJ	Poster presentation	Nikitha Vipin Sneha Rishana Parvathy	Dr. Elsy P. Simo Dr. Ravi S. V Dr. Princy Pa Dr. Subin Bh Dr. Veena Dr. Ashik
17/1/22.	Posterior indirect partial bonded restorations Cuspal orchestration Direct veneers	Poster presentation Poster presentation Poster presentation	Rishana, Sneha Parvathy Vibin Nikitha	Dr Elsy P S Dr Ravi S V Dr. Princy P Dr. Ashik Dr. Veena

8/2/23	Journal club	The retrievability of Ca silicate Based Sealer during retreatment and effectiveness of additional PUI ; a micro CT study	Vidya.	
9/2/23	Magnification in Endodontics	Seminar	Rajna	

21/2/23	Non Surgical Retreatment in Endodontics	Seminar	Vidya	Dr Elsy Dr Subin Dr Chandi Dr Vean
22/2/23	Non Surgical Retreatment in Endodontics	Seminar	Vidya	Dr. Elsy Dr. Ravi Dr. Prine Dr. Ashit Dr. Subi Dr. Savi
24/02/23	Diagnosis	Seminar	Neepuna	Dr. Elsy Dr. Ravi Dr. Prin Dr. Ash

7/3/23	Multispecies biofilm removal by a multisonic irrigation system in mandibular molars	Journal club	Divya	
9/3/23	Effect of controlled delivery of chelating agents on pulp tissue dissolution ability of fresh sodium hypochlorite solutions.	Journal club	Rejina	Dr. Elsy Dr. Ra Dr. Su
10/3/23	A diagnostic accuracy study of laser doppler flowmetry for the assessment of pulpal status in children's permanent incisor teeth	Journal club	Noopura	Dr. Prime Dr. Mu Dr. Subi

	28/3/23	Physical properties of dental materials	Seminar	Nikitha	Dr. Elo Dr. Pri Dr. R
10	31/3/23	Contact and contours	Seminar	Divya	Dr. El Dr. Pri
	4/4/23	Contact and contours	Seminar	Divya	Dr. E Dr. Ra
12	7/4/23	Management of crown root fracture encroaching biological width using biodontics	clinical case presentation	Kavya	Dr. Elo

2	② In vivo comparison of the effect of bioceramic & resin based sealers on post operative pain & radiographic outcome following single visit root canal treatment of teeth with apical periodontitis: A randomised control trial	Synopsis	Vibin
10/ 17/4/23	① Recycling of NiTi alloy ~~for~~ ~~evaluation of sealing ability of MTA with~~	Synopsis	Paavathy
	~~removal of barrier layer~~ under SEM	Synopsis	Nekitha
	② chitosan a grape seed extract	Synopsis	Sneha C
	③ comparative evaluation of bond strength	Synopsis	Vibin
12/	④ In vivo comparison of effect of bioceramic and resin based sealers on post operative pain & F/U outcome following single visit RCT	Synopsis	Rachana
	⑤ Comparative evaluation of fracture resistance of endodontically treated teeth restored with ceramic endocrown & PFM -	Synopsis	

2/5/23	Influence of deep margin elevation and preparation design on fracture resistance strength of indirectly restored molars.	Journal club	Divya
10/5/23	Effect of autoclaving cycles and irrigants on cyclic fatigue resistance of heat-treated endodontic rotary files: an invitro study	Short study presentation	Swapna
12/5/23	CAESOK 2023	Short study presentation	Swapna Kavya Divya Nikitha Rishana Sneha V.L.

Thesis presentation.

24/5/23	Pulpal pathology	Seminar	Swapna	Dr. Prem
25/5/23	Pulpal pathology	Seminar	Swapna	Dr. El Dr. Ra
26/5/23	Biocompatibility of restorative materials	Seminar	Vibin	Dr. Ela Dr. Ra Dr. [illegible] Dr. Ja Dr. Mo

6/6/23	Endodontic Periodontic lesion	Seminar	Kavya	Dr. I
7/6/23	Regenerative endodontics	Seminar	Divya	D D Dr. R Dr. R

				RBI Dr. Ro
				Dr. Ammu
23/6/23	Pain	Seminar	Nikitha	Dr. Elsy
				Dr. Sujoi
				Dr. Rohit
				Dr. Ammu
28/6/23	Periapical pathology	Seminar	Swapna.	Dr. Elsy
				Dr. Moha

11/7/23	Esthetics in dentistry	Seminar	Kavya		Dr. [illegible]
					Dr. T
				for	Dr. R
12/7/23	Effectiveness of different irrigation techniques on post space smear layer removal: SEM evaluation	Journal	Swapna		Dr. E
14/7/23	Etiology, histopathology and clinical features of dental caries	Seminar	Sneha	for	Dr. R Dr. E Dr. Ra Dr/Sub

KMCT
DENTAL COLLEGE

PATIENT-CENTRIC AND EVIDENCE-BASED LEARNING

KMCT Dental College employs various student-centric methods aimed at enhancing learning experiences through patient-centric approaches:

1. **Clinical Postings for Students**: Students undergo structured clinical postings where they actively engage in patient care under the supervision of experienced faculty. This hands-on experience allows them to apply theoretical knowledge in real-life clinical settings, enhancing their practical skills and understanding of patient needs.
2. **Compulsory Rotational Residential Internship**: The college mandates a rotational residential internship, ensuring students gain exposure to diverse clinical scenarios and settings. This immersive experience enables them to work closely with patients, fostering empathy, communication skills, and a holistic understanding of dental care.
3. **Collaborative Activities for Patient Care**: KMCT Dental College promotes collaborative activities among students to enhance patient care. By working together in teams, students learn the importance of coordinated efforts, interdisciplinary collaboration, and effective communication for delivering comprehensive and patient-centered dental treatment.

These initiatives align with a patient-centric learning approach, prioritizing practical experiences and patient interactions to mold students into competent, compassionate dental professionals. The emphasis on clinical exposure, residential internships, and collaborative care activities ensures that students not only gain clinical expertise but also develop a patient-focused mindset essential for the dental profession.

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CLINICAL POSTING FOR STUDENTS

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DEPARTMENT OF PROSTHODONTICS

PATIENT CENTRIC AND EVIDENCE BASED LEARNING

We emphasize a patient-centered approach that goes beyond technical skills.Teaching students to consider the patient's overall well-being, preferences, and expectations.Focus on developing effective communication skills to build rapport with patients.We train students to explain treatment options, involve patients in decision-making, and address their concerns and to incorporate patient feedback into the learning process.

Clinical teaching which starts from third year, to train patient managment. A Clinical teaching schedule is created for each batch for demonstration of all the procedures including patient communication and discussion of each steps.

Interns are provided with wide variety of cases and opportunity to interact with patients.

Dr. [illegible]
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Professor & HOD
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CASE DISCUSSION/ CLINICAL TEACHING SCHEDULE - UG

UG

CLINICAL TEACHING TOPICS
THIRD YEAR

A. Mutual impression demonstration and discussion

B. Simple acrylic RPD bite registration - demonstration and discussion

C. Insertion of RPD demonstration and discussion

FINAL YEAR PART 1

A. Primary impression demonstration and discussion

B. Border moulding demonstration and discussion

C. Beading boxing indexing and other lab procedures demonstration and discussion

D. Jaw relation demonstration and discussion

E. Try in demonstration and discussion

F. Insertion demonstration and discussion

FINAL YEAR PART 2

A. Diagnosis and treatment planning - detailed discussion

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CLINICAL TEACHING SCHEDULE

THIRD YEAR

THIRD YEAR REGULAR BATCH -2022-2023

SL NO.	BATCH	POSTING SCHEDULE	A - DATE	B - DATE	C-DATE
1	V	07-05-22 TO 22-06-22	09-05-22	12-05-22	14-05-22
2	I	23-06-22 TO 09-08-22	24-06-22	01-07-22	14-07-22
3	II	13-08-22 TO 10-10-22	15-08-22	16-08-22	25-08-22
4	III	11-10-22 TO 28-11-22	12-10-22	14-10-22	24-10-22
5	IV	29-11-22 TO 07-01-23	30-11-22	01-12-22	12-12-22

THIRD YEAR REGULAR BATCH -2023-2024

SL NO.	BATCH	POSTING SCHEDULE	A - DATE	B - DATE	C-DATE
1	II	08-02-2023 TO 29-03-2023	13-02-2023	20-02-2023	25-03-2023
2	III	30-03-2023 TO 30-05-2023	01-04-2023	11-04-2023	14-03-2023

THIRD YEAR SUPPLEMENTARY BATCH -2022- 2023

SL NO.	BATCH	POSTING SCHEDULE	A - DATE	B - DATE	C-DATE
1	II	24-08-22 TO 19-10-22	24-08-22	29-08-22	02-09-22
2	III	20-10-22 TO 10-12-22	22-10-22	28-10-22	04-11-22
3	IV	12-12-22 TO 25-01-23	14-12-22	18-12-22	24-12-22
4	V	27-01-23 TO 20-03-23	28-01-23	30-01-23	04-02-23
5	VI	21-03-23 TO 22-05-23	22-03-23	30-03-23	06-04-23
6	1	20-05-23 TO 07-06-23	24-05-23	28-05-23	04-06-23

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FINAL YEAR PART 1 SUPPLEMENTARY BATCH 2022-2023

SL NO.	BATCH	POSTING SCHEDULE	A	B	C	D	E	F
1	II	30-08-22 TO 28-09-22	04-08-22	06-08-22	11-08-22	15-08-22	16-08-22	20-08-22
2	III	16-10-22 TO 05-11-22	17-10-22	20-10-22	24-10-22	27-10-22	30-10-22	02-10-23
3	IV	11-11-22 TO 08-12-22	02-05-23	04-05-23	08-05-23	10-05-23	14-05-23	16-05-23
4	V	09-12-22 TO 06-01-22	10-12-23	14-12-23	18-12-23	20-12-23	24-02-23	30-12-23
5	VI	07-01-23 TO 04-02-23	08-12-23	10-12-23	14-12-23	18-12-23	24-12-23	26-12-23
6	VII	06-02-23 TO 10-03-23	07-02-23	10-02-23	12-02-23	16-02-23	18-02-23	24-02-23
7	VIII	11-03-23 TO 18-04-23	12-03-23	14-03-23	16-03-23	20-03-23	24-03-23	26-03-23
8	I	19-04-23 TO 31-05-23	20-04-23	22-04-23	28-04-23	30-04-23	02-05-23	04-05-23

FINAL YEAR PART 1 REGULAR BATCH 2023-2024

SL NO.	BATCH	POSTING SCHEDULE	A	B	C	D	E	F
1	II	20-02-23 TO 23-03-23	20-02-23	23-02-23	26-03-23	28-03-23	30-03-23	04-04-23
2	III	24-03-23 TO 29-04-23	24-03-23	26-03-23	01-04-23	07-04-23	10-04-23	14-04-23
3	IV	02-05-23 TO 05-06-23	02-05-23	04-05-23	09-05-23	10-05-23	14-05-23	16-05-23

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FINAL YEAR PART II

FINAL YEAR PART II 2023 JAN EXAM BATCH

SL NO.	BATCH	POSTING SCHEDULE	DISCUSSION - CASE HISTORY
1	IV	25-07-22 TO 12-08-22 AND 22-08-22 TO 31-08-22	26-07-22
2	I	01-09-22 TO 06-10-22	02-09-22
3	II	07-10-22 TO 09-11-22	08-10-22
4	III	10-11-22 TO 19-11-22	12-11-22

FINAL YEAR PART II 2023 JULY EXAM BATCH

SL NO.	BATCH	POSTING SCHEDULE	DISCUSSION - CASE HISTORY
1	IV	30-01-23 TO 09-02-23 AND 23-01-23 TO 10-03-23	02-02-23
2	I	11-03-23 TO 25-03-23 AND 31-03-23 TO 18-04-23	12-03-23
3	II	19-04-23 TO 20-05-23	20-04-23
4	III	22-03-23 TO 03-06-23 AND 17-06-23 TO 01-07-23	23-03-23

FINAL YEAR PART II 2022 JULY EXAM BATCH

SL NO.	BATCH	POSTING SCHEDULE	DISCUSSION - CASE HISTORY
1	V	18-04-22 TO 12-05-22	20-04-22
2	VI	13-05-22 TO 18-06-22	16-05-22

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CLINICAL TEACHING/ CASE DISCUSSION / DEMONSTRATION

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INTERN LOG BOOK

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

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Certificate

This is to certify that ~~Mr~~/Ms NAYANA RAJ ..... *a bonafide student of KMCT Dental College, Manassery, Kozhikode has satisfactorily completed his/her Compulsory Rotating Resident Internship in the Department of Oral Medicine & Radiology, from* 19/1/23 *to* 17/2/23 *for a period of* 30 *days, according to the requirements of the Kerala University of Health Science.*

Head of the Department

HEAD OF THE DEPARTMENT
Dept. Of Oral Medicine & Radiology
KMCT Dental College

Place : Manassery
Date : 11/11/23

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Sl. No	OP No	Name	Age/Sex	Diagnosis
1.	41182/22	Thankamani	55/F	Completely Edentulous Arch
2.	41186/22	Rishad	27/M	Apical Periodontitis wrt 25
3.	41188/22	Jeril	57/M	Chronic generalised Periodontitis
4.	41189/22	Fairoosa	19/F	Impacted tooth wrt 48
5.	41191/22	Nidhi	33/F	Chronic generalised gingivitis
6.	41192/22	Fathima	24/F	Angle's class I malocclusion with crowding of uppr and lower anterior.
7.	41199/22	Amrutha	21/F	Dental Caries wrt 36, 37, 46, 26, 25
8.	41197/22	Safva	15/F	Chronic generalised gingivitis
9.	41199/22	Abhinav	34/M	Root stump wrt 17
10.	41207/22	Habeeba	53/F	Grossly decayed tooth wrt 47, 46
11.	41205/22	Rafi	56/M	Chronic localised periodontitis
12.	41209/22	Meneesh	40/M	Chronic periapical abscess wrt 36
13.	41211/22	Jithin	42/M	Dental Caries wrt 36, 46
14.	41213/22	Hiba	26/F	Root stump wrt 15
15.	41215/22	Jemeela	36/F	Chronic generalised gingivitis
16.	41217/22	Mishri	35/F	Grossly decayed tooth wrt 47
17.	41219/22	Salam	38/M	Chronic periapical abscess wrt 46
18.	41220/22	Mathew	40/M	Root stump wrt 15
19.	41221/22	Kadeeja	37/F	RCT tooth wrt 36
20.	41222/22	Muhammed	61/M	Apical periodontitis wrt 47

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

Posting Period

Summary of cases done

1.	No of dental camp attended	3
2	No of days posted in Health centre	12 .
	a) Total no. of extractions done	-
	b) Total no. of restorations done	6
	c) Total no. of oral prophylaxis	3
	d) Others	-
3	No. of days posted in pain and palliative	6
	a) Case review and discussion	10
	b) Home visit and patient interactions	-
4	No. of cases done in the department	17
5	No. of health talk given	-
6	Participation in dental exhibition / special community oral health programs stalls	-

Signature of HOD

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INSTITUTION'S INNOVATION COUNCIL

Sl. No	OP No	Name	Age/Sex	Diagnosis
21.	41234/12	Thasreef	22/M	Dental Caries wt 24, 25, 32, 27,
22.	41239/12	Hamza	50/M	Chronic generalized Periodo
23.	41243/12	Rabiya	35/F	Apical periodontitis wt 12
24.	41245/12	Muhammed	25/M	Grossly decayed tooth wt 48
25.	41247/12	Fayza	48/M	RC treated tooth wt 45
26.	41250/12	Kunsi	19/M	Dental Caries wt 36, 46
27.	41253/12	Soinudheen	39/M	Chronic localized periodontitis
28.	41258/12	Sneha	22/F	Angles' class I malocclusion
				with crowding
29.	A1257/12	Bindu	27/F	Impacted teeth wt 38
30.	41259/12	Jemeela	56/F	Partially edentulous arch
31.	41261/12	Kunhimoideen	62/F	Grossly decayed tooth wt 36
32.	41263/12	Thahira	42/F	Chronic generalized gingivitis
33.	41267/12	Shin Rihan	9/M	Dentoalveolar abscess wt 75
34.	41270/12	Nedeem	35/F	Impacted tooth wt 48
35.	41272/12	Mhd. Musthafa	31/M	Chronic periapical abscess wt 36
36.	41274/12	Sirajudheen	67/M	Completely edentulous arch
37.	41275/12	Yoosuf	58/M	Lichen planus
38.	41276/12	Nimmel	23/M	Angle's Class 2 malocclusion
				with spacing
39.	41281/12	Lubna	7/F	Precheckling mobility

Signature of HOD

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Sl. No	OP No	Name	Age/Sex	Diagnosis
40.	41284/22	Shameela	47/F	Chronic periapical abscess wrt 24
41.	41285/22	Mohd. Rabeen	5/M	Dental Caries.
42.	41287/22	Firos	37/M	Apical periodontitis wrt 35
43.	41288/22	Abubacker	69/M	Root stump wrt $\frac{4|5}{5|}$
44.	41291/22	Vinod	37/M	Deep Dentinal Caries wrt 17
45.	41293/22	Mohd. Midlaj	13/M	Dental Caries wrt $\frac{E|E}{E|E}$
46.	41295/22	Minha Fathima	11/F	Pre-shedding mobility
47.	41296/22	Kenza Fathima	5/F	Grossly decayed teeth wrt 54, 53, 64, 6
48.	41300/22	Mohd. Shadin	10/M	Pre-shedding mobility
49.	41302/22	Sumayya	30/F	Deep Dentinal Caries wrt 37
50.	41304/22	Muhammed	62/M	Partially edentulous arch
51.	41307/22	Thanseena	32/F	Chronic periapical abscess wrt 37
52.	41309/22	Mohd. Minhaj	12/M	Dental Caries.
53.	41311/22	Jipsa	20/F	RC treated tooth wrt 14
54.	41314/22	Shihab	15/M	Angle's Class II malocclusion
55.	41316/22	Salwa	48/F	Partially edentulous arch
56.	41319/a	Reeena	37/F	Chronic periapical abscess wrt 12
57.	41323/22	Shareef	28/M	Deep Dentinal Caries wrt 19, 25
58.	41325/22	Jabbar	29/M	Chronic generalized gingivitis
59.	41329/22	Reena	38/F	RC treated tooth wrt 29
60.	41329/22	Sajitha	35/F	Chronic pulpitis wrt 16.

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

GENERAL ASSESSMENT

1. Professional skills/Knowledge
2. Attendance and punctuality
3. Dedication to duties
4. Relation with staff
5. Relation with patients

Excellent

Excellent ☑ Very good ☐ Good ☐ Satisfactory ☐ Unsatisfactory ☐

HEAD OF THE DEPARTMENT
Dept. Of Oral Medicine & Radiology
KMCT Dental College

Seal

Signature of HOD

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DENTAL CAMPS

Camp Site: Colinal Beach, Kozhikode Organisers: St. Joseph Boys H.S.

Sl. No	Date	Name	Age/Sex	Work done
17.	25/10/23	Meghar Krishna	11/M	OP Consultation
18.	25/10/23	Aswin	11/M	OP Consultation
19.	25/10/23	Amal M.P	10/M	OP Consultation
20.	25/10/23	Vedith	11/M	OP Consultation

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Sl No	Op. No.	Name	Age/Sex	Treatment
1.	31197/23	Muhammed Fezin	6/M	Extraction of 51, 62
2.	2956/23	Muhammed Shadib	11/M	OP
3.	3012/23	Muhammed Afflah	8/M	OP
4.	12993/22	Fathima Rizna K.C	7/F	Extraction of 52, 82
5.	3166/23	Fathima Henna	8/F	OP
6.	3395/23	Hezron Divin	5/M	OP
7.	3369/23	Farhan	6/M	OP
8.	32087/23	Muhammed Shadil	8/M	-Class I cavity prepared
				and restored with GIC
				int 64
				-Extraction of 75
9.	3524/23	Adeedi	4/F	OP
10.	3529/23	Muhammed Rezin	5/M	OP
11.	26139/23	Diya	5/F	OP
12.	32092/23	Athmika	8/F	Class I cavity prepared
				and restored with GIC
				int 75, 85
13.	3702/23	Arjun Marwa	4/F	OP
14.	3815/23	Muhammed Shadil	12/M	OP
15.	3984/23	Shanza	9/F	OP

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

Sl No	Op. No.	Name	Age/Sex	Treatment
				Ext 26, 36
29.	5956/23	Muhammed Shaihan	9/M	OP
30.	5952/23	Nasha Fathima	6/F	OP
31.	14503/22	Niya P.C	11/F	OP
32.	5392/23	Keerthana	4/F	OP
33.	39670/23	Adonith Jyothish	7/M	Class I cavity prepared and
				restored with GIC
				ext 74, 75, 85
34.	35531/23	Haya	13/F	Full mouth oral prophylaxis
35.	35479/23	Muhammed Ali	11/M	Class I cavity prepared and
				restored with GIC
				ext 26, 36
36.	5387/23	Ezlen Izam	2/F	OP
37.	10442/20	Aswanth	12/M	OP
38.	35671/23	Shifna Banu	11/F	Full mouth oral prophylaxis
				Class I cavity prepared and
				restored with GIC ext 36
39.	32056/21	Fathima Minha	12/F	OP
40.	35670/23	Ekatha	7/F	Pit and fissure sealant
				applied ext 26, 36

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DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

KMCT
DENTAL COLLEGE

Certificate

This is to certify that Mr/Ms NAYANA RAJ a bonafide student of KMCT Dental College, Manassery, Kozhikode has satisfactorily completed his/her Compulsory Rotating Resident Internship in the Department of Oral and Maxillofacial Surgery, from 19/11/22 to 19/11/23 for a period of 60 days, according to the requirements of the Kerala University of Health Science.

Head of the Department

HEAD OF DEPARTMENT
DEPT. OF ORAL &
MAXILLOFACIAL SURGERY
KMCT DENTAL COLLEGE
MUKKAM, CALICUT

Place : Manassery
Date : 13/11/23

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

Posting Period

Summary of cases done

1.	Total no. of extractions done	22
2	Total no. of minor surgery done	1
3	Total no. of minor surgery assisted	5
4	Total no. of major surgery attended	4

Signature of HOD

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DEPT. OF ORAL &
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SL No	Op. No.	Name	Age/Sex	Treatment
56.	40259/22	Mary Francis	64/F	OP Consultation
57.	40252/22	Yesla	19/F	OP Consultation
				Extraction of 17 done
58.	39901/22	Ismail	46/M	OP Consultation
59.	40927/22	Ayisha Khajeesla	23/F	Extraction of 18 done
60.	40549/22	Lailabi	48/F	OP Consultation
61.	21319/22	Veeravo	45/F	OP Consultation
62.	39633/22	Vinod	55/M	Suture Removal
				Extraction of 11,12 done
63.	26593/22	Fareeda	49/F	OP Consultation
64.	32652/22	Saniya Fathima	14/F	Extraction of 19 done
65.	39499/22	Sarojini Amma	68/F	OP Consultation
66.	44915/22	Sarath	23/M	Suture Removal
67.	48523/22	Sabin	31/M	OP Consultation
				Extraction of 31 done

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GENERAL ASSESSMENT

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2. Attendance and punctuality
3. Dedication to duties
4. Relation with staff
5. Relation with patients

Excellent ☐ Very good ☑ Good ☐ Satisfactory ☐ Unsatisfactory ☐

Seal

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DEPT. OF ORAL &
MAXILLOFACIAL SURGERY
KMCT DENTAL COLLEGE
MUKKAM, CALICUT

Signature of HOD

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Sl No	Op. No.	Name	Age/Sex	Treatment
1.	9913/23	Seyida	45/F	Primary impression of
				upper and lower each made
2.	15721/23	Senthakumari	74/F	Primary impression of
				upper and lower each made
3.	18674/23	Haneef	57/M	Denture Correction
4.	1910/23	Seinaba	55/F	Denture Correction
5.	19893/23	Sreelesh	37/M	Primary impression of
				upper and lower each m
				Immediate maxillary
				Denture Insertion done
6.	12989/23	Sakina	47/F	Permanent Cementation
				(PFM Crown) done
				in 5+
7.	13795/23	Seethalekshmi	43/F	Permanent Cementation
				(All metal Crown) done
				in 2+
8.	25225/23	Sandhosh John	45/M	Denture insertion done
9.	29989/23	Subair	23/M	Tooth preparation done for
				PFM Crown in +6
				Temporary Crown fabricated

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Sl. No	Op. No	Name	Age/Sex	Treatment
				and Cemented.
10.	26934/22	Vasakh	32/M	Recementation (PFM
				facing) done and fix
11.	40733/22	Sarafudeen	39/M	Tooth preparation done
				Full metal crown set off
				Temporary Crown fabricated
				and Cemented.
12.	28035/22	Rameena	37/F	Primary impression of
				upper and lower and
13.	11276/22	Sabira	37/F	Tooth preparation done
				for PFM Crown set off
14.	27959/22	Suhara	54/F	Primary impression of
				upper and lower and
15.	38999/22	Shameena	37/F	Primary impression of
				upper and lower and
16.	20192/22	Ibrahim	63/M	Denture Correction done
17.	49899/22	Sareena	35/F	Primary impression of
				upper and lower and
18.	20079/22	Kadeeja	64/F	Denture Correction
19.	40421/22	Sumayya	35/F	Tooth preparation done

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INSTITUTION'S INNOVATION COUNCIL

GENERAL ASSESSMENT

1. Professional skills/Knowledge
2. Attendance and punctuality
3. Dedication to duties
4. Relations with staff
5. Relations with patients

Good.

Excellent ☐ Very good ☐ Good ☐ Satisfactory ☐ Unsatisfactory ☐

Seal

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
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DEPARTMENT OF ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

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Sl. No	Op. No.	Name	Age/Sex	Treatment
1.	36375/23	Jasim Mohammed	32/M	Impression Taken
2.	8732/22	Sangeetha	40/F	OP
3.	36559/23	Rishana.k	32/F	OP
4.	33660/23	Hamsankar	21/M	OP
5.	35536/23	Thahirabi	41/F	OP
6.	37617/23	Shemeem	22/M	OP
				Impressions Taken
7.	37627/23	Irfana	23/F	OP
8.	37629/23	Fathima Sja. V.P	15/F	OP
9.	37736/23	Aswathi	21/F	OP
10.	25155/23	Anju	21/F	Appliance Insertion
11.	2986/23	Sreejini	37/F	Appliance Activation
12.	36769/23	Fidha Fathima	16/F	OP
13.	37892/23	Shahina	25/F	OP
14.	37320/23	Anjana Babu	18/F	Appliance Insertion
15.	7275/22	Prajna	26/F	Debonding
				Full mouth oral prophylaxis
16.	39825/23	Mintu	16/F	OP
17.	39919/23	Mamtha	26/F	OP
18.	39585/23	Vishnu	21/M	OP

Signature of HOD

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DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

Sl No	Op No.	Name	Age/Sex	Treatment
1.	51904/22	Fathima Fidha	24/F	17 - GIC core build up
2.	12858/21	Dayca T Emmanuel	35/F	21 - Extraction & Suture
				GIC restoration
3.	255229/21	Muhammed Shareef	34/M	11 - Extraction & suture GIC restoration
				16 - GIC core build up
4.	11437/23	Muhammed Shajid	20/M	21 - Extraction & suture TF placed
5.	12623/22	Schadiya	35/F	11 - Class III + Composite
6.	5713/23	Saniya	25/F	23 - Class II + Composite
				26 - Dycal + GIC
7.	3159/21	Anjana Madhu	19/F	16 - GIC + Composite
				26 - GIC + Composite
8.	11437/23	Muhammed Shaffad	20/M	21 - Class I + AF
				23 - Class I + AF
9.	14320/23	Nidhin Sivadas	31/M	25 - Class II + GIC
10.	14920/23	Unimon Koya	59/M	16 - Class I + GIC
11.	37604/22	Vidhya Priya	24/F	21 - Class II + Composite
12.	15109/23	Nayana Chacko	20/F	27 - Extraction & Suture GIC restoration
13.	9357/23	Ajeesh	13/M	31 - Class II + GIC
14.	13550/23	Nandana	19/F	16 - Class I + Composite
				19 - Class I + Composite

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

KMCT
DENTAL COLLEGE

DEPARTMENT OF ORAL PATHOLOGY & ORAL MICROBIOLOGY

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www.kmctdentalcollege.org

INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

KMCT
DENTAL COLLEGE

Certificate

This is to certify that ~~Mr/Ms~~ ...NAYANA RAJ.....

was a bonafide student of KMCT Dental College, Manassery, Kozhikode. ~~He/She~~ passed the Final Year BDS Part II Examination of the Kerala University of Health Sciences, Thrissur, held in .....2023.....

and has successfully completed twelve months of Compulsory Rotating Resident Internship programme from ...21/9/22..... *to* ...17/11/23...

