

RAHBAR COLLEGE
OF DENTISTRY

Rahbar College of Dentistry, Lahore

PRINCIPAL
PROF. DR. MUHAMMAD NASIR SALEEM
RAHBAR COLLEGE OF DENTISTRY

Prof. Dr. Muhammad Nasir Saleem
BDS (Hons), FCPS, MSc, ICMT,
FDS RCPSG, PhD (Scholar),
Principal
HOD Operative Dentistry,
Rahbar College of Dentistry, Lahore

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To: Director Admin

No. 102/RCOD/P-40 dated 5 Aug 2024

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1. Introduction

Rahbar College of Dentistry in Lahore is accredited by the PMDC and authorized to accept provisionally registered BDS House Officers for their clinical rotations. Completing a 12-month clinical rotation is a requirement for BDS graduates to obtain full/permanent registration and receive a license to practice. This rotation enhances the professional development of dental graduates.

2. Induction Criteria

Eligibility Criteria

1. BDS Degree from a PM&DC recognized institution.

Documents Required

1. Application to the Principal RCoD for House Job in the institution
2. Updated CV
3. Performa on Judicial Paper of Rs. 20/- (Performa format is available on the college Website)
4. Copy of BDS Mark Sheets of all Professionals (Attested)
5. Copy of Transcripts (Attested)
6. PMDC Provisional Registration Certificate (Attested)
7. Two Passport size photographs white back ground (One photograph attested on back and one attested on front.)
8. CNIC Copy (Attested)

General rules

1. The induction of House Officers is a biannual process, aligned with the timeline of final professional examinations for BDS graduates at RCoD. The availability of mid-year induction slots depends on the continuation status of the House Jobs of regular candidates for that particular year.
2. 50 paid seats for RCoD graduates are available annually, in compliance with PMDC regulations.
3. Graduates of RCoD of the current batch will be preferred for regular entry, followed by old graduates of RCoD.
4. Vacancies for foreign graduates or graduates from institutions other than RCoD will depend on the availability of slots after the complete registration of RCoD graduates. Interested candidates must submit a physical application to RCoD along with a PKR 5000/- "Application Processing Fee." Applicants will be shortlisted based on merit criteria and interviewed, with the final selection being determined by their performance in the interview.

3. Professional Development Program

Portfolio

A House Officer shall maintain an e-portfolio (Annexure I) to record the professional activities and credentials, achieved during the one year duration.

Objectives:

The objectives of this one-year training program are to:

- Equip dental graduates with the skills to manage dental problems competently, skillfully, and empathetically.
- Encourage dental graduates to engage in self-directed learning and pursue continuing professional education.
- Prepare dental graduates to become effective and competent leaders in the dental profession.
- Foster critical thinking abilities in dental graduates to enable them to conduct research in clinical and basic sciences.

Learning Outcomes

A House Officer shall complete specific procedures of each dental specialty to achieve the required competency. (Annexure II)

Difficult procedures may be considered as observer or under supervision status. The House Officer shall maintain the record in portfolio, which will be officially approved by the respective Head of Department, at the completion of the specific clinical rotation.

A dental graduate needs to acquire the core competencies mentioned in Section 8.

RCoD has following facilities for clinical training of BDS House Officers with the given timelines.

Specialty	Duration
Comprehensive Care Dentistry	3 Months
Operative Dentistry and Endodontics	1.5 Months
Prosthodontics	1.5 Months
Periodontics	1.5 Months
Oral and Maxillofacial Surgery	1.5 Months
Orthodontics	1 Month
Oral Medicine and Radiology	1 Month
Pediatric Dentistry	1 Month

The distribution and rotation schedule of house officers per department is mentioned below

Total House Officers: 50

CCD 3 Months	OPERATIVE DENTISTRY 1.5 Months	OMFS 1.5 Months	PERIO 1.5 Months	PROSTHO 1.5 Months	PAEDS 1 Month	ORAL MEDICINE 1 Month	ORTHO 1 Month
A 12	B1 6	B2 6	C1 6	C2 7	D α 4	D β 4	D γ 5
					D β 4	D γ 5	D α 4
	B2 6	B1 6	C2 7	C1 6	D γ 5	D α 4	D β 4
B 12	C1 6	C2 7	D1 6	D2 7	A α 4	A β 4	A γ 4
					A β 4	A γ 4	A α 4
	C2 7	C1 6	D2 7	D1 6	A γ 4	A α 4	A β 4
C 13	D1 6	D2 7	A1 6	A2 6	B α 4	B β 4	B γ 4
					B β 4	B γ 4	B α 4
	D2 7	D1 6	A2 6	A1 6	B γ 4	B α 4	B β 4
D 13	A1 6	A2 6	B1 6	B2 6	C α 4	C β 4	C γ 5
					C β 4	C γ 5	C α 4
	A2 6	A1 6	B2 6	B1 6	C γ 5	C α 4	C β 4

Research Project

In addition to the clinical rotations, a BDS House Officer shall develop and conduct a research project. A House Officer is bound to attend a professional development program, comprising of taught sessions (lectures and interactive sessions) and hands on workshops as given below.

