



AMRITA
VISHWA VIDYAPEETHAM

School of
Dentistry

**MASTER OF DENTAL SURGERY
(MDS)-
Public Health Dentistry (MDS.PHD)
(As per the Regulations of the Dental Council of India)**



Our Inspiration



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MDS -PUBLIC HEALTH DENTISTRY – GENERAL CONSIDERATIONS

WHAT IS PUBLIC HEALTH DENTISTRY

Dental Public Health is the science and art of preventing oral diseases, promoting oral health and improving the quality of life through the organized efforts of society. It is therefore concerned with application of public health principles to whole communities rather than to individual patients.

The masters in Public Health Dentistry is based on core public health functions as mentioned below

Assessment

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Policy Development

- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety.
- Research for new insights and innovative solutions to health problems
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Assurance

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce

- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems

These fundamental attributes of the dental public health specialist include:

- **Being a dentist.** The scientific background and clinical skills to diagnose, prevent, and manage oral diseases and conditions inherent in a dental education provide the underlying foundation for advanced knowledge of dental public health.
- Demonstration of public health values, which essentially means a view of health issues as they affect a population rather than an individual with particular emphasis on prevention, the environment in its broadest sense, and service to the community. Public health dentists usually work collaboratively as part of a multidisciplinary team of public health professionals and community representatives.
- Leadership characteristics, such as influencing health policies and practice through research, education, and advocacy; articulating a vision for the organization; negotiating and resolving conflicts; etc.

PROGRAM OUTCOMES

MDS PUBLIC HEALTH DENTISTRY

The program outcomes of MDS Public Health Dentistry may be grouped under three main heads: Knowledge, Skill and Values.

KNOWLEDGE:

At the end of three year training program, the student should be able to:

- Apply basic sciences knowledge regarding etiology, diagnosis and management of the prevention, promotion and treatment of all the oral conditions at the individual and community level.
- Identify social, economic, environmental and emotional determinants in a given individual patient or a community for the purpose of planning and execution of Community Oral Health Program.

- Able to conduct Oral Health Surveys in order to identify all the oral health problems affecting the community and find solutions using multi - disciplinary approach.
- Able to act as a consultant in community Oral Health, teach, guide and take part in research (both basic and clinical), present and publish the outcome at various scientific conferences and journals, both national and international level.

SKILLS:

The candidate should be able to:

1. Take history, conduct clinical examination including all diagnostic procedures to arrive at diagnosis at the individual level and conduct survey of the community at state and national level of all conditions related to oral health to arrive at community diagnosis.
2. Able to make use of knowledge of epidemiology to identify causes and plan appropriate preventive and control measures.
 1. Develop appropriate person power at various levels and their effective utilization.
 2. Conduct survey and use appropriate methods to impart Oral Health Education.

VALUES:

The candidate undergoing training shall:

1. Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed and promote teamwork approach.
2. Respect patient's rights and privileges including patients right to information and right to seek a second opinion.

PROGRAM SPECIFIC OUTCOMES

MDS PUBLIC HEALTH DENTISTRY

A candidate undergoing training for the MDS program in Public Health Dentistry, shall, at the end of the three year training, inculcate the following specific skills:

- Plan and perform all necessary treatment, prevention and promotion of Oral Health at the individual and community level.
- Plan appropriate Community Oral Health Program, conduct the program and evaluate, at the community level
- Develop ways of helping the community towards easy payment plan, and followed by evaluation for their oral health care needs.
- Develop the planning, implementation, evaluation and administrative skills to carry out successful community Oral Health Programs
- Adopt ethical principles in all aspects of Community Oral Health Activities.
- Apply ethical and moral standards while carrying out epidemiological researches.
- Develop communication skills, in particular to explain the causes and prevention of oral diseases to the patient

EVALUATION AND GRADING SYSTEM

SCHEME OF EXAMINATIONS

PART I MDS EXAMINATIONS

The DCI, in its revised curriculum, has introduced a University level Examination at the end of the First year of the MDS course, from 2018-2019. As per this curriculum, *“the University shall conduct the Part I MDS Examination in Applied Basic Sciences at the end of the first academic year. This shall consist of One Theory Written Paper of three hours duration, and shall contain ten questions, each carrying ten marks each. The answer sheets shall be valued by one External Examiner and one Internal Examiner from the concerned specialty”*.