Principal
20/11/23

Place: Manassery
Date: 17/11/23

K.M.C.T. DENTAL COLLEGE
CALICUT

Principal
KMCT Dental College
Manassery, Mukkam

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

Posting period

Summary of Course Done

1.	No of patients checked	104
2	Total no. of special cases recorded	3
3	Total no. of radiograph done	22

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

Sl No	OP No	Name	Age/Sex	Diagnosis
61.	42578/22	Noorjahana	61/F	Deep Dentinal Caries wrt 35
62.	42581/22	Seinaba	40/F	Chronic generalized gingivitis
63.	42584/22	Jannath	56/F	Chronic generalized periodontitis
64.	42586/22	Jithin	29/M	Pterygomandibular space infection
65.	42590/22	Reena	29/F	Dental Caries wrt $\frac{5|E}{E|E}$
66.	42594/22	Adhil	26/M	Pericoronitis wrt 38
67.	42596/22	Sherafunnisa	37/F	Dental Caries wrt $\frac{E|C}{E|E}$
68.	42599/22	Radha	65/F	Partially edentulous ca
69.	42618/22	Anna	15/F	Dental Caries wrt $\frac{-|E}{E|-}$
70.	42620/22	Rizal	22/M	Chronic periapical abscess wit
71.	42624/22	Yedhu Krishna	25/M	RCT tooth wrt 16
72.	42625/22	Muhsina	36/F	Apical periodontitis wrt 15
73.	42629/22	Mhd. Thanvir	5/M	Dentoalveolar abscess wrt 55
74.	42632/22	Ramlakan	36/F	Root stump wrt 15, 16
75.	42634/22	Rithina	31/F	Deep Dentinal Caries wrt 25
76.	42635/22	Shebin	4/M	Deep Dentinal Caries wrt 54
77.	42657/22	Rageena	46/M	Partially edentulous area
78.	42660/22	Abu Sumad	45/M	RCT tooth wrt 15
79.	42663/22	Irshad	58/M	Chronic periapical abscess wrt 3
80.	42666/22	Arun	25/M	Pericoronitis wrt 48
81.	42669/22	Amal Biju	23/M	RCT tooth wrt 13

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

Sl No	OP No	Name	Age/Sex	Diagnosis
100.	42802/22	Sheena Moideen	44/F	RCT tooth wt 36
101.	42810/22	Vineetha	23/F	Chronic pulpitis wt 2
102.	SD 591/23	Vijayan		Tobacco pouch keratosis
				Early OSMF
103.	SD 549/23	Alida Joseph	22/F	Traumatic neuroma
104.	SD 550/23	Mhd. Nebin	58/M	Chronic generalised periodontitis

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

GENERAL ASSESSMENT

1. Professional skills/Knowledge

2. Attendance and punctuality

3. Dedication to duties

4. Relation with staff

5. Relation with patients

Excellent ☑ Very good ☐ Good ☐ Satisfactory ☐ Unsatisfactory ☐

20/4/23

Head of the Department
Department of Public Health Dentistry
KMCT Dental College,
Manassery, Calicut

Seal

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
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DENTAL COLLEGE

DEPARTMENT OF PAEDIATRIC & PREVENTIVE DENTISTRY

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

KMCT
DENTAL COLLEGE

Certificate

This is to certify that ~~Mr~~/Ms NAYANA P.S ..... *a bonafide student of KMCT Dental College, Manassery, Kozhikode has satisfactorily completed his/her Compulsory Rotating Resident Internship in the Department of Paediatric & Preventive Dentistry, from* 18/2/23 ..... *to* 16/3/23 ..... *for a period of* 30 ..... *days, according to the requirements of the Kerala University of Health Science.*

Head of the Department

Place : Manassery.
Date : 13/4/23

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

Sl No	Op No.	Name	Age/Sex	Treatment
				Extraction of 52
41.	43228/23	Neeraj	8/M	Class I cavity prepared
				restored with GIC in
				16, 46
42.	4955/23	Rihan	11/M	OP
43.	4934/23	Fathima Safa	7/F	OP
44.	43926/23	Aanvi	5/F	Extraction of 61
45.	4929/23	Adwaith	5/M	OP
46.	4935/23	Nadish Rahman	9/M	OP
47.	39536/23	Muhammed Azam	6/M	Class III cavity (Distal)
				prepared and restored
				with GIC in 53, 63
				Class IV cavity (Mesial)
				prepared and restored
				with GIC in 54, 64
				Full mouth oral prophylaxis

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
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DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

Certificate

This is to certify that ~~Mr~~/Ms NAYANA RAJ *a bonafide student of KMCT Dental College, Manassery, Kozhikode has satisfactorily completed his/her Compulsory Rotating Resident Internship in the Department of Prosthodontics and Crown & Bridge, from* 19/5/23 *to* 18/7/23 *for a period of* 60 *days, according to the requirements of the Kerala University of Health Science.*

Head of the Department

Place : Manassery
Date : 13/11/23

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

Posting Period

Summary of Cases Done

1.	Total no. patients checked	53
2	Total no. of impressions taken	15
3	Total no. appliance delivered	8
4	Total no. activation done	5
5	Other work done	5

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
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Sl. No	Op. No.	Name	Age/Sex	Treatment
50.	400167/	Fasena	25/F	OP
51.	40557/	Mahsitha	27/F	OP
52.	406	Mhd. Riham	19/M	OP
53.	40626/	Nadha Nesrin	16/F	OP

Signature of HOD

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

GENERAL ASSESSMENT

1. Professional skills/Knowledge ✓
2. Attendance and punctuality ✓
3. Dedication to duties ✓
4. Relation with staff ✓
5. Relation with patients ✓

Excellent ☑ Very good ☐ Good ☐ Satisfactory ☐ Unsatisfactory ☐

Seal

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Posting Period

Summary of Cases Done

1.	Total no. of amalgam restoration	
	Class I	9
	Class II	4
2	Total No. of GIC restorations	21
3	Total no. of indirect pulp capping done	22
4	Total no. of composite restorations	37
5	Total no. of RCT done	1
6	Emergency access opening & pulpectomy / pulpotomy	—
7	Others	1

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Sl. No	Op. No.	Name	Age/Sex	Treatment
29.	19624/22	Sofiya	32/F	7| - Composite Core build up
30.	19703/22	Ritik	22/M	5| - Class I + Composite
				7| - Class I + Composite
31.	11669/23	Sajeed Ali	36/M	6| - Class I + Amalgam
				2| - Class I + Amalgam
32.	17455/23	Sareena	42/F	12 - Class III + Composite
				4| - GIC
33.	18003/23	Aboobacker	52/M	17 - Class II + Amalgam
				19 - Class I + GIC
34.	15876/23	Bushra	44/F	17 - Class I + Amalgam
				17 - Class I + GIC
35.	27955/22	Mohammed Hanis	61/M	17 - Class I + GIC
				18 - Class I + GIC
36.	20967/23	Sofiya	34/F	2| - Class III + Composite
				3| - Class III + Composite
37.	17279/23	Muhammed Sulthan	16/M	17 - Class I + GIC
38.	17539/23	Shahna	23/F	16 - Excavation & evaluation Dycal + GIC
39.	17999/23	Dilba Ibrahim	18/M	1| - Class III + Composite
40.	19571/23	Jiji Mathew	42/F	2| - Composite Core build up
41.	19511/23	Vaiga lakshmi	16/F	7| - Class II + Composite

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Sl. No	Op. No.	Name	Age/Sex	Treatment
5.	Access	opening done, Working length determined,		
	BMP	Done, Obturation done 1st — 14		

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2. Attendance and punctuality
3. Dedication to duties
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5. Relation with patients

Excellent ☐ Very good ☐ Good ☑ Satisfactory ☐ Unsatisfactory ☐



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5. Relation with patients

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

POSTING SCHEDULE

Sl. No	Department	Date of Joining	Date of completion	Extension Posting
1	ORAL MEDICINE AND RADIOLOGY	19/1/23	12/2/23	11/11/23
2	PUBLIC HEALTH DENTISTRY	13/2/23	19/3/23	10/11/23
3	PEADIATRIC AND PREVENTIVE DENTISTRY	13/7/23	16/9/23	25/9/23 - 2/10/23
4	ORAL AND MAXILLOFACIAL SURGERY	19/11/22	18/1/23	30/10/23 - 9/11/23 13/11/23 - 14/11/23
5	PROSTHODONTICS AND CROWN & BRIDGE	19/5/23	17/7/23	—
6	ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS	17/8/23	15/9/23	21/9/23 - 29/9/23
7	PERIODONTICS	21/9/22 21/10/22	5/10/22 19/11/22	3/10/23 - 13/10/23
8	CONSERVATIVE DENTISTRY AND ENDODONTICS	20/3/23 19/4/23	3/4/23 18/5/23	—
9	ORAL PATHOLOGY AND ORAL MICROBIOLOGY	4/4/23	18/4/23	20/10/23 - 23/10/23 15/11/23 - 17/11/23
10	ELECTIVE POSTING	6/10/22 16/9/23	20/10/22 20/9/23	—

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DEPARTMENT OF ORAL MEDICINE & RADIOLOGY

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

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Certificate

This is to certify that ~~Mr~~/Ms NAYANA RAJ *a bonafide student of KMCT Dental College, Manassery, Kozhikode has satisfactorily completed his/her Compulsory Rotating Resident Internship in the Department of Public Health Dentistry, from* 11/2/23 *to* 19/3/23 *for a period of* 30 *days, according to the requirements of the Kerala University of Health Science.*

20/11/23.

Head of the Department

Head of the Department
Department of Public Health Dentistry
KMCT Dental College,
Manassery, Calicut

Place : Manassery
Date : 13/11/23

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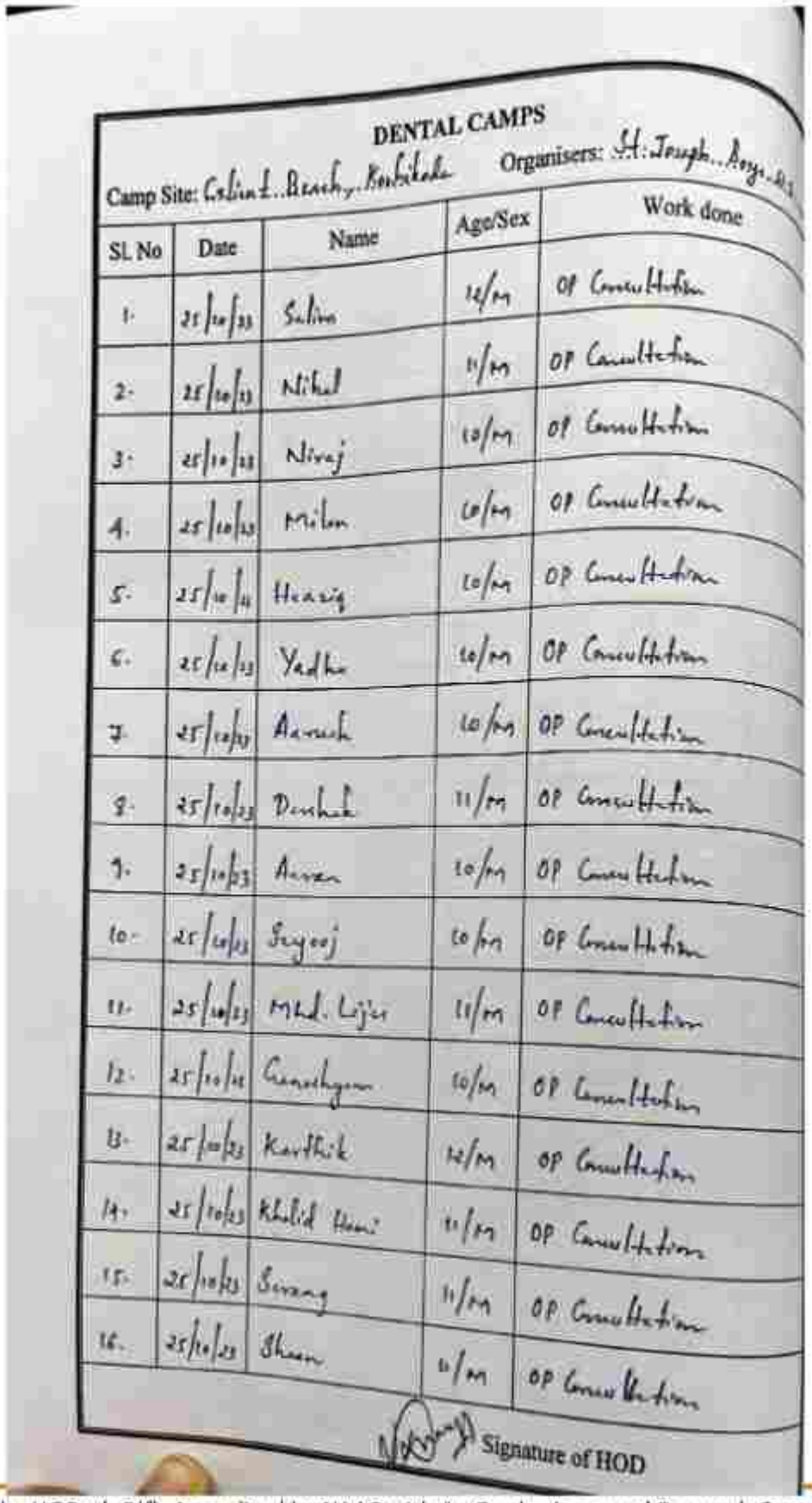
DEPARTMENT

Sl. No	OP No	Name	Age/Sex	Treatment done
1.	7233/23	Jijesh	22/M	Full mouth oral prophylaxis
2.	6870/23	Riyas	42/M	Full mouth oral prophylaxis
3.	5121/22	Bushra	39/F	OP Consultation
4.	7126/23	Rithana	20/F	Full mouth oral prophylaxis
5.	7495/23	Shahid	17/M	Full mouth oral prophylaxis
6.	7177/23	Sabeena	38/F	Full mouth oral prophylaxis
7.	7059/23	Nizamudeen	29/M	Full mouth oral prophylaxis
8.	2703/23	Sherafa	42/F	Full mouth oral prophylaxis
9.	32920/22	Afla	24/F	Full mouth oral prophylaxis
10.	7030/23	Yasir	22/M	Full mouth oral prophylaxis
11.	7562/23	Shahana Nasrin	21/F	Full mouth oral prophylaxis
12.	6851/23	Juniya	22/F	OP Consultation
13.	7411/23	Kadeeja	52/F	OP Consultation
14.	A2750/22	Sana. M.P	23/F	Full mouth oral prophylaxis
15.	10414/23	Salma	45/F	Full mouth oral prophylaxis
				GIC restoration on 17
16.	10416/23	Hidayathulla	26/M	Pit and Fissure Sealant on 37
17.	10383/23	Abdul Basheer	49/M	Full mouth oral prophylaxis

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE



DENTAL CAMPS

Camp Site: Calicut Beach, Kozhikode Organisers: H: Jough, Boys Hos

Sl No	Date	Name	Age/Sex	Work done
1.	25/10/23	Salim	12/M	OP Consultation
2.	25/10/23	Nihal	11/M	OP Consultation
3.	25/10/23	Niraj	10/M	OP Consultation
4.	25/10/23	Milan	10/M	OP Consultation
5.	25/10/23	Hasig	10/M	OP Consultation
6.	25/10/23	Yadhu	10/M	OP Consultation
7.	25/10/23	Aswath	10/M	OP Consultation
8.	25/10/23	Denhak	11/M	OP Consultation
9.	25/10/23	Arun	10/M	OP Consultation
10.	25/10/23	Sujooj	10/M	OP Consultation
11.	25/10/23	Mhd. Lijin	11/M	OP Consultation
12.	25/10/23	Ganeshyam	10/M	OP Consultation
13.	25/10/23	Karthik	12/M	OP Consultation
14.	25/10/23	Khalid Hani	11/M	OP Consultation
15.	25/10/23	Sivaraj	11/M	OP Consultation
16.	25/10/23	Bheem	11/M	OP Consultation

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INSTITUTION'S INNOVATION COUNCIL

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DENTAL CAMPS

Camp Site: Padinjare...Chathallur Organisers: Muslim...Youth...

Sl. No	Date	Name	Age/Sex	Work done
1.	18/3/23	Ummer	63/M	OP Consultation
2.	18/3/23	Radha	69/F	OP Consultation
3.	18/3/23	Aruchi	60/F	OP Consultation
4.	18/3/23	Neila	8/F	OP Consultation
5.	18/3/23	Fadiya	14/F	OP Consultation
6.	18/3/23	Afeefa	13/M	OP Consultation
7.	18/3/23	Abin	28/M	OP Consultation
8.	18/3/23	Shafeer	8/M	OP Consultation

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

PAIN & PALLIATIVE POSTING

Centre: IPM, Calicut

Case Review and Discussion

Sl. No	OP. No.	Age/Sex	Diagnosis
1.	1372/23	70/M	Carcinoma of oral cavity
2.	1278/23	63/M	Carcinoma of lung
3.	1266/23	47/M	Metastatic Carcinoma of Pancreas.
4.	1377/23	39/F	Carcinoma of Pancreas
5.	11710/23	28/F	Carcinoma of Endometrium
6.	1379/23	74/F	PVD with non-healing ulcer
7.	1389/23	55/M	Carcinoma of lung.
8.	1394/23	60/M	Carcinoma of oesophagus
9.	1323/23	50/F	Carcinoma of pancreas with secondary metastasis to liver
10.	1272/23	45/F	Carcinoma of pancreas – intraductal papillary neoplasm

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

Posting Period

Summary of Cases Done

1.	No of extractions done	6
2	No. of restorations done	10
3	No. of pulp therapy done	-
4	No. of indirect pulp therapy done	1
5	No. of RCT done	-
6	No. of appliance done	-
	Impression taken	
	Delivery done	
	Activation done	
7	Other works done	
	Fluoride application	-
	Incision and drainage	-
	Oral prophylaxis	4
	Pit & Fissuic sealant application	2

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

Sl. No	Op. No.	Name	Age/Sex	Treatment
1.	29621/22	Hajisma	49/F	OP Consultation
2.	29884/22	Shifa Nowrin	15/F	OP Consultation
3.	29610/22	Archana	20/F	Extraction of $\frac{5}{8}$ done
4.	30592/22	Sidheeq	54/M	Suture Removal
5.	32101/22	Velayudhan	60/M	OP Consultation
6.	32211/22	Jafar	41/M	OP Consultation
7.	31716/22	Mohan	34/M	OP Consultation
8.	1106/22	Mhd. Shaheer	23/M	Extraction of $\frac{7}{7}$ done
9.	31045/22	Seetha	67/F	OP Consultation
10.	32490/22	Sheena. V.P	31/F	OP Consultation
11.	31313/22	Aparna Dinesh	30/F	OP Consultation
12.	33060/22	Mhd. Adnath	12/M	OP Consultation
				Extraction of $\frac{1}{6}$ done
13.	32271/22	Seinabha	58/F	OP Consultation
14.	14991/22	Sivan	69/M	OP Consultation
15.	11922/22	Hemba	22/F	OP Consultation
16.	32298/22	Safiya	52/F	OP Consultation
17.	4913/22	Mhd. Ramees	28/M	OP Consultation
18.	32298/22	Safiya	52/F	Extraction of $\frac{4}{5}$ done
19.	33151/22	Riyas. T.K	55/M	OP Consultation

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Sl No	Op. No.	Name	Age/Sex	Treatment
39.	29399/22	Mhd. Shafi	73/M	OP Consultation
40.	31254/22	Subaida	49/F	Extraction of $\frac{46}{}$ done
41.	37064/22	Safeena	29/F	Extraction of $\frac{36}{}$ done
42.	21819/22	Nafeesa	45/F	OP Consultation
43.	22162/22	Linisetha	35/F	Extraction of $\frac{48}{}$ done
44.	32365/21	Ilyas. K.	32/M	OP Consultation
45.	29275/22	Vijaya	62/F	Suture Removal
46.	16981/22	Safvan. T	15/M	Extraction of $\frac{17}{4}$ done
47.	28849/22	Kuttoolo	69/F	OP Consultation
48.	38979/22	Shareefa. P.P	50/F	OP Consultation
				Extraction of $\frac{1}{}$ done
49.	39099/22	Rukhiya	63/F	OP Consultation
50.	39149/22	Sreeja	50/F	OP Consultation
51.	18022/22	Jemeela	53/F	Alveoloplasty done at
				$\frac{13}{13}$ region
52.	39333/21	Mhd. Rijas	31/M	Extraction of $\frac{15}{}$ done
53.	39343/22	Fathima Farooza	25/F	Extraction of $\frac{8}{41}$ done
54.	39963/22	Kadeeja	23/F	OP Consultation
				Extraction of $\frac{3}{}$ done
55.	39253/22	Devayani	79/F	OP Consultation

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

Posting Period

Summary of Cases Done

1.	Diagnosis and treatment planning done	
2.	Total no of denture corrections done	7
3	Total no. of tooth preparation done	5
4	Total no. of RPD done	2
5	Total no. of CD done	1
6	Total no. of relining & rebasing	
7	Special cases done	

12.1.15

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Sl No	Op. No.	Name	Age/Sex	Treatment
				for PFM facing Crown of
				Temporary Crown fabricated
20.	28989/22	Subair	29/M	and Cemented Permanent Cementation
				(PFM Crown) done
				wd $\frac{}{6}$
21.	13169/23	Jayalalitha	52/F	Denture Correction
22.	20132/23	Seinaba	52/F	Denture Correction
23.	29750/23	Abdul Kareem	62/M	Denture Correction
24.	18296/23	Bhasmini	62/F	Primary impression of
				upper and lower arch made
25.	28791/23	Sidhique	45/M	Tooth preparation done
				for PFM Crown wd $\frac{}{5}$
				Temporary Crown fabricated
				and Cemented
26.	22371/23	Santhosh. K.C	43/M	RPD insertion done
				wd $\frac{\overline{5}\overline{6}}{5\,\overline{6}}$

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Sl No	Op. No.	Name	Age/Sex	Treatment
33.	31526/23	Sujana	36/F	Impression taken
34.	35144/23	Jiser	22/M	Impression taken
35.	41248/23	Vyshna. I.V	25/F	OP
36.	40614/23	Mohammed Nifeal	22/M	OP
37.	3028/23	Shilke	21/F	Appliance Insertion
38.	41408/23	Minhad	22/M	OP
39.	26973/23	Amena Ashraf	24/F	Appliance Activation
40.	25910/23	Sarang	13/M	Impression taken
41.	40117/23	Mhd. Nikan	22/M	Full mouth oral prophyl
42.	19172/23	Mhd. Ajsal	M/M	Debonding + Impress
				FLR + Insertion
43.	19693/23	Haya Fathima	15/F	Debonding + Impress
				FLR + Insertion
44.	24593/23	Rafa Amana	13/F	Debonding + Impressio
				FLR + Insertion
45.	6350/22	Sana Sajan	12/F	Impression taken
46.	12680/21	Hamitha	13/F	Impression taken
47.	6350/22	Sana Sajan	12/F	Impression taken
48.	5753/21	Aswani	16/F	Debonding + FLR.
49.	20608/23	Jileha Fathima	16/F	Appliance Activation

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

Posting Period

Summary of Cases Done

1.	Total no. of oral prophylaxis done (Ultra sonic scaling)	55
2	Total number of surgery assisted	3

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Sl No	Op. No.	Name	Age/Sex	Treatment
1.	11922/20	Abdul Kareem	50/M	FMOP
2.	46085/22	Sainth Lalu	41/M	FMOP
3.	45846/22	Sidanandan	59/M	FMOP
4.	44709/22	Adhinath	21/M	FMOP
5.	44424/22	Sreejith	32/M	FMOP
6.	20922/21	Naja Fathima	16/F	FMOP
7.	44159/22	Kadeeja	65/F	FMOP
8.	42648/22	Seineba	57/F	FMOP
9.	44183/22	Joseph	56/M	FMOP
10.	43685/22	Mohammed Nasil	26/M	FMOP
11.	43961/22	Ubaid	22/M	FMOP
12.	41835/22	Koyakutty	69/M	FMOP
13.	40442/22	Sony	47/M	FMOP
14.	42863/22	Muhammed	65/M	FMOP
15.	44021/22	Abdul Mubashir	23/M	FMOP
16.	43793/22	Mohammed Ashraf	60/M	FMOP
17.	43893/22	Thulasi	56/F	FMOP
18.	24223/22	Mujeeb	48/M	FMOP
19.	43006/22	Saifunneesa	42/F	FMOP
20.	42760/22	Lakshmi Amma	72/F	FMOP

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Sl. No	Op. No.	Name	Age/Sex	Treatment
41.	43969/23	Shuhaib	25/M	FMOP
42.	44231/23	Thajudheen	32/M	FMOP
43.	44403/23	Arjun Raj	20/M	FMOP
44.	44465/23	Muneer	47/M	FMOP
45.	44920/23	Kutty Beeri	63/F	FMOP
46.	45021/23	Amina. K	54/F	FMOP
47.	45268/23	Muhammed Rameez	26/M	FMOP
48.	45631/23	Seva	52/F	FMOP
49.	45785/20	Sruthi Shajith	30/F	FMOP
50.	46004/23	Neha Fathima	16/F	FMOP
51.	46121/23	Anya	26/F	FMOP
52.	44342/23	Shahana Jasmin	25/F	FMOP
53.	46413/23	Muhammed Anvar	41/M	FMOP
54.	46518/23	Rathin	25/M	FMOP
55.	46642/23	Jamshana	21/F	FMOP

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Sl No	Op. No.	Name	Age/Sex	Treatment
56.	20892/23	Mumtaz	25/F	$\frac{6}{}$ - Class II + Amalgam
57.	23099/23	Fathima Sahla	19/F	$\frac{1^E}{}$ - Pulpectomy + Cantilever TF
58.	51068/23	Arjun	26/M	$\frac{1}{21}$ - Pulpectomy + Cantilever TF
59.	49961/23	Anand	25/M	$\frac{1}{2}$ - RCT

PRECLINICAL ENDO WORKS - Value Added Course -

1. Access opening done, Working length determined, BMP Done, Obturation done in $\frac{1}{1}$

2. Access opening done, Working length determined, BMP Done, Obturation done in $\frac{1}{3}$

3. Access opening done, Working length determined, BMP Done, Obturation done in $\frac{1}{4}$

4. Access opening done, Working length determined, BMP Done, Obturation done in $\frac{1}{2}$

Signature of HOD

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Posting Period

Sl No	Date	Work done
1.	17/11/23	Poster - Oral Mucosa

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Sl. No	OP No	Name	Age/Sex	Diagnosis
82.	42671/22	Prajeesh	41/M	Apical Periodontitis wrt 35
83.	42714/22	Ameena Banu	29/F	Pericoronitis wrt 38
84.	42722/22	Abinav	15/M	Dental Caries wrt 75/6
85.	42725/22	Saleem	32/M	Chronic periapical abscess wrt 35
86.	42731/22	Alena Alex	15/F	Retained deciduous tooth wrt 55
87.	42733/22	Reshma	21/F	Angle's Class I malocclusion with crowding
88.	42732/22	Midhaj	34/M	Deep Dentinal Caries wrt 35
89.	42735/22	Arshad	36/M	Chronic periapical abscess wrt 19
90.	42759/22	Devaki	53/F	Bony spikules
91.	42761/22	Mhd. Jasim	12/M	Prechedding mobility wrt 55
92.	42763/22	Nafeesa.C	58/F	Completely edentulous arch
93.	42765/22	Abdul Hakeem	44/M	Apical periodontitis wrt 24
94.	42769/22	Shabeena	26/F	Pericoronitis wrt 38
95.	42770/22	Khairunnisa	35/F	RCT tooth wrt 45
96.	42776/22	Henna Fathima	24/F	Grossly decayed tooth wrt 37
96.	42778/22	Fathima P	21/F	Angle's class I malocclusion with spacing.
97.	42779/22	Neela	32/F	Deep Dentinal Caries wrt 17
98.	42802/22	Fathima	65/F	Completely edentulous arch
99.	42805/22	Sidhique	58/M	Chronic generalized Periodontitis

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Recognised by UGC u/s 2(f), Accredited by NAAC with A+ Grade, Approved Research Centre of KUHS

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HEALTH CENTRE POSTING

Sl. No	OP No	Name	Age/Sex	Treatment
1.	1630/23	Shameer	32/M	Composite restoration wt 11
2.	4899/23	Mekhe	20/F	GIC restoration wt 71 6
3.	16829/22	Sini	39/F	GIC restoration wt 11
4.	2359/23	Shemil	25/M	Full mouth oral prophylaxis
				GIC restoration wt 35
5.	93023/22	Sethi	52/F	Full mouth oral prophylaxis
6.	2355/23	Rani	33/F	Full mouth oral prophylaxis
				GIC restoration wt 46
7.	7987/23	Azeez	62/M	Dycal + TF wt 19
8.	41381/22	Sindhu	70/F	Suture Removal

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DENTAL CAMPS

Camp Site: Panchayath. Baran, Puthupadi Organisers: Tirutha. Hospital, P...

Sl. No	Date	Name	Age/Sex	Work done
1.	22/5/23	Salma. C.M	48/F	Full mouth oral prophylaxis
2.	22/5/23	Hareena. K.K	46/F	Full mouth oral prophylaxis
3.	22/5/23	Basheer	49/M	Oral prophylaxis
4.	22/5/23	Noor Jahan	53/F	GIC restoration wt 21
5.	22/5/23	Ayoob	11/M	Oral prophylaxis
6.	22/5/23	Mhd. Shamil	18/M	Oral prophylaxis
7.	22/5/23	Amritha	22/F	Oral prophylaxis

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Sl No	Op. No.	Name	Age/Sex	Treatment
16.	33866/23	Prenav	10/M	Extraction of 74, 75
17.	7035/23	Hadiya	13/F	OP
18.	51530/22	Nija Fathima	11/F	OP
19.	32143/22	Devika Krishna	6/F	Excavation and evalu
				done wt 54, 55
				Dycal + GIC restora
				done wt 54, 55
20.	6839/23	Muhammed Nithwan	11/M	OP
21.	6722/23	Srinendha	11/F	OP
22.	5661/23	Anshida	11/F	OP
23.	30879/23	Basil. C.N	10/M	Full mouth oral prophyla
				Class I cavity prepared
				and restored with GIC
				wt 16.
24.	6093/23	Fathima Fidha	8/F	OP
25.	5498/23	Bhagya	6/F	OP
26.	10987/20	Afsa	5/M	OP
27.	5462/23	Jeza Mehreen	11/M	OP
28.	28894/23	Ifa fathima	11/F	Class I cavity prepared
				and restored with GIC

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GENERAL ASSESSMENT

1. Professional skills/Knowledge ✓
2. Attendance and punctuality ✓
3. Dedication to duties ✓
4. Relation with staff ✓
5. Relation with patients ✓

Excellent ☐ Very good ☐ Good ☑ Satisfactory ☐ Unsatisfactory ☐



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Sl. No	Op. No.	Name	Age/Sex	Treatment
20.	33665/21	Smitha	49/F	OP Consultation
21.	30913/21	Fathima	62/F	Extraction of 27 done
22.	26072/22	Hajra	46/F	OP Consultation
23.	19589/22	Subeena	31/F	OP Consultation
24.	33944/21	Hareena	44/F	OP Consultation
25.	30682/22	Santhosh	43/m	Suture Removal
26.	29335/22	Vijaya	62/F	Extraction of 47 done
27.	3986/22	Alikunhi	76/m	Suture Removal
28.	34891/22	Jamsheer	32/m	Extraction of 47 done
29.	30093/22	Ismail kutty	63/m	OP Consultation
30.	27321/22	Fathima Rincha	19/F	OP Consultation
31.	34232/22	Abdulla	52/m	OP Consultation
32.	34955/21	Ayisha Nafga	39/F	OP Consultation
				Extraction of 74, 75, 85 done
33.	22960/22	Santo Joseph	35/m	OP Consultation
34.	21162/22	Shilpa	22/F	OP Consultation
35.	35985/22	Prasad	45/m	OP Consultation
36.	35824/21	Indhira	30/F	OP Consultation
37.	35523/21	Jamaludheen	52/m	OP Consultation
39.	34663/22	Ahmed kutty	59/m	Suture Removal

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This is to certify that ~~Mr~~/Ms NAYANA RAJ a bonafide student of KMCT Dental College, Manassery, Kozhikode has satisfactorily completed his/her Compulsory Rotating Resident Internship in the Department of Orthodontics & Dentofacial Orthopedics, from 12/7/23 to 11/8/23 for a period of 30 days, according to the requirements of the Kerala University of Health Science.