Workshops for House Officers of RCoD, Lahore

Title	Duration (hrs.)
Basic Life Support Skills- Hands on workshop	3
Cross infection control	3
E-portfolio Formulation- Hands on workshop	3
Management of Medical Emergencies- Hands on workshop	3
Dental Photography Skills- Hands on workshop	3
Treatment Planning-Interactive Session	3
Periodontal Assessment & Planning- Hands on workshop	3
Radiology-Hands on workshop	3
Composite Build-ups/Rubber Dam Application, Amalgam Class I & II Cavity Preparations- Hands on workshop	3
Anterior Porcelain fused to Metal Crown Preparation- Hands on workshop	3
Posterior Porcelain fused to Metal Crown Preparation- Hands on workshop	3
Evaluation of clinical skills- Hands on workshop	3

Taught Sessions for House Officers of RCoD, Lahore

Activity Title	Duration (Hrs.)
Orientation Day	1
Career counseling	4
Introduction to Research and ORCID	1
Research Proposal template	3
Identify US: A Facial Profiling System	1
Literature Review Search	1
Epidemiology	1
Entrepreneurship	1
Endnote exercise	3
Statistical Analysis	3
Descriptive Statistics- Hands on Workshop	3
Infrared Spectroscopy; Technique & Applications	1
Ethics in research	1
Degradation of resin dentine adhesion strength	3
Animal Research Lab Introduction and Tour	1
Photo functionalized Dental Implants: Post UVA and UVC Irradiation	1
Real Time Cancer Detection	1
Bracket Failure in Orthodontic Patients: The Incidence and the Influence of Different Factors	1

Effect of induced pulpal pressure on resin dentine adhesion	1
Global survey to assess preferences when attending virtual orthodontic Learning sessions: optimizing uptake from virtual lectures	1
Clinical Trial Registration	1
Critical appraisal exercises- Scientific writing	3
Communication skills	3
Work Ethics and Professionalism	3
Problem solving skills for health care professionals	3
Empathy in patient care	3
Team work	3
Leadership	3
Emotional intelligence	3
Time management	3
Conflict resolution	3

At the completion of the House Job, In-charge House Officers' program shall validate the portfolio for its subsequent approval by the Principal RCoD.

The display of scientific content/ clinical work on social media shall be subjected to ethical approval of the concerned supervisor.

House job certificate shall only be issued to the concerned House Officer after the submission of complete portfolio

Assessment Plan

Continuous formative assessment shall be a part of the one-year training program. During each clinical rotation, work-based assessment will be used and documented in portfolio. (Sample Annexure – III)

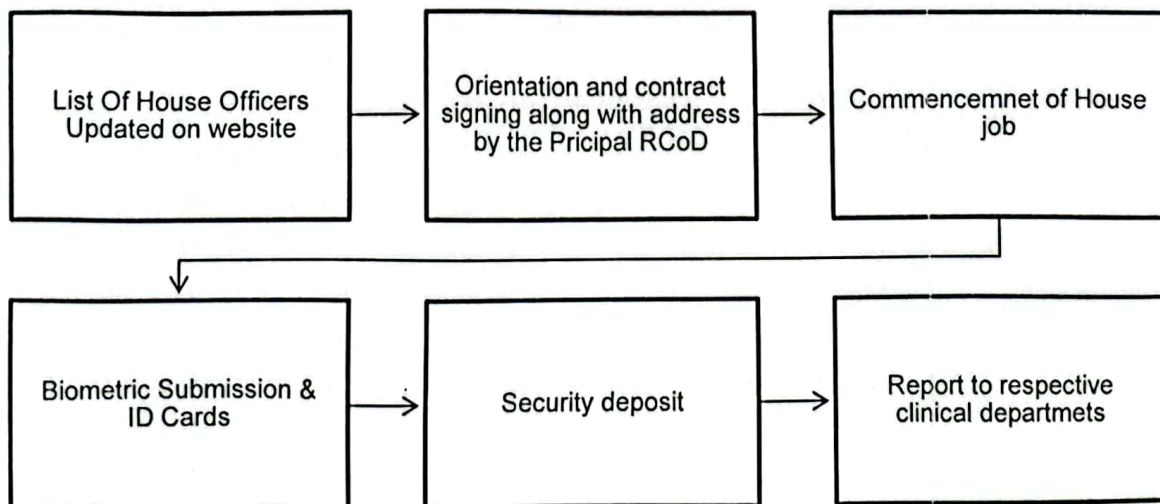
Program Evaluation

Regular feedback from House Officers, clinical supervisors, patients and clinical management will be used to evaluate hands on activities. (Annexure IV, V, VI and VII)