1. At the end of the 1st academic year (on completion of 12 months after the start of the MDS course), the University shall conduct the Part I MDS Examinations in Applied Basic Sciences, notification for which shall be issued by the Examination Control Division (ECD) of the University two months prior to the date of conduct of these Examinations.
2. As part of the **eligibility criteria** to appear for the Part I MDS Examinations, each MDS student shall have secured a **minimum of 80% attendance** in the first year of the MDS course, and shall have completed all the Pre-clinical work/exercises or any such course work, as mandated by the DCI, in its Modified Regulations (2017) or by the Head of the concerned Department /Principal of the Institution. The Principal shall send a list of students eligible to appear for the Part I MDS Examinations, to the ECD, at least 2 weeks prior to the start of the Examinations, so as to enable the University to issue hall tickets to eligible candidates
3. The Part I MDS Examinations in **Applied Basic Sciences** shall consist of *one (1) Theory Written Paper*, of three (3) hours durations, for a total of one hundred (100) marks. The Theory Written paper shall have a total of ten (10) questions, each carrying 10 marks. The single paper carrying a total of 100 marks, can comprise varied types of questions that could help assess the knowledge of the candidates in a better manner.
4. A grand viva voce on the topics covered for the Theory Examinations can be conducted by the External and Internal Examiners appointed by the University for paper Evaluation. This will impart a better value and credibility to the Part I Examination system. The Viva voce can be conducted in the respective Departments of the Dental School, on the same

day as notified by the University for evaluation of the Theory answer sheets.

5. The University can appoint as Question paper setters for the Part I MDS examinations, those Examiners from the concerned specialty, who fulfill the same general criteria laid down by the DCI, to qualify as Examiners for the Part II MDS Examinations. The Examiners may take care to set the questions which apply to the Basic Science topics in their concerned specialty, as mandated in the syllabus for the same by the DCI.

6. The candidates need to secure 50% marks separately for theory written and Grand viva to be declared '**Passed**' for the Part I MDS Exams. **Candidates who have failed in the Part I MDS Examination**, will have a chance to appear for the supplementary Examinations that shall be conducted by the University six months after the conduct of the Regular Examinations. To become eligible to appear for the Part II MDS Examinations at the end of the third year of the course, the candidate shall have passed the Part I Examinations at least 6 months prior to the Part II Examinations. There shall be *NO revaluation of the answer sheets* of the Part I MDS Examinations.

7. **The syllabus for the Part I MDS Examinations** shall be according to that specified by the DCI for each Specialty in its MDS Course Regulations, 2017.

Part II MDS Examinations:

1. Shall be conducted at the end of three years of completion of the MDS course. Notification for these Examinations shall be given by the ECD three months prior to the actual dates of the Examinations.

2. Every MDS student shall submit to the University (ECD) four printed copies of the completed **Dissertation work** duly signed and approved by the Guide/HOD, through the Principal, six months prior to the scheduled date of Examinations. *Acceptance of Dissertation by all the*

appointed Examiners is a mandatory pre-requisite to enable the candidate to become eligible to appear for the subsequent Part II MDS Examinations.

3. Hall tickets shall be issued to the candidates for the Part II MDS Examinations, based on: (a) Acceptance of Dissertations by the appointed Examiners, (b) Report of eligibility of candidates from the Principal, after taking into account the completion of the required quantum of work in each specialty and (c) a minimum of 80% total attendance for each candidate.
4. There shall be *three (3) Theory Written Papers, followed by the Practicals and Viva-voce.*
5. Each **Theory Written Paper** (Paper I, II & III) will have the syllabus and contents, as prescribed in the MDS Course Regulations, for each specialty. The nomenclature of each paper for each specialty will also be in accordance with these Regulations. Each paper shall be of three hours durations, and maximum marks of One hundred (100). For Papers I and II, there shall be two essay questions, each carrying twenty five (25) marks, and five (5) short questions, each carrying ten (10) marks. For Paper III, there shall be Three (3) Essay questions of which the candidates need to answer any two (2), carrying 50 marks each. Each paper shall be of 3 hours duration.