Head of the Department

Place : Manassery
Date : 13/11/23

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

Sl No	Op No.	Name	Age/Sex	Treatment
19.	30901/23	Mohammed Adnan	14/M	Impression
20.	28961/21	Midhuna	22/F	Debanding
				Full mouth oral prophylaxis
21.	30499/23	Shaheem	15/M	Debonding
				Full mouth oral prophylaxis
				Impression taken
22.	40329/23	Mucthufa Rahman	29/M	OP
23.	27955/22	Athira. N	29/F	Impression taken
24.	22371/21	Namitha Krishnan	20/F	Appliance Activation
25.	40487/23	Rabiyathul	17/F	OP
26.	31554/23	Shejin	24/F	Appliance Insertion
27.	256/21	Mohammed Shamas	12/M	Debonding
				Full mouth oral prophylaxis
28.	18559/21	Fathima dilna	16/F	FLR
				Appliance Insertion
29.	40809/23	Fathima Shamna	14/F	OP
30.	6132/22	Fathima Suha	16/F	Appliance Activation
31.	32759/22	Veena Manja	23/F	Debonding
				Impression taken
32.	40932/23	Sanjay Vinod	17/M	OP

Signature of HOD

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DEPARTMENT OF PERIODONTICS

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Head of the Department - 16/11/23
Harish Kumar

Place : Manassery
Date : 19/11/23

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

Sl No	Op No	Name	Age/Sex	Treatment
21.	42584/22	Jennath	23/F	FMOP
22.	42633/22	Mohammed Ashik	27/M	FMOP
23.	42429/22	Fibina	29/F	FMOP
24.	38312/22	Vimalakshi	58/F	FMOP
25.	42251/22	Naseef	25/M	FMOP
26.	42297/22	Soumya Beevi	41/F	FMOP
27.	41943/22	Aiswarya	23/F	FMOP
28.	41909/22	Rab Nawas	32/M	FMOP
29.	41927/22	Ashkar	52/M	FMOP
30.	42183/22	Annakani Jose	19/F	FMOP
31.	41730/22	Basim Yamin	19/M	FMOP
32.	41744/22	Sufaida	48/F	FMOP
33.	39909/22	Rugmini devi	57/F	FMOP
34.	37450/22	Ameenah Thasni	19/F	FMOP
35.	14219/22	Rasheed	49/M	FMOP
36.	39859/22	Arun	42/M	FMOP
37.	39911/22	Vinod Kumar	37/M	FMOP
38.	39459/22	Amina	35/F	FMOP
39.	39999/22	Akash	02/M	FMOP
40.	39223/21	Athira	24/F	FMOP

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GENERAL ASSESSMENT

1. Professional skills/Knowledge — Good
2. Attendance and punctuality — Good
3. Dedication to duties — Good
4. Relation with staff — Good
5. Relation with patients — Good

Excellent ☐ Very good ☐ Good ☐ Satisfactory ☐ Unsatisfactory ☐

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Head of the Department

Place : Manassery
Date : 13/4/23

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SL No	Op. No.	Name	Age/Sex	Treatment
15.	15021/23	Hasan Koya	66/M	$\frac{7}{}$ - Class I + AF
				$\frac{1}{}$ - GIC
16.	17360/23	Subaida	45/F	$\frac{4}{}$ - Class II + Composite
17.	16229/23	Bajitha	18/M	$\frac{}{6}$ - Class I + Composite
				$\frac{}{7}$ - Class I + Composite
18.	17917/23	Rasheed	42/M	$\frac{}{1}$ - Extraction + Curettage + GIC
19.	17891/23	Kesavan kutty	60/M	$\frac{}{4}$ - GIC
				$\frac{}{45}$ - GIC
				$\frac{}{4}$ - GIC
20.	19693/23	Ashin T.P	16/M	$\frac{}{6}$ - GIC + Composite
21.	621/21	Saheena	41/F	$\frac{}{3}$ - Class III + Composite
22.	24455/22	Abu	57/M	$\frac{7}{}$ - Extraction + Curettage + Dycal + GIC
23.	15953/23	Shajan	42/M	$\frac{}{2}$ - Class III + Dycal + GIC
				$\frac{}{8}$ - Class III + Dycal + GIC
24.	18290/23	Muhsin	29/M	$\frac{5}{}$ - Composite Core building
25.	15831/23	Vijesh	31/M	$\frac{}{6}$ - GIC
26.	42224/22	Sumithi	54/F	$\frac{}{5}$ - Class I + Composite
27.	1685/23	Mubeena	35/F	$\frac{7}{}$ - GIC
28.	111041/23	Rajeena	29/F	$\frac{5}{}$ - Composite Core building
				$\frac{6}{}$ - Composite Core building

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Sl No	Op. No.	Name	Age/Sex	Treatment
42.	2150/23	Sreejisha	13/F	$\frac{1}{21}$ - GIC
43.	21695/23	Safa	24/F	$\frac{1}{3}$ - Class I + Amalgam
44.	21694/23	Ranya	14/M	$\frac{1}{3}$ - Class I + Composite
45.	21767/23	Ibrahim	15/M	$\frac{1}{8}$ - Class I + Composite
46.	21741/23	Avanthika	15/F	$\frac{11}{}$ - Dycal + GIC
47.	21360/23	Rufaida Hathema	14/F	$\frac{1}{2}$ - Class I + Composite
				$\frac{1}{7}$ - Class I + Composite
43.	1046/23	Shamna	24/F	$\frac{17}{}$ - GIC
44.	50221/22	Shahida	23/F	$\frac{1}{3}$ - Class I + Amalgam
45.	19932/23	Adhil	17/M	$\frac{1}{2}$ - Class I + Composite
46.	18360/23	Filza Fathima	15/F	$\frac{1}{6}$ - Composite Core build
47.	22696/23	Lana Ashraf	14/F	$\frac{1}{6}$ - Composite Core build
48.	21807/23	Rinu	15/F	$\frac{11}{}$ - Class III + Composite
49.	25202/23	Sidhan	43/M	$\frac{1}{7}$ - Class II + Amalgam
50.	29607/23	Shajan V	36/M	$\frac{1}{6}$ - Class II + Composite
51.	12346/22	Ayisha Azeez	48/F	$\frac{1}{16}$ - Coronoplasty
52.	21159/23	Minhaj	15/M	$\frac{6}{1}$ - Class II + Composite
53.	21172/23	Sebeenh	40/F	$\frac{1}{17}$ - Composite Core build
54.	29140/23	Maneena Joseph	20/F	$\frac{1}{7}$ - Class I + Amalgam
55.	4213/21	Surendran	52/M	$\frac{1}{15}$ - Class II + Composite

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Head of the Department

Place : Manassery
Date : 13/4/23

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Dr. RAJOJI KUMAR M.D.S
Principal
KMCT Dental College
Mankkavu, Mukkam

Department of Prosthodontics Patient Feedback Form

Patient Information:
- Name: Abdul Khars
- Date of Treatment: 25/05/23
- Contact Information (optional): _____

Section 1: Treatment Experience

1. How satisfied are you with the overall prosthodontic treatment you received?

- Very Satisfied
- ✓ Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

2. Rate the clarity of communication from the prosthodontist regarding your treatment plan, options, and expectations.

- Excellent
- ✓ Good
- Average
- Poor
- Very Poor

3. Did the prosthodontist take the time to address your concerns and answer your questions thoroughly?

- Always
- ✓ Most of the time
- Occasionally
- Rarely
- Never

Section 2: Comfort and Convenience

4. How comfortable were the facilities, including waiting areas and treatment rooms?

- Very Comfortable
- ✓ Comfortable
- Neutral
- Uncomfortable
- Very Uncomfortable



5. Rate the convenience of appointment scheduling and waiting times.

- Excellent
- Good
- ✓ Average
- Poor
- Very Poor

Section 3: Post-Treatment Care

6. How satisfied are you with the instructions and information provided for post-treatment care and maintenance of your prosthodontic appliance?

- Very Satisfied
- ✓ Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

7. Did you experience any difficulties or concerns after the treatment? If yes, please provide details.

[Open-ended response]

Section 4: General Experience

8. Overall, how satisfied are you with your experience at our prosthodontics practice?

- Very Satisfied
- ✓ Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

9. Would you recommend our prosthodontics practice to friends or family?

- ✓ Definitely
- Probably
- Not Sure
- Probably Not
- Definitely Not

Please provide any additional comments or suggestions for improvement.

DR. THANCY
Principal
KMCT Dental College
Manassery, Mukkam

Patient Interaction Feedback Form

Instructions:
Please take a few moments to provide feedback on your recent interaction with our team. Your responses will help us enhance the quality of our services. All information provided will be kept confidential.

---

1. Personal Information (Optional):**
   - Name: [Optional] Nisha
   - Contact Number: [Optional]
   - Email Address:
   - OP number - [Optional]

---

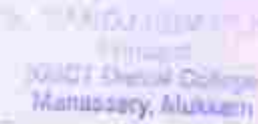
2. Overall Experience:
   - How would you rate your overall experience with our healthcare team?
   - [ ] Excellent
   - [ ] Very Good
   - [ ] Good ✓
   - [ ] Fair
   - [ ] Poor

---

3. Communication:
   - How satisfied were you with the communication during your visit?
   - [ ] Excellent ✓
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor







   - Please share any comments or suggestions regarding communication:

---

4. Empathy and Compassion:
- How would you rate the level of empathy and compassion shown by our healthcare team?
- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

- Please share any specific instances that stood out (positive or negative):

---

5. Waiting Time:
- How satisfied were you with the waiting time for your appointment?
- [ ] Very Satisfied
- [ ] Satisfied
- [ ] Neutral
- [ ] Dissatisfied
- [ ] Very Dissatisfied

---

6. Cleanliness and Comfort:
- How would you rate the cleanliness and comfort of our facility?
- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

---

7. Information Provided:
- Were you provided with sufficient information about your condition and treatment options?
- [ ] Yes
- [ ] No

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NMDT Dental College
Manawary, Multan

- If no, please specify any information you felt was lacking:

---

8. Staff Courtesy:
   - How would you rate the courtesy and professionalism of our staff?
   - [ ] Excellent
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

---

9. Suggestions for Improvement:
   - Do you have any suggestions on how we can improve our services?

---

10. Likelihood to Recommend:
   - How likely are you to recommend our healthcare facility to friends or family?
   - [ ] Very Likely
   - [ ] Likely
   - [ ] Neutral
   - [ ] Unlikely
   - [ ] Very Unlikely

Additional Comments:
Please share any additional comments or feedback you may have about your experience with us.

Thank you for taking the time to provide feedback. Your input is valuable to us and helps us improve our services.

Clinical Case Discussion and Teaching Feedback Form

Your feedback is important in helping us enhance the quality of your learning experience. Please take a few minutes to provide your thoughts on the clinical case discussions and teaching you have experienced.

Personal Information:
- Name (Optional):
- Program/Year:

Section 1: General Evaluation

1. **On a scale of 1 to 5 (1 being the lowest, 5 being the highest), please rate your overall satisfaction with the clinical case discussions and teaching in this course.**
- 1 2 3 4 5

2. **How would you rate the clarity of communication during case discussions and teaching?**
- Excellent
- Good
- Average
- Fair
- Poor

Section 2: Engagement and Interaction

3. **To what extent were you encouraged to actively participate in case discussions?**
- Very Encouraged
- Encouraged
- Neutral
- Discouraged
- Very Discouraged



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SAKCT Dental College
Manassery, Mukkam

4. **How interactive were the case discussions in promoting critical thinking and application of knowledge?**
- Very Interactive
- Interactive

- Neutral
- Not Very Interactive
- Not Interactive at All

Section 3: Relevance of Cases

5. **How relevant were the clinical cases to your learning objectives and real-world practice?**
- Very Relevant
- Relevant
✓ - Neutral
- Not Very Relevant
- Not Relevant at All

6. **Were the cases presented at an appropriate level of complexity for your current skill level?**
✓ Yes
- No
- Not Sure

Section 4: Feedback and Evaluation

7. **How satisfied are you with the feedback provided on your performance in case discussions and clinical work?**
- Very Satisfied
✓ Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

8. **Were the evaluation criteria for your performance clear and transparent?**
✓ - Yes
- No
- Partially



Dr. MANOJ KUMAR R.
Principal
MMCT Dental College
Manassery, Malkapuram

Section 5: Use of Technology

9. **How effectively was technology used in presenting and discussing clinical cases?**

- Very Effectively
- Effectively
- Neutral
- Ineffectively
- Very Ineffectively

10. **Were you provided with adequate training on the use of technology for learning purposes?**
- Yes
- No
- Not Applicable

Section 6: Suggestions and Comments

11. **What aspects of the clinical case discussions and teaching do you think worked particularly well?**
We were able to see the case clinically which lead to more understanding.

12. **What aspects do you think could be improved?**
No comments.

13. **Any specific suggestions or comments to enhance the overall learning experience in this course?**
No comments.

Thank you for your feedback! Your input is invaluable in helping us improve our teaching methods.

Feel free to adjust the questions and scales to align with the specific objectives and structure of your clinical case discussions and teaching sessions. Additionally, consider providing an open-ended section to allow students to express their thoughts in more detail.

Professor & HOD
DEPT. OF PROSTHODONTICS
KMCT DENTAL COLLEGE

KMCT
DENTAL COLLEGE

LEARNING IN HUMANITIES

Incorporating humanities learning methodologies into a dental college like KMCT enriches the educational experience, fostering well-rounded professionals. KMCT Dental College may implement humanities-focused approaches in various ways:

1. **Case Studies and Ethical Discussions**: Utilizing case studies and ethical discussions to explore complex patient interactions, cultural sensitivity, and ethical decision-making, enhancing students' empathy and understanding.
2. **Art and Literature in Dentistry**: Exploring artistic representations of dentistry or relevant literature, using them as tools to understand historical perspectives, patient narratives, and societal perceptions of oral health.
3. **Communication Skills Development**: Emphasizing communication and interpersonal skills through role-playing, storytelling, and narrative medicine exercises to enhance patient rapport and empathy.
4. **Community Engagement and Service Learning**: Involving students in community-based projects or outreach programs, allowing them to understand societal needs and the role of dentistry in public health and community welfare.

By integrating humanities learning methodologies, KMCT Dental College can nurture well-rounded dental professionals who possess not only clinical expertise but also empathy, cultural competence, and a deeper understanding of the human aspect of oral health care.

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KMCT
DENTAL COLLEGE

HAPPINESS DEPARTMENT

"Happiness Department" within educational institutions was emerging as a proactive approach to supporting student well-being, mental health, and overall satisfaction in the learning environment.There is an active happiness department in kmct dental college which fulfils the following roles

1. **Mental Health Support:** Offering counseling services, stress management programs, and mental health awareness initiatives to help students cope with academic pressures and personal challenges, fostering a conducive learning environment.
2. **Promoting Positivity:** Organizing events, workshops, and activities focused on positive psychology, resilience-building, and mindfulness to enhance students' emotional well-being and motivation.
3. **Enhancing Student Engagement:** Creating a supportive atmosphere by encouraging student feedback mechanisms, fostering a sense of belonging, and actively involving students in decision-making processes within the institution.
4. **Wellness Programs:** Introducing wellness programs encompassing physical fitness, nutrition guidance, and relaxation techniques to promote a healthy lifestyle among students, positively impacting their learning capabilities.
5. **Holistic Development:** Collaborating with academic departments to integrate well-being practices into the curriculum, emphasizing the importance of mental and emotional health alongside academic achievements.

The Happiness Department at KMCT Dental College could serve as a pivotal support system, complementing the institution's educational goals by prioritizing student happiness, mental wellness, and personal development, thereby contributing to a more conducive and productive learning environment.

KMCT DENTAL COLLEGE

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DENTAL COLLEGE

Happiness & Wellness Department

The Happiness and Wellness Department at KMCT Group of Institutions is dedicated to fostering a positive environment for students with a focus on mental health awareness and skill development, it aims to create an environment where students can flourish both academically and personally their skills and knowledge. Here is an extended section highlighting additional activities conducted by the Happiness and Wellness Department at KMCT Dental College for the improvement of students:

1. Students Mental Health Wellness Program

Conducted yoga training sessions that incorporated breathing exercises to enhance both physical and mental well-being. Mindfulness practices were introduced to cultivate a present-focused and stress-resistant mindset among students, relaxation techniques were provided to promote overall relaxation and stress relief, contributing to the comprehensive well-being of the student community.

2. Exam Stress Management Programs

Developed targeted programs focusing on academically challenged students, Integrated yoga and mindfulness techniques into stress management sessions and offered guidance on time management and emotional well-being through psychology session programs

3. Assessment Programs

Conducted both individual and group assessments encompassing evaluations of personality, career interests, and mental health through depression and anxiety, and other psychological inventories. Additionally, provided individual counseling sessions for those who needed

4. Faculty and Mentor Development

Organized programs for mentors and teaching staff to enhance their understanding of student behavior and its management, Implemented mentoring skills enhancement programs, including the incorporation of yoga and mindfulness, to improve the support provided by mentors, Collaborated closely with mentors, mentor coordinators, and the principal to address students' specific concerns, Implemented a system for collecting insights from mentors and faculty members regarding the challenges they encounter and conducted discussions related to student well-being, academic performance, and any concerns affecting the learning environment

5. Awareness Programs

Launched a robust mental health awareness campaign to break down stigmas associated with mental health issues, Collected public opinions from students to gauge awareness levels and preferences, conducted programs to encourage open dialogue, fostering an inclusive environment where students feel supported and understood

KMCT
DENTAL COLLEGE

Happiness and Wellness Department aims to create a collaborative and supportive environment, ensuring that the entire academic community is equipped to address and manage issues effectively. This approach not only enhances the well-being of students but also promotes a positive and conducive atmosphere for mentors and faculty to thrive in their roles.

Dr. MANOJ KUMAR P.K.
Principal
KMCT Dental College
Manassery, Mukkam

K.M.C.T. DENTAL COLLEGE
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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

SMILES

THE CURVE THAT SETS THINGS STRAIGHT



SOFT SKILL DEVELOPMENT PROGRAMME

for 1st Year BDS Students

Organized by IQAC, KMCT Dental College

22nd **March** 2023



Resource Person

Ms. Bindu A

Associate Professor & Head of the Dept. of English
Providence Women's College, Kozhikode

Venue : 7th Floor, Mini Auditorium, KMCT Dental College

KMCT DENTAL COLLEGE
Accredited by NAAC with A+ Grade
Approved Research Centre of KUHS

INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

KMCT Medical College Campus, Mukkam, Kozhikode - 673602

Programme Schedule

10:30 AM
Prayer Song & Welcome Speech

10:35 AM
Principal's Address & Inauguration

10:45 AM
Introduction about the Resource Person

11:00 AM
Session-1 Language Training & Communication
Ms. Bindu A

01:00 PM
Interactive Session

01:30 PM
Vote of Thanks



From

Dr.Rajeesh Mohammed

Professor and Head Department of Oral Pathology and Microbiology

KMCT Dental College

Through

IQAC Chairman

KMCT Dental College

To

The Principal

KMCT Dental College

Manassery, Mukkom

Respected Sir,

Sub: Request for permit to organize a Value added program for 1st BDS students in improving their language and communication skills.

As a step in improving and promoting language and communication skills in 1st BDS students, I request you to kindly permit us to organize a Value-added course on the same

We seek your valuable support and guidance.

Thanking You

Regards

Dr.Rajeesh Mohammed

1-03-2023

Principal
KMCT Dental College
Manassery, Mukkam

From

Dr.Rajeesh Mohammed

Professor and Head Department of Oral Pathology and Microbiology

Head- Scientific Programme Committee

KMCT Dental College

To

The Principal

KMCT Dental College

Manassery, Mukkom

Respected Sir,

Sub: Report on Value added course on language and communication skill development for1st BDS Students.

Report of Value added course on Language and Communication Skill development

Two day value added course was conducted for 1st BDS students to improve their language and communication skill development under program name "Smiles- The curve that sets things straight" by Keynote speaker Ms. Bindu A - Associate Professor and Head of Department of English, Providence Women's College, Kozhikode. Program was organized by the Scientific Programme Committee and Internal Quality Assessment of Committee in association with Department of Oral Pathology and Microbiology, KMCT Dental College, and was conducted on 23rd and 24th March 2023 in Mini Auditorium, 7th Floor, KMCT Dental College.

Total 85 students registered for the course and actively participated for the program on two consecutive days. Inaugural session of the program was presided by the senior faculty members. E-certificates were mailed to their concerned mail id.

Dr. Rajeesh Mohammed

27-03-2023

Principal
KMCT Dental College
Manassery, Mukkam

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CERTIFICATE OF PARTICIPATION

This certificate is awarded to

for active participation in the Value Added Course for
'SMILES: The Curve That Sets Things Straight'
Organised by IQAC & Sciencetific Program Committee
in association with Department of Oral Pathology and Microbiology, KMCT Dental College
on 23rd & 24th March 2023 at KMCT Dental College, Kozhikode.

Dr. Ayisha Nazreen
Executive Trustee & Director of Operations
KMCT Group of Institutions

Dr. Manoj Kumar K. P.
Principal

Ms. Bindu A
Associate Professor &
Head of the Dept. of English,
Providence Women's College, Kozhikode

Dr. Amith Adyanthaya
IQAC Coordinator

INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

INSTITUTION'S INNOVATION COUNCIL

KMCT
DENTAL COLLEGE

PROJECT BASED LEARNING

KMCT Medical College Campus, Mukkam, Kozhikode - 673602
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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

Project

This report provides an overview of the research activities conducted by Postgraduate (PG) and Undergraduate (UG) students. The purpose of these research initiatives is to foster a culture of inquiry, contribute to academic growth, and prepare students for meaningful engagement in their respective fields.

Research Focus Areas:

1. **PG Level:**
   - PG students focused on advanced and specialized research within their respective disciplines.
   - Research topics included cutting-edge advancements, emerging methodologies, and in-depth analyses of specific issues.
2. **UG Level:**
   - UG students engaged in research projects aligned with foundational concepts and principles covered in their coursework.
   - Emphasis was placed on developing research skills and encouraging curiosity in exploring diverse topics.

Research Activities:

1. **PG Level:**
   - Conducted independent research projects and contributed to ongoing faculty-led research initiatives.
   - Participated in national and international conferences, presenting research findings and engaging in scholarly discussions.
   - Collaborated with faculty members on grant-funded research projects, contributing to the university's research profile.
2. **UG Level:**
   - Undertook structured research projects as part of their curriculum, fostering early exposure to the research process.
   - Presented research posters and findings at departmental events, showcasing their work to peers and faculty.
   - Participated in research workshops and seminars to develop foundational research skills.

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

Proj

KERALA UNIVERSITY OF HEALTH SCIENCES

Admission year :2022

College Name:KMCT Dental College, Kozhikode

Sl No.	Title	Course Name	College
1	COMPARISON OF N-BUTYL 2 CYANOACRYLATE TISSUE ADHESIVE AND NYLON SUTURES IN EXTRAORAL MAXILLOFACIAL LACERATIONS AND INCISIONS - A RANDOMIZED CONTROLLED TRIAL	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode
2	ASSESSMENT OF VARIOUS LAWS OF ORIFICE LOCATION IN PRIMARY MOLAR TEETH FOR PULPECTOMY PROCEDURE â€" DESCRIPTIVE CROSS- SECTIONAL STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode
3	EVALUATION OF SEXUAL DIMORPHISM IN PRIMARY TEETH- A COMPARATIVE CROSS SECTIONAL STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode
4	COMPARATIVE EVALUATION OF GINGIVAL BIOTYPE AND BONE VOLUME GAINED AROUND CORONALLY EXPOSED IMPLANT ON PLACEMENT BY APPROXIMATING MUCOPERIOSTEAL FLAP ALONE AND BY DECORTICATION WITH AND WITHOUT MEMBRANE- A RANDOMIZED CONTROL TRIAL	MDS Periodontology	KMCT Dental College, Kozhikode
5	COMPARATIVE EVALUATION OF THE SKELETAL , DENTOALVEOLAR AND DENTAL CHANGES FOLLOWING MAXILLARY SKELETAL EXPANSION USING EXPANDERS OF TWO DIFFERENT DESIGNS â€"A RANDOMIZED CLINICAL TRIAL	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
6	COMPARATIVE EVALUATION OF INSTRUMENTATION TIMING AND CLEANING EFFICACY IN PRIMARY TEETH USING KEDO S SQUARE ROTARY FILES, PEDOFLEX ROTARY FILES AND HAND K FILES - AN INVITRO STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode
7	EFFECT OF RADIOFREQUENCY ELECTROMAGNETIC FIELDS (RF-EMFS) FROM 5G MOBILE PHONES ON NICKEL RELEASE FROM ORTHODONTIC BRACKETS AN IN VITRO STUDY	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
8	COMPARATIVE EVALUATION OF THE EFFECT OF ACUPRESSURE AND MICROCURRENT ELECTRICAL STIMULATION OF MERIDIAN POINTS IN PREVENTING GAG REFLEX DURING PROSTHODONTIC TREATMENT	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode

9	PREVALANCE OF ANATOMICAL VARIATIONS OF CANALIS SINUOSUS USING CONE BEAM COMPUTED TOMOGRAPHY- A CROSS SECTIONAL STUDY.	MDS Oral Medicine and Radiology	KMCT Dental College, Kozhikode
10	EFFECT OF SURFACE TREATMENTS ON THE TRANSVERSE STRENGTH OF CONVENTIONAL HEAT CURE, CAD-CAM MILLED AND 3D PRINTED DENTURE BASE RESINS REPAIRED WITH AUTO-POLYMERIZING ACRYLIC RESIN:AN IN-VITRO STUDY.	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode
11	ASSESSMENT OF BONE THICKNESS AND HEIGHT OF BUCCAL SHELF AREA FOR MINI SCREW INSERTION IN PATIENTS WITH DIFFERENT FACIAL PATTERNS- A CONE BEAM COMPUTED TOMOGRAPHY STUDY	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
12	EFFECT OF COMMERCIAL DENTURE CLEANSERS ON ADHERENCE OF CANDIDA ALBICANS AND SURFACE ROUGHNESS OF 3-D PRINTED AND CONVENTIONAL DENTURE BASE RESINS - AN IN VITRO STUDY	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode
13	TITLE: â€œCOMPARATIVE EVALUATION OF THERAPEUTIC EFFECTS OF 0.5MG BETAMETHASONE AND 2% CURCUMIN MOUTH WASH ON MILD TO MODERATE DESQUAMATIVE GINGIVITIS ASSOCIATED WITH LICHEN PLANUS- A RANDOMIZED CONTROLLED TRIAL	MDS Periodontology	KMCT Dental College, Kozhikode
14	â€œTHE COMPARATIVE STUDY OF INVERTED T-SHAPED FREE GINGIVAL GRAFT AND CONNECTIVE TISSUE GRAFT IN TREATMENT OF TYPE 2 AND TYPE 3 GINGIVAL RECESSION DEFECTS- A RANDOMIZED CONTROLLED TRIALâ€•	MDS Periodontology	KMCT Dental College, Kozhikode
15	ASSESSMENT OF THE EQUILIBRATION OF OCCLUSION AND PERIODONTAL LIGAMENT CHANGES FOLLOWING THE PLACEMENT OF STAINLESS STEEL CROWN USING HALL TECHNIQUE IN CHILDREN BY INTRA ORAL DIGITAL RADIOGRAPHY-AN IN VIVO STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode
16	EFFECTIVENESS OF DECORTICATION WITH AND WITHOUT MEMBRANE IN THE MANAGEMENT OF CORONALLY EXPOSED IMPLANT ON GINGIVAL BIOTYPE AND BONE VOLUME GAINED- A RANDOMIZED CONTROL TRIAL	MDS Periodontology	KMCT Dental College, Kozhikode
17	COMPARATIVE EVALUATION OF SHEAR BOND STRENGTH OF CHITOSAN AND TITANIUM DIOXIDE NANOPOWDER MODIFIED TYPE I GLASS IONOMER CEMENT â€" AN INVITRO STUDY	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode

18	COMPARISON OF LASER PHOTOBIOMODULATION AND TOPICAL 0.05% CLOBETASOL PROPIONATE IN THE TREATMENT OF ORAL LICHEN PLANUS - A RANDOMIZED CONTROLLED TRIAL	MDS Oral Medicine and Radiology	KMCT Dental College, Kozhikode
19	COMPARATIVE EVALUATION OF SURFACE ROUGHNESS ON MICROBIAL ADHESION TO MILLED, 3-D PRINTED AND CONVENTIONAL PMMA DENTURE BASE RESIN- AN INVITRO STUDY	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode
20	COMPARATIVE EVALUATION OF IMPACT STRENGTH AND SURFACE ROUGHNESS OF 3D PRINTED ,CAD-CAM MILLED AND HEAT ACTIVATED POLYMETHYL METHACRYLATE -AN INVITRO STUDY	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode
21	ASSESSMENT OF SHEAR BOND STRENGTH OF TYPE II GIC TO SDF TREATED TEETH:AN IN VITRO STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode
22	ASSESSMENT OF ALIGNMENT EFFICIENCY OF LOWER ANTERIOR CROWDING USING SINGLE VERSUS DOUBLE SLOT BRACKETS â€“ A RANDOMIZED CLINICAL TRIAL	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
23	COMPARISON OF SALIVARY ARGINASE AND NITRIC OXIDE IN ORAL LICHEN PLANUS PATIENTS - A CASE CONTROL STUDY	MDS Oral Pathology and Microbiology	KMCT Dental College, Kozhikode
24	3D FINITE ELEMENT ANALYSIS OF DIFFERENT TECHNIQUES OF INTERNAL FIXATION IN MANDIBULAR PARASYMPHYSIS FRACTURES UNDER VARIABLE BITE FORCES â€“ AN IN VITRO STUDY	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode
25	EVALUATION MEMBRANE THICKNESS ,MAXILLARY SINUS VOLUME, DISTANCE BETWEEN MAXILLARY SINUS FLOOR AND OSTIUM AFTER LEFORT 1 OSTEOTOMY AN OBSERVATIONAL LONGITUDINAL STUDY	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode
26	THREE DIMENSIONAL EVALUATION OF MAXILLARY SKELETAL AND UPPER AIRWAY VOLUME CHANGES FOLLOWING MINI IMPLANT ASSISTED RAPID PALATAL EXPANSION -A LONGITUDINAL OBSERVATIONAL STUDY	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
27	â€œCOMPARATIVE EVALUATION OF THERAPEUTIC EFFECTS OF 0.5MG BETAMETHASONE AND 2% CURCUMIN MOUTH WASH ON MILD TO MODERATE DESQUAMATIVE GINGIVITIS ASSOCIATED WITH LICHEN PLANUS- A RANDOMIZED CONTROLLED TRIALâ€•	MDS Periodontology	KMCT Dental College, Kozhikode

28	RECOVERING OF NICKEL & TITANIUM FROM DISPOSED NITI ROTARY ENDODONTIC FILES	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode
29	COMPARISON OF BIO CERAMIC AND RESIN BASED SEALERS ON POST OPERATIVE PAIN AND RADIOGRAPHIC OUTCOME FOLLOWING SINGLE VISIT ROOT CANAL TREATMENT OF MOLAR WITH APICAL PERIODONTITIS: A RANDOMISED CONTROL TRIAL	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode
30	IMMUNOHISTOCHEMICAL ANALYSIS OF EPITHELIAL MESENCHYMAL TRANSITION MARKERS â€" E-CADHERIN, VIMENTIN AND Î²-CATENIN IN VARYING GRADES OF ORAL SQUAMOUS CELL CARCINOMA â€" A CROSS-SECTIONAL ANALYTICAL STUDY	MDS Oral Pathology and Microbiology	KMCT Dental College, Kozhikode
31	A PROSPECTIVE SPLIT MOUTH STUDY TO ASSESS BONE REGENRATION POTENTIALOF SIMVASTATIN VS PLATELET RICH FIBRIN IN THIRD MOLAR SURGICAL SOCKET	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode
32	COMPARITIVE EVALUATION OF FRACTURE RESISTANCE OF ENDODONTICALLY TREATED MOLARS RESTORED WITH CERAMIC ENDOCROWNS AND ALL CERAMIC CROWNS-AN IN-VITRO STUDY	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode
33	EFFICACY OF SALIVARY GLUCOSE AND SALIVARY Î' AMYLASE LEVELS IN THE DIAGNOSIS OF TYPE II DIABETES MELLITUS - A CROSS SECTIONAL ANALYTICAL STUDY	MDS Oral Pathology and Microbiology	KMCT Dental College, Kozhikode
34	THREE DIMENSIONAL EVALUATION OF MAXILLARY SKELETAL AND UPPER AIRWAY VOLUME CHANGES FOLLOWING MINI IMPLANT ASSISTED RAPID PALATAL EXPANSION - A LONGITUDINAL OBSERVATIONAL STUDY	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
35	COMPARATIVE EVALUATION OF BONE DENSITY , IMPLANT STABILITY AND RIDGE DIMENSIONS FOLLOWING OSSEODENSIFICATION TECHNIQUE AND CONVENTIONAL OSTEOTOMY TECHNIQUE IN MAXILLARY ARCH â€" A RANDOMIZED CONTROL TRIAL	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode
36	SCANNING ELECTRON MICROSCOPY EVALUATION OF SEALING ABILITY OF MTA AFTER CHITOSAN AND GRAPE SEED EXTRACT USED AS RETROGRADE IRRIGANTS - AN INVITRO STUDY.	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode

KERALA UNIVERSITY OF HEALTH SCIENCES

Admission year :2020

College Name:KMCT Dental College, Kozhikode

Sl No.	Title	Course Name	College
1	A COMPARATIVE EVALUATION OF QUANTITATIVE CHANGES IN THE ORAL STREPTOCOCCAL COLONIES DURING FIXED ORTHODONTIC TREATMENT AND IN RETENTION.	MDS Oral Pathology and Microbiology	KMCT Dental College, Kozhikode
2	COMPARISON OF TOPICAL AMLEXANOX 5% AND TRIAMCINOLONE ACETONIDE 0.1% IN THE TREATMENT OF ORAL LICHEN PLANUS A RANDOMIZED CONTROL TRIAL	MDS Oral Medicine and Radiology	KMCT Dental College, Kozhikode
3	COMPARATIVE EVALUATION OF BOND STRENGTH ON REATTACHMENT OF FRACTURED TOOTH FRAGMENT WITH DIFFERENT REHYDRATION TECHNIQUES-AN INVITRO STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode
4	A COMPARATIVE EVALUATION OF QUANTITATIVE CHANGES IN THE ORAL CANDIDA COLONIES DURING FIXED ORTHODONTIC TREATMENT AND IN RETENTION	MDS Oral Pathology and Microbiology	KMCT Dental College, Kozhikode
5	QUANTITATIVE AND QUALITATIVE BACTERIAL ANALYSIS OF AEROSOL GENERATED BETWEEN ELECTRIC AND AIR TURBINE DENTAL HANDPIECE-A COMPARATIVE STUDY	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode
6	COMPARISION OF TEMPOROMANDIBULAR JOINT MORPHOLOGY IN PATIENTS WITH AND WITHOUT TEMPOROMANDIBULAR JOINT DYSFUNCTION; A CBCT STUDY	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode
7	PREVALENCE OF BIFID MANDIBULAR CANAL USING CBCT - A CROSS SECTIONAL STUDY	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode
8	COMPARATIVE EVALUATION OF ROOT SURFACE CONDITIONING EFFICACY OF SODIUM BICARBONATE, METFORMIN AND DOXYCYCLINE:AN IN VITRO STUDY	MDS Periodontology	KMCT Dental College, Kozhikode
9	EVALUATION OF SURFACE MORPHOLOGY AND STRESS DISTRIBUTION OF ORTHODONTIC MINI-IMPLANTS IN MAXILLA USING FINITE ELEMENT ANALYSIS	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
10	COMPARATIVE EVALUATION OF ROOT SURFACE CONDITIONING EFFICACY OF SODIUM BICARBONATE, METFORMIN AND DOXYCYCLINE. AN IN VITRO STUDY	MDS Periodontology	KMCT Dental College, Kozhikode

Dr. [illegible] K.P
Principal
KMCT Dental College
Mukkam, Kozhikode

11	ASSESSMENT OF FAILURE LOAD AND SHEAR STRESS OF STAINLESS-STEEL MINI-IMPLANTS WITH DIFFERENT DIAMETERS:AN INVITRO STUDY	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
12	COMPARATIVE EVALUATION OF FRICTIONAL RESISTANCE IN VARIOUS BRACKET-ARCHWIRE COMBINATIONS	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
13	A COMPARATIVE EVALUATION OF THE EFFECT OF DIFFERENT PREPARATION DESIGNS ON THE MARGINAL ADAPTATION, FRACTURE RESISTANCE AND FRACTURE PATTERN OF PORCELAIN LAMINATE VENEERS â€“ AN INVITRO STUDY	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode
14	COMPARATIVE EVALUATION OF FLEXURAL STRENGTH AND SOLUBILITY OF GLASS IONOMER LUTING CEMENT BY INCORPORATING VARIOUS NANOPARTICLES- AN INVIRO STUDY	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode
15	COMPARATIVE EVALUATION OF BOND STRENGTH OF BIODENTINE TO COMPOSITE USING A TWO STEP SELF- ETCH ADHESIVE AND A UNIVERSAL ADHESIVE SYSTEM- AN IN- VITRO STUDY	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode
16	COMPARING THE SURFACE OCCLUDING CAPACITY OF TWO COMMERCIALLY AVAILABLE DESENSITISING AGENTS CONTAINING POTASSIUM NITRATE AND STANNOUS FLOURIDE - AN IN VITRO STUDY	MDS Periodontology	KMCT Dental College, Kozhikode
17	PREVALENCE OF PONTICULUS POSTICUS AND ITS ASSOCIATION WITH COMORBIDITIES - A LATERAL CEPHALOMETRIC STUDY	MDS Oral Medicine and Radiology	KMCT Dental College, Kozhikode
18	ASSESSMENT OF BIODENTINE PULPOTOMY AS AN ALTERNATIVE TO CONVENTIONAL ROOTCANAL TREATMENT FOR PERMANENT TEETH IN CHILDREN-AN INVIVO STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode
19	COMPARATIVE EVALUATION OF SHEAR BOND STRENGTH BETWEEN DENTURE BASE MATERIALS AND ACRYLIC TEETH HAVING DIFFERENT SURFACE TREATMENTS -AN IN-VITRO STUDY	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode
20	EFFECT OF PROBIOTIC COCONUT YOGURT AND LACTOSE FREE YOGURT CONSUMPTION ON SALIVARY PH AND BUFFER CAPACITY IN CHILDREN-AN IN VIVO STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode
21	PREVALENCE OF DENTAL CARIES AND ITS ASSOCIATION WITH AGE, GENDER, DIET AND ORAL HYGIENE PRACTICE AMONG ADULTS-A HOSPITAL BASED CROSSSECTIONAL STUDY	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Mukkam, Kozhikode

22	COMPARATIVE EVALUATION ON THE EFFICACY OF DENTINAL TUBULAR OCCLUDING CAPACITY OF BIODENTINE,DIODE LASER AND BIODENTINE IN COMBINATION WITH DIODE LASER:AN IN VITRO STUDY	MDS Periodontology	KMCT Dental College, Kozhikode
23	BACTERIAL COLONIZATION ON DIFFERENT INTRAORAL SUTURE MATERIALS FOLLOWING ORAL SURGICAL PROCEDURES	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manakkary, Mukkam

KERALA UNIVERSITY OF HEALTH SCIENCES

Admission year :2021

College Name:KMCT Dental College, Kozhikode

Sl No.	Title	Course Name	College
1	EFFECT OF COMBINATION OF DIODE LASER AND 10% POTASSIUM NITRATE GEL ON DENTINE HYPERSENSITIVITY : A RANDOMISED CONTROLLED TRIAL	MDS Periodontology	KMCT Dental College, Kozhikode
2	COMPARATIVE EVALUATION OF CONDYLAR INCLINATION ESTABLISHED USING TWO DIFFERENT HORIZONTAL REFERENCE PLANES: A CBCT STUDY	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode
3	COMPARATIVE EVALUATION OF HEALING IN CONVENTIONAL FLAP SURGERY WITH AND WITHOUT LASER APPLICATION: A RANDOMIZED SPLIT MOUTH CONTROLLED TRIAL	MDS Periodontology	KMCT Dental College, Kozhikode
4	ANTI BACTERIAL EFFECT OF TITANIUM DIOXIDE COATED AND SILVER COATED BETA TITANIUM ORTHODONTIC WIRES ON STREPTOCOCCUS MUTANS, LACTOBACILLUS ACIDOPHILUS AND PORPHYROMONAS GINGIVALIS - A COMPARATIVE INVITRO STUDY	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
5	COMPARITIVE EVALUATION OF SURFACE CHANGES AND MINERAL LOSS ON STAINLESS STEEL MINIIMPLANTS IN RESPONSE TO COMMONLY USED BEVERAGES:AN IN VITRO STUDY	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
6	DIAGNOSTIC ACCURACY OF CBCT AND DENTAL OPERATING MICROSCOPE IN DETECTING MIDDLE MESIAL CANAL: A COMPARATIVE IN VITRO STUDY	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode
7	EFFICACY OF ULTRASONIC ACTIVATION ON THE QUALITY OF BIOCERAMIC SINGLE CONE OBTURATION IN SIMULATED INTERNAL RESORPTION- AN IN VITRO STUDY	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode
8	EVALUATION OF THE RELATIONSHIP BETWEEN MAXILLARY MOLAR ROOTS AND MAXILLARY SINUS FLOOR USING CONE BEAM COMPUTED TOMOGRAPHY - A HOSPITAL BASED CROSS SECTIONAL STUDY	MDS Oral Medicine and Radiology	KMCT Dental College, Kozhikode
9	EVALUATION OF CHITOSAN IN HEALING OF EXTRACTION SOCKET â€“ A SPLIT MOUTH STUDY	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode

10	'COMPARISON OF PHYSICS FORCEPS WITH CONVENTIONAL FORCEPS IN ORTHODONTICS EXTRACTIONS :A RANDOMIZED CONTROL STUDY	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode
11	A COMPARATIVE EVALUATION OF SEALING ABILITY OF GLASS IONOMER CEMENT,MINERAL TRIOXIDE AGGREGATEAND BIODENTINE IN FURCAL PERFORATION REPAIR IN DECIDOUS MOLAR:AN IN VITRO STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode
12	THE EFFECT OF PROBIOTIC LOZENGE CONTAINING LACTOBACILLUS REUTERI ON PERIODONTAL STATUS AFTER PERIODONTAL FLAP SURGERY: A RANDOMISED CONTROLLED TRIAL	MDS Periodontology	KMCT Dental College, Kozhikode
13	THE EFFECT OF DIFFERENT TEMPERATURES AND VOLUMES OF SALINE IRRIGANT ON HEAT GENERATION DURING IMPLANT OSTEOTOMY - AN INVITRO STUDY	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode
14	COMPARISON OF THE EFFICIENCY AND EFFECTIVENESS OF TWO CHEMOMECHANICAL AGENTS,BRIX 3000 , PAPACARIE WITH CONVENTIONAL HAND EXCAVATION OF CARIES REMOVAL METHOD IN PRIMARY TEETH , AN IN VITRO STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode
15	ROLE OF CBCT IN ASSESSING THE INFLUENCE OF AGE AND SEX ON MANDIBULAR CORTICAL INDICES -A CROSS SECTIONAL STUDY	MDS Oral Medicine and Radiology	KMCT Dental College, Kozhikode
16	EVALUATION OF SALIVARY FLOW RATE, pH AND ITS EFFECT ON DIFFERENT CANDIDAL SPECIES IN COMPLETE DENTURE WEARERS AND NON-DENTURE WEARERS - A CROSS SECTIONAL COMPARATIVE STUDY.	MDS Oral Pathology and Microbiology	KMCT Dental College, Kozhikode
17	COMPARISON OF EXTRACTIONS USING PERIOTOME WITH CONVENTIONAL TECHINIQUE: A RANDOMIZED CONTROL STUDY	MDS Oral and Maxillofacial Surgery	KMCT Dental College, Kozhikode
18	EVALUATION OF UNSTIMULATED SALIVARY FLOW RATE PH BUFFERING CAPACITY AND THEIR CORRELATION WITH BACTERIAL COUNT S MUTANS AND P GINGIVALIS DURING PREGNANCY AND POST PREGNANCY A PROSPECTIVE STUDY	MDS Oral Pathology and Microbiology	KMCT Dental College, Kozhikode
19	EVALUATION OF THE RELATIONSHIP BETWEEN MAXILLARY MOLAR ROOTS AND MAXILLARY SINUS FLOOR USING CONE BEAM COMPUTED TOMOGRAPHY - A CROSS SECTIONAL STUDY	MDS Oral Medicine and Radiology	KMCT Dental College, Kozhikode
20	COMPARATIVE EVALUATION OF THREE DIFFERENT ENDODONTIC FILE SYSTEMS IN TERMS OF VOLUMETRIC FILLING OF ROOT CANALS IN PRIMARY MOLARS USING CONE BEAM COMPUTED TOMOGRAPHY-AN INVITRO STUDY	MDS Pedodontics and Preventive Dentistry	KMCT Dental College, Kozhikode

21	COMPARISON OF APREMILAST AND BETAMETHASONE IN THE TREATMENT OF ORAL LICHEN PLANUS â€" A RANDOMISED CONTROLLED TRIAL	MDS Oral Medicine and Radiology	KMCT Dental College, Kozhikode
22	A COMPARITIVE EVEALUATION OF ENAMEL MICRO CRACK DEPTH LENGTH AND LOCATION AFTER DEBONDING STAINLESS STEEL AND CERAMIC BRACKETS BY X RAY MICROTOMOGRAPHY METHOD	MDS Orthodontics and Dentofacial Orthopaedics	KMCT Dental College, Kozhikode
23	EVALUATION OF ROOT CANAL MORPHOLOGY OF MANDIBULAR PREMOLARS IN A MALABAR POPULATION USING CONE BEAM COMPUTED TOMOGRAPHY: A RETROSPECTIVE ANALYSIS	MDS Conservative Dentistry and Endodontics	KMCT Dental College, Kozhikode
24	COMPARATIVE EVALUATION OF IMPACT STRENGTH AND HYDROPHILICITY IN CONVENTIONAL PMMA AND BACTERIAL REINFORCED PMMA- AN INVITRO STUDY	MDS Prosthodontics and Crown and Bridge	KMCT Dental College, Kozhikode

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UG RESEARCH PROJECTS

Professor & HOD
DEPT. OF PROSTHODONTICS
KMCT DENTAL COLLEGE
CALICUT (DT), KERALA

MCT Medical College Campus, Mukkam, Kozhikode - 673602
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ORIENTATION PROGRAMME ON UNDERGRADUATE AND INTERNSHIP RESEARCH



14th May 2022 - Saturday | 11.00 am - 1.00 pm

Venue - Lecture Hall 4, KMCT Dental College

Organized By IQAC & Research and Collaboration Committee, KMCT Dental College

KMCT Medical College Campus, Mukkam, Kozhikode 673602

PROGRAMME SCHEDULE

11.00 am : Welcome Speech

Dr. Nicholas Mathew
(UG Research in Charge, KMCT Dental College)

11.10 am : Inauguration of the Session

Dr. Manoj Kumar K. P
(Principal - KMCT Dental College)

11.30 am- How to Conduct Research

Dr. Manoj Vengal
(Professor & Head - Department of Oral Medicine and Radiology, KMCT Dental College)

12.10 PM: "Guidelines for Undergraduate and Internship Research Programs"

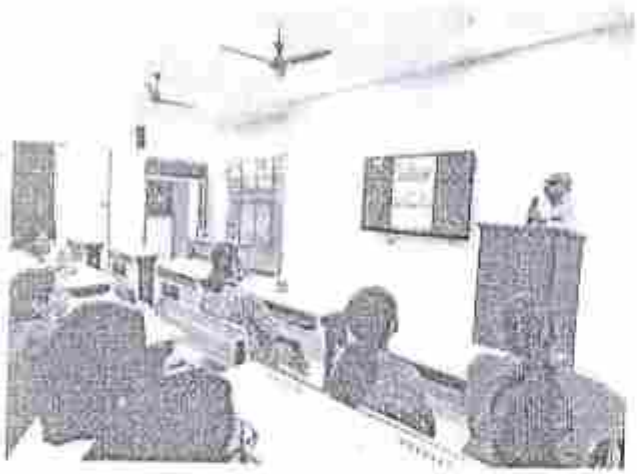
Dr. Dhanya Muralidharan
(Head in Charge of Research and Collaboration, KMCT Dental College)

12.50 pm : Vote of Thanks.

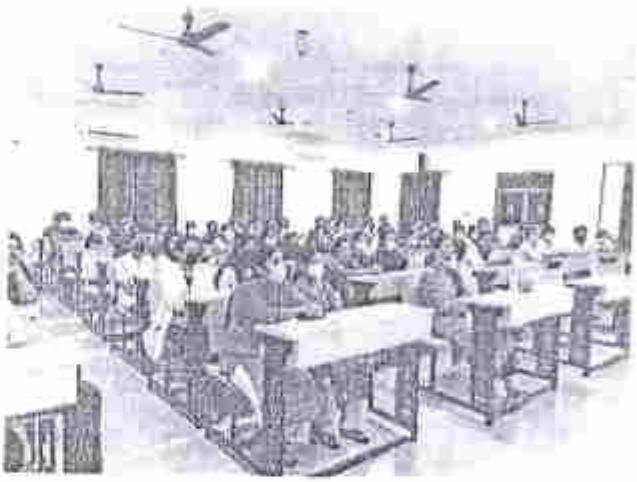
Dr. Niveditha S Prasad
(Senior Lecturer - Department of Prosthodontics, KMCT Dental College)

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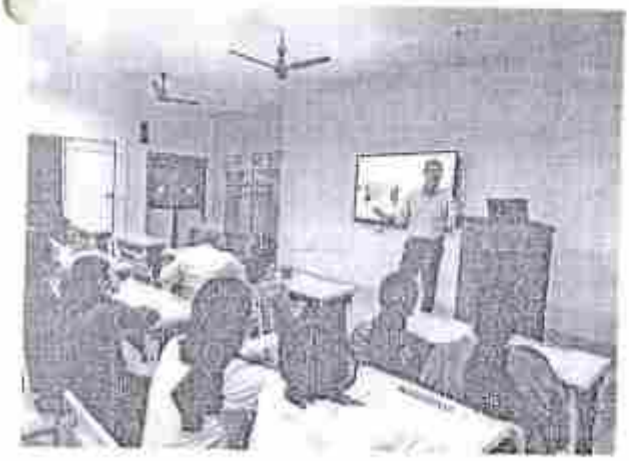
Recognised Research Centre of Kerala University of Health Sciences
Recognised by Dental Council of India and Govt. of India
KMCT Medical College Campus, Mukkam, Kozhikode-673602
Phone: (0495)2292002, 2292004
E-mail: dental@kmct.edu.in, website: www.kmctdentalcollege.org



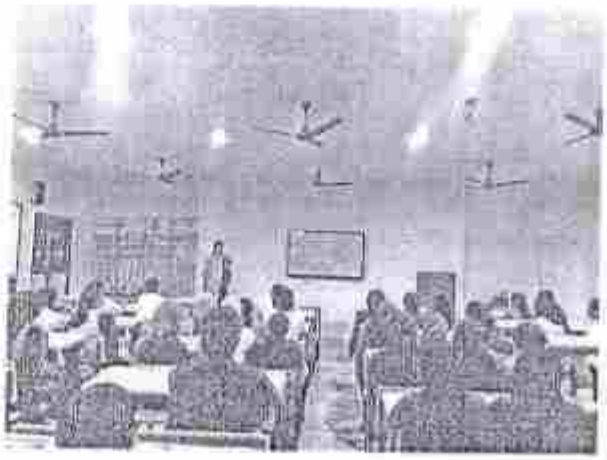
INAUGURATION OF THE SESSION BY PRINCIPAL



PARTICIPANTS FOR THE SESSION



DR.MANOJ VENGAL'S SESSION



DR. DHANYA MURALIDHARAN'S SESSION

KMCT
DENTAL COLLEGE

Recognised Research Centre of Kerala University of Health Sciences
Recognised by Dental Council of India and Govt. of India
KMCT Medical College Campus, Mukkam, Kozhikode-673602
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E-mail: dental@kmct.edu.in, website: www.kmctdentalcollege.org

ORIENTATION PROGRAM ON UNDERGRADUATE AND INTERNSHIP RESEARCH

Date : 14-05-2022 Venue : Lecture hall 4, Dental College Time: 10.00 am –1:00 pm

Faculty name: Dr. MANOJ VENGAL, Dr. DHANYA MURALIDHARAN

No. of Participants : 61

Summary:

An Orientation program on Undergraduate and Internship Research was organized by IQAC and Research & Collaboration committee, KMCT Dental College on 14th May 2022 at 11AM at Lecture Hall 4, KMCT Dental college for training the Mentors, Undergraduate students and interns to do Research activities in the present academic year. The session was inaugurated by Dr. Manoj Kumar KP (Principal, KMCT Dental College).Welcome address was delivered by Dr.Nicholas Mathew (Reader ,Department of Prosthodontics)

Dr. Manoj Vengal (Professor & Head, Department of Oral Medicine & Radiology) delivered a lecture on the topic "How to conduct a Research" and Dr. Dhanya Muralidharan (Professor & Head Department of Public Health Dentistry) took a lecture on the topic "Guidelines for Undergraduate and Internship Research Programs". A total of 61 participants including teaching faculty, interns and Under graduate students attended the orientation program. Vote of thanks was delivered by Dr. Niveditha S Prasad (Senior Lecturer Department of Prosthodontics).The session was concluded by 1PM.

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ORIENTATION PROGRAM ON RESEARCH PROTOCOLS FOR MENTORS AND INTERNS REPORT

To help interns understand the intricacies of conducting evidence based scientific research, a short term research program had been initiated for intern batch in 2019. To flag off the phase 1 of the 2nd Short term research program for current 2020-21 batch of interns, a meeting for the mentors was organised by the Scientific Committee on 24th November 2020, Tuesday, between 9 to 9:45 am at 7th floor Lecture hall-1. This was followed by phase 2-an orientation session for the interns organised by the scientific committee for Internship Research programme in two sessions on 02/12/20 & 03/12/20, Wednesday and Thursday, from 8:30 to 09:30 am at third floor Lecture hall 1.

The program was inaugurated by Principal, KMCT Dental College, Dr Manoj Kumar KP and Day 2 session was inaugurated by Vice Principal, Dr Nizaro Siyo. The inauguration was followed by orientation sessions for students and Mentors by the Internship Research Program scientific committee members. Session 1 began with "Need for Undergraduate Research" by Dr Auswaf Ahsan, H.O.D, Department of Oral Medicine followed by session on "How to conduct research" by Dr Manoj Vengal, Professor, Department of Oral Medicine. Dr Dhanya Muralidharan, H.O.D, Department of Public health Dentistry took Session 3 on "Guidelines for Internship Research program". The orientation program ended with Vote of thanks by Dr Dhanya Muralidharan.

Dr.
KMCT Dental College
Manassery, Mukkam

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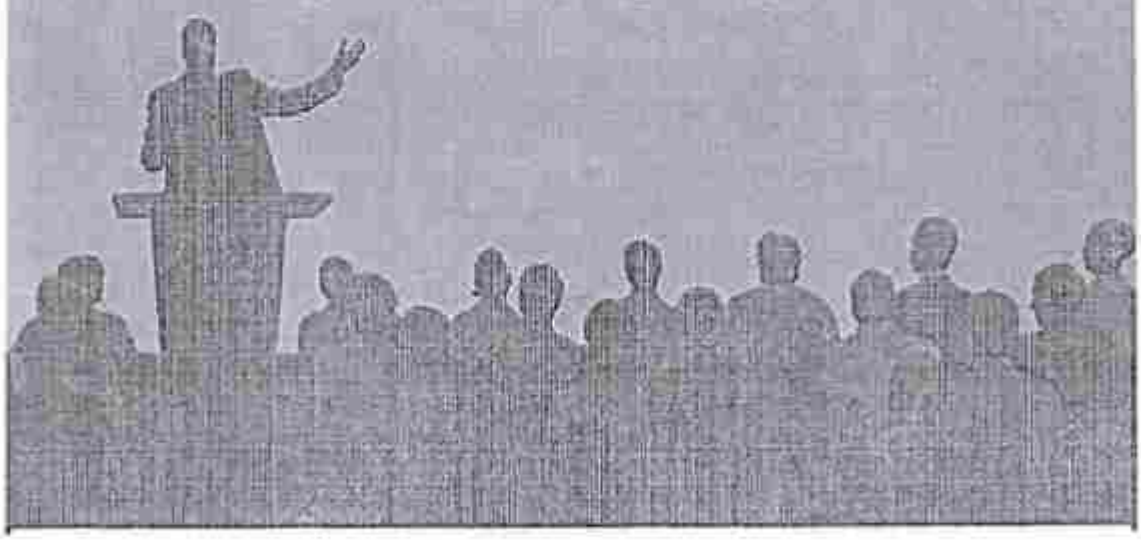
ORIENTATION PROGRAMME ON

INTERNSHIP RESEARCH

26th April 2023 | 11 AM

Venue : Lecture Hall 4, KMCT Dental College

Organized by IQAC & Research and Collaboration Committee, KMCT Dental College



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KMCT Medical College Campus, Mukkam, Kozhikode - 673602

KMCT DENTAL COLLEGE
Manassery

REF NO:KMCT/DC/2023/26

Date 24/04/2023

CIRCULAR

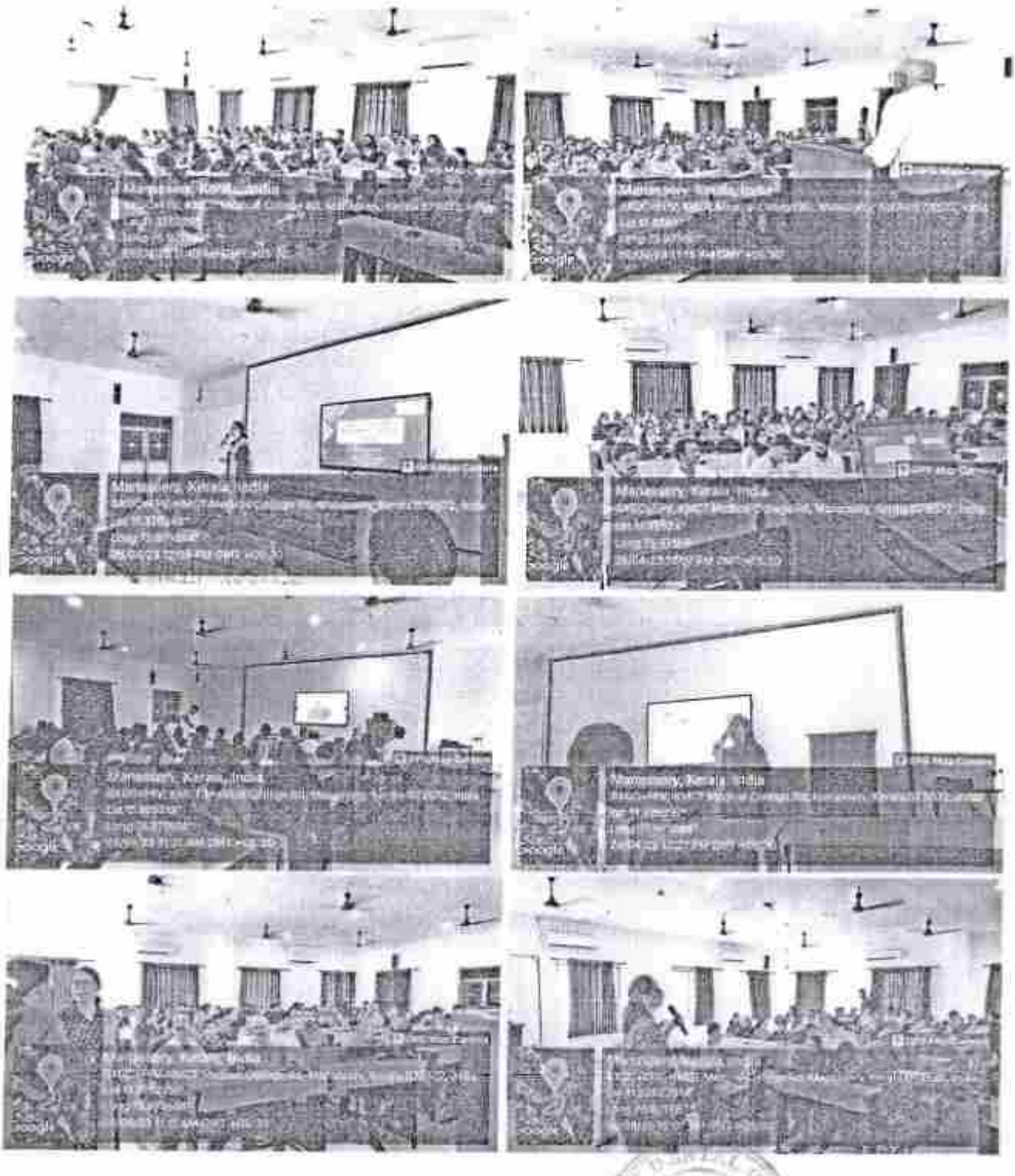
It has been decided to conduct an Orientation Programme on Internship Research for all the interns on 26/04/2023 at 11 am to 1 pm lecture hall 4, seventh floor. All interns are instructed to attend the programme without fail. All departments are instructed to schedule patient appointments accordingly

PRINCIPAL

COPY TO

1. Director
2. All HODs
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Dental College
Manassery, Malappuram



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ORIENTATION PROGRAMME ON INTERNSHIP RESEARCH

An Orientation program on Internship Research was organised by IQAC and Research & Collaboration committee, KMCT Dental College on 26th April 2023 at 11AM at Lecture Hall 4, KMCT Dental college for training the Mentors, and Interns to do Research activities in the present academic year. The session was inaugurated by Dr. Manoj Kumar KP (Principal, KMCT Dental College).Welcome address was delivered by Dr.Nicholas Mathew (Reader,Department of Prosthodontics)

Dr. Manoj Vengal (Professor & Head, Department of Oral Medicine & Radiology) delivered a lecture on the topic "How to conduct a Research" and Dr. Dhanya Muralidharan (Professor & Head Department of Public Health Dentistry) took a lecture on the topic "Guidelines for Undergraduate and Internship Research Programs". A total of 90 participants including teaching faculty, interns and Under graduate students attended the orientation program. Vote of thanks was delivered by Dr.Vrinda AS (Intern).The session was concluded by 1PM.

Principal

Dr. MANOJ [illegible]
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Manassery, Mukkam

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INTERNSHIP RESEARCH PROGRAM 2020-21
MENTORS LIST

S.I	DEPARTMENT	MENTORS
1	ORAL AND MAXILLOFACIAL SURGERY	• Dr Anroop • Dr Ashwathi V
2	PEDODONTICS AND PREVENTIVE DENTISTRY	• Dr Marium Raheema • Dr Anju
3	ORAL MEDICINE AND RADIOLOGY	• Dr Hamesh Gangadharan • Dr Niyaz Ummer
4	CONSERVATIVE AND ENDODONTICS	• Dr Ravi SV • Dr Muhammed Ashik
5	ORTHODONTICS	• Dr Fawaz • Dr Bavitha
6	ORAL PATHOLOGY	• Dr Swapna Honawad • Dr Hiba Ummer
7	PUBLIC HEALTH DENTISTRY	• Dr Dhanya Muralidharan • Dr Arun Paul
8	PERIODONTICS	• Dr Sameera G Nath • Dr Navia George
9	PROSTHODONTICS	• Dr Abu Nazar • Dr Monisha

Principal

Dr. MAMO
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PHASE 1-MENTORS MEETING





Dr. MANOJ KUM
Principal
KMCT Dental College
Manassery, Mukkam

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PHASE 2- INTERNS ORIENTATION








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UG RESEARCH TOPICS SUBMITTED FOR ICMR GRANT APPLICATION

SL NO.	Student	Year	Department/ Mentor	Topic
1	Rishika P	3rd year	OMFS Dr.Vipin Das	EFFECT OF STOPPING ANTI-PLATELET DRUGS ON BLEEDING TIME FOR EXTRACTION OF TEETH AMONG CARDIAC OR CVA PATIENTS
2	Rinsha Raj UK	3rd year	OMFS Dr.Ashwathy Vinod	ANALYSIS OF POSITION AND COURSE OF MANDIBULAR CANAL USING CBCT RECORDS IN MANDIBLE
3	Ashwathy J Raj	3rd year	Periodontics Dr.Subisha	KNOWLEDGE,ATTITUDE AND PRACTICES RELATING TO ORAL HEALTH AMONG CHRONIC KIDNEY DISEASE PATIENTS VISITING A TERTIARY HEALTH CARE CENTRE IN SOUTH INDIA
4	Ninshida Mohammed	Part 1	Oral Pathology Dr.Sithara	ASSOCIATION OF APHTHOUS ULCER OCCURRENCE AND STRESS WITH HORMONAL TURN OVER AMONG NORMALLY MENSTRUATING WOMEN.
5	Amna Mohammed Abdulsalam	3rd year	Pedodontics Dr.Anju	ASSESSMENT OF AWARENESS ON AETIOLOGY AND PREVENTIVE PRACTICES OF EARLY CHILDHOOD CARIES AMONG MOTHERS WITH CHILDREN BELOW 5 YEARS IN PERI URBAN AREA
6	Anna Joseph	3rd year	Orthodontics Dr.Amrutha	PREVALENCE OF ORAL HABITS IN CHILDREN AGED 6-12 YEARS WITH CLASS 2 MALOCCLUSION AND AWARENESS AMONGST THEIR PARENTS IN A PERI-URBAN POPULATION
7	Hana Abdul Kareem	3rd year	Conservative Dentistry Dr.Sarin	AWARENESS OF TRANSMISSIBLE DISEASES AND PREVENTIVE MEASURES AMONG DENTAL AUXILIARIES IN DENTAL SCHOOLS IN KERALA-A CROSS SECTIONAL STUDY
8	Akshay VR	3rd year	OMR Dr.Prejith Sampath	PREVALENCE OF CHRONIC MEDICAL CONDITIONS AND COMMONLY USED MEDICATIONS AMONG ELDERLY PATIENTS VISITING DENTAL COLLEGE IN NORTH KERALA-A CROSS SECTIONAL STUDY

SL NO.	Student	Year	Department/ Mentor	Topic
9	Abhijith PA	3rd year	OMR Dr.Hamesh	ASSESSMENT OF THE QUALITY OF PRESCRIPTION WRITING AMONG MEDICAL AND DENTAL PRACTITIONERS IN NORTH KERALA
10	Ashitha Rajan	Part 1	OMR Dr.Niyas	EFFICACY OF A MODIFIED POSTERIOR FILM HOLDER FOR BISECTING ANGLE TECHNIQUE IN REDUCING CONE CUT ERRORS
11	Nahala Sherin	Part 1	OMR Dr.Tim Peter	ORAL HEALTH IN GERIATRIC PATIENTS: AN OBSERVATIONAL STUDY
12	Praveena K	Part 1	PHD Dr.Arun	STUDENTS AND FACULTIES PERSPECTIVE ON THE IMPLEMENTATION OF BLENDED LEARNING IN DENTAL EDUCATION:A CROSS SECTIONAL STUDY

OMFS- Oral & Maxillofacial Surgery
OMR- Oral Medicine & Radiology
PHD- Public Health Dentistry

KMCT DENTAL COLLEGE

UG RESEARCH TOPICS SUBMITTED FOR ICMR GRANT APPLICATION

SL NO.	Student	Year	Department/ Mentor	Topic	Reference ID
1	Rishika P	3rd year	**OMFS Dr.Vipin Das**	EFFECT OF STOPPING ANTI-PLATELET DRUGS ON BLEEDING TIME FOR EXTRACTION OF TEETH AMONG CARDIAC OR CVA PATIENTS	**2023-02155**
2	Rinsha Raj UK	3rd year	**OMFS Dr.Ashwathy Vinod**	ANALYSIS OF POSITION AND COURSE OF MANDIBULAR CANAL USING CBCT RECORDS IN MANDIBLE	**2023-00964**
3	Ashwathy J Raj	3rd year	**Periodontics Dr.Subisha**	KNOWLEDGE,ATTITUDE AND PRACTICES RELATING TO ORAL HEALTH AMONG CHRONIC KIDNEY DISEASE PATIENTS VISITING A TERTIARY HEALTH CARE CENTRE IN SOUTH INDIA	**2023-00842**
4	Ninshida Mohammed	Part 1	**Oral Pathology Dr.Sithara**	ASSOCIATION OF APHTHOUS ULCER OCCURRENCE AND STRESS WITH HORMONAL TURN OVER AMONG NORMALLY MENSTRUATING WOMEN.	**2023-01009**
5	Amna Mohammed Abdulsalam	3rd year	**Pedodontics Dr.Anju**	ASSESSMENT OF AWARENESS ON AETIOLOGY AND PREVENTIVE PRACTICES OF EARLY CHILDHOOD CARIES AMONG MOTHERS WITH CHILDREN BELOW 5 YEARS IN PERI URBAN AREA	**2023-05127**

SL NO.	Student	Year	Department/ Mentor	Topic	Reference ID
6	Anna Joseph	3rd year	**Orthodontics Dr.Amrutha**	PREVALENCE OF ORAL HABITS IN CHILDREN AGED 6-12 YEARS WITH CLASS 2 MALOCCLUSION AND AWARENESS AMONGST THEIR PARENTS IN A PERI-URBAN POPULATION	2023-02767
7	Hana Abdul Kareem	3rd year	**Conservative Dentistry Dr.Sarin**	AWARENESS OF TRANSMISSIBLE DISEASES AND PREVENTIVE MEASURES AMONG DENTAL AUXILIARIES IN DENTAL SCHOOLS IN KERALA- A CROSS SECTIONAL STUDY	2023-02130
8	Akshay VR	3rd year	**OMR Dr.Prejith Sampath**	PREVALENCE OF CHRONIC MEDICAL CONDITIONS AND COMMONLY USED MEDICATIONS AMONG ELDERLY PATIENTS VISITING DENTAL COLLEGE IN NORTH KERALA-A CROSS SECTIONAL STUDY	2023-00422
9	Abhijith PA	3rd year	**OMR Dr.Hamesh**	ASSESSMENT OF THE QUALITY OF PRESCRIPTION WRITING AMONG MEDICAL AND DENTAL PRACTITIONERS IN NORTH KERALA	2023-00421
10	Ashitha Rajan	Part 1	**OMR Dr.Niyas**	EFFICACY OF A MODIFIED POSTERIOR FILM HOLDER FOR BISECTING ANGLE TECHNIQUE IN REDUCING CONE CUT ERRORS	2023-02762
11	Nahala Sherin	Part 1	**OMR Dr.Tim Peter**	ORAL HEALTH IN GERIATRIC PATIENTS: AN OBSERVATIONAL STUDY	2023

SL NO.	Student	Year	Department/ Mentor	Topic	Reference ID
12	Praveena K	Part 1	**PHD Dr.Arun**	STUDENTS AND FACULTIES PERSPECTIVE ON THE IMPLEMENTATION OF BLENDED LEARNING IN DENTAL EDUCATION:A CROSS SECTIONAL STUDY	**2023-00444**
13	Fathimath Shahadiya	Part1	**Periodontics Dr.Navya**	TO ASSESS THE AWARENESS OF PERIODONTAL HEALTH,DISEASES AND ITS PREVENTION AMONG UNANI PRACTITIONERS-AN ONLINE SURVEY	**2023-02729**

OMFS- Oral & Maxillofacial Surgery
OMR- Oral Medicine & Radiology
PHD- Public Health Dentistry

KMCT DENTAL COLLEGE CALICUT

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Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Proposal Submission 2023-02130

1 message

sarin k <sarinkoroth@gmail.com> Fri, Jan 27, 2023 at 4:36 PM
To: niyasummer@kmctdentalcollege.org

---------- Forwarded message ---------
From: <sts@hq.icmr.org.in>
Date: Fri, 27 Jan 2023 at 11:58 AM
Subject: STS-2023 Proposal Submission 2023-02130
To: <hanahazza@gmail.com>
CC: <sarinkoroth@gmail.com>

Dear Ms. Hana Abdul Kareem

You have successfully uploaded your proposal for STS-2023.

In case of any queries please send email to stshrd2017@gmail.com
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Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

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1 message

Hamesh Gangadharan <hamesh4u@gmail.com> Fri, Jan 27, 2023 at 2:58 PM
To: niyasummer@kmctdentalcollege.org

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From: **Abhijith Anil** <abhijithpanil2000@gmail.com>
Date: Fri, 27 Jan 2023, 14:45
Subject: Fwd: STS-2023 Proposal Submission 2023-00421
To: <hamesh4u@gmail.com>

---------- Forwarded message ---------
From: <stsicmremail@gmail.com>
Date: Fri, 27 Jan 2023, 2:41 pm
Subject: STS-2023 Proposal Submission 2023-00421
To: <abhijithpanil2000@gmail.com>

Dear Student

'You have successfully uploaded your proposal for STS-2023.'
This is an automated email. Please do not reply to this e-mail. In case of any queries please send email to stshrd2017@gmail.com

OR

Telephone No. 011-26588895, 26588980, 26589794, 26589336, 26588707 Extn. 369
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Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Proposal Submission 2023-00422

1 message

Prejith Sampath <presam77@gmail.com> Fri, Jan 27, 2023 at 12:59 PM
To: niyasummer@kmctdentalcollege.org

Confirmation email for Akshay V.R.

---------- Forwarded message ---------
From: **akshay vr** <akshayvr451@gmail.com>
Date: Fri, Jan 27, 2023 at 12:55 PM
Subject: Fwd: STS-2023 Proposal Submission 2023-00422
To: <presam77@gmail.com>

---------- Forwarded message ---------
From: <sts@hq.icmr.org.in>
Date: Fri, Jan 27, 2023, 11:56 AM
Subject: STS-2023 Proposal Submission 2023-00422
To: <akshayvr451@gmail.com>

Dear Mr. Akshay V.R.

You have successfully uploaded your proposal for STS-2023.

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Telephone No. 26588895, 26588980, 26589794, 26589336, 26588707 Extn. 369

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<niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Proposal Submission 2023-05127

1 message

Dr. Anju.R.V Sr. Lecturer <anju@kmctdentalcollege.org> Fri, Jan 27, 2023 at 12:58 PM

To: niyasummer@kmctdentalcollege.org

---------- Forwarded message ---------
From: <sts@hq.icmr.org.in>
Date: Fri, 27 Jan 2023, 12:03
Subject: STS-2023 Proposal Submission 2023-05127
To: <rvmohammed@hotmail.com>
Cc: <anju@kmctdentalcollege.org>

Dear Ms. Amna Mohammed Abdusalam

You have successfully uploaded your proposal for STS-2023.

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Telephone No. 26588895, 26588980, 26589794, 26589336, 26588707 Extn. 369

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<niyasummer@kmctdentalcollege.org>

Reg: Nahala (BDS IV Yr Part II) STS ICMR Registration: Jan 2023

1 message

Tim Peter <drtimpeteromr@gmail.com> Fri, Jan 6, 2023 at 1:48 PM
To: "niyasummer@kmctdentalcollege.org" <niyasummer@kmctdentalcollege.org>

Thanks & Regards

Dr. Tim Peter Thermadam PhD, MDS, BDS
Associate Professor
Dept. of Oral Medicine and Radiology
KMCT Dental College, Calicut, Kerala.
Ph: (0)9633344683.

http://www.kmctdentalcollege.org/



Screenshot 2023-01-06 at 1.45.03 PM.png
801K

Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Regarding registeration for icmr

1 message

40.Praveena K <praveenagopalkrishnan@gmail.com> Fri, Dec 23, 2022 at 9:44 AM
To: niyasummer@kmctdentalcollege.org

Sir,
Myself Praveena K (Part 1student). I have done my registration for icmr research program.



IMG_20221223_094006.jpg
309K

Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Registration 2023-00422

1 message

Prejith Sampath <presam77@gmail.com> Thu, Dec 22, 2022 at 8:03 PM
To: niyasummer@kmctdentalcollege.org

---------- Forwarded message ---------
From: **akshay vr** <akshayvr451@gmail.com>
Date: Thu, 22 Dec, 2022, 5:25 pm
Subject: Fwd: STS-2023 Registration 2023-00422
To: <presam77@gmail.com>

---------- Forwarded message ---------
From: <stsicmremail@gmail.com>
Date: Thu, Dec 22, 2022, 1:59 PM
Subject: STS-2023 Registration 2023-00422
To: <akshayvr451@gmail.com>

Dear Mr.Akshay V.R.

Your email ID has been registered for STS 2023.Your mobile no. 9645945083 is for future correspondence Please note the following details-

Login ID: akshayvr451@gmail.com
Password: EKQVJR
Reference ID: 2023-00422

Kindly use the above information to LOGIN and SUBMIT your STS-2023 Proposal between 20th-December-2022 and 27th-January-2023 (till 11.59 P.M).
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Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Fw: STS-2023 Registration 2023-02762

1 message

Dr Niyas Ummer <drniyas@hotmail.com> Thu, Jul 27, 2023 at 12:31 PM
To: "Dr. Niyas Ummer Sr. Lecturer" <niyasummer@kmctdentalcollege.org>

Warm Regards,

Dr Niyas Ummer
Consultant Maxillofacial Radiologist

www.drniyas.com

From: stsicmremail@gmail.com <stsicmremail@gmail.com>
Sent: Wednesday, December 28, 2022 1:52 PM
To: ashithaswathhikam@gmail.com <ashithaswathhikam@gmail.com>
Cc: drniyas@hotmail.com <drniyas@hotmail.com>
Subject: STS-2023 Registration 2023-02762

Dear Ms.Ashitha Rajan

Your email ID has been registered for STS 2023.Your mobile no. 9746824358 is for future correspondence Please note the following details-

Login ID: ashithaswathhikam@gmail.com
Password: ZCYBXM
Reference ID: 2023-02762

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Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Registration 2023-00444

1 message

40.Praveena K <praveenagopalkrishnan@gmail.com> Thu, Jan 26, 2023 at 2:42 PM

To: niyasummer@kmctdentalcollege.org

--------- Forwarded message ---------
From: <stsicmremail@gmail.com>
Date: Thu, 22 Dec, 2022, 2:47 pm
Subject: STS-2023 Registration 2023-00444
To: <praveenagopalkrishnan@gmail.com>
Cc: <praveenaknair1999@gmail.com>

Dear Ms.Praveena K

Your email ID has been registered for STS 2023.Your mobile no. 9847874990 is for future correspondence Please note the following details-

Login ID: praveenagopalkrishnan@gmail.com
Password: ZK6JM7
Reference ID: 2023-00444

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If you want to make any correction/ alteration in the Registered details, kindly note that you may do so at the time of Submission of your research proposal between 20th-December-2022 to 27th January 2023 (till 11.59 P.M).
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OR
Telephone No. 26588895, 26588980, 26589794, 26589336, 26588707 Extn. 369

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Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Fw: STS-2023 Registration 2023-05127

1 message

Mohammed AbduSalam <rvmohammed@hotmail.com> Wed, Jan 4, 2023 at 1:21 PM

To: "niyasummer@kmctdentalcollege.org" <niyasummer@kmctdentalcollege.org>

From: stsicmremail@gmail.com <stsicmremail@gmail.com>
Sent: Wednesday, January 4, 2023 7:48 AM
To: rvmohammed@hotmail.com <rvmohammed@hotmail.com>
Cc: endlessdaydream4@gmail.com <endlessdaydream4@gmail.com>
Subject: STS-2023 Registration 2023-05127

Dear Ms.Amna Mohammed Abdusalam

Your email ID has been registered for STS 2023.Your mobile no. 9847325749 is for future correspondence Please note the following details-

Login ID: rvmohammed@hotmail.com
Password: F4LNX9
Reference ID: 2023-05127

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Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Registration 2023-02130

1 message

sarin k <sarinkoroth@gmail.com> Mon, Jan 2, 2023 at 3:44 PM
To: niyasummer@kmctdentalcollege.org

---------- Forwarded message ---------
From: **Hana Abdul Kareem** <hanahazza@gmail.com>
Date: Sun, 1 Jan 2023 at 11:54 AM
Subject: Fwd: STS-2023 Registration 2023-02130
To: <sarinkoroth@gmail.com>

---------- Forwarded message ---------
From: <stsicmremail@gmail.com>
Date: Fri, 30 Dec 2022 at 4:51 PM
Subject: STS-2023 Registration 2023-02130
To: <hanahazza@gmail.com>

Dear Ms. Hana Abdul Kareem

Your email ID has been registered for STS 2023. Your mobile no. 9746098045 is for future correspondencePlease note the following details-

Login ID: hanahazza@gmail.com
Password: JDWT8Q
Reference ID: 2023-02130

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In case of any queries please send email to stshrd2017@gmail.com

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Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Registration 2023-02767

1 message

Amrita Ashok <amrita.ashok4@gmail.com> Thu, Dec 29, 2022 at 9:52 AM
To: "niyasummer@kmctdentalcollege.org" <niyasummer@kmctdentalcollege.org>

---------- Forwarded message ---------
From: <stsicmremail@gmail.com>
Date: Wed, 28 Dec, 2022, 2:01 pm
Subject: STS-2023 Registration 2023-02767
To: <annajoseph678@gmail.com>
Cc: <amrita.ashok4@gmail.com>

Dear Ms.Anna Joseph Padinjakkara

Your email ID has been registered for STS 2023.Your mobile no. 8281880284 is for future correspondence Please note the following details-

Login ID: annajoseph678@gmail.com
Password: LJ82CP
Reference ID: 2023-02767

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Telephone No. 26588895, 26588980, 26589794, 26589336, 26588707 Extn. 369

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Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Registration 2023-00842 Aswathy J Raj

1 message

Subisha SB <drsubisha@gmail.com> Wed, Dec 28, 2022 at 12:50 PM
To: "niyasummer@kmctdentalcollege.org" <niyasummer@kmctdentalcollege.org>

--------- Forwarded message ---------
From: <stsicmremail@gmail.com>
Date: Fri, Dec 23, 2022, 2:51 PM
Subject: STS-2023 Registration 2023-00842
To: <aswathijanakaraj@gmail.com>
Cc: <drsubisha@gmail.com>

Dear Ms.Aswathy J Raj

Your email ID has been registered for STS 2023.Your mobile no. 7902204919 is for future correspondence Please note the following details-

Login ID: aswathijanakaraj@gmail.com
Password: Q72KWP
Reference ID: 2023-00842

Kindly use the above information to LOGIN and SUBMIT your STS-2023 Proposal between 20th-December-2022 and 27th-January-2023 (till 11.59 P.M).
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Gmail

Dr. Niyas Ummer Sr. Lecturer
<niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Registration 2023-02729

1 message

perio kmct <kmctperio@gmail.com> Wed, Dec 28, 2022 at 12:48 PM
To: "niyasummer@kmctdentalcollege.org" <niyasummer@kmctdentalcollege.org>

Fathima Sahadiyya

---------- Forwarded message ---------
From: <stsicmremail@gmail.com>
Date: Wed, Dec 28, 2022, 12:56 PM
Subject: STS-2023 Registration 2023-02729
To: <fathimathsahadhiyya@gmail.com>
Cc: <kmctperio@gmail.com>

Dear Ms.Fathimath Sahadiyya K

Your email ID has been registered for STS 2023.Your mobile no. 9207847299 is for future correspondence Please note the following details-

Login ID: fathimathsahadhiyya@gmail.com
Password: 7QGCRN
Reference ID: 2023-02729

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<niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Registration 2023-01009

1 message

Sithara K <sitharakoraprath@gmail.com> Fri, Dec 23, 2022 at 10:32 PM
To: niyasummer@kmctdentalcollege.org

--------- Forwarded message ---------
From: **Ninshidha Mohammed** <ninshidhamohdgrace@gmail.com>
Date: Fri, 23 Dec, 2022, 10:11 pm
Subject: Fwd: STS-2023 Registration 2023-01009
To: sitharakoraprath@gmail.com <sitharakoraprath@gmail.com>

--------- Forwarded message ---------
From: <stsicmremail@gmail.com>
Date: Fri, 23 Dec, 2022, 9:52 pm
Subject: STS-2023 Registration 2023-01009
To: <ninshidhamohdgrace@gmail.com>

Dear Ms.Ninshidha

Your email ID has been registered for STS 2023.Your mobile no. 7907248846 is for future correspondence Please note the following details-

Login ID: ninshidhamohdgrace@gmail.com
Password: GKR6ZL
Reference ID: 2023-01009

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OR
Telephone No. 26588895, 26588980, 26589794, 26589336, 26588707 Extn. 369

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Gmail

Dr. Niyas Ummer Sr. Lecturer <niyasummer@kmctdentalcollege.org>

Fwd: STS-2023 Registration 2023-00977

1 message

AISWARYA ANIL <aishuanil1110@gmail.com> Fri, Dec 23, 2022 at 8:45 PM

To: "niyasummer@kmctdentalcollege.org" <niyasummer@kmctdentalcollege.org>

--------- Forwarded message ---------
From: **AISWARYA ANIL** <aishuanil1110@gmail.com>
Date: Fri, Dec 23, 2022 at 8:40 PM
Subject: Fwd: STS-2023 Registration 2023-00977
To: nivfra90@gmail.com <nivfra90@gmail.com>

--------- Forwarded message ---------
From: <stsicmremail@gmail.com>
Date: Fri, Dec 23, 2022 at 8:39 PM
Subject: STS-2023 Registration 2023-00977
To: <aishuanil1110@gmail.com>
Cc: <nivfra90@gmail.com>

Dear Ms.Aiswarya Anil

Your email ID has been registered for STS 2023.Your mobile no. 8606184323 is for future correspondence Please note the following details-

Login ID: aishuanil1110@gmail.com
Password: KZUPHG
Reference ID: 2023-00977

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UG PUBLICATIONS

KMCT DENTAL COLLEGE

Original Research

BIOMEDICAL WASTE MANAGEMENT KNOWLEDGE, ATTITUDE AND PRACTICES - A CROSS SECTIONAL SURVEY OF STUDENTS OF A DENTAL TEACHING INSTITUTE IN KERALA

*Dr Dhanya Muralidharan, **Dr Arun Paul, ***Dr Shahla A, ***Dr Shadiya K, ***Dr Shibini Shareef

Abstract

Dental waste consists of both hazardous and infectious wastes which can be harmful to the public and environment if not disposed carefully. Dentists' need to be aware of correct methods of waste segregation and disposal in order to prevent health hazards. The present study was undertaken to determine the dental student's Knowledge, Attitudes and Practices of Biomedical Waste Management of a dental teaching institution in Kerala. A cross-sectional descriptive online questionnaire study was conducted for a period of four months from August to November 2021. A total of 414 students participated for the study with a mean age of 23.66±2.042. The current study revealed Dental students had positive attitudes towards Biomedical waste management but definite inadequacies in their Knowledge and Biomedical waste management Practices. Modifications in the dental curriculum stressing on importance of Biomedical waste management as early as in the pre-clinical years will help improve understanding of Biomedical waste management concepts and its application.

Key words: Biomedical waste management, Dental students, Knowledge, Attitudes, Practices

Corresponding author: Dr Dhanya Muralidharan, email: kappoordhanya@hotmail.com

*Professor and Head, **Reader, ***Intern, Department of Public Health Dentistry, KMCT Dental College, Kozhikode, Kerala

KMCT DENTAL COLLEGE

Original Research

ASSESSMENT OF POST INSERTION PROBLEMS AMONG REMOVABLE DENTURE WEARERS IN THREE DENTAL INSTITUTIONS OF CENTRAL MALABAR

*Aswathi Mahesh,*Lubaiba Manat, **Dr.Abu Nazar N,**Dr. Monisha VS,
*Amal Ajith, *Fathima V.V, *Prajitha T, *Shahiya K.S

Abstract

Background: Removable partial dentures are an economic and easy treatment modality for edentulous patients, but some patients may encounter few complications during their adaptation period. If these complaints are not addressed properly it can lead to patient disappointment and ultimately removable dental prostheses failure. The present study intends in providing a structuro-functional assessment of complete denture complaints as reported by patients of three Dental Colleges in the Malabar region. **Aims and objectives:** To evaluate the incidence of common post insertion problems and to point out and minimize common post insertion complaints of removable dentures fabricated in dental institutions of central Malabar. **Materials and Methods:** A questionnaire based study was conducted in three dental institutions of Central Malabar. The study was carried out on 120 patients who had undergone prosthetic rehabilitation with removable dental prosthesis from these dental colleges and the post insertion complications were evaluated between them. The questionnaire consisted of questions based on various post insertion complications like pain on insertion and removal, ulceration, aesthetics, difficulty in speech, ill-fitting dentures, difficulty in mastication, reduced tongue space. **Results:** According to the study, 95% were satisfied with the denture and only 4.2% showed dissatisfaction. 48.3% complained about ill-fitting dentures, 42.5% about loss of retention, only 27.5% about pain and discomfort ,10% about cheek bite,2.6% about radiating pain .92.5% were satisfied with the denture esthetics, 87.5% were satisfied with teeth shape, 90% with teeth size and 100% with the lip support and 5.8% had a negative response about the sunken cheek appearance. **Conclusions:** Ill filling dentures were the most frequent complaint among denture wearers in the present study followed by lack of retention. Most of the patients were content with the aesthetic aspect of the denture. The most common reason why patients wanted rehabilitation of the lost dentition was for mastication. The quality of denture in the department can be assessed and further efforts can be made on improving the aspect of denture fabrication by undergraduates and postgraduates.

Key Words: Removable partial denture, Post insertion complaints, Denture wearers, Retention
Corresponding Author: Dr. Abu Nazar N

Title: "Comparison of Pre-recorded Video Classes vs Traditional Lectures for Teaching Radiology to Dental Undergraduate Students"

Authors:

1. **Malavika K U**
   House Surgeon, KMCT Dental College, Kozhikode, Kerala, India
2. **Athira P**
   House Surgeon, KMCT Dental College, Kozhikode, Kerala, India
3. **Gopika K S**
   House Surgeon, KMCT Dental College, Kozhikode, Kerala, India
4. **Ranjana Raju**
   House Surgeon, KMCT Dental College, Kozhikode, Kerala, India
5. **Shifana Shafi**
   House Surgeon, KMCT Dental College, Kozhikode, Kerala, India
6. **Amal Geo Francis**
   House Surgeon, KMCT Dental College, Kozhikode, Kerala, India
7. **Dr. Hamesh Gangadharan (Research mentor)**
   Assistant Professor, KMCT Dental College, Kozhikode, Kerala, India
8. **Dr. Niyas Ummer (Research mentor) – Corresponding Author**
   Assistant Professor, KMCT Dental College, Kozhikode, Kerala, India
   Email – drniyas@hotmail.com
   Ph: +91 9447 725 209

Introduction

Lectures, one of the oldest methods of teaching based on the philosophy of idealism, are considered as the basic foundation of learning. Other types of lectures include illustrated talk, briefing, formal speech and teaching lectures. A lecture refers to the process of explaining topics to the students, during which the teachers are more actively involved while students are passive participants.

In a scheduled lecture class, the students need to visualise the concept and interpret the content within a limited time window. Most often, the potential of the entire class of students are not taken into consideration. The students who are academically weaker tend to lose interest in the subject, and may distract others eventually ending up in a no man's land, even after the arduous efforts of the instructor.

Another form of learning is didactic or self-learning, wherein knowledge is acquired without the guidance of experienced educators such as teachers and professors, or attending

International Journal Dental and Medical Sciences Research
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A survey of commonly used impression materials and techniques for fixed partial denture among dentists in Malabar region – Kerala: A cross sectional study

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Date of Submission: 28-03-2023 Date of Acceptance: 05-04-2023

ABSTRACT:
Introduction: There are multiple concepts and techniques in fixed prosthodontic practice and several studies have concluded that clinicians definitely deviate from the recommended clinical protocols. If this happens during treatment with fixed prosthesis, the quality of fixed prostheses is compromised which affects its longevity. Aim of this study was to evaluate the use of impression materials and techniques in fixed partial denture among dentists in Malabar region - Kerala. Materials and Method: A cross-sectional, questionnaire-based online survey was done amongst dentists in Malabar region - Kerala through Google forms. Data from the completed questionnaires were analysed using the SPSS version 22. All statistical analyses were carried out at a significance level of $P < 0.05$. Out of 225 participants, 190 (84.4%) dentists always made diagnostic impression for fabrication of study cast. 102(45.3%) dentists used Addition silicone and 93(41.3%) used Alginate for final impression making. Most commonly used elastomeric impression technique was Putty Resin/Dual mix Technique (36%). Regarding retraction cord, 82.6% of dentists used Plain gingival retraction cord. Conclusion: The study found that most of the responses on use of impression materials and techniques were significantly associated with the level of knowledge, proficiency and clinical experience.

KEYWORDS: Fixed prosthodontics, Impression materials, Impression techniques, Retraction cord, Alginate

I. INTRODUCTION:

Twentieth century witnessed remarkable changes with regard to human life expectancy worldwide, and the twenty first century is set to carry forward the gain in life expectancy further, both in the developing and developed world[1]. Various impression materials and techniques came into use since times earlier till today. All of them have some pros and cons and are suitable for specific conditions.

Most of the dental practitioners pay more attention to patient's flow, cost and treatment time and less focus towards the appropriate technique, material and armamentarium which are required for long- term success[2]. There are numerous technique described for making impression , including copper band technique , mono - phase technique , single step technique , or the double - step technique and several types of impression materials that can be used in fabricating prostheses which including alginate , condensation silicone , polysulfide , polyether and polyvinyl siloxane[3].

As Fixed Prosthodontic procedures are widely practiced for dental rehabilitation, it is very important to evaluate the details of basic steps in the field of fixed prosthodontics and the way of practicing this important branch of dentistry. Therefore, knowledge of dental professionals regarding materials and techniques used is important for the successful outcome of dental treatment[4]. The ability to identify and analyze inaccurate impressions and to understand how to avoid them is key to successful treatment[5]. This study is a questionnaire-based survey to assess and know the impression materials and techniques for fixed partial dentures that are being followed by the dentist in Malabar region.

II. MATERIALS AND METHODS:

This study was conducted among general dentist and specialist among dentists of Malabar region form 15/11/2022 to 15/01/2023. 225 dentists practicing in the Malabar region were selected for the study. Approval of Institutional Ethics Committee, KMCT Dental College, Mukkam, Calicut was obtained before starting the

PERCEIVED SOURCES OF STRESS AMONGST DENTAL STUDENTS IN DENTAL COLLEGE: A CROSS SECTIONAL STUDY

*Abhishek S Nair, *Aparna PM, **Dr.Arun Paul, ***Dr.Dhanya Muralidharan, *Namitha Padmakumar, *Reshma Prasad, *Aysha Suha MN

Abstract

Background: Stress is believed to cause detrimental effects on academic performance of students. Identification of the sources of stress is important in dental education program, as it gives opportunity to takevarious measures to prevent stress in the dental school environment. The rationale of the present study was to identify the various sources ofstress among dental school students in a private dental institution in Kerala, India. **Materials and Methods:** A questionnaire based crosssectional study was conducted among final year students and interns of the dental college. Questionnaire used in the study comprised themodified version of Dental Environmental Stressquestionnaire. A four pointlikert scale was used to record the responsesfrom the subjects. A total of 150 subjects participated in the study. Statistical analysis was done using SPSS package version 20.**Results:** Among the participants, 24.6% (37) were males and 75.4% (113) were females. Major stress factor was academic related (p=0.04), lack of confidence in clinical decision making (p=0.006) and insecurity regarding dental career (p=0.03). Mean stress scores were high for academic related 3.5±1.0, followed by career related 2.9±1.0 questions. **Conclusion:** It is evident that dental studentsencounter high levels of stress. Present study identified that the major stressors were academic related and career relatedrather than personal issues. Our study also focuses the importance of stress management programs to minimize the impact of stress on both academic and personal lives of the students.

Key Words: Dental students, stress, academic, interns

Corresponding Author: Dr. Arun Paul

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Introduction

The term stress describes external demands (physical or mental) on an individual's physical and psychological well-being. It is normal for everybody to experience stress to some extent, but too much stress may be harmful. Attending a school, college or university is a rewarding experience but it is also a time of considerable anxiety and stress for students. Students are subjected to different kinds of experiences which makes them vulnerable to undergo a lot of stress.[1]

Stress in dental students may be multi-factorial, arising from both the academic and socio-cultural environment, and

KMCT DENTAL COLLEGE

GUIDELINES FOR INTERNSHIP RESEARCH PROGRAM

1. The short term research project should be completed within a period of three months from the date of allotment.
2. A brief proposal of the research project should be ready within 3 TO 4 weeks of commencement and will be reviewed by the scientific committee formed for approval of Short term Research Program.
3. The students will present the proposal in front of the scientific committee formed for approval of Short term Research Program.
4. After approval from SC, the second review will be after one month and the final review at the end of three months.
5. Research topics can focus on patient care, material sciences, teaching methods, surveys etc.
6. All studies have to follow observational study designs- Experimental studies are not allowed as a part of this program.
7. When selecting the topics, Mentors have to keep in mind feasibility of the study and possibility of completing the study within the stipulated time.
8. The research work should not be clubbed with any PG thesis or their short term research paper work.
9. A group of 4 interns will be guided by a mentor from each Department.
10. The mentor will decide which student is the principle investigator for the batch.
11. The student expense for the research should not exceed Rs 500/- per head.

12. If a student needs to leave the college premises for their research work, prior permission is to be taken through proper channel ie., mentor, H.O.D and Principal.
13. It is mandatory that the research work done should be published.
14. The research work once completed should be published in KMCT Dental college journal 'Dental Bites' and other indexed Journals.
15. For publication the students' names based on work contribution should be given priority - mentor will be second and corresponding author and other co-authors if present can be placed third in order.
16. There is a recognition for best short-term research project for every batch of interns.

KMCT Dental College
Manassery, Malappuram

KMCT DENTAL COLLEGE

ATTENDANCE LIST OF ORIENTATION PROGRAM ON INTERNSHIP RESEARCH

Venue:LECTURE HALL 4, KMCT DENTAL COLLEGE

Date:26/04/2023

Time:11AM

INTERNS LIST SEPTEMBER 2022

SL	NAME	SIGNATURE
1	ADARSH E	
2	ADARSH. P	
3	AKHIL.C	
4	ALFRID VARGHESE	
5	ANASWARA. K	
6	ANETTA. N A	
7	ANJALI PRAKASHAN	
8	ANUISHA BENNY	
9	ANUPAMA. S	
10	ARUN. V R	
11	ASWATHI KRISHNA. P K	
12	ATHUL KUMAR. A	
13	ATHUL. B	
14	AYSHA FIDWA	
15	CHELSA MARIA O J	

KMCT DENTAL COLLEGE

ATTENDANCE LIST OF ORIENTATION PROGRAM ON INTERNSHIP RESEARCH

Venue:LECTURE HALL 4, KMCT DENTAL COLLEGE

Date:26/04/2023

Time:11AM

2023- MARCH INTERNS MARCH

SL NO	NAME	REG NO	SIGNATURE
1	ABHINA P S	170020529	
2	ADITYA R PILLAI	170020534	
3	ALIDA.L.P	170020538	
4	ALIYA	170020539	
5	ALLEN SIBI	170020540	
6	ANAGHADAS N	170020541	
7	ANAKHA A L	170020542	
8	ANAMIKA V RAMESH	170020543	
9	ANJANA V P	170020547	
10	ANJITHA A	170020548	
11	ANUSHA DINESH	170020550	
12	ARDRA	170020551	
13	ARDRA A R	170020552	
14	ARJUN R	170020553	
15	ARJUN RUPESH THACHANAT	170020554	
16	ASHIKHA HANAM	170020556	
17	ASHIQUE RAHIMAN A	170020557	
18	ASHNA KHAN	170020558	
19	CHANDNY C	170020564	
20	FATHIMA T	170020572	
21	GRESHMA M T	170020577	
22	HARLEY JAISON	170020580	

23	HIBA A	170020581	
24	JEEVA K	170020584	
25	KRISHNAPRIYA K R	170020587	
26	KRISHNAPRIYA M RAJ	170020588	
27	LATHEETHA SANAM	170020590	
28	MAHIMA M NAIR	170020591	
29	MANISHA P MANIKANDAN	170020592	
30	NAINU SHAJAHAN	170020601	
31	NASREENA K	170020602	
32	PRESHMA PREMDAS P	170020604	
33	RAMSEENA P M	170020609	
34	ROSHNI N	170020612	
35	SACHIN S THOMAS	170020613	
36	SARANYA M K	170020617	
37	SWARAG SUNIL PUTHIYOOR KANDATHIL	170020624	
38	THAHSEEN K C	170020625	
39	ANJALI B S	160020961	
40	ASLAHA FARHATH	160020971	
41	RISHANA ABBAS	160021024	
42	AYISHA FITHA	150021400	
43	NITHA.P	150021442	
44	SAHLA	150021451	
45	ARUNA.A	130021067	
46	AYISHA SHAJI	130021073	
47	DEENA.E	130021078	
48	PRABIN.V.B	130021115	
49	FATHIMA MOHAMMED NIZAR	120020672	
50	LAKSHMI BABU.C.S	110020560	

SL NO	NAME	STUDENT/STAFF	DESIGNATION	DEPARTMENT	SIGNATURE
1	Dr. Dhanya Muralidharan	Staff	Professor	Public Health Dentistry	
2	Dr Nivedithe S Prasad	Staff	Senior Lecturer	Prosthodontics	
3	Dr Nicholas Mathew	-	Reader	Prosthodontics	
4	Dr. Arun Paul	Staff	Reader	Public Health Dentistry	
5	Dr. Mangalaj Vergal	Staff	Prof & HOD	ONR	
6	Dr. Anish Varkey	STAFF	READER	PERIO	
7	Dr ARUN RAJENDRAN	STAFF	SR. LECTURER	PROSTHODONTICS	
8	Dr. GEORGE BABU	STAFF	READER	PEDO	
9	Dr Jubin K Sabu	STAFF	Senior lecturer	Orthodontics	
10	Dr Amitav Ashok	STAFF	Reader	Orthodontics	
11	Dr Swapna Hamilton	Staff	Reader	oral pathology	
12	Dr Sethuraj. K	Staff	Sr Lecturer	Oral Pathology	

	Dr. Aswathi Vinod	Sr. Lecturer	Staff	OMFS
1.	Dr. VIPINDAS. A'P	READER	STAFF	OMFS
5	MEHJEBIN SHIRIN.K	Intern		
6	NAFLA GAFOOR	INTERN		PROSTHO
17	MIDHUNA.V	INTERN		PROSTHO
18	JINCY ATAY	"		"
19	ANU M PAUL	INTERN		"
20	~~[illegible]~~ V	"		PERIO
21	NADA THASNEEM	"		~~PEDO~~
2	SILSHADA JABEENA	"		PROSTHO
13	SNEHA JAIN	"		PROSTHO
24	[illegible]	"		CONS

25.	Fathima Nidasha	"		OMFS	
26	Rinshitha	"		OMFS	
27	Dilsha poly	"			
28	B. Shebin	"		Cons	
29	Hibak	"		Oral pathology	
30	Praveena K	Part one		OMR	
31	Farah Mohamed	Part one		PHD	
32	Jeena Regan	Part one		Pedodontics	
33.	Dr Aparna TK	Part one		Prosthodontics	
34	Adisha AK	Staff	Senior Lecturer	Periodontics	
35.	Afna Mehrudeen A.M	Intern		OMR	
36.	Apna Faisal	Intern		Perio	
		Intern		Perio	

37	Shabnam V.K	Intern	OMFS	
38	Saliya. P.I	Intern	OP	
39	Roshni Thomas	Intern	OMFS	
40	Nimitha M. Abbas	Intern	OMFS	
41	Fahad Nizare Sye	Intern	Cons & Endo	
42	Shafna Jamal	Intern	Cons & Endo	
43	Eliba T.K	Intern	cons & endo	
44	Hanan c	Intern	Cons(endo	
45	Adeeja PK	Intern	OMR	
46	Fathima Linsha..	Intern	cons & endo	
47	Fathimath Nesrana KP	INTERN	Cons & endo	
48	Fahana Rihan EP	Intern	Paedo	

49	Rincha Raj U.K	U.G	3rd years Reg.	
50	Aswathy J. Raj	U.G	3rd year Regular	
51	Akshay. V.R	U.G	3rd year regular	
52	Nalanda P.A	U.G	3rd years Regular	
53	ABHIJITH P A	U.G	3rd Year Regular	
54	AISWARYA ANIL	UG	3rd year Regular	
55	Hana Abdul Kareem	U.G	3rd years Regular	
56	Rishika. P	U.G	3rd Year Regular	
57	Aardra Asok	UG	3rd year Regular	
58	Anna Joseph	UG	IIIrd year regular	
59	FAHEELA. P. SALEEM	INTERNS	IIIrd Year Regular	
60	Ashna Shefin. S	U.G	Prathodonties	
61	Dr ANIF Imran	STAFF	Part I regular	
			Prof.	

KMCT DENTAL COLLEGE

UG RESEARCH

An Orientation class on "Applying for ICMR Short Term Studentship (STS) Grant" for UG Research Mentors

Date: 20/12/2022.
Time:12:00pm to 1:00pm
Venue: KMCT Dental College Lecture Hall 4

ATTENDANCE

SL NO	Mentor	Department	Signature
1	Dr.Niveditha	Prosthodontics	
2	Dr.Nivea Francis	Prosthodontics	
3	Dr.Vipin Das	OMFS	
4	Dr.Ashwathy Vinod	OMFS	
5	Dr.Anju	Pedodontics	
6	Dr.Subisha	Periodontics	
7	Dr.Amrutha	Orthodontics	
8	Dr.Harnesh	OMR	
9	Dr.Niyas	OMR	
10	Dr.Tim Peter	OMR	
11	Dr.Prejith Sampath	OMR	
12	Dr.Sarin	Conservative	
13	Dr.Sithara	Oral Pathology	
14	Dr.Arun	PHD	
15	Dr.Dhanya Muralidharan	PHD	
16	Dr.Nicholas Mathew	Prosthodontics	

	Timestamp	Email address	NAME OF THE STUDENT	GENDER	EMAIL ID	PHONE NUMBER	YEAR	ARE YOU INTERESTED A SESSION ON UG RES	ARE YOU INTERESTED TO DO A SHORT TERM RESEARCH PROJECT FOR RECEIVING ICR	
2	24/10/2022 11:43:50	asmafbosh@gmail.com	Asma Sheikh	FEMALE	ashsheikh@gmail.com	9497519959	FINAL YEAR PART 1	YES	YES	YES
3	24/10/2022 14:26:13	annajoseph67@gmail.com	Anna Joseph	FEMALE	annajoseph67@gmail.com	8281840384	3rd YEAR	YES	YES	YES
4	24/10/2022 14:28:52	hanakabir@gmail.com	Hana Abdul Kareem	FEMALE	hanakabir@gmail.com	7736286045	3rd YEAR	YES	YES	YES
5	24/10/2022 14:43:18	rishikapratuthavan@gm	Rishika P	FEMALE	rishikapratuthavan@gm	7736644509	3rd YEAR	YES	YES	YES
6	24/10/2022 14:48:17	pamalavika7@gmail.com	Malavika PK	FEMALE	pamalavika7@gmail.com	7306709383	3rd YEAR	YES	YES	YES
7	24/10/2022 15:39:02	rosheenu072000@gmail.	Rosna Raj Lm	FEMALE	rosheenu072000@gmail.	8089118669	3rd YEAR	YES	YES	YES
8	24/10/2022 16:37:30	nawaneethkrishnan@gm	Nawaneeth krishna	MALE	nawaneethkrishnan@gm	8606004269	3rd YEAR	YES	YES	YES
9	24/10/2022 21:31:42	akshayvn01@gmail.com	AKSHAY VN	MALE	akshayvn01@gmail.com	9645093083	3rd YEAR	YES		
10	25/10/2022 11:20:20	sanajosam.cek@gmail.c	SANA MAZAM	FEMALE	sanajosam.cek@gmail.c	8547802966	FINAL YEAR PART 1	YES	YES	YES
11	25/10/2022 11:08:21	praveenkumar1999@gmu	Praveena K	FEMALE	praveenkumar1999@gmu	9947674980	FINAL YEAR PART 1	YES	YES	YES
12	25/10/2022 11:16:43	ramyajayalalan2101@g	Ramya	FEMALE	ramyajayalalan2101@gr	9633372102	FINAL YEAR PART 1	YES	YES	YES
13	25/10/2022 11:16:46	sajanajo99@gmail.com	Sajana jo	FEMALE	sajanajo99@gmail.com	9061798805	FINAL YEAR PART 1	YES	YES	YES
14	25/10/2022 11:18:19	aishuanil1110@gmail.com	Aiswarya Anil	FEMALE	aishuanil1110@gmail.com	8606784323	3rd YEAR	YES	YES	YES
15	25/10/2022 11:21:57	jeenarajan8271@gmail.c	Jeena Rajan	FEMALE	jeenarajan8271@gmail.c	9961056611	FINAL YEAR PART 1	YES	YES	YES
16	25/10/2022 11:32:22	jerry19408@gmail.com	JERRYMOL JAHAN	FEMALE	jerry19408@gmail.com	8589603801	FINAL YEAR PART 1	YES	YES	YES
17	25/10/2022 11:39:05	mariyajoshy7@gmail.com	Mariya jaleny	FEMALE	mariyajoshy7@gmail.com	04282864784	FINAL YEAR PART 1	YES	YES	YES
18	25/10/2022 11:56:05	chelsiraphael@gmail.c	BOS	FEMALE	chelsiraphael96@gmail.c	08289873747		YES	YES	YES
19	25/10/2022 11:59:15	chelsamaria23@gmail.co	Chelsa	FEMALE	chelsamaria23@gmail.co	9995213120		YES	YES	YES
20	25/10/2022 13:30:23	allenbiju1999@gmail.com	Allen sbi	MALE	allenbiju1999@gmail.com	9605185220	FINAL YEAR PART 2	YES	YES	YES
21	25/10/2022 14:25:38	abhijithpa2000@gmail.	ABHIJITH P A	MALE	abhijithpa2000@gmail.	6282539073	3rd YEAR	YES	YES	YES
22	25/10/2022 16:07:25	akkuvishnu1221@gmail.c	Akkitta Ajith	FEMALE	akkuvishnu1221@gmail.c	8156951784	3rd YEAR	YES	YES	YES
23	25/10/2022 17:55:26	anashaar100@gmail.com	Anshita AL	FEMALE	anashaar100@gmail.com	+918921781588	FINAL YEAR PART 2	YES	YES	YES
24	25/10/2022 18:12:53	endlessjourneyme@gma	Amna Nahammed Abbas	FEMALE	endlessjourneyme@gma	9847323416	3rd YEAR	YES	YES	YES
25	26/10/2022 20:36:23	gopika04021999@gmail.c	Gopika s nair	FEMALE	gopika04021999@gmail.c	9562784368	FINAL YEAR PART 1	YES	YES	YES
26	26/10/2022 14:02:59	aswathyunnasara@gmail.c	Aswathy J Raj	FEMALE	aswathyunnasara@gmail.c	7902304819	3rd YEAR	YES	YES	YES
27	26/10/2022 15:51:32	fathimathathathiyil@gm	Fathimath Sahaliyya k	FEMALE	fathimathathathiyil@gm	+917736447413	FINAL YEAR PART 1	YES	YES	YES
28	26/10/2022 18:17:24	ashishaseenkaran@gmail	Ashitha Rajan	FEMALE	ashishaseenkaran@gmail	7907112794	FINAL YEAR PART 1	YES	YES	YES
29	26/10/2022 19:20:51	hananrahman17@gmail.c	Hana Rahman	FEMALE	hananrahman17@gmail.c	09207004169	FINAL YEAR PART 1	YES	YES	YES
30	26/10/2022 19:56:58	nivinabumkegroup@gm	Nivin Anna	FEMALE	nivinabumkegroup@gm	0091 7907246606	FINAL YEAR PART 1	YES	YES	YES
31	26/10/2022 20:02:36	nafeesyahaa@gmail.com	NAFEES A Shafi Km	FEMALE	nafeesyahaa@gmail.com	8078258133	FINAL YEAR PART 1	YES	YES	YES
32	26/10/2022 20:03:43	rashidamanoor1@gmail.c	Rashida Nasser	FEMALE	rashidamanoor1@gmail.	9061402115	FINAL YEAR PART 1	YES	YES	YES
33	26/10/2022 20:49:46	hanahasiya@gmail.com	Hana Abdul Kareem	FEMALE	hanahasiya@gmail.com	8590088085	3rd YEAR	YES	YES	YES
34	26/10/2022 21:00:58	sanjithsanthosh31@gma	Sanjith Santhosh	MALE	sanjithsanthosh31@gmail	9567208878	3rd YEAR	NO	YES	YES
35	26/10/2022 22:04:51	jamela.vineetha@gmail.co	Vineetha Jamsa	FEMALE	jamela.vineetha@gmail.co	8138611668	FINAL YEAR PART 1	YES	YES	YES
36	27/10/2022 07:45:46	rachusraj@gmail.com	Rachusaraj pm	FEMALE	ramyajose@gmail.com		FINAL YEAR PART 2			YES
37	27/10/2022 09:45:53	fabukalangan@gmail.com	Fiba K	FEMALE		9446049802	FINAL YEAR PART 1	YES	YES	YES
38	27/10/2022 10:10:41	jeelasajeenu@gmail.co	Jeelsaja	FEMALE	jeelasajeenu@gmail.co	8281348023	FINAL YEAR PART 1	YES	YES	YES

KMCT DENTAL COLLEGE

Manassery, Kozhikode

Ref No: KMCT/DC/C/05

Date: 16/01/2023

CIRCULAR

SUB: SCIENTIFIC REVIEW COMMITTEE (SRC) MEETING & PRESENTATION FOR REVIEWING PROPOSALS

Venue : Lecture Hall – 1, 3rd Floor, Tower 2, KMCT Dental College.

Date and Time : 10.30-11.30 am on 18th January 2023.

Next SRC meeting will be held on 18th January 2023. Request all the respective student and faculty to submit 4 copies of their research proposal to Member Secretary, Dr. Harish Kumar V V by 16th January 2023 2pm.

PRINCIPAL

Copy to:

1. HOD, All Departments
2. Research coordinator
3. All Research Mentors
4. P G Research Coordinator
5. Administrator
6. File

KMCT DENTAL COLLEGE

Manassery, Calicut, 673602

Ref: KMCT/DC/ 2023/05

23.01.2023

INSTITUTIONAL ETHICS COMMITTEE

MEETING NOTICE

The meeting of the Institutional Ethics Committee, KMCT Dental College shall be held on 25-01-2023 (Wednesday) at 8pm through zoom platform.

AGENDA

1. Review of all synopsis received (U.G, P.G, and Faculty).
2. Any other matter permitted by the chairman

PRINCIPAL

PRINCIPAL
KMCT Dental College
Manassery, Mukkam

COPY TO:

1. Chairman, Institutional Ethics Committee
2. All members, Institutional Ethics Committee
3. All HOD's
4. A.O

Original Research

BIOMEDICAL WASTE MANAGEMENT KNOWLEDGE, ATTITUDE AND PRACTICES - A CROSS SECTIONAL SURVEY OF STUDENTS OF A DENTAL TEACHING INSTITUTE IN KERALA

*Dr Dhanya Muralidharan, **Dr Arun Paul, ***Dr Shahla A, ***Dr Shadiya K, ***Dr Shibini Shareef

Abstract

Dental waste consists of both hazardous and infectious wastes which can be harmful to the public and environment if not disposed carefully. Dentists' need to be aware of correct methods of waste segregation and disposal in order to prevent health hazards. The present study was undertaken to determine the dental student's Knowledge, Attitudes and Practices of Biomedical Waste Management of a dental teaching institution in Kerala. A cross-sectional descriptive online questionnaire study was conducted for a period of four months from August to November 2021. A total of 414 students participated for the study with a mean age of 23.66±2.042. The current study revealed Dental students had positive attitudes towards Biomedical waste management but definite inadequacies in their Knowledge and Biomedical waste management Practices. Modifications in the dental curriculum stressing on importance of Biomedical waste management as early as in the pre-clinical years will help improve understanding of Biomedical waste management concepts and its application.

Key words: Biomedical waste management, Dental students, Knowledge, Attitudes, Practices

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KMCT DENTAL COLLEGE

Original Research

ASSESSMENT OF POST INSERTION PROBLEMS AMONG REMOVABLE DENTURE WEARERS IN THREE DENTAL INSTITUTIONS OF CENTRAL MALABAR

*Aswathi Mahesh, *Lubaiba Manat, **Dr.Abu Nazar N, **Dr. Monisha VS, *Amal Ajith, *Fathima V.V, *Prajitha T, *Shahiya K.S

Abstract

Background: Removable partial dentures are an economic and easy treatment modality for edentulous patients, but some patients may encounter few complications during their adaptation period. If these complaints are not addressed properly it can lead to patient disappointment and ultimately removable dental prostheses failure. The present study intends in providing a structuro-functional assessment of complete denture complaints as reported by patients of three Dental Colleges in the Malabar region. **Aims and objectives:** To evaluate the incidence of common post insertion problems and to point out and minimize common post insertion complaints of removable dentures fabricated in dental institutions of central Malabar. **Materials and Methods:** A questionnaire based study was conducted in three dental institutions of Central Malabar. The study was carried out on 120 patients who had undergone prosthetic rehabilitation with removable dental prosthesis from these dental colleges and the post insertion complications were evaluated between them. The questionnaire consisted of questions based on various post insertion complications like pain on insertion and removal, ulceration, aesthetics, difficulty in speech, ill-fitting dentures, difficulty in mastication, reduced tongue space. **Results:** According to the study, 95% were satisfied with the denture and only 4.2% showed dissatisfaction. 48.3% complained about ill-fitting dentures, 42.5% about loss of retention, only 27.5% about pain and discomfort ,10% about cheek bite,2.6% about radiating pain .92.5% were satisfied with the denture esthetics, 87.5% were satisfied with teeth shape, 90% with teeth size and 100% with the lip support and 5.8% had a negative response about the sunken cheek appearance. **Conclusions:** Ill filling dentures were the most frequent complaint among denture wearers in the present study followed by lack of retention. Most of the patients were content with the aesthetic aspect of the denture. The most common reason why patients wanted rehabilitation of the lost dentition was for mastication. The quality of denture in the department can be assessed and further efforts can be made on improving the aspect of denture fabrication by undergraduates and postgraduates.

Key Words: Removable partial denture, Post insertion complaints, Denture wearers, Retention

Corresponding Author: Dr. Abu Nazar N

Title: "Comparison of Pre-recorded Video Classes vs Traditional Lectures for Teaching Radiology to Dental Undergraduate Students"

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Introduction

Lectures, one of the oldest methods of teaching based on the philosophy of idealism, are considered as the basic foundation of learning. Other types of lectures include illustrated talk, briefing, formal speech and teaching lectures. A lecture refers to the process of explaining topics to the students, during which the teachers are more actively involved while students are passive participants.

In a scheduled lecture class, the students need to visualise the concept and interpret the content within a limited time window. Most often, the potential of the entire class of students are not taken into consideration. The students who are academically weaker tend to lose interest in the subject, and may distract others eventually ending up in a no man's land, even after the arduous efforts of the instructor.

Another form of learning is didactic or self-learning, wherein knowledge is acquired without the guidance of experienced educators such as teachers and professors, or attending

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A survey of commonly used impression materials and techniques for fixed partial denture among dentists in Malabar region – Kerala: A cross sectional study

Niveditha S Prasad[1], Nivea T Francis[2], Anu M Paul[3], Athira Maheendran[4], Ayishathishan K[5], B Shebina[6]

[1]Assistant Professor, Department of Prosthodontics crown and bridge, KMCT Dental college, Manassery P O Mukkam, Kozhikode 673602
[2,3,4,5,6]Interns, KMCT Dental college, Manassery P O Mukkam, Kozhikode 673602.

Date of Submission: 28-03-2023 Date of Acceptance: 05-04-2023

ABSTRACT:

Introduction: There are multiple concepts and techniques in fixed prosthodontic practice and several studies have concluded that clinicians definitely deviate from the recommended clinical protocols. If this happens during treatment with fixed prosthesis, the quality of fixed prostheses is compromised which affects its longevity. Aim of this study was to evaluate the use of impression materials and techniques in fixed partial denture among dentists in Malabar region - Kerala. *Materials and Method:* A cross-sectional, questionnaire-based online survey was done amongst dentists in Malabar region - Kerala through Google forms. Data from the completed questionnaires were analysed using the SPSS version 22. All statistical analyses were carried out at a significance level of $P < 0.05$. *Out of 225 participants, 190 (84.4%) dentists always made diagnostic impression for fabrication of study cast. 102(45.3%) dentists used Addition silicone and 93(41.3%) used Alginate for final impression making. Most commonly used elastomeric impression technique was Putty Resin/Dual mix Technique (36%). Regarding retraction cord, 82.6% of dentists used Plain gingival retraction cord. Conclusion:* The study found that most of the responses on use of impression materials and techniques were significantly associated with the level of knowledge, proficiency and clinical experience.

KEYWORDS: Fixed prosthodontics, Impression materials, Impression techniques, Retraction cords, Alginate

I. INTRODUCTION:

Twentieth century witnessed remarkable changes with regard to human life expectancy worldwide, and the twenty first century is set to carry forward the gain in life expectancy further, both in the developing and developed world[1]. Various impression materials and techniques came into use since times earlier till today. All of them have some pros and cons and are suitable for specific conditions.

Most of the dental practitioners pay more attention to patient's flow, cost and treatment time and less focus towards the appropriate technique, material and armamentarium which are required for long- term success[2]. There are numerous technique described for making impression , including copper band technique , mono - phase technique , single step technique , or the double - step technique and several types of impression materials that can be used in fabricating prostheses which including alginate , condensation silicone , polysulfide , polyether and polyvinyl siloxane[3].

As Fixed Prosthodontic procedures are widely practiced for dental rehabilitation, it is very important to evaluate the details of basic steps in the field of fixed prosthodontics and the way of practicing this important branch of dentistry. Therefore, knowledge of dental professionals regarding materials and techniques used is important for the successful outcome of dental treatment[4]. The ability to identify and analyze inaccurate impressions and to understand how to avoid them is key to successful treatment[5]. This study is a questionnaire-based survey to assess and know the impression materials and techniques for fixed partial dentures that are being followed by the dentist in Malabar region.

II. MATERIALS AND METHODS:

This study was conducted among general dentist and specialist among dentists of Malabar region form 15/11/2022 to 15/01/2023. 225 dentists practicing in the Malabar region were selected for the study. Approval of Institutional Ethics Committee, KMCT Dental College, Mukkam, Calicut was obtained before starting the

PERCEIVED SOURCES OF STRESS AMONGST DENTAL STUDENTS IN DENTAL COLLEGE: A CROSS SECTIONAL STUDY

*Abhishek S Nair, *Aparna PM, **Dr.Arun Paul, ***Dr.Dhanya Muralidharan, *Namitha Padmakumar, *Reshma Prasad, *Aysha Suha MN

Abstract

Background: Stress is believed to cause detrimental effects on academic performance of students. Identification of the sources of stress is important in dental education program, as it gives opportunity to takevarious measures to prevent stress in the dental school environment. The rationale of the present study was to identify the various sources ofstress among dental school students in a private dental institution in Kerala, India. **Materials and Methods:** A questionnaire based crosssectional study was conducted among final year students and interns of the dental college. Questionnaire used in the study comprised themodified version of Dental Environmental Stressquestionnaire. A four pointlikert scale was used to record the responsesfrom the subjects. A total of 150 subjects participated in the study. Statistical analysis was done using SPSS package version 20.**Results:** Among the participants, 24.6% (37) were males and 75.4% (113) were females. Major stress factor was academic related (p=0.04), lack of confidence in clinical decision making (p=0.006) and insecurity regarding dental career (p=0.03). Mean stress scores were high for academic related 3.5±1.0, followed by career related 2.9±1.0 questions. **Conclusion:** It is evident that dental studentsencounter high levels of stress. Present study identified that the major stressors were academic related and career relatedrather than personal issues. Our study also focuses the importance of stress management programs to minimize the impact of stress on both academic and personal lives of the students.

Key Words: Dental students, stress, academic, interns

Corresponding Author: Dr. Arun Paul

**Intern, **Reader, ***Professor & Head,. Dept. of Public Health Dentistry, KMCT Dental College, Manassery, Kozhikode 673602*

Introduction

The term stress describes external demands (physical or mental) on an individual's physical and psychological well-being. It is normal for everybody to experience stress to some extent, but too much stress may be harmful. Attending a school, college or university is a rewarding experience but it is also a time of considerable anxiety and stress for students. Students are subjected to different kinds of experiences which makes them vulnerable to undergo a lot of stress.[1]

Stress in dental students may be multi-factorial, arising from both the academic and socio-cultural environment, and

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Manassery

REF NO:KMCT/DC/2023/26

Date 24/04/2023

CIRCULAR

It has been decided to conduct an Orientation Programme on Internship Research for all the interns on 26/04/2023 at 11 am to 1 pm lecture hall 4, seventh floor. All interns are instructed to attend the programme without fail. All departments are instructed to schedule patient appointments accordingly.

PRINCIPAL

Copy to

1. Director
2. All HODs
3. IQAC
4. Notice Board

Manassery, Mukkam

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Accredited by NAAC with A+ Grade
Approved Research Centre of RGUHS

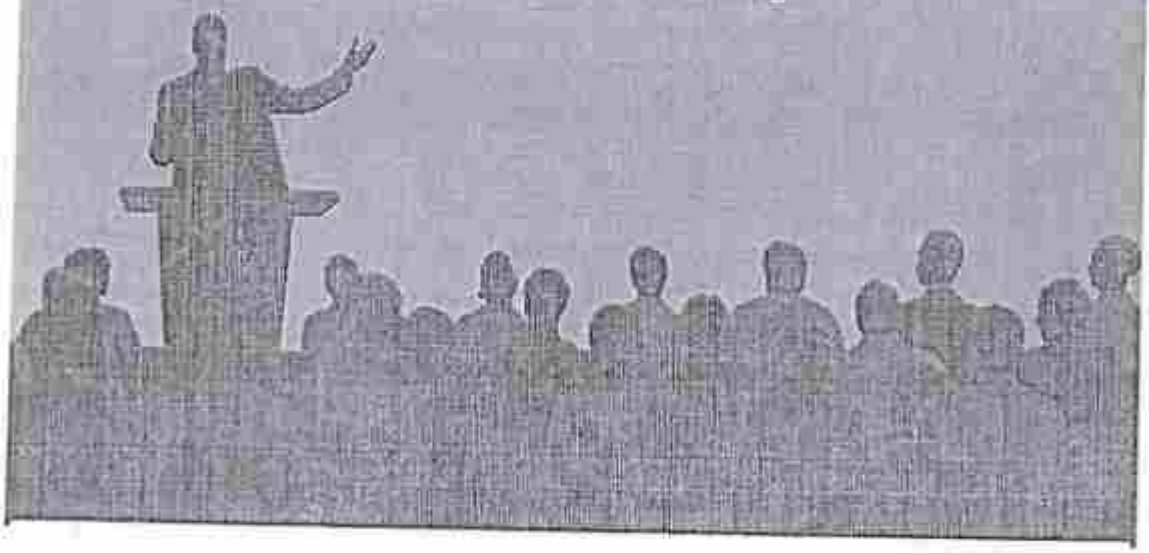
ORIENTATION PROGRAMME ON

INTERNSHIP RESEARCH

26th April 2023 | 11 AM

Venue : Lecture Hall 4, KMCT Dental College

Organized by IQAC & Research and Collaboration Committee, KMCT Dental College

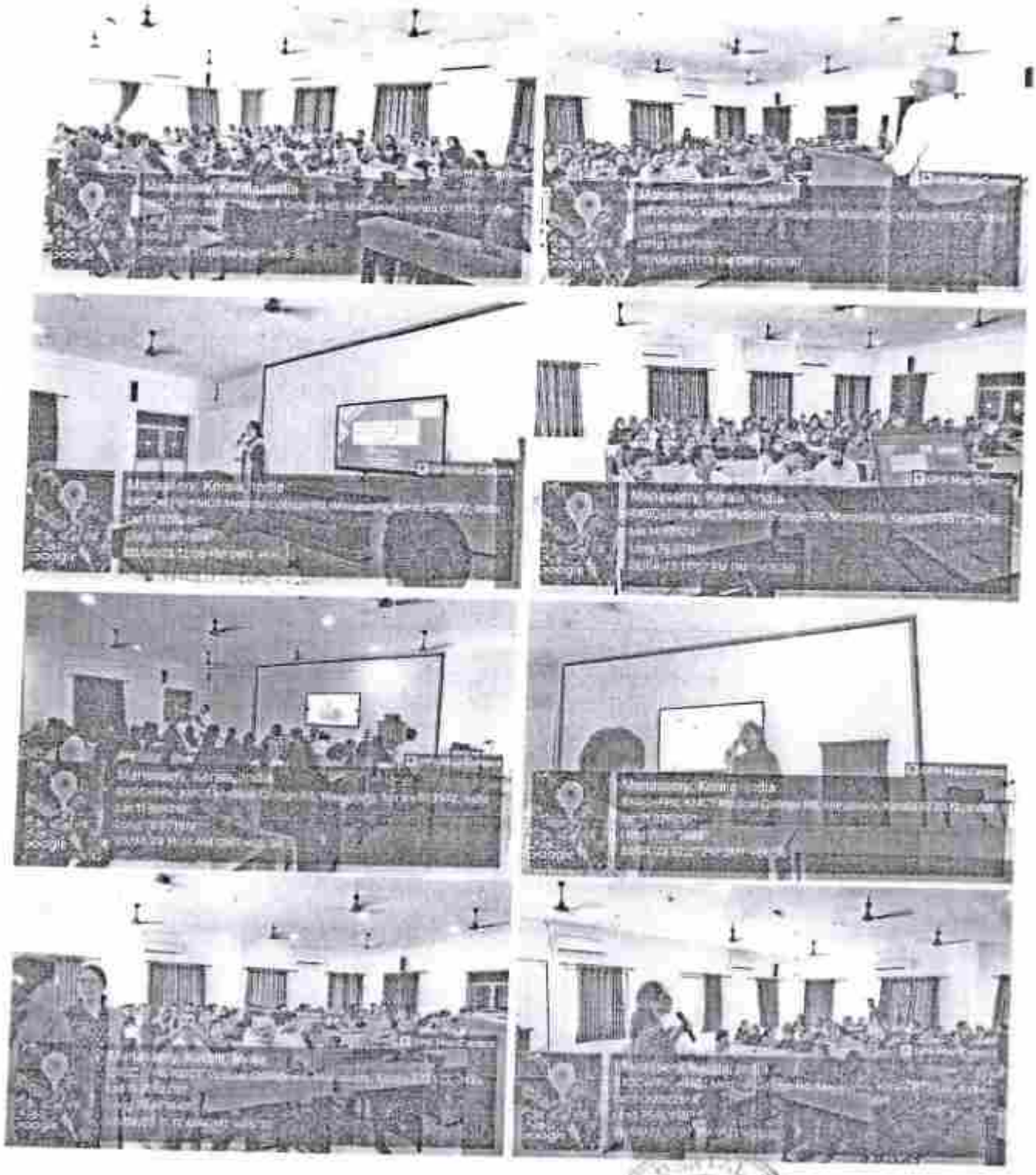


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ORIENTATION PROGRAMME ON INTERNSHIP RESEARCH

An Orientation program on Internship Research was organised by IQAC and Research & Collaboration committee, KMCT Dental College on 26th April 2023 at 11AM at Lecture Hall 4, KMCT Dental college for training the Mentors, and Interns to do Research activities in the present academic year. The session was inaugurated by Dr. Manoj Kumar KP (Principal, KMCT Dental College).Welcome address was delivered by Dr.Nicholas Mathew (Reader,Department of Prosthodontics)

Dr. Manoj Vengal (Professor & Head, Department of Oral Medicine & Radiology) delivered a lecture on the topic "How to conduct a Research" and Dr. Dhanya Muralidharan (Professor & Head Department of Public Health Dentistry) took a lecture on the topic "Guidelines for Undergraduate and Internship Research Programs". A total of 90 participants including teaching faculty, interns and Under graduate students attended the orientation program. Vote of thanks was delivered by Dr.Vrinda AS (Intern).The session was concluded by 1PM.

Principal

Dr. MANOJ KUMAR K P
Principal
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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

The Department of Public Health Dentistry had integrated Project Based Learning among the final year students of the year 2022 – 2023 to enhance interest and for a better understanding of the topic.

A total of 81 students were grouped into five and were assigned a mentor for guidance. The students were allotted topics based on their interest and had regular discussions with their concerned mentor in charge regarding the poster presentation and designing.

The Department of Public Health Dentistry hosted a health education poster competition among the final year students. The program started through a welcome note addressed by Dr. Dhanya Muralidharan, Head and Professor of Public Health Dentistry. Four students were permitted for presenting a poster within 8+2 minutes (presentation + discussion). At the end of each presentation, the students were questioned on their respective poster topics. The winners of the poster competition were announced by Dr. Arun Paul, Associate Professor, Department of Public Health Dentistry followed by a vote of thanks.

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

HEALTH EDUCATION POSTER ALLOTTMENT

SL NO	STUDENT NAME	REG NO	TITLE
1	ABIRAMI C K	180020409	MODERN TECHNIQUES IN PREVENTIVE DENTISTRY
2	AKHIL N K	180020413	
3	AKHIL THOMAS	180020414	
4	ALFIYA K S	180020415	
5	ALIYA C N K	180020417	
6	AMANA KATHOON	180020418	
7	AMNA SHERIN M A	180020419	
8	ANJANA SATHEESH	180020422	
9	APARNA VINOD	180020427	
10	ARYALAXMI B	180020429	
11	ATHUL P S	180020436	
12	CHANDANA P V	180020439	
13	C S SWATHI PRAKASH	180020440	
14	FARAH MOHAMED KATHIYASSAM VEED	180020443	
15	FARHANA SHIAZ	180020444	DENTAL FLUOROSIS
16	FATHIMA AMAL	180020445	
17	FATHIMA FARISHA	180020447	
18	FATHIMATHU JISHANA	180020449	
19	GOPIKA S UNNI	180020452	
20	GOUTHAM KRISHNAN N K	180020453	
21	HAMID HUSSAIN	180020455	
22	HARSHA BABU	180020456	

23	HIBA K	180020458	
24	HIBA P	180020459	
25	JAHZA NAUH RAHMAN	180020462	
26	JEENA RAJAN	180020463	
27	JERRYMOL JAYAN	180020464	
28	KADEEJA	180020465	
29	LEKSHMI S	180020467	
30	MARIYA SALOMY ROY	180020471	
31	MOHAMMAD AFNAN	180020472	PIT AND FISSURE SEALANTS
32	NASNA	180020475	
33	NAVANEETH P M	180020477	
34	NOUFIYA N N	180020479	
35	NOVA SAJEEVAN T	180020480	
36	POOJA NARAYANAN	180020481	
37	PRASODHA C B	180020483	
38	PRAVEENA K	180020484	
39	RAMSHIDA K P	180020486	
40	RAMZIYA	180020487	
41	RAMZIYA M	180020488	
42	RICHU JOJI	180020493	
43	SAJENA P V	180020494	
44	SHANIBA SHERIN	180020499	
45	SILPA P	180020500	
46	ALINA ABDUL SALAM	180020416	
47	ANJALY BIJOY P	180020421	
48	ANJITHA D	180020423	
49	ANUMOL JOSE	180020424	

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50	ANUSREE L	180020425	DEFLUORIDATION – NALGONDA TECHNIQUE
51	APARNA HARI	180020426	
52	ARSHINA V K	180020428	
53	ASHIKA V P	180020430	
54	ASHITHA RAJAN	180020431	
55	ATHIRA MURALI V K	180020434	
56	ATHIRA R	180020435	
57	AYSHA RAFAH C K	180020437	
58	FATHIMA DILNA M P	180020446	
59	FATHIMATH SAHADIYYA K	180020448	
60	GOPIKA S	180020451	
61	HAMIDA C P	180020454	
62	HIBASHERIN P	180020460	
63	HUSNA REHMAN	180020461	
64	LIYAGRACE A V	180020468	TOBACCO CESSATION AND HEALTH BENEFITS
65	MANEESHA N MANOHARAN	180020469	
66	MUHAMMED SABAH	180020473	
67	NAHALA SHERIN K P	180020474	
68	NASNI NASAR	180020476	
69	NINSHIDHA	180020478	
70	RAMESH T T	180020485	
71	RASHIDA NASSAR	180020489	
72	RASMIYA K K	180020490	
73	SALHA K	180020495	
74	SALMAN FARIS	180020496	
75	SAMYUKTHA VIJAYANAND	180020497	
76	VINEETHA JAMES	180020505	

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77	JWALNARAJ A	160021003	
78	MANISHA E	160021007	
79	SANA SHERIN	150021453	
80	SANIDA D S	130021129	
81	BHAGYA M	180020438	

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POSTER COMPETITION WINNERS



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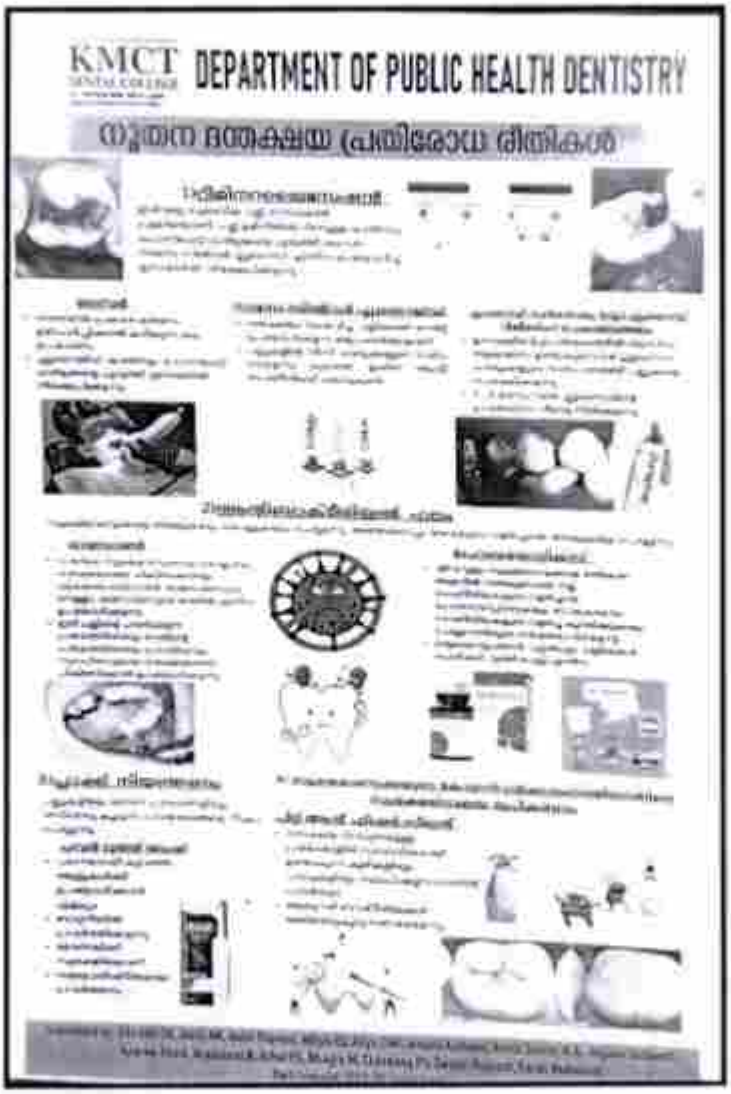
POSTER COMPETITION WINNERS



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POSTERS PRESENTED



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POSTERS PRESENTED

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

PIT AND FISSURE SEALANTS

A fissure sealant is a material applied to occlusal surface of teeth in order to obliterate the occlusal fissures and remove the sheltered environment in which caries may thrive (Gordan 1982)



INDICATIONS:

- Presence of deep occlusal pit and fissure on newly erupted teeth.
- Presence of incipient lesions in the pit and fissure
- Children and young people with medical, physical or intellectual impairment with high caries risk

CONTRAINDICATIONS:

- Shallow pits and fissure
- Open occlusal carious lesion with extension into dentin
- Partially erupted tooth where isolation is a problem
- Presence of proximal caries extending onto occlusal surface

1. Prophylaxis and polishing of the tooth surface. Isolate and dry the tooth surface
2. Acid etching with phosphoric acid for 30-60 seconds
3. Rinse and dry the tooth surface until characteristic chalky white enamel frosty appearance
4. Apply bonding agent (increases bond strength, reduces microleakage)
5. Sealant placement and polymerize. Check occlusion
6. Follow up/ Recall and repair

Submitted by: Mohammed Afnan, Nasna, Navaneeth P.M, Noufiya N.N, Nova Sajeevan T, Pooja Narayanan, Prasobha C.B, Praveena K, Ramshida K.P, Ramziya, Ramziya M, Richa Joji, Sajana P.V, Shamiba Sherin, Silpa P

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POSTERS PRESENTED

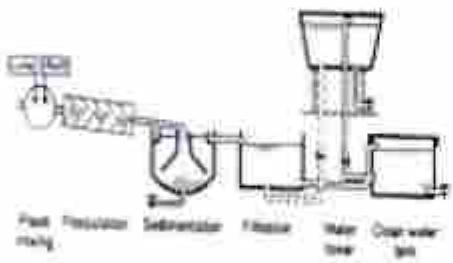
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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

DEFLOURIDATION

Deflouridation is the process of removing excess naturally occuring flouride from drinking water in order to reduce the prevelence and severity of dental flourosis. The process comprises addition of sodium aluminate, lime and bleaching powder to fluoride water followed by flocculation , sedimentation and filtration.

Five established deflouridation methods:
1.Bone charcoal
2.contact precipitation
3.Activated alumina
4.clay
5.Nalgonda technique

MECHANISM OF NALGONDA TECHNIQUE



NALGONDA TECHNIQUE

Developed by National Environmental Engineering Research Institute (NEERI) at Nagpur.

Mechanism:
' Unit holds 2.2 litres of water
1.RAPID MIX : Coagulant rapidly and uniformly dispersed throughout for 30 to 60 sec with speed of 10- 20 rpm.Formation of microflocs
2. FLOCCULATION : Second stage of formation of flocs by mixing for 10- 15 min with speed of 2 to 4rpm.
3.SEDIMENTATION : Separation from water of suspended particles
4.FILTRATION : Separating suspended and colloidal impurities through a porous media. The water then allowed to settle. The treated water will be then available for drinking and cooking.

INDICATIONS

'Raw water fluoride ranging from 1.5 mg - 20mg F/L
' Total dissolved solid are below 1500 mg/L
'Absence of acceptable, alternate low fluoride source within transportable distance

SALIENT FEATURES:

'Adaptable for domestic use.
' simplicity of design.
' No handling of caustic acid and alkalies.
' Effective even when dissolved solids are above 1500mg/L and hardness above 600mg/L.
' Little wastage of water.
'No regeneration of media
'Highly efficient removal of fluoride

Submitted By: Alina,Anjali, Anamol, Ansaras, Aparna, Arshina, Ashika, Ashitha, Athira, Athira R, Anjitha D [illegible],Ayisha Rafa, Fathima Dilna, Fathimath Dahaniya, Gopika, Hiba, Hasna,(Final Year Part 1 , 2022-2023)

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ROLE PLAY

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LIST OF COURSES USING ROLE PLAY

- **Oral Medicine and radiology**
- **Oral and maxillofacial surgery**
- **Pediatric and preventive Dentistry**
- **Orthodontics and Dentofacial orthopedics**
- **Periodontology**
- **Conservative and Endodontics**
- **Oral pathology and microbiology**
- **Prosthodontics crown and bridge**
- **Public Health Dentistry**

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

ROLE PLAY

As a part of student centered teaching and to improve the participation of students in teaching and learning,a role play was performed on the topic "Awarness on oral hygeine" at Loveshore instituite for mentally handicapped at pannicode, Mukkam on November 14th 2022 as a part of children's week celebrations of KMCT Dental College under the guidance Dr.Asif Ismail(Reader,Dept of paediatric & preventive dentistry) . The roleplay emphasised on the importance of brushing,flossing and diet restrictions on oral health. Postgraduates and interns enacted the roleplay. Students feedback was taken and found that the method was very useful.

Script:

Characters:

1. Dr. Shamna- Enthusiastic dentist
2. Alisha- A curious kid
3. Aishwarya- Alisha's mother

Scene 1: Dr. Shamna's Dental Clinic

Dr. Shamna: (enthusiastically) Welcome to Dr. Shamna's Dental Clinic! Today, we're going to learn about the importance of dental care.

Scene 2: Alisha and Aishwarya in the waiting area

Alisha: (whispering to Aishwarya) I heard going to the dentist is scary.

Aishwarya: (smiling) Don't worry, Alisha. Dr. Shamna is nice. Let's find out together.

Scene 3: Dr. Shamna's Dental Check-up

Dr. Shamna: (examining Alisha's teeth) Taking care of our teeth is like keeping a treasure safe. We brush, floss, and visit the dentist regularly.

Scene 4: Discussion about Toothbrush and Toothpaste

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Dr. Shamna: (holding a giant toothbrush) This is our magical toothbrush! We use it to clean every tooth and remove the sugar bugs.

Alisha: Sugar bugs?

Dr. Shamna: (nodding) Yes, the tiny creatures that love to eat sugary snacks and cause cavities.

Scene 5: Demonstration of Proper Brushing

Dr. Shamna: (demonstrating) Remember to brush in circular motions for at least two minutes. And don't forget your tongue!

Scene 6: Importance of Flossing

Dr. Shamna: (holding dental floss) Flossing is like a superhero mission. It reaches between teeth where the toothbrush can't go.

Aishwarya: (excitedly) We can be dental superheroes!

Scene 7: Healthy Eating Habits

Dr. Shamna: (showing a plate of fruits and veggies) Eating crunchy fruits and vegetables helps keep our teeth strong. Say no to too many sugary snacks.

Scene 8: Conclusion

Dr. Shamna: So, Alisha and Aishwarya, taking care of our teeth is a team effort. Let's keep our smiles bright and healthy!

Alisha: (smiling) Thanks, Dr. Shamna! Dental care isn't scary; it's fun!

Aishwarya: (nodding) Let's be dental superheroes and protect our teeth!

End of skit.

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DEPT. OF PERIODONTICS

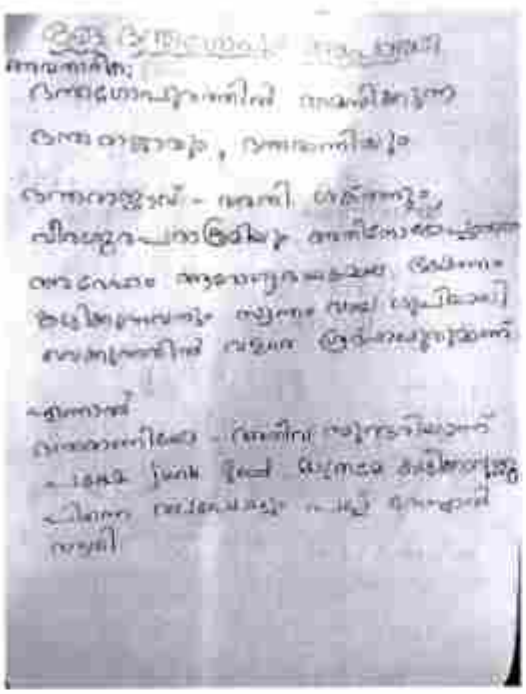
ROLE PLAY

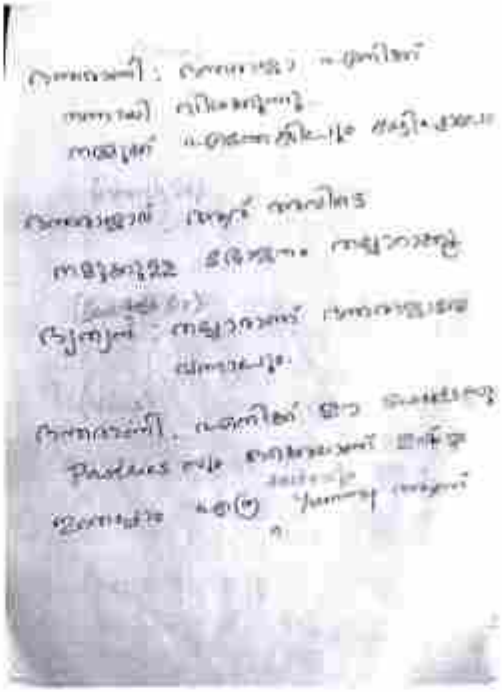
Role playing is a discussion technique that makes possible to get , maximum partcipation of a group, through acting out an example of some problem , or idea under discussion.

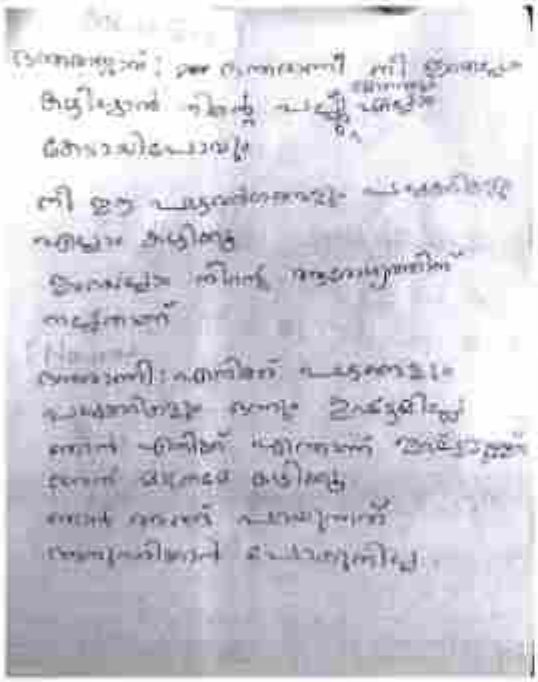
Role plays are frequently conducted in the department to make the concepts in periodontology deep rooted in the students.

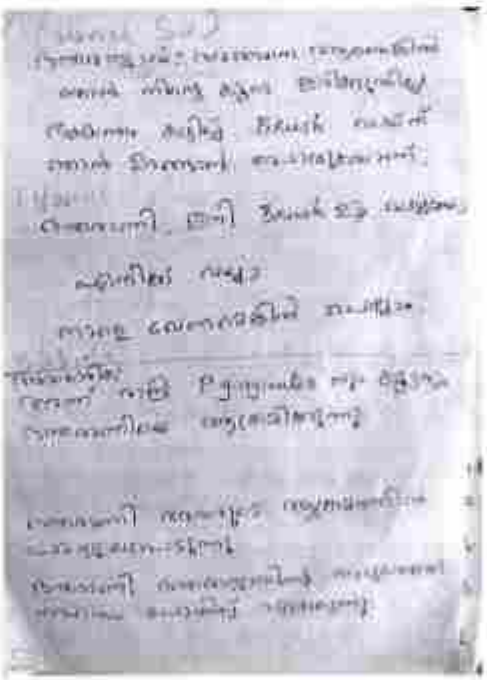
Role play about periodontal pathogens



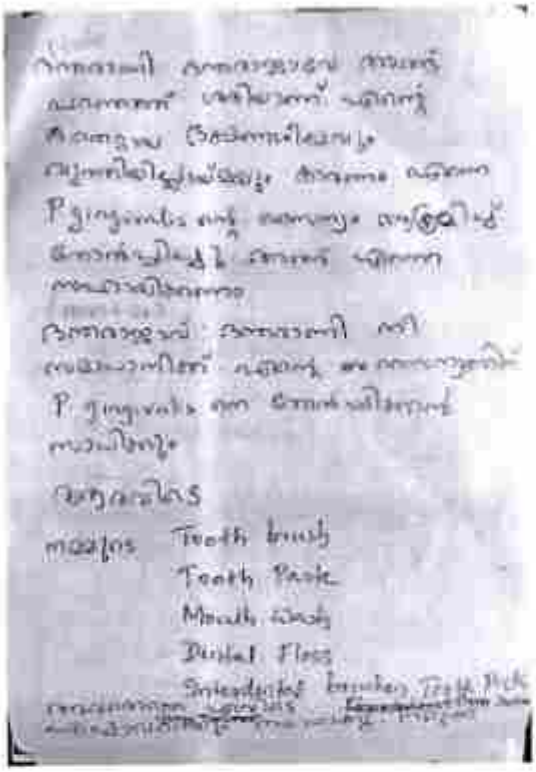


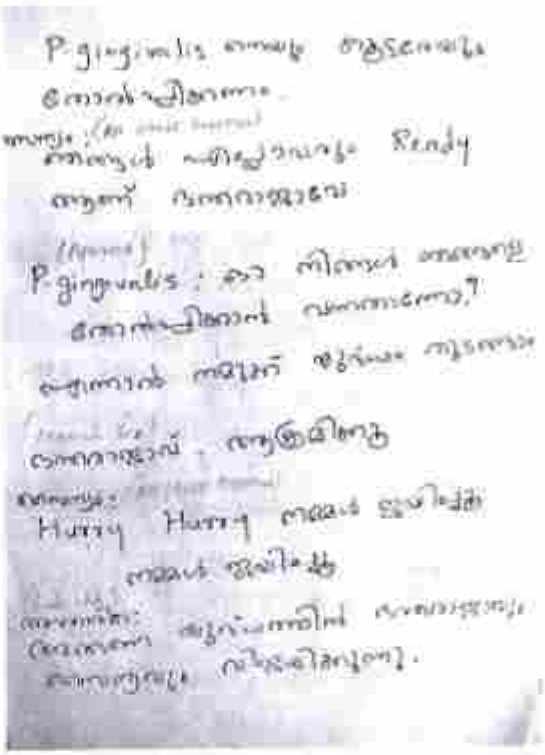




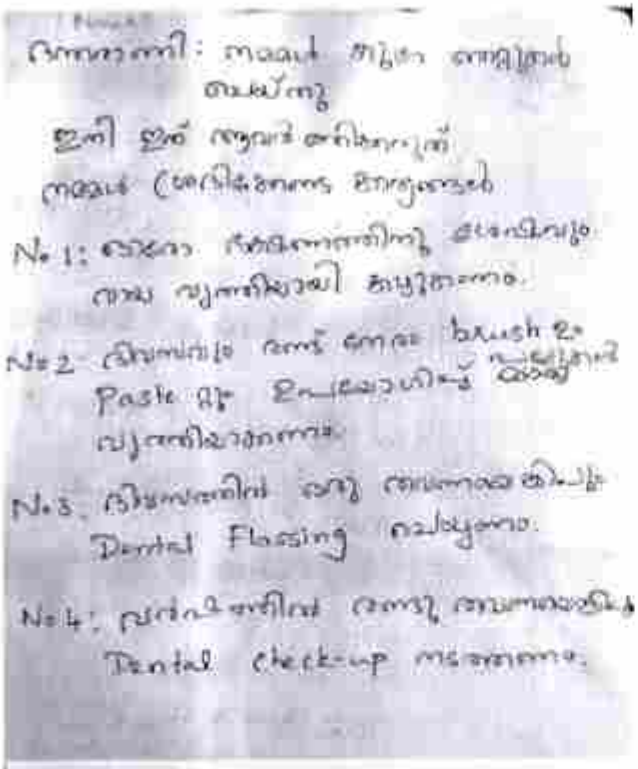


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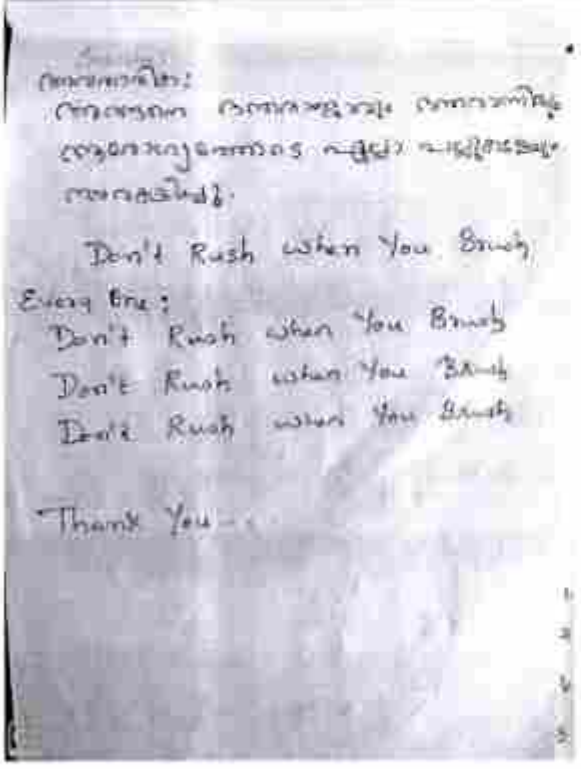
Namaskaram: Nammal oral hygiene ennathinte
pradhanyam
Ippol ithe nammal chithrangalilude
manasilakkan shramikkam

No 1: Oral hygiene nilanirthunnathinu dhinamum
randu neram nirbandhamayi brushum

No 2: Dhinamum randu neram brush cheyyumbol
Paste nte upayogathil nammal
shradhikkanam.

No 3: Dhinamum oru praavashyam
Dental Flossing cheyyanam.

No 4: Varshathil randu praavashyam
Dental check-up nadathanam.



Namaskaram:
Nammude nanmakkayi nammude
kuttikalkkum ee karyangal
manasilakkam.

Don't Rush when You Brush

Everyone:
Don't Rush when You Brush
Don't Rush when You Brush
Don't Rush when You Brush

Thank You...

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Enacting GTR concept



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World Gum Health Day
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DENTAL COLLEGE

REPORT

ROLEPLAY -1

Department Of Prosthodontics, Kmct Dental College Conducted A Roleplay On 12th September 2022 With The Theme:Residual ridge resorption

The Session Gave A Deep Insight Into The Theme With 25 Final Year Students.It Included Detailed Description Followed Roleplay With The Prepared Script. The Event Was Concluded With The Summary And Description Of The Faculty.



Residual Ridge Resrption

Dentist: Good afternoon! How are you doing today?

Patient: Hi, I'm doing okay, thank you. I've been experiencing some issues with my dentures, and I wanted to discuss them with you.

Dentist: Of course, I'm here to help. Tell me more about the issues you've been facing.

Patient: Well, my dentures don't seem to fit as well as they used to. They're a bit loose, and it's becoming uncomfortable when I eat. I'm also noticing some changes in the shape of my jawbone.

Dentist: I see. It sounds like you might be experiencing a phenomenon known as residual ridge resorption. This occurs when the bone that once supported your natural teeth gradually diminishes over time.

Patient: Residual ridge resorption? What does that mean?

Dentist: The term refers to the loss of bone in the jaw that can occur after the removal of teeth. When natural teeth are present, they stimulate the surrounding bone through activities like chewing. However, once teeth are removed, this stimulation diminishes, leading to a gradual loss of bone volume and density in the jaw.

Patient: So, how does this affect my dentures?

Dentist: Residual ridge resorption can result in changes to the shape of your jawbone, causing your dentures to become loose and ill-fitting. As the bone diminishes, it alters the support structure for your dentures. This can lead to difficulties in chewing, discomfort, and a less stable fit.

Patient: That makes serise. Is there anything that can be done to address this issue?

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Dentist: Yes, there are options to improve the fit of your dentures. One common approach is to reline the dentures. This involves adding a new layer of material to the base of the denture, adjusting its fit to the changing contours of your jaw. In more severe cases, we might need to consider implant-supported dentures to provide better stability.

Patient: Thank you for explaining all of this. I appreciate your help in addressing my denture concerns.

Dentist: You're welcome! It's essential to keep an eye on changes in the fit of your dentures and address them promptly. If you have any further questions or would like to explore specific options, feel free to ask. We're here to find the best solution for your oral health and comfort.

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KMCT
DENTAL COLLEGE

REPORT

ROLEPLAY -2

Department Of Prosthodontics, Kmct Dental College Conducted A Roleplay On 15th June 2023 With The Theme:Resin bonded Fpd.

The Session Gave A Deep Insight Into The Theme With 25 Final Year Students.It Included Detailed Description Followed Roleplay With The Prepared Script. The Event Was Concluded With The Summary And Description Of The Faculty.

RESIN BONDED FPD

Prosthodontist: Good afternoon! How can I assist you today?

Patient: Hi there! I've been exploring options for replacing a missing tooth, and I've heard about resin-bonded fixed partial dentures (FPD). Could you tell me more about them?

Prosthodontist: Certainly! Resin-bonded FPDs, also known as Maryland bridges, are a conservative and aesthetically pleasing option for replacing a missing tooth. Instead of crowns or caps on the adjacent teeth, we use a metal or porcelain framework bonded to the back of the adjacent teeth, and the artificial tooth is attached to this framework.

Patient: That sounds interesting. How is the procedure for getting a resin-bonded FPD?

Prosthodontist:: First, we'll conduct a thorough examination to ensure that you're a suitable candidate for a resin-bonded FPD. We'll check the health of the adjacent teeth and the overall condition of your oral tissues. If everything looks good, we'll proceed with preparing the adjacent teeth by removing a minimal amount of enamel.

Patient: What happens next?

Prosthodontist: The dental laboratory will use the impressions to fabricate a custom resin-bonded FPD that matches the color and shape of your natural teeth. Once it's ready, we'll schedule an appointment for the bonding procedure.

Patient: How long does the entire process usually take?

Prosthodontist: The entire process, from preparation to bonding, usually takes a couple of weeks. It's a quicker and less invasive option compared to traditional bridges or implants.

Patient: That sounds like a reasonable option. How do I take care of a resin-bonded FPD?

Prosthodontist:: Maintenance is quite straightforward. You'll need to practice good oral hygiene, including regular brushing and flossing. Also, it's essential to attend regular check-ups so we can monitor the condition of the resin-bonded FPD and make any necessary adjustments.

Patient: Thank you for explaining everything. I appreciate it.

Prosthodontist:: You're welcome.

RESIN BONDED FPD



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DENTAL COLLEGE

REPORT

ROLEPLAY -3

Department Of Prosthodontics, Kmct Dental College Conducted A Roleplay On 15th November 2023 With The Theme Parts of FPD.

The Session Gave A Deep Insight Into The Theme With 25 Final Year Students.It Included Detailed Description Followed Roleplay With The Prepared Script. The Event Was Concluded With The Summary And Description Of The Faculty.

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Dentist: Good afternoon! How can I help you today?

Patient: Hi! I've been considering options for replacing my missing teeth, and I've heard about fixed partial dentures (FPD). I was hoping you could tell me more about the different parts involved.

Dentist: Absolutely, I'd be happy to explain. Fixed partial Dentures are a great solution for replacing missing teeth. Let me break down the main components for you. First, we have the "pontic."

Patient: Pontic? What's that?

Dentist: The pontic is the artificial tooth or teeth that replace the missing natural teeth. It's designed to match the shape, size, and color of your natural teeth to give you a seamless smile.

Patient: Got it. And what about the adjacent teeth?

Dentist: That brings us to the next component – the "abutment teeth." These are the healthy teeth on either side of the gap where the pontic will be placed. The abutment teeth support the bridge and play a crucial role in providing stability.

Patient: So, the abutment teeth need some preparation?

Dentist: Yes, that's correct. Before placing the FPD, we prepare the abutment teeth by removing a small amount of enamel. This allows us to create space for the crowns that will cover and support the pontic.

Patient: Crowns? Are they the same as the pontic?

Dentist: No, crowns are different. The crowns, also known as "retainers," are placed on the prepared abutment teeth. These crowns serve as anchors for the pontic, holding it securely in place.

Patient: I see. So, we have the pontic in the middle and the crowns on the sides.

Dentist: Exactly. Now, the last component is the "connector." The connector is the part of the FPD that connects the pontic to the crowns or abutment teeth. It can be rigid or non-rigid, and the choice depends on factors like the location of the missing teeth and the forces applied during biting and chewing.

Patient: That makes sense. So, all these parts work together to form a fixed partial denture.

Dentist: Absolutely! The goal is to create a restoration that not only looks natural but also functions seamlessly. If you're considering an FPD, we'll carefully assess your oral health to determine the best approach and ensure a comfortable and durable solution.

Patient: Thank you for explaining all of that. It helps me understand the process better.

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ROLE PLAY

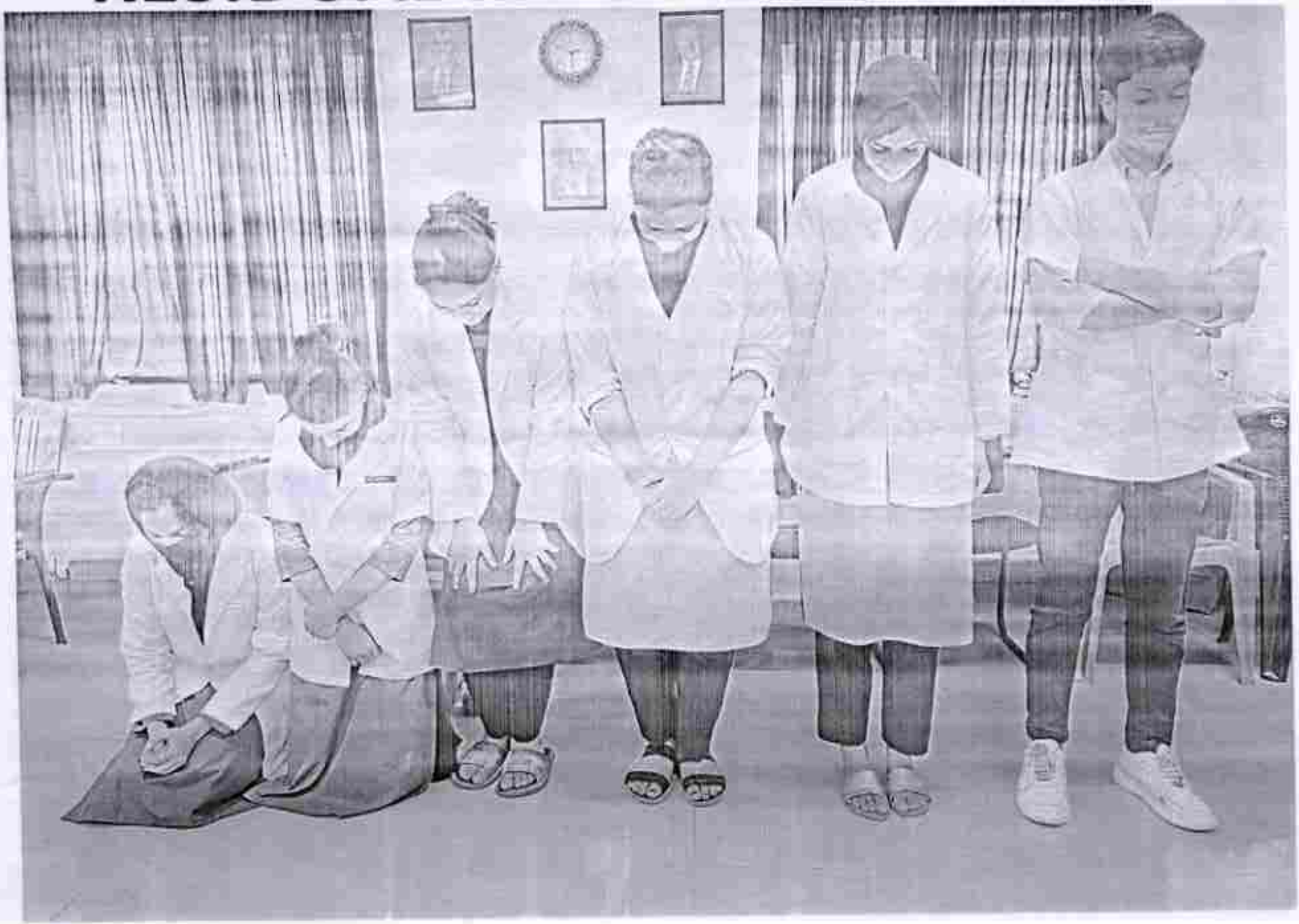
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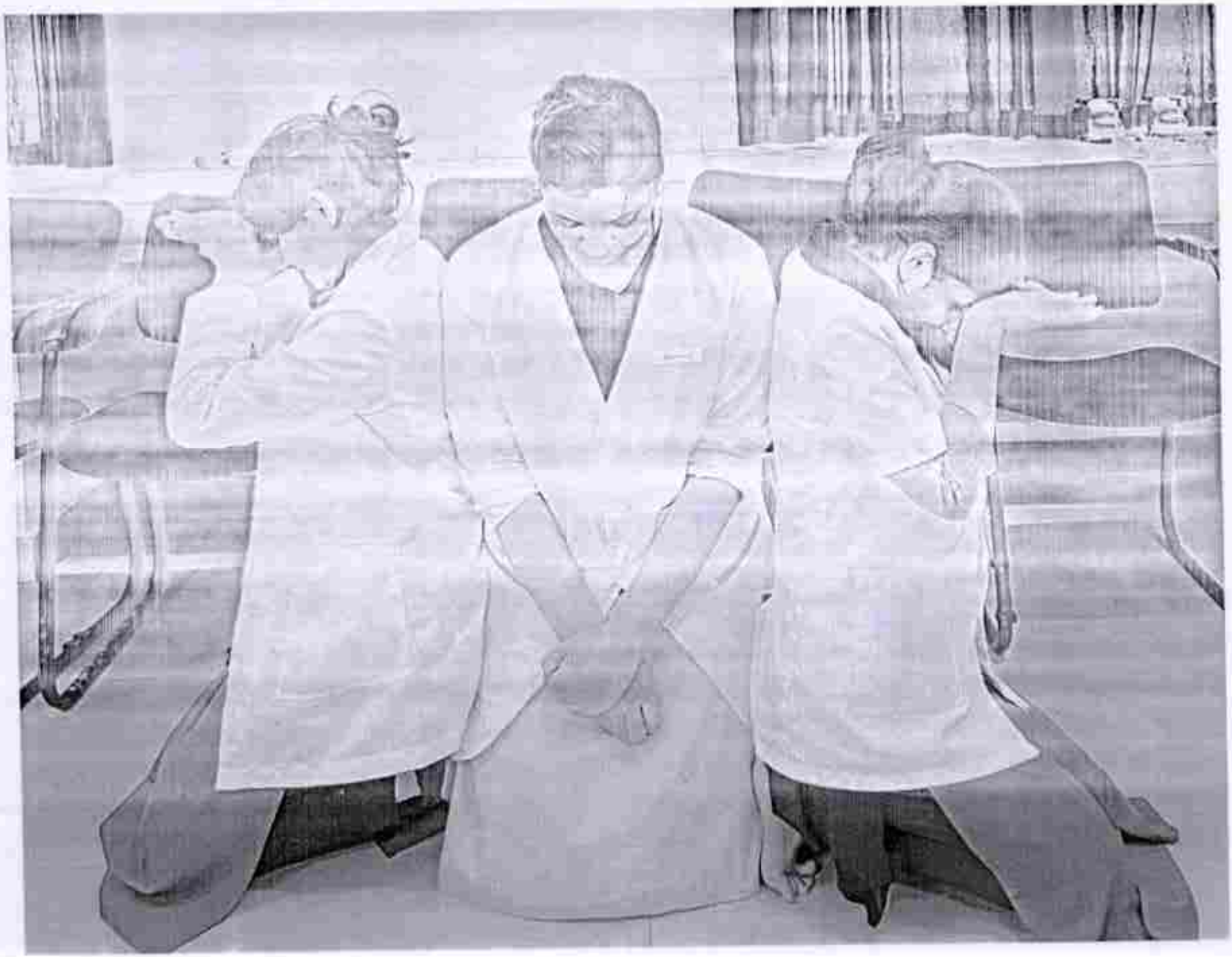
Enacting Osseointegration Concept

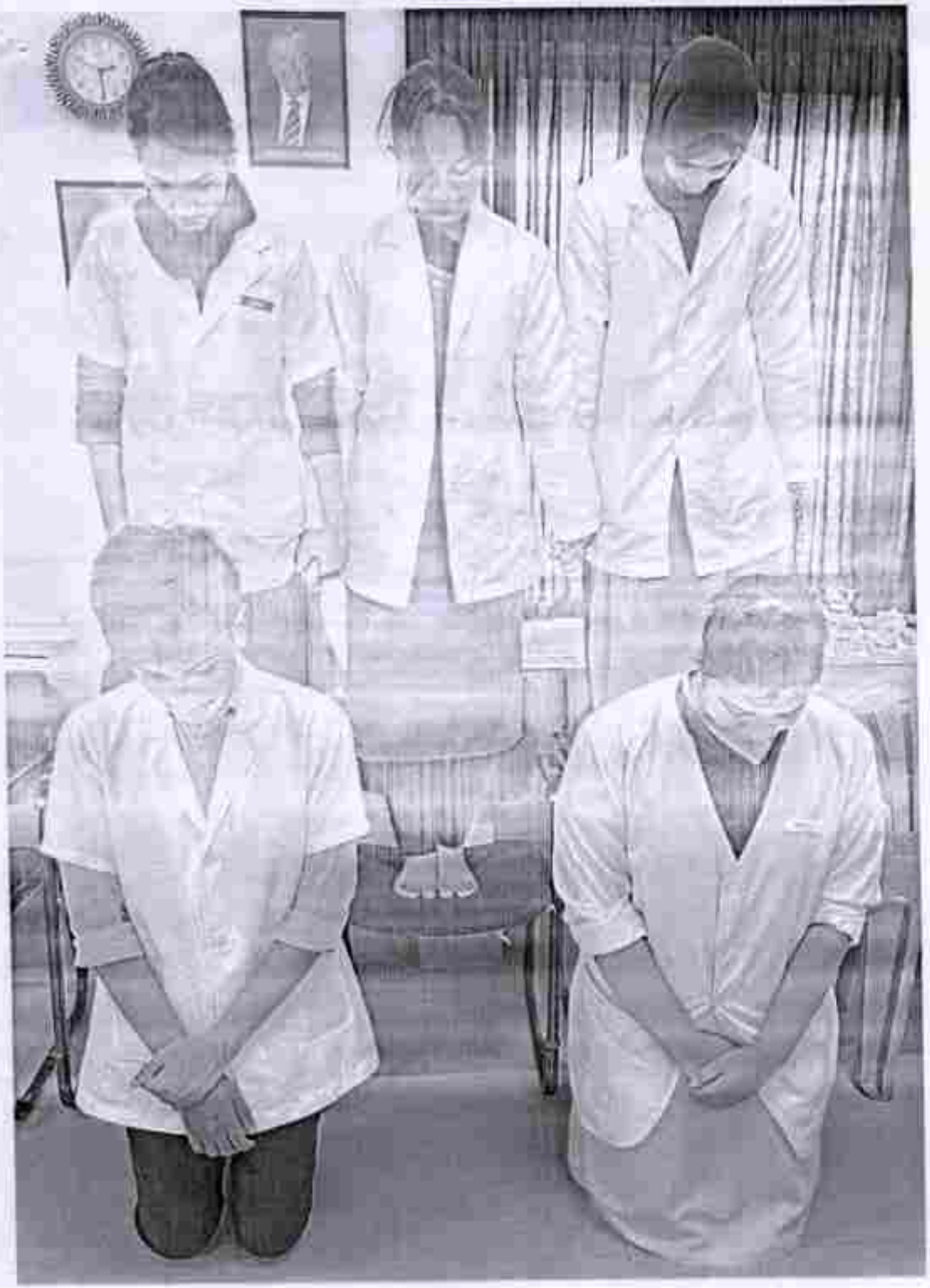


RESIDUAL RIDGE RESORPTION



RESIN BONDED FPD





PARTS OF FPD



PARTS OF FPD

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DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

ROLE PLAY

Role playing is a discussion technique that makes possible to get ,maximum partcipation of a group , through acting out an example of some problem ,or idea under discussion.As a part of student centered teaching and to improve the participation of students in teaching and learning a role play was conducted in Department of Conservative Dentistry and Endodontics on the concept of Polymeriastion Shrinkage and Case History taking and the final year students enacted the role play .Students feedback was taken and found that the method was very useful.

Polymerisation Shrinkage Concept Role-play



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Case History Taking Role-play



Role playing encourages the use of critical thinking because it involves individual analysing and problem solving, therefore role-play boosts cognitive learning & confidence building



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DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

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Role playing is a discussion technique that makes possible to get, maximum partipation of a group, through acting out an example of some problem, or idea under discussion. Role play exercises give students the opportunity to assume the role of a person or act out a given situation.

LIST OF ROLE PLAYS

A.MANAGEMENT OF MEDICAL EMERGENCIES

1. SYNCOPE
2. HYPERVENTILTION
3. CARDIAC ARREST

1.SYNCOPE







2. HYPERVENTILATION







3.CARDIAC ARREST