4. Joining Process:

1. The list of selected House Officers and the date for the commencement of the House job will be posted on the college website 15 days before the start of the House job.
2. On orientation day, RCoD will present a contract to the House Officer for signatures, which will be countersigned by the In-charge of the House Officers' Program and the Principal of RCoD.
3. During the orientation day ceremony, the Principal of RCoD and the In-charge of the House Officers' Program will formally introduce the incoming House Officers to the institutional rules and regulations.
4. At the commencement of the House Job, a House Officer will receive an institutional identity card upon submission of their biometric records to the college authorities. In case of loss, a fee of Rs.500 will be charged for reissuance.
5. Upon induction, a House Officer is required to deposit PKR 60,000 as security to RCoD, which will be refunded upon satisfactory completion of the House Job. The security deposit will be forfeited if the House Officer is terminated due to absence from duty.
6. The working hours for a House Officer will be from 08:00 am to 03:00 pm, Monday to Friday. Non-compliance with attendance or duty hours will result in disciplinary action.
7. House Officers will report to their respective departments according to the provided clinical rotation schedule.
8. One month's pay will be forfeited by RCoD if a House Officer is terminated due to absence from duty.

JOINING PROCESS



5. Rules and Regulations

1. According to the clinical rotation schedule, House Officers are permitted to begin clinical work under the close supervision of faculty members from the respective departments.
2. House Officers must adhere to cross-infection protocols in the clinics and display valid security cards issued by RCoD. Proper and modest attire is required for both male and female House Officers during duty hours.
3. Each House Officer must maintain a portfolio of their clinical activities and performance during the House Job (Annexure II). This portfolio must be approved by each clinical HOD and submitted to the Principal's office 10 days prior to the issuance of the House Job Certificate.
4. Attendance at the Professional Development Program for continuing dental education is mandatory for House Officers. The program includes sessions on research methodology, career counseling, clinical skill enhancement, improvement of generic competencies, and skill-based professional development. One day's salary will be deducted for three consecutive absences from professional development sessions.
5. House Officers are expected to conduct a research project under the supervision of a faculty member during their House Job, with the aim of publishing in an HEC-recognized indexed journal.
6. RCoD may involve House Officers in health-related community service and administrative activities as part of their Professional Development.
7. House Officers are responsible for the proper maintenance, functioning, and safety of the instruments and equipment they use. If found guilty of misuse, they may be charged for damages as estimated by the competent authority.
8. RCoD reserves the right to terminate a House Officer's contract at any time without notice on the following grounds:
 - a. Recommendation by the Principal RCoD based on performance.
 - b. Disciplinary issues, moral turpitude, irresponsible behavior, involvement in political activities, inefficiency, objectionable behavior, or misconduct.
9. Upon completion of the House Job or resignation, House Officers must submit a clearance certificate to the HR department within 30 days. Failure to do so will result in forfeiture of dues and non-issuance of an experience certificate/letter.
10. The House Job Certificate will be issued by RCoD to the House Officer after the submission of the portfolio detailing their performance and attendance, as well as a no-dues/clearance certificate. The certificate will not be issued if the training period is less than six months.
11. According to institutional policy, House Officers must not disclose any information related to the institution's affairs during or after their service. All files, records, documents, drawings,

specifications, and other items related to the institution's affairs, prepared by or coming into the possession of the House Officer, remain the exclusive property of RCoD and must not be removed from the premises or communicated to any person.

12. House Officers must abide by the terms and conditions outlined in the contract deed throughout their House Job.

6. Leave Policy

1. House Officers are entitled to 15 days of casual/sick leave per year, with a maximum of 2 days of leave allowed at one time.
2. Fourteen days of unpaid leave for ex-Pakistan/marriage purposes will be permitted during the one-year House Job Training and will be counted as casual leave.
3. According to institutional policy, biometric and departmental leave records will be maintained and considered for salary disbursement. Non-compliance will result in salary deductions based on the following grounds:
 - a. Absence from duty without prior permission
 - b. Three late arrivals in the morning or three early departures in the afternoon, whichever occurs first, will result in the deduction of a single day's leave.
 - c. Any misconduct, poor patient management, breach of cross-infection control, or disciplinary action as recommended by the Principal RCoD will result in salary deduction.
4. Any leave exceeding the above-mentioned limits will result in an extension of the House Job duration, at the discretion of the Principal RCoD.
5. In case of sickness, House Officers must provide a medical certificate from a PMDC-registered consultant for verification and validation by the college authorities.