PAPER-I : Public Health

PAPER-II : Dental Public Health

PAPER-III : Essay

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

Practical/Clinical Examination : 200 Marks

1. Clinical examination of at least 2 patients representing the community - includes history, main complaints, examination and recording of the findings, using indices for the assessment of oral health and presentation of the observation including diagnosis, comprehensive treatment planning.

(50 Marks – 1 ½ hours)

2. Performing

a. One of the treatment procedures as per treatment plan. (Restorative, surgical, rehabilitation)

b. Preventive oral health care procedure.

c. One of the procedures specified in the curriculum (50 Marks – 1 ½ hours)

3 Critical evaluation of a given research article published in an international journal. (50 Marks - 1 Hour)

4 Problem solving - a hypothetical oral health situation existing in a community is given with sufficient data. The student as a specialist in community dentistry is expected to suggest practical solutions to the existing oral health situation of the given community. (50 Marks – 1 ½ hours)

C. Viva Voce: (100 Marks including 20 for Pedagogy)

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

Pedagogy Exercise: (20 marks)

A topic be given to each candidate in the beginning of clinical examination. He/ she is asked to make a presentation on the topic for 8-10 minutes.

Marks Distribution of MDS Examinations at a glance:

Part I Applied Basic Sciences Examination	Maximum Marks	Marks required for Pass
Theory Written Exam	100	50 out of 100
Grand Viva	50	25 out of 50
Part II Examinations		
Theory Written Exams (3 papers)	300 (100 marks each)	150
Practical and Viva-voce	300 (200 for Practicals, 80 for Grand Viva, 20 for Pedagogy)	150
Total for Part II Exams	600 (300 + 300)	300

COURSE DETAILS

MDS PUBLIC HEALTH DENTISTRY

Sl#	COURSE NAME	COURSE CODE
1	Applied Basic Sciences	MPHD1
2	Public Health	MPHD2
3	Dental Public Health	MPHD3
4	Recent Advances	MPHD4

APPLIED BASIC SCIENCES (MPHD1)

Course Outcomes
CO1: Apply basic sciences knowledge regarding etiology, diagnosis and management of the prevention, promotion and treatment of all the oral conditions at the individual and community level
CO2. To apply ethical and moral standards while carrying out epidemiological researches.
CO3. Develop communication skills, in particular to explain the causes and prevention of oral diseases to the patient.

APPLIED ANATOMY AND HISTOLOGY

A. Applied Anatomy in relation to:

- Development of face
- Bronchial arches
- Muscles of facial expression
- Muscles of mastication
- TMJ
- Salivary gland
- Tongue
- Salivary gland
- Tongue
- Hard and soft palate
- Infratemporal fossa
- Paranasal air sinuses
- Pharynx and larynx
- Cranial and spinal nerves- with emphasis on trigeminal, facial, glossopharyngeal and hypoglossal nerve
- Osteology of maxilla and mandible
- Blood supply, venous and lymphatic drainage of head and neck
- Lymph nodes of head and neck
- Structure and relations of alveolar process and edentulous mouth
- Genetics- fundamentals

B. Oral Histology

- Development of dentition, Innervations of dentin and pulp

- Periodontium-development, histology, blood supply, nerve supply and lymphatic drainage
- Oral mucous membrane
- Pulp-periodontal complex

APPLIED PATHOLOGY:

- Pathogenic mechanism of molecular level
- Cellular changes following injury
- Inflammation and chemical mediators
- Oedema, thrombosis and embolism
- Hemorrhage and shock
- Neoplasia and metastasis
- Blood disorders
- Histopathology and pathogenesis of dental caries, periodontal disease, oral mucosal lesions, and malignancies, HIV
- Propagation of dental infection