7. Clinical Responsibilities

1. Achieves the PMDC competencies
2. Patient management.
3. Comprehensive care provision to patients under supervision of senior faculty.
4. Consults the faculty regarding complex cases presenting to the department.
5. Maintains written records of patient notes/ procedural details/ cost of the performed procedure, receipt and registration number on patient's file as well as departmental register.
6. Maintains patient records on patient's file and sign all entries patient's files with their complete names and designations.
7. House Officers will take the patient's history and write the summary in SOAP format.

8. House Officers must consult the senior registrar/consultant as needed. During OPD duty, House Officers are not permitted to discharge any patient or conclude any treatment without consulting the Senior Registrar.
9. Duty House Officers must stay in the clinics with their patients at all times and must not leave their post without informing the concerned authority.
10. No relief or replacement is permitted without prior permission from the concerned Senior Registrar and HOD.
11. House Officers must strictly follow cross-infection protocols during clinical procedures.
12. House Officers on call must monitor the paramedical staff's work and report any irregularities to the concerned in-charge.
13. House Officers should monitor their respective patients' management, safety, and procedural requirements. Designated House Officers are responsible for the proper dispatch of investigations.
14. House Officers are responsible for appropriately referring patients to various departments.
15. House Officers must document any irregularities, mismanagement, or problems in the complications record register and have it duly signed by the Senior Registrar and a representative of the administration.
16. House Officers are not permitted to refer any patient to a private practice outside the premises of RCoD.

GENERAL RESPONSIBILITIES:

1. Maintain clinical portfolios.
2. Conducts and complete a research project during 1 year house job period.
3. Regularly attends professional development activities.
4. Participates in seminars, workshops & conferences.
5. Attains professional and courteous relationship with faculty and dental auxiliaries. Promptly reports any irregularity in the department working to concerned faculty.
6. Participates in institutional health-related community services.

Extra and co-Curricular activities:

1. Active participation in extra-curricular activities.

8. Domains of Competencies

Following domains are identified to represent the broad categories of the required professional competencies in general practice of Dentistry.

Generic Competencies

1. Professionalism
 - a. Professional behavior
 - b. Professional ethics
2. Communication skills
3. Clinical information gathering
4. Problem solving skills for health care professionals
5. Empathy in patient care
6. Team work
7. Leadership
8. Emotional intelligence
9. Time management

Specialty Oriented Competencies

1. Emergency management
2. Comprehensive care Dentistry
3. Implant dentistry
4. Operative Dentistry and Endodontics
5. Prosthodontics
6. Periodontics
7. Oral and Maxillofacial Surgery
8. Orthodontics
9. Oral Medicine and Radiology
10. Pediatric Dentistry
11. Pain and Anxiety Management
12. Health promotion

8.1: Emergency management

Major competence

A House Officer must be competent to identify and manage medical and dental emergency situations, including management of medical emergencies and basic life support.

8.2: Comprehensive Care Dentistry

Major Competence:

A House Officer must be competent to thoroughly assess, document and integrate clinical findings, patient preferences, and evidence-based practices to formulate and deliver a comprehensive treatment plan.

Supporting competence:

A House Officer must be proficient in:

- Recording high-quality images for medico legal requirements, diagnosis, treatment planning, and patient communication.
- Interpreting radiographic images to deliver effective and comprehensive dental care, ensuring accurate diagnoses and tailored treatment approaches.
- Planning treatment systematically to develop personalized roadmaps for the rehabilitation of patients' oral health.
- Documenting dental and medical history, photographs, clinical findings, investigations, treatment plans, and procedures performed.
- Compiling a portfolio that organizes a dentist's clinical work, achievements, and ongoing professional development.
- Applying rubber dams for procedures such as restorations, root canals, prosthesis cementations, and other interventions, ensuring effective isolation, moisture control, optimal working conditions, improved visibility, and better outcomes.
- Apply infection control protocols, including strict hygiene practices, proper sterilization of instruments, use of personal protective equipment (PPE), and maintaining a clean environment.
- Perform anterior and posterior composite restorations that are functional, natural-looking, and biologically sound.
- Assess and continually improve clinical performance according to standardized international criteria, involving self-assessment, peer review, and patient feedback to ensure patient-centered care.

8.3: Implant Dentistry

Major competence:

A House Officer must be competent to identify the indications and contraindications, principles and techniques required for surgical placement of dental implant

Supporting competence:

A House Officer must be competent to:

- Perform clinical and radiological evaluation required for placement of dental implants.
- Educate and counsel patients about the relevant techniques, procedures and complications of implant dentistry.
- Identify and refer complex cases to specialist practices.

8.4: Operative Dentistry and Endodontics

Major competence:

A House Officer must be competent to manage caries, pulpal and peri- radicular disorders in patients of all ages.

Supporting competence:

A House Officer must be competent to:

- Evaluate caries risk factors and implement prevention strategies.
- Assess and advise patients on their oral hygiene routines.
- Analyze and provide guidance on patients' dietary habits and their impact on caries risk.
- Apply fluoridated compounds and educate patients on their benefits for dental tissues.
- Treat carious areas of a tooth to preserve pulp vitality and restore its form, function, and aesthetics using suitable materials.
- Perform therapeutic procedures to bolster the defense mechanisms of the dental pulp.

8.5: Prosthodontics

Major competency:

A House Officer must be competent to restore function and esthetics of lost teeth and its associated structures.

Supporting competency:

A House Officer must be competent to:

- Replicate occlusal dynamics during the restoration of oral function with prostheses.
- Design and place fixed restorations and fixed partial dentures, such as crowns and bridges.
- Design and fabricate removable dentures, whether partial or complete.
- Insert splints and stents for patients with relevant indications.
- Address and manage post-insertion issues with all types of prostheses.
- Provide care for geriatric patients according to their specific needs.
- Educate and counsel patients on various aesthetic dentistry techniques.

8.6: Periodontics

Major competency:

A House Officer must be competent to diagnose, prevent and manage periodontal diseases of oral cavity.

Supporting competency:

A House Officer must be competent to:

- Evaluate dental periodontium and document it on manual and digital records
- Diagnose the etiology of periodontal disease and counsel patients about the possible etiology.
- Educate patients about practices for maintain oral hygiene
- Perform oral prophylaxis techniques, scaling and root planning
- Identify the secondary etiological factors
- Refer patients for advanced surgical procedures
- Evaluate, document and monitor the results of a given periodontal treatment
- Manage endodontic complications like instrument separation or canal perforation.

8.7: Oral and Maxillofacial surgery

Major competency:

A House Officer must be able to perform simple reparative surgical procedures involving hard and soft tissues of oral cavity extraction of teeth, removal of roots and performance of minor soft and hard tissues and to apply appropriate pharmaceutical agents to support treatment.

Supporting competency:

A House Officer must be competent to:

- Perform uncomplicated tooth extraction.
- Manage dental trauma in deciduous and permanent dentition. A House Officer should be familiar with the surgical and non-surgical aspects of the management of maxillofacial trauma.
- Perform surgical extraction of an uncomplicated, un-erupted fractured or retained root.
- Perform in-complicated pre-prosthetic surgical procedures
- Identify and manage common intra-operative, post-operative surgical complications.

8.8 Orthodontics

Major competence:

A House Officer must be competent to evaluate the discrepancies in skeletal growth and development, eruption sequence of primary and permanent dentition and manage them accordingly.

Supporting competence:

A House Officer must be competent to,

- Identify the need of orthodontic treatment.
- Identify the anomalies of dentition and facial structures.
- Identify oral habits that may exacerbate malocclusion, and prevent their consequences through patient education and training and appliance therapy, as needed.
- Execute simple treatment procedures, insert and adjust active removable appliances to move a single tooth or correct a cross bite.

8.9 Oral Medicine

Major Competence:

A House Officer must be competent to diagnose and manage common oral mucosal diseases and disorders in patients of all ages.

Supporting competency:

A House Officer must be competent to,

- Counsel patients about the nature and severity of non-life-threatening oral mucosal diseases and disorders, offering realistic management options and expectations.
- Perform limited diagnostic procedures for soft tissue conditions.
- Identify and understand oral manifestations of systemic diseases.
- Contribute to the diagnosis and referral of patients with life-threatening oral mucosal diseases.
- Manage acute oral infections and prescribe appropriate medications.
- Treat oral conditions resulting from smoking and substance abuse.

8.10 Pediatric Dentistry

Major Competence:

A House Officer must be competent to provide preventive care and manage the dental problems in children.

Supporting competence:

A House Officer must be competent to:

- Teach good oral hygiene habits, providing fluoride treatments, and sealing teeth to prevent cavities in children.
- Restore cavities; repair damaged teeth, and placing stainless steel crowns.
- Diagnose malocclusion and correcting jaw mal alignment problems
- Extract primary and permanent teeth, manage dental trauma in children
- Communicate effectively with children and their parents.

8.11 Pain and anxiety management

Major competence:

A House Officer must be competent to identify the etiology of orofacial pain and employ appropriate techniques to manage the discomfort and psychological distress.

Supporting competence:

A House Officer must be competent to,

- Infiltrate local anesthesia in the order cavity for restorative, surgical procedures and orofacial pain management.
- Introduce local anesthetic to block nerve conduction with in oral cavity pre/intra procedural pain management.
- Identify the etiology of myo-facial pain dysfunction syndrome and manage it accordingly.
- Utilize inhalation and intravenous conscious sedation techniques for dental procedures.
- Select and prescribe drugs for the management of pre-operative operative and post-operative pain and anxiety.
- Identify the origin and continuation of dental fear and anxiety, along with this management with behavioral techniques.

8.12 Health promotion and Community Dentistry

Major competence:

A House Officer must be competent at improving the oral health of individuals, families, community and country.

Supporting competence:

A House Officer must be competent to:

- Apply the principles of health promotion and disease prevention.
- Educate population about the effects of a pandemic, plan its effective prevention and management.
- Manage geriatric patients, their aging changes and diseases of such patients.
- Identify the effects of complex interactions between oral health, nutrition, general health, drugs and diseases that can have an impact on oral health care and oral diseases.
- Identify the prevalence of the common dental conditions in the country of training/practice.
- Evaluate social, economic trends, domestic abuse and their impact on oral health care.

9: Summary template of Job Descriptions by a House Officer (For Foreign Immigrants)

Ref: _____

This is to certify that Dr. _____ with D.O.B. _____
and Employee ID _____ has served with us as a House Officer at Rahbar College
of Dentistry, Lahore from _____ to _____

Job Title:	House Officer
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Report To:	In charge House Officers' Program Principal RCoD RCoD Lahore
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Job Description:

Patient assessment, diagnosis and management of various dental conditions in the fields of
Operative
Dentistry and Endodontics, Prosthodontics, Orthodontics, Oral & Maxillofacial Surgery, Oral
Medicine,
Pediatric Dentistry and Comprehensive Dentistry

Work Timings:

Monday to Friday: 0800 am-1500 pm
Hours per week: 35 hrs.
Salary per annum: PKR /-

Job Roles & Duties: (Generic and Speciality Oriented Competencies)

HOSPITAL OFFICIAL STAMP

10: Annexures

Annexure I: Portfolio of House Officer

RCoD

Paste Your
Photo Here

Name:

Father/Husband's Name:

CONTENTS

- Bio data of Candidate
- Guidelines for filling the portfolio
- Clinical record
 - Comprehensive care Dentistry, Operative Dentistry and Endodontics Prosthodontics
 - Periodontics
 - Oral and Maxillofacial Surgery
 - Orthodontics
 - Oral Medicine and Radiology
 - Paedodontics
- Research activity
- Continuing Professional Education Conference/workshops/seminars References

BIODATA

Personal Data

Date of Birth:

Permanent Address:

Telephone:

Mobile:

E-mail:

Gender:

Marital Status:

Religion:

Nationality:

Education:

Qualifications	Year	Institute	University	Grades

Academic Credentials:

Work Experience:

Internships/Observer ships:

License to Practice Dentistry (Evidence attached):

Computer Skills:

Language and Communication:

Research Activities:

Publications

Poster/Oral Presentations

Guidelines for Filling Portfolio

This record will document selected clinical cases and academic work of the House Officer from the start of their department assignment. The House Officer is responsible for making entries in chronological order and obtaining signatures immediately after the entries are made.

It is the responsibility of the specialties to identify any areas where the House Officer may be lacking and to provide opportunities for improving their competence. All entries must be verifiable against hospital records.

Level of competence at which a skill is performed by the trainee should be recorded as

Level 1: Observer status.

Level 2: Assistance Status.

Level 3: Performed under direct supervision

Level 4: Performed under indirect supervision

Level 5: Performed independently

Record of academic activities like lectures/clinical presentations/demonstrations will be documented and included.

Title: Full title of presentation made should be written

Feedback: supervisor's feedback who witnessed the presentation

PATIENT RECORD SHEET

Case No Number: _____ Date: _____

Registration No: _____

BIODATA:

Name:

Occupation:

Marital status:

Age:

Gender:

CHIEF COMPLAINT:

HISTORY OF PRESENTING COMPLAINT:

MEDICAL HISTORY:

EXAMINATION:

General:

Extra-oral:

Intraoral:

INVESTIGATIONS:

Laboratory reports:

Radiographs:

Tooth vitality:

Articulated study casts

TREATMENT OPTIONS

CONSENT

POST-OP CARE

FOLLOW-UP:

SUPERVISOR SIGNATURE:

CASE PHOTOGRAPHS

Extra oral Photographs

Intraoral Photographs (Maxillary Arch)

Intraoral Photographs (Mandibular Arch)

Radiographic Data

Periodontal Charting

PERIODONTAL CHART

Date: _____
 Patient Last Name: _____ First Name: _____ Date Of Birth: _____

Initial Exam: ☐ Reevaluation: ☐

Canine: _____

BUCCAL	18 17 16 15 14 13 12 11								21 22 23 24 25 26 27 28							
	Mobility Implant Furcation Gingival Margin Probing Depth BOP PI															
LINGUAL	48 47 46 45 44 43 42 41								31 32 33 34 35 36 37 38							
	Furcation Gingival Margin Probing Depth BOP PI															
LINGUAL	48 47 46 45 44 43 42 41								31 32 33 34 35 36 37 38							
	BOP PI Furcation Gingival Margin Probing Depth															
BUCCAL	48 47 46 45 44 43 42 41								31 32 33 34 35 36 37 38							
	Gingival Margin Probing Depth Furcation Implant Mobility															

BOP: Bleeding On Probing
 PI: Plaque Index

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Teeth Vitality

S/ No	Tooth No	Palpation	Percussion	Mobility	Probing	Vitality Testing	
						Thermal	Electric

RELECTION ON THE CASE:

Annexure II

Procedural Requirements for BDS House Officers, RCoD, Lahore

OPERATIVE DENTISTRY & ENDODONTICS	PROSTHO-DONTICS	OMFS	ORTHO/ PEDIATRIC DENTISTRY	PERIODONTICS	ORAL MEDICINE	CCD
Manual RCT 5	Model Surveying 2	Mx of medically compromised patients 2	Complete diagnosis of cases 2	Charting with probing 2	History taking 2	Comprehensive assessment and treatment completion – 4
Rotary RCT on extracted teeth 2	Mouth Prep for RPD – 1	Simple extractions - 10	Dental photography 2	Counseling - 2	Examination with charting 2	
Anterior and posterior composite restoration 4	PFM crown prep – 2	Mesioangular /vertical impaction - 2	Wire changing 5 Separator placement 5	Manual scaling - 4	Radiographic reporting 2	
Foundation restorations 2	3 unit Bridge prep 1	Pre - prosthetic surgery 1	Stainless steel crown insertion 2	Ultrasonic scaling 4	Dental photography 2 cases	
Direct composite veneers 2	Implant restoration impression - 1	Periapical surgery-1	Pulpectomy – 5 Pulpotomy -5	Plaque control – 2	Treatment planning 4	
Indirect esthetic restorations preps 2	Splint/stent/ obturator adjustment - 2		Band placement – 5 Bracket application - 5	Periodontal surgery - 1		
WBE score	WBE score	WBE score	WBE score	WBE score	WBE score	WBE score

Annexure III – Clinical Skill Assessment sheet

Sr No. PFM Crown Preparation				
1	Facial Margin - Extension Relative to (Simulated) Free Gingival Margin			
2	Lingual Margin - Extension Relative to (Simulated) Free Gingival Margin			
3	Mesial Margin - Extension Relative to (Simulated) Free Gingival Margin			
4	Distal Margin - Extension Relative to (Simulated) Free Gingival Margin			
5	Cervical Margin – Continuity			
6	Cervical Margin – Smoothness			
7	Cervical Margin Width – Facial			
8	Cervical Margin Width – Lingual			
9	Cervical Margin Width - Mesial			
10	Cervical Margin Width – Distal			
11	Axial Hard Tissue Removal – Facial			
12	Axial Hard Tissue Removal - Lingual			
13	Axial Hard Tissue Removal – Mesial			
14	Axial Hard Tissue Removal - Distal			
15	Axial Walls Smoothness / Evenness			
16	Axial Walls Undercuts			
17	Taper Between Cervical 1/3 of Facial and Lingual Walls			
18	Taper Between Cervical 1/3 of Mesial and Distal Walls			
19	Occlusal Reduction - Functional & Non-Functional Cusps			
20	Occlusal Reduction - Central Groove and Marginal Ridges			

21	Occlusal Reduction - Functional Cusp Bevel			
22	Line Angles - Transition Between Occlusal and Axial Surfaces			
23	Condition of Adjacent Teeth			
Class 2 Amalgam – Molar – Cavity Preparation				
1	Outline Form - Marginal Ridge - Mesiodistal Width (For remaining ridge)			
2	Outline Form - Correspondence to Occlusal Fissure Pattern - Faciolingual Placement			
3	Pulpal Floor Depth From Occlusal Cavity Margin			
4	Cavosurface Margin Angle of 90°- 110° - Occlusal Extension			
5	Cavosurface Margin Angle of 90°- 110° - Proximal Box Facial and Lingual External Walls			
6	External Walls - Facial & Lingual Wall Convergence (Occlusal Extension)			
7	External Wall - Remaining Mesial or Distal Wall Convergence Relative to Long Axis of Tooth (Occlusal Extension)			
8	Proximal Box External Walls Convergence (Facial & Lingual)			
9	Axio-Pulpal Line Angle Bevel			
10	Isthmus - Faciolingual Width			
11	Depth of Pulpal-Axial Wall From Gingival Floor Cavity Margin			
12	Clearance of Gingival Floor Cavity Margin from Adjacent Tooth Surface			
13	Clearance of Axial Cavity Margins at Height of Contour From Adjacent Tooth Surface			
14	Damage to Adjacent Tooth Surface			

Annexure IV - Clinical Feedback Form for House Officers

Domains	Themes	Agree	Neutral	Disagree
Domain I Orientation to New System	I feel well oriented to the comprehensive care clinical system			
	There is a good mix of patients, problems & clinical experiences			
	There is consensus amongst clinicians in deciding treatment plan			
Domain II Clinical Training	Comprehensive Care system has improved my proficiency & consistency in clinical skills			
	The time allotted per rotation is sufficient for completion of clinical procedures			
	This system has improved my ability to make complete treatment planning decisions			
	I have gained confidence to work independently in clinical settings			
	The clinical quota requirements are practical and achievable.			
	This system has helped development of better communication and rapport development skills with patients.			
	Clinical supervision is available for me whenever			
Domain III Management of Clinic	There is adequate availability of support staff			
	There are adequate clinical instruments & facilities			
	There is accountability for operating area including dental chair & equipment			
	There is responsibility for infection control practices			

What suggestions do you have for further improvement in Clinic?

Annexure V: Clinic Feedback Form for Clinical Instructors

Domains	Themes	Agree	Neutral	Disagree
Domain I Orientation to New System	This system has improved the contribution to patient care			
	There is consensus amongst fellow clinicians in deciding treatment plan			
	Process of taking leave of absence is convenient & easy			
	I have time for research work & other academic activities			
Domain II Clinical Training	Comprehensive Care system has improved trainees' abilities to elicit case history, arrive at diagnosis and plan			
	Time taken to complete clinical procedures was within designated rotation period.			
	Quality of clinical treatment was optimal.			
	Clinical quota requirements are practical and achievable.			
	This system has helped enhancement of ability to independently manage a clinic			
	This system has helped development of better communication and rapport development skills with			
Domain III Management of Clinic	Patients get improved treatment in a single window			
	There is multi-speciality real time consultation for each			
	There is adequate availability of instruments & facilities			
	There is adequate adherence to cross infection protocols by trainees			

What suggestions do you have for further improvement in the clinic?

Annexure VI: Clinic Feedback Form for Patients

Domains	Themes	Agree	Neutral	Disagree
Domain I Orientation to New System	Process of finding assigned dental clinic was convenient &			
	Getting treatment done in one clinic is more convenient as compared to multiple clinical departments			
	Getting treatment done by same doctor is more convenient as compared to multiple different doctors.			
Domain II Clinical Training	I have improved confidence in the doctor within this			
	I am satisfied with the treatment			
	Time taken to complete clinical procedures was optimal.			
	The doctor/s performed detailed recording of case			
	The doctor/s provided adequate explanation of treatment plan and alternate options			
	Doctor's behavior was caring and polite			
	Communication between dental team was good			
Domain III Management of Clinic	Time taken to get referred/ allotted to comprehensive care dentistry clinic is not long.			
	Planning of follow up visits by dental team is satisfactory			
	There is adequate availability of support staff			
	There is adequate cleanliness of dental chair & operating			
	Infection control procedures in the clinic are satisfactory			

What suggestions do you have for further improvement in Clinic?

Annexure VII: Clinic Feedback Form for Clinical Management

Domains	Themes	Agree	Neutral	Disagree
Domain I Orientation to New System	Patient allotment process is uncomplicated			
	There is coordination and posting of clinical instructors			
	There is clarity in responsibilities assigned			
	I have time for research work & other academic activities			
Domain II Management of Clinic	Documentation of patient data & treatment progress is satisfactory			
	Clinical coordinator's time & manpower management is done effectively			
	Clinical instructors are working collaboratively			
	Monitoring of clinic management is done by regular faculty meetings			
	There is satisfactory billing and financial services offered by institution			
	There is effective resolution of conflicts arising from patients and dental team			
	Monitoring of adherence to infection control protocols is satisfactory.			
	There is adequate availability of instruments & facilities			

What suggestions do you have for further improvement in the clinic?