MICROBIOLOGY:

- Microbial flora of oral cavity
 - Bacteriology of dental caries and periodontal disease
 - Methods of sterilization
 - Virology of HIV, herpes, hepatitis
 - Parasitology
 - Basic immunology - basic concepts of immune system in human body
1. Cellular and humoral immunity
 2. Antigen and antibody system
 3. Hypersensitivity
 4. Autoimmune diseases

ORAL PATHOLOGY:

- Detailed description of diseases affecting the oral mucosa, teeth, supporting tissues and Jaws.

PHYSICAL AND SOCIAL ANTHROPOLOGY:

- Introduction and definition
- Appreciation of the biological basis of health and disease
- Evolution of human race, various studies of different races by anthropological methods

APPLIED PHARMACOLOGY:

- Definition, scope and relations to other branches of medicine, mode of action, bioassay, standardization, pharmacodynamics, pharmacokinetics.
- Chemotherapy of bacterial infections and viral infections - sulphenamides and antibiotics.
- Local anesthesia
- Analgesics and anti-inflammatory drugs
- Hypnotics, tranquilizers and antipyretics
- Important hormones-ACTH, cortisone, insulin and oral antidiabetics.
- Drug addiction and tolerance Important pharmacological agents in connection with autonomic nervous system adrenaline, noradrenaline, atropine
- Brief mention of antihypertensive drugs
- Emergency drugs in dental practice
- Vitamins and haemopoietic drugs

RESEARCH METHODOLOGY AND BIOSTATISTICS:

- HEALTH INFORMATICS - basic understanding of computers and its components, operating software (Windows), Microsoft office, preparation of teaching materials like slides, project, multimedia knowledge.
- RESEARCH METHODOLOGY - definitions, types of research, designing written protocol for research, objectivity in methodology, quantification, records and analysis.
- BIOSTATISTICS-- introduction, applications, uses and limitations of bio - statistics in Public Health dentistry, collection of data, presentation of data, measures of central tendency, measures of dispersion, methods of summarizing, parametric and non parametric tests of significance, correlation and regression, multivariate analysis, sampling and sampling techniques - types, errors, bias, trial and calibration
- COMPUTERS- Basic operative skills in analysis of data and knowledge of multimedia. Statistical Software competency in SPSS SAS Epiinfo and MS Excel

PUBLIC HEALTH (MPHD2)

Course Outcomes

CO1: Take history, conduct clinical examination including all diagnostic procedures to arrive at diagnosis at the individual level and conduct survey of the community at state and national level of all conditions related to oral health to arrive at community diagnosis.

CO2. Identify social, economic, environmental and emotional determinants in a given individual patient or a community for the purpose of planning and execution of Community Oral Health Program

CO3.. Ability to conduct Oral Health Surveys in order to identify all the oral health problems affecting the community and find solutions using multi - disciplinary approach.

PUBLIC HEALTH

- Definition, concepts and philosophy of dental health
- History of public health in India and at international level
- Terminologies used in public health

HEALTH:

- Definition, concepts and philosophy of health
- Health indicators
- Community and its characteristics and relation to health

DISEASE:

- Definition, concepts
- Multifactorial causation, natural history, risk factors
- Disease control and eradication, evaluation and causation, infection of specific diseases
- Vaccines and immunization

ENVIRONMENTAL HEALTH

- Impact of important components of the environment of health
- Principles and methods of identification, evaluation and control of such health hazards
- Pollution of air, water, soil, noise, food

- Water purification, international standards of water
- Domestic and industrial toxins, ionizing radiation
- Occupational hazards
- Waste disposal- various methods and sanitation

BEHAVIORAL SCIENCES:

- Definition and introduction
- Sociology: social class, social group, family types, communities and social relationships, culture, its effect on oral health.
- Psychology: definition, development of child psychology, anxiety, fear and phobia, intelligence, learning, motivation, personalities, fear, dentist-patient relationship, modeling and experience.

Health Management

Program planning, implementation, Evaluation etc

HOSPITAL ADMINISTRATION:

- Departmental maintenance, organizational structures
- Types of practices
- Biomedical waste management

PRACTICE MANAGEMENT:

- Definition
- Principles of management of dental practice and types
- Organization and administration of dental practice
- Ethical and legal issues in dental practice
- Current trends

HEALTH CARE DELIVERY SYSTEM:

- International oral health care delivery systems – Review Health system in different countries
- Central and state system in general and oral health care delivery system if any
- National and health policy

- National health programme
- Primary health care - concepts, oral health in PHC and its implications
- National and international health-organizations
- Dentists Act 1928, Dental council of India, Ethics, Indian Dental Association
- Role of W.H.O. and Voluntary organizations in Health Care for the Community

PUBLIC HEALTH EDUCATION

- Definition, aims, principles of health education
- Health education, methods, models, contents, planning health education programs

HEALTH CARE DELIVERY SYSTEM:

- International oral health care delivery systems – Review Health system in different countries
- Central and state system in general and oral health care delivery system if any
- National and health policy
 - National health programme
- Primary health care - concepts, oral health in PHC and its implications
- National and international health-organizations
- Dentists Act 1928, Dental council of India, Ethics, Indian Dental Association
- Role of W.H.O. and Voluntary organizations in Health Care for the Community

DENTAL PUBLIC HEALTH (MPHD3)

Course Outcomes
CO1: Plan appropriate Community Oral and Dental Health Program, conduct the program and evaluate, at the community level
CO2. Conduct survey and use appropriate methods to impart Oral Health

Education
CO3.. Develop the planning, implementation, evaluation and administrative skills to carry out successful community Oral Health Programs

DENTAL PUBLIC HEALTH:

- History
- Definition and concepts of dental public health
- Differences between clinical and community dentistry
- Critical review of current practice
- Dental problems of specific population groups such as chronically ill, handicapped and institutionalized group

Oral Epidemiology

- Dental caries, gingival, periodontal disease malocclusion, dental Fluorosis, oral cancer, TMJ disorders and other oral health related problems.

ORAL SURVEY PROCEDURES:

- Planning
- Implementation
- WHO basic oral health methods 1997
- Indices for dental diseases and conditions
- Evaluation

DELIVERY OF DENTAL CARE:

- Dental person power - dental auxiliaries
- Dentist - population ratios,
- Public dental care programs
- School dental health programs- Incremental and comprehensive care
- Private practice and group practice
- Oral health policy - National and international policy

EVALUATION OF QUALITY OF DENTAL CARE:

- Problems in public and private oral health care system program
- Evaluation of quality of services, governmental control

PREVENTIVE DENTISTRY:

- Levels of prevention
- Preventive oral health programs screening, health education and motivation
- Prevention of all dental diseases-dental caries, periodontal diseases, oral cancer, malocclusion and Dentofacial anomalies

- Role of dentist in prevention of oral diseases at individual and community level.
- Fluoride
 - History,
 - Mechanism of action
 - Metabolism
 - Fluoride toxicity
 - Fluorosis
 - Systemic and topical preparations
 - Advantages and disadvantages of each
 - Update regarding Fluorosis
 - Epidemiological studies
 - Methods of fluoride supplements
 - Defluoridation techniques

ETHICS AND JURISPRUDENCE

- Basic principles of law
- Contract laws- dentist - patient relationships & Legal forms of practice
- Dental malpractice
- Person identification through dentistry
- Legal protection for practicing dentist
- Consumer protection act

STRUCTURED TRAINING SCHEDULE:

First Year

SEMINARS:

- 5 seminars in basic sciences subject,
- To conduct 10 journal clubs
- Systematic review
- Submission of synopsis for dissertation-within 6 months
- Periodic review of dissertation at two monthly intervals

CLINICAL TRAINING:

1. Clinical assessment of patient
2. Learning different criteria and instruments used in various oral indices - 5 cases each
 - Oral Hygiene Index - Greene and Vermillion
 - Oral Hygiene Index - Simplified

- DMF - DMF (T), DMF (S), def
- Fluorosis Indices - Dean's Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
- Community Periodontal Index (CPI)
- Plaque Index-Silness and Lee
- WHO Oral Health Assessment Form - 1997
- Carrying out treatment (under comprehensive oral health care) of 10 patients maintaining complete records.

FIELD PROGRAMME:

1. Community Sensitization program .
2. School based preventive programs-
 - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
 - Pit and Fissure Sealant - chemically cured (GIC), light cured
 - Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
 - Organizing and carrying out dental camps in both urban and rural areas.
3. Visit to slum, water treatment plant, sewage treatment plant, and Milk dairy, Public Health Institute, Anti-Tobacco Cell, Primary Health Center and submitting reports.

Second Year

SEMINARS:

- Seminars in Public Health and Dental Public Health topics
- Critical appraisal
- Short term research project on assigned topics - 2
- Periodic review of dissertation at monthly reviews

CLINICAL TRAINING-CONTINUATION OF THE CLINICAL TRAINING:

1. Clinical assessment of patient
2. Learning different criteria and instruments used in various oral indices

- Oral Hygiene Index - Greene and Vermillion
- Oral Hygiene Index - Simplified
- DMF - DMF (T), DMF (S)
- def t/s
- Fluorosis Indices - Dean's Fluorosis Index, Tooth Surface Index for Fluorosis,
Thylstrup and Fejerskov Index
- Community Periodontal Index (CPI)
- Plaque Index-Silness and Lee
- WHO Oral Health Assessment Form - 1987
- Carrying out treatment (under comprehensive oral health care) of 10 patients –
 maintaining complete records

FIELD PROGRAM - CONTINUATION OF FIELD PROGRAM:

1. Carrying out school dental health education
2. School based preventive programs
 - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
 - Pit and Fissure Sealant - chemically cured (GIC), light cured
 - Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
 - Organizing and carrying out dental camps in both urban and rural areas.
3. Assessing oral health status of various target groups like School children, Expectant mothers, Handicapped, Underprivileged, and geriatric populations.
 Planning dental manpower and financing dental health care for the above group.
4. Application of the following preventive measures in clinic - 10 Cases each.

- Topical Fluoride application - Sodium Fluoride, Stannous Fluoride, Acidulated

Phosphate Fluoride preparations and Fluoride varnishes.

- Pit and Fissure Sealant

5. Planning total health care for school children in an adopted school:

a) Periodic surveying of school children

b) Incremental dental care

c) Comprehensive dental care

6. Organizing and conducting community oral health surveys for all oral conditions-3 surveys

7. In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs

8. To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic.

Third Year:

SEMINARS:

- Seminars on recent advances in Preventive Dentistry and Dental Public Health

- Critical evaluation of scientific articles - 10 articles

- Completion and submission of dissertation

CLINICAL TRAINING:

1. Clinical assessment of patient

2. Learning different criteria and instruments

used in various oral indices - 5 each

- Oral Hygiene Index - Greene and Vermillion

- Oral Hygiene Index - Simplified

- DMF - DMF (1'), DMF (S)

- def t/s

- Fluorosis Indices - Dean's Fluorosis Index, Tooth Surface Index for Fluorosis,

Thylstrup and Fejerskov Index

- Community Periodontal Index (CPI)
- Plaque Index-Silness and Loe
- WHO Oral Health Assessment Form 1997
- Carrying out treatment (under comprehensive oral health care) of 10 patients - maintaining complete records

3. Carrying out school dental health education

4. School based preventive programs-

- Topical Fluoride application - Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
- Pit and Fissure Sealant
- Minimal Invasive Techniques - Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)

5. To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic

6. Exercise on solving community health problems - 10 problems

7. Application of the following preventive measures in clinic - 10 cases each.

- Topical Fluoride application - Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations
- Pit and Fissure sealants

8. Dental - health education training of school teachers, social workers, health workers.

9. Posting at dental satellite centers/ nodal centers

10. In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs.