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

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

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

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

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

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

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

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.

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.

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

EXPERIENTIAL LEARNING

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

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Student centric methods used for enhancing learning experiences by

i) EXPERIENTIAL LEARNING

Indoor Activities:

The final year students are given discussion topics to the students when posted at the Department of Public Health Dentistry. Later a discussion session will be conducted among the final year students along with the faculty incharge. The discussion sessions are well conducted by the faculty inculcating various practical technique demonstration to the students of final year at KMCT Dental College. Later the students are given patient training on the discussed topics incorporating the topic discussion.

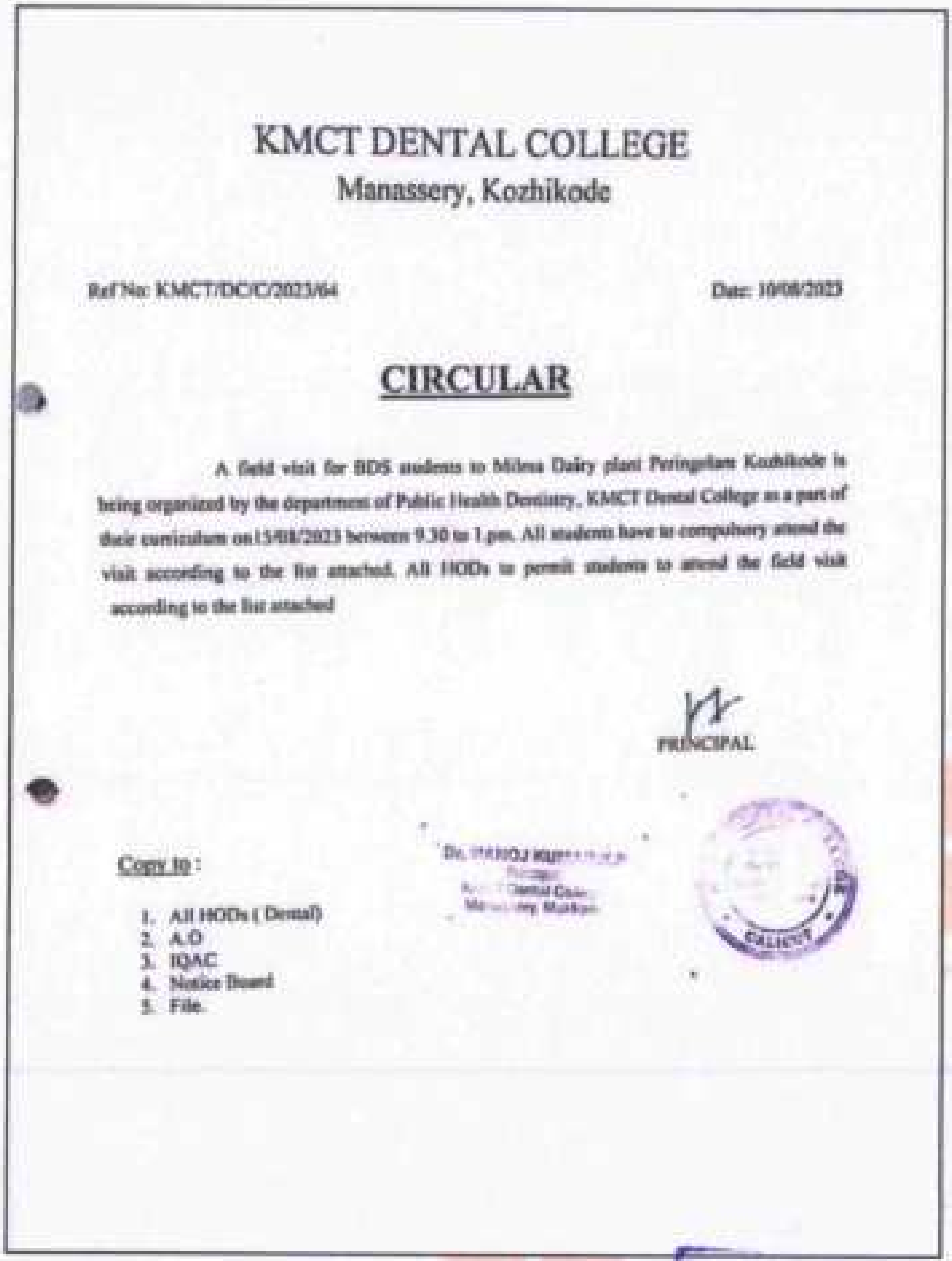
Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam

Outdoor Activities:

FIELD VISIT:

The Department of Public Health Dentistry of KMCT Dental College conducts a field visit for the students to MILMA (MRCMPU) Kozhikode Diary Beringolam Plant. Students are accompanied by a faculty from the Department of Public Health Dentistry for the field visit. They are made aware of milk purification process which stays very important to prevent milk borne diseases.

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



KMCT DENTAL COLLEGE

Manassery, Kozhikode

Ref No: KMCT/DC/C/2023/64 Date: 10/08/2023

CIRCULAR

A field visit for BDS students to Milma Dairy plant Peringolam Kozhikode is being organized by the department of Public Health Dentistry, KMCT Dental College as a part of their curriculum on15/08/2023 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

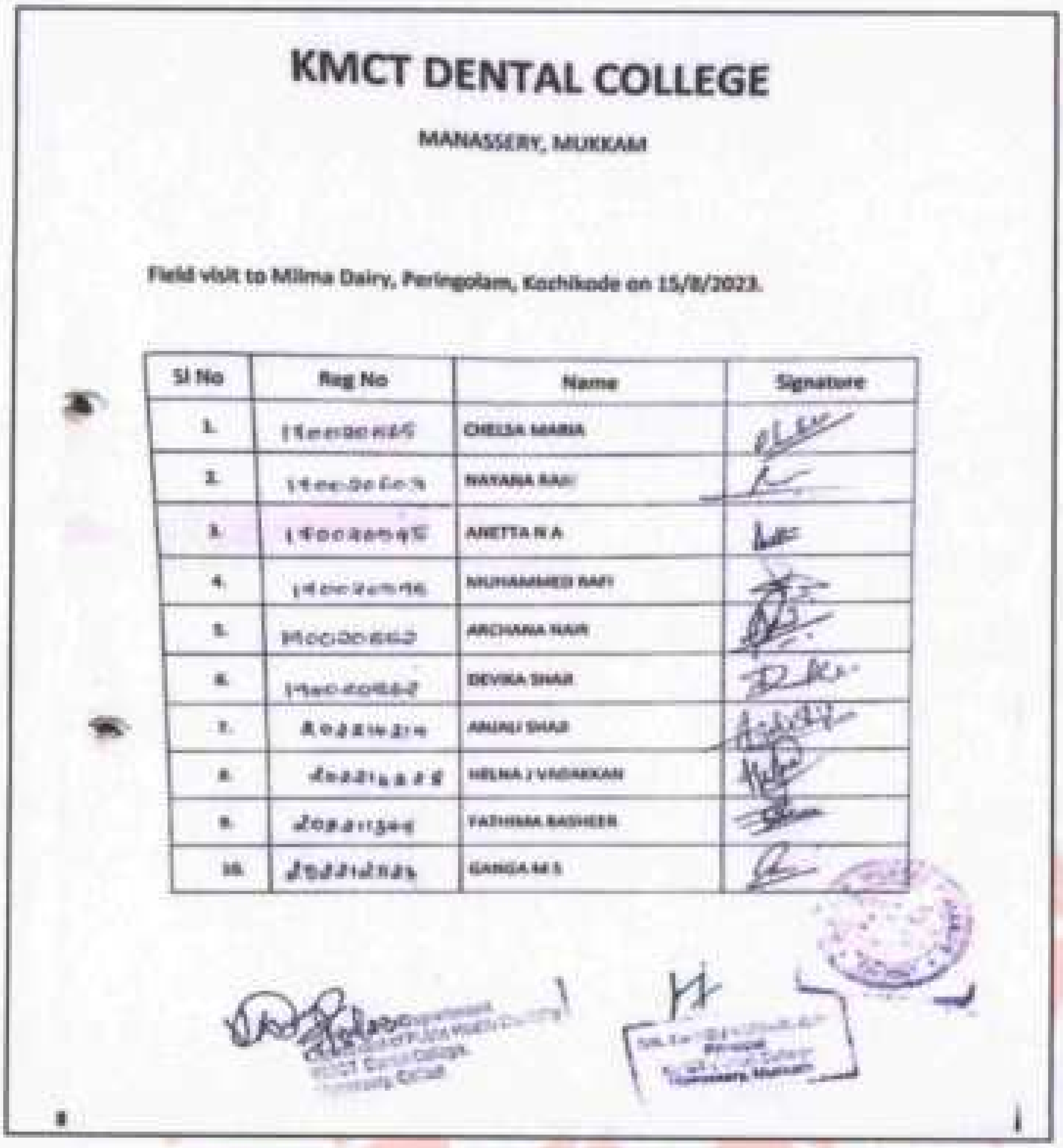
PRINCIPAL

Copy to :

1. All HODs (Dental)
2. A.O
3. IQAC
4. Notice Board
5. File.

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

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



KMCT DENTAL COLLEGE

MANASSERY, MUKKAM

Field visit to Milma Dairy, Peringolam, Kozhikode on 15/8/2023.

Sl No	Reg No	Name	Signature
1.	[illegible]	CHELSA MARIA	
2.	[illegible]	NAYANA RAJ	
3.	[illegible]	ANETTA N A	
4.	[illegible]	MUHAMMED RAFI	
5.	[illegible]	ARCHANA NAIR	
6.	[illegible]	DEVIKA SHAJI	
7.	[illegible]	ANJALI SHAJI	
8.	[illegible]	HELNA J VADAKKAN	
9.	[illegible]	FATHIMA BASHEER	
10.	[illegible]	GANGA M S	

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

KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

OUTREACH & EXTENSION ACTIVITY REPORT

Name of the student: ARCHANA NAIR

Year: Final year part 1

Report of outreach activity participated:

We had a one-day program 'Know your country' organised by Milma (MRCMPU - Malabar Regional Co-operative Milk Producer's Union) as part of the 77th Independence day celebration in collaboration with KMCT Dental College and MRDF (Malabar Rural Development Foundation) on 15th August 2023.

The experience was really wonderful and memorable. We had a visit to the Milma Kozhikode Dairy Plant where we saw the production of milk and ice creams. And then we were taken to some of the historical places in Kozhikode like the 1498 built Mother of God Cathedral, the 14th century Mishkal Mosque and the 1907 Kozhikode beach light house.

Lastly we were also provided with certificate issued by Milma with some Milma products from the honourable Vice Chancellor of Calicut University Dr. M.K. Jayaraj.

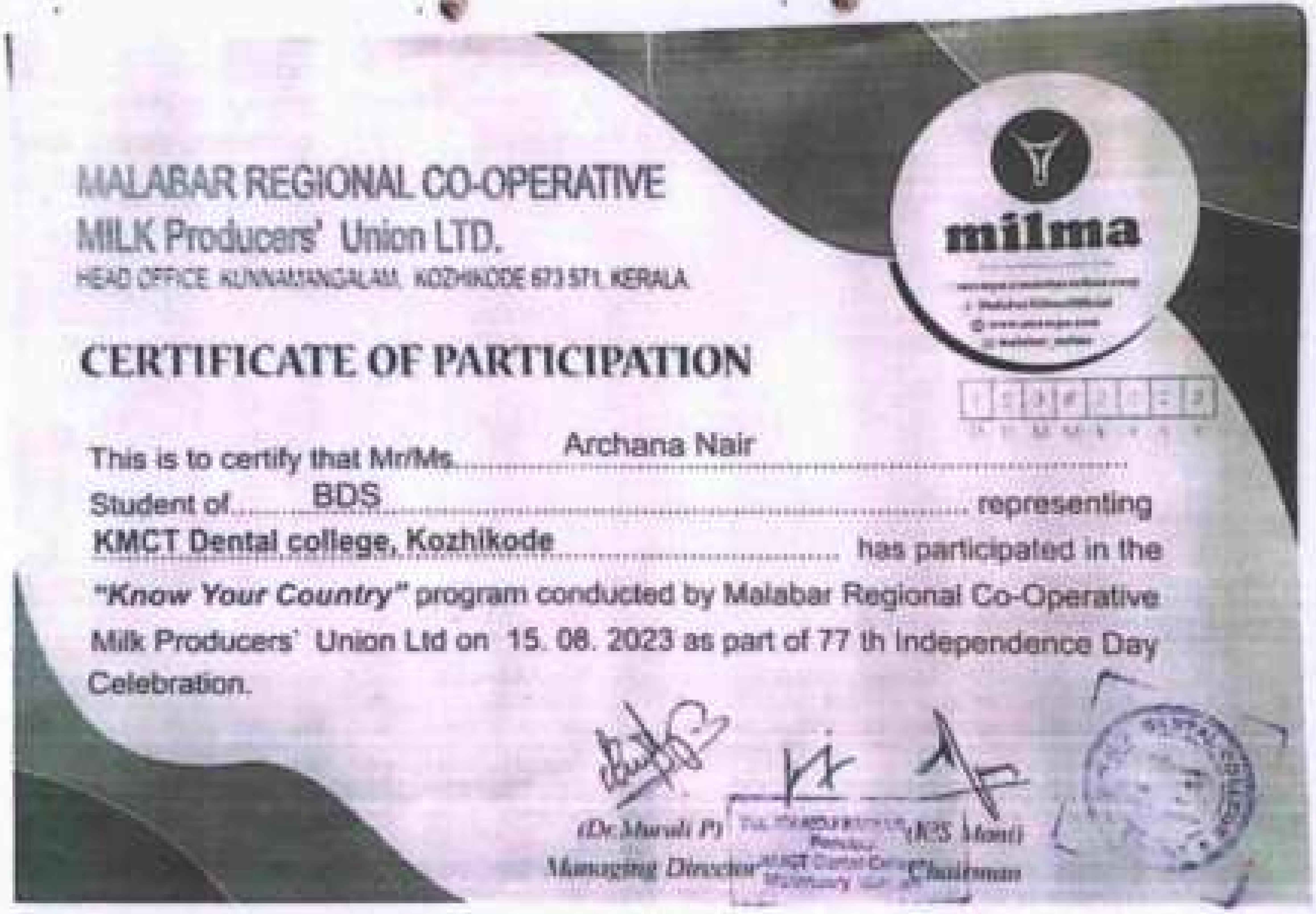
It was really a great experience for me and I had a good time.

Signature

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

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

CALICUT



MALABAR REGIONAL CO-OPERATIVE
MILK Producers' Union LTD.
HEAD OFFICE: KUNNAMANGALAM, KOZHIKODE 673 571, KERALA

milma

CERTIFICATE OF PARTICIPATION

This is to certify that Mr/Ms. Archana Nair Student of BDS representing KMCT Dental college, Kozhikode has participated in the ***"Know Your Country"*** program conducted by Malabar Regional Co-Operative Milk Producers' Union Ltd on 15. 08. 2023 as part of 77 th Independence Day Celebration.

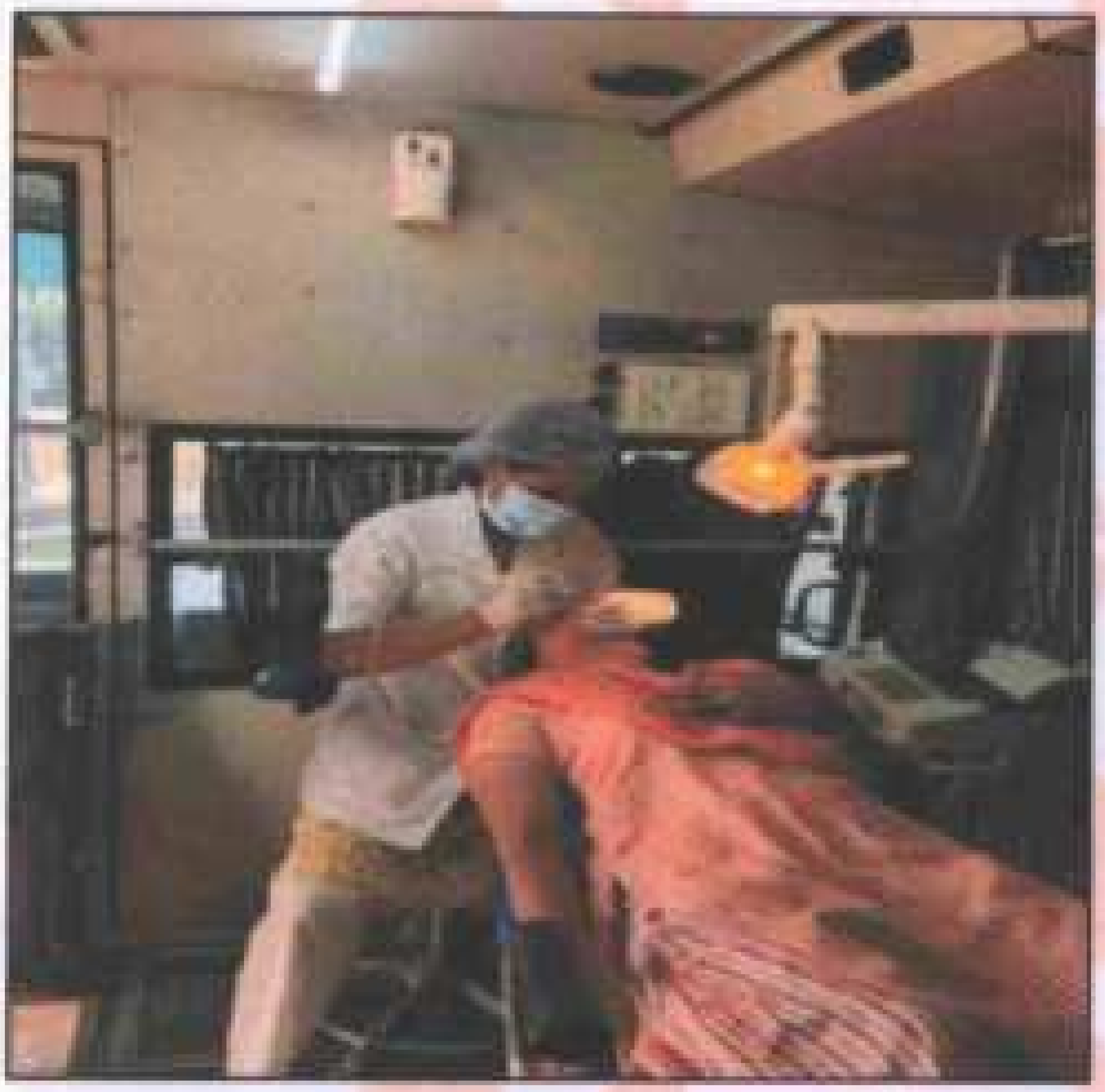
(Dr.Murali P)
Managing Director

(KS Mani)
Chairman

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery Mukkam

DENTAL CAMPS:

It's a transformative experience for dental students, offering them a unique platform to apply theoretical knowledge in a real world setting. Camps serve as an invaluable oppurtunity to examine and treat patients from diverse backgrounds often in underserved communities. Dental camps foster teamwork , as students collaborate with peers and mentors to manage a large patient inflow efficiently. The experience also instills a sense of social responsibility, highlighting the importance of community service and preventive dental care.



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

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

DETAILS OF TEACHING PROGRAMS AND METHODOLOGIES

Experiential learning

Learning by doing

The Orthodontic Department at our institution is committed to providing students with a clinically oriented education. This approach focuses on practical experience, allowing students to apply theoretical knowledge to patient care. Through experiential learning, students correlate learned theories with hands-on skills, fostering a comprehensive understanding of orthodontic practices.

Work done by students as long cases and short cases

Orthodontic removable appliance cases were systematically assigned to students as either long cases or short cases, depending on the complexity and difficulty of the treatment. Long cases typically involved more intricate issues, such as correcting moderate malocclusions or addressing significant space discrepancies, which required detailed analysis and comprehensive treatment planning. Short cases, on the other hand, were relatively simpler, often focusing on minor corrections like mild crowding or alignment issues.This categorization was designed to enhance students' experiential learning by gradually exposing them to varying levels of complexity. Through hands-on management of these cases, students were able to apply theoretical knowledge, refine their technical skills, and improve decision-making abilities.

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Mukkam

Participatory learning

To enhance participatory learning, orthodontic topics were integrated into student activities such as debates and quizzes. Students were divided into teams to debate the best approaches to treatment planning for complex cases, focusing on factors like appliance selection, patient compliance, and expected outcomes. These debates encouraged critical thinking, teamwork, and the ability to justify clinical decisions.

Quizzes were also conducted, covering topics like appliance mechanics, indications, and troubleshooting, to assess and reinforce theoretical understanding. Real-life scenarios and patient case studies were used in these activities to make learning more engaging and relevant. Active participation in these discussions and quizzes fostered a collaborative learning environment, enabling students to exchange ideas and clarify doubts. As a result, students not only gained deeper insights into orthodontic principles but also improved their confidence and communication skills.

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PERIODONTOLOGY

EXPERIENTIAL LEARNING

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

REPORT

Experiential learning exposes the student to variety of periodontal procedures, including scaling, root planing, surgical procedures and periodontal probing. Students will be able to develop clinical skills and knowledge of periodontal procedures, by which they gain deeper understanding of the importance of proper oral hygiene and patient education. Students are trained to diagnose and treat periodontal diseases. They are also able to communicate effectively with patients and other health care professionals.

Experiential learning emphasizes the importance of hands-on experience and their reflection in learning process. Students are able to apply theoretical concepts learned in classroom to real world clinical scenarios.

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

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

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

HANDS ON TRAINING ON MINOR SURGICAL PROCEDURES

LEARNING OBJECTIVES:

- To develop necessary skills in flap design, incisions and suturing techniques.
- Develop proficiency in instrumentation

The hands-on training program in minor surgical techniques in periodontology for BDS students aims to equip participants with a thorough understanding of surgical principles, instrumentation, and patient management in periodontal procedures. Through practical experience, students will develop the skills necessary to perform minor surgical interventions, including flap design, suturing techniques, and tissue management, fostering their competence and confidence in delivering comprehensive periodontal care.

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PERIODONTOLOGY
INTERN LOG BOOK

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

Sl. No	Op. No.	Name	Age/Sex	Treatment
1.	23124/24	Fousiya	25/F	FMOP done
2	25501/24	Soumini P	65/F	FMOP
3	24504/24	Unnimoyin	63/M	FMOP
4	22561/24	Anjali	30/F	FMOP
5	24726/24	Muhammed Shafi	40/M	FMOP
6	24704/24	Raulabhi	37/F	FMOP
7	16243/24	Abdul Azees	60/M	FMOP
8	26304/24	Rosamma	50/F	FMOP
9	26451/24	Sanal Joseph	28/M	FMOP
10	27362/24	Muhammed Shijan	21/M	FMOP
11	27558/24	Jalar	47/M	FMOP
12	25017/24	Rasmiya Sherin	21/F	FMOP
13	27955/24	Janana prasad	72/M	FMOP
14.	25796/24	Drishya	30/F	FMOP
15	30416/24	Shaamila	57/F	FMOP
16	22073/24	prakashan	37/M	FMOP
17	12555/24	Sulfikar	34/M	FMOP
18	28571/24	Nafeesa	37/F	FMOP
19	25442/24	Noufan	19/M	FMOP
20	28722/24	Sheefa	48/F	FMOP

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

Sl. No	Op. No.	Name	Age/Sex	Treatment
41	3412/24	Haseena	47/F	FMop
42	37765/24	Abdul Jaleel	47/M	FMop
43	37710/24	Firdhous	32/M	FMop
44	31145/24	Muhammed Salim	42/M	FMop
45	30450/24	Shyama Prabha	59/F	FMop
46	37119/24	Aboobacker	35/M	FMop
47	30440/24	Shreyas	31/M	FMop
48	36640/24	Bhindu M	47/F	FMop
49	44306/24	Sulaiman	52/M	FMop
50	1142/24	Ayshumma	50/F	FMop
51	33310/24	Prajeesh TV	50/M	FMop
52	22570/24	Manoj kp	42/M	FMop
53	2501/24	Rekha	26/F	FMop
54	33700/24	Vijayan	52/M	FMop
55	35701/24	Muhammed	59/M	FMop
56	34201/24	Abdul salam	48/M	FMop
57	34201/24	Muhammed Shafi	34/M	FMop
58	34119/24	Nandhana	19/M	FMop
59	24310/24	Shakheela	42/F	FMop
60	37815/24	Ashrem	69/M	FMop

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

Sl. No	Op. No.	Name	Age/Sex	Treatment
61.	35118/24	Ruksana	09/F	FMOP
62	12935/24	Abdul Samad	21/M	FMOP
63	1460/23	Jameela	56/F	FMOP
64	3535/24	Muhammed Shamil	20/M	FMOP
65	3717/24	Riyas	47/M	FMOP

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

INTERN LOG BOOK

Certificate

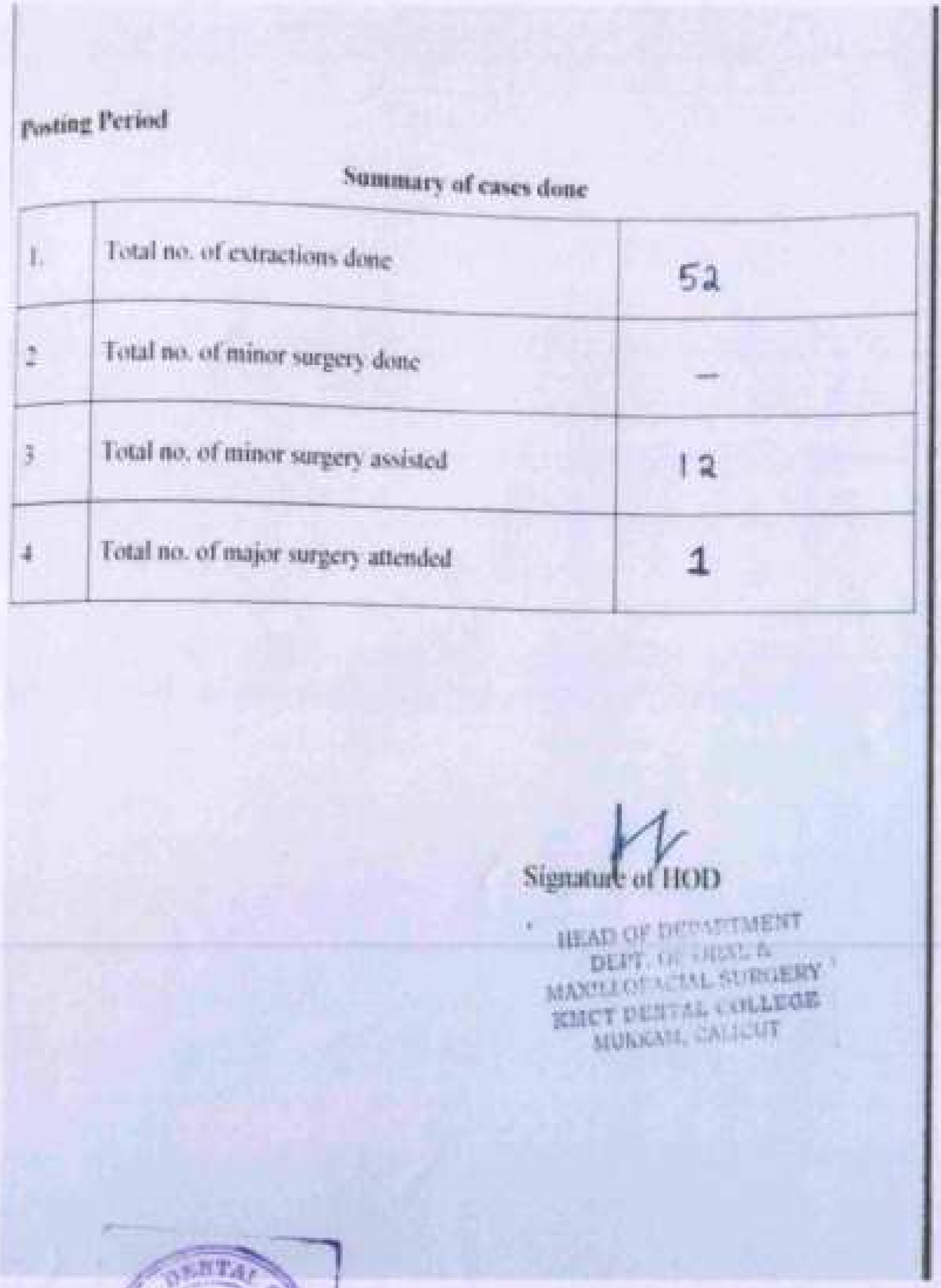
This is to certify that ~~Mr~~ Ms Maya T.V *a bonafide student of KMCT Dental College, Manassery, Kozhikode has satisfactorily completed his/her Compulsory Rotating Resident Internship in the Department of Oral and Maxillofacial Surgery, from* 29/07/24 *to* 26/9/24 *for a period of* 60 *days, according 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 : 12/10/2024

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



Posting Period

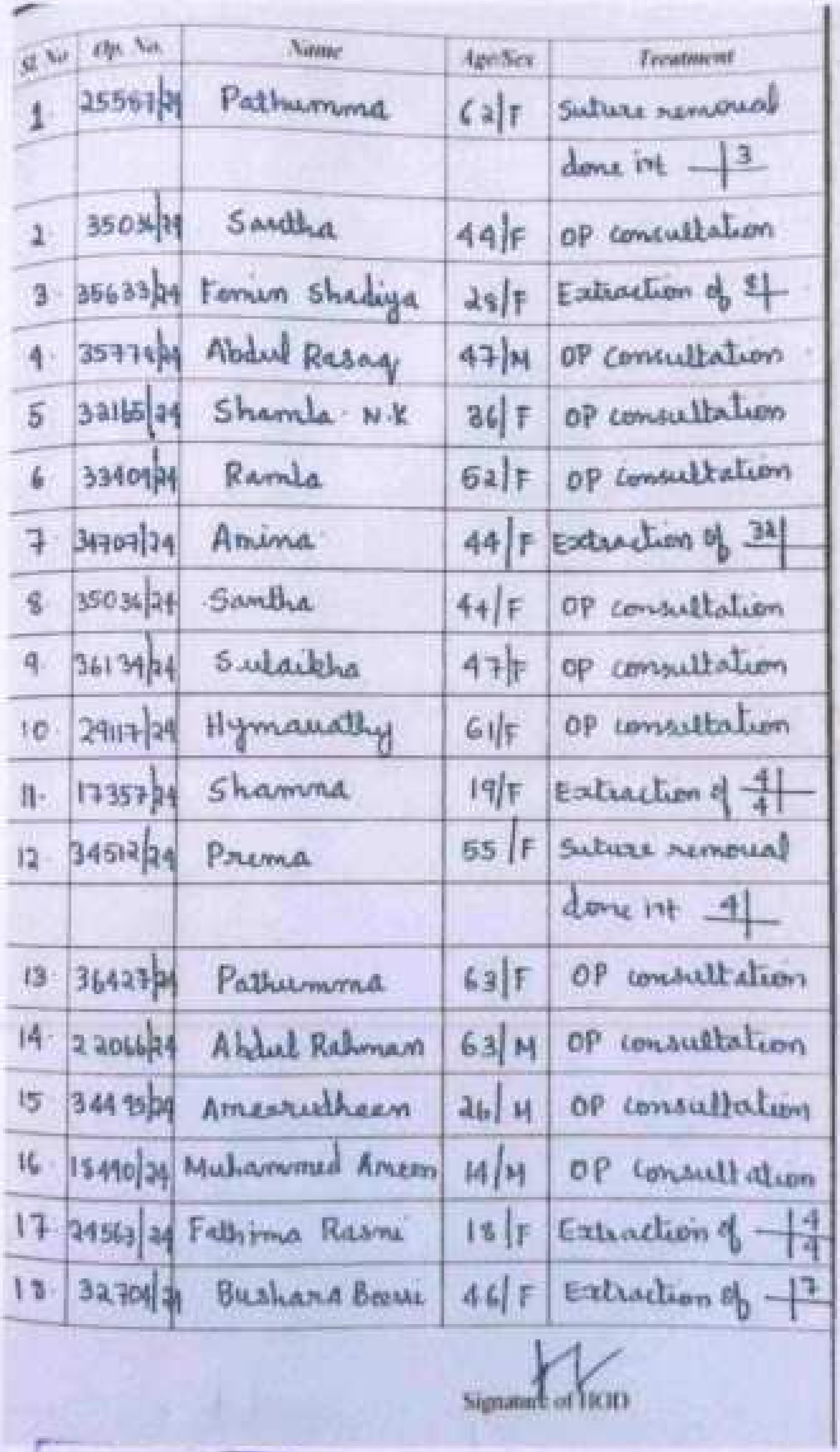
Summary of cases done

1.	Total no. of extractions done	52
2	Total no. of minor surgery done	—
3	Total no. of minor surgery assisted	12
4	Total no. of major surgery attended	1

Signature of HOD

HEAD OF DEPARTMENT
DEPT. OF ORAL &
MAXILLOFACIAL SURGERY
KMCT DENTAL COLLEGE
MUKKAM, CALICUT

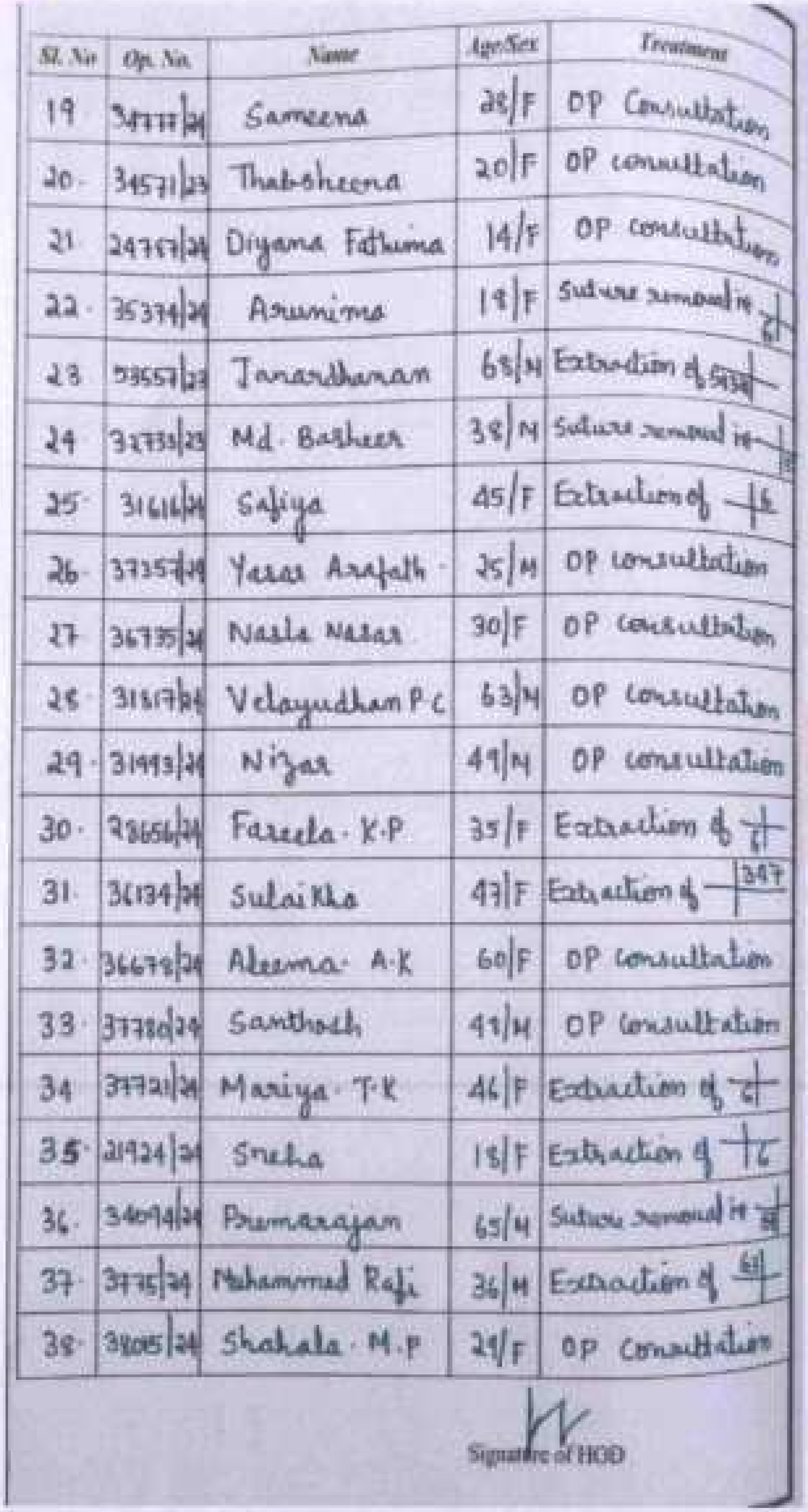
Dr. MANO[illegible] K.P
Principal
KMCT Dental College
Manassery, Mukkam



Sl. No.	Op. No.	Name	Age/Sex	Treatment
1	25567/24	Pathumma	62/F	Suture removal
				done irt $\underline{|3}$
2	35036/24	Santha	44/F	OP consultation
3	35633/24	Femin shadiya	28/F	Extraction of $\underline{8|}$
4	35774/24	Abdul Rasaq	47/M	OP consultation
5	32165/24	Shamla N.K	36/F	OP consultation
6	33409/24	Ramla	62/F	OP consultation
7	34707/24	Amina	44/F	Extraction of $\underline{32|}$
8	35036/24	Santha	44/F	OP consultation
9	36134/24	Sulaikha	47/F	OP consultation
10	29117/24	Hymavathy	61/F	OP consultation
11	17357/24	Shamna	19/F	Extraction of $\frac{4|}{4|}$
12	34512/24	Prema	55/F	Suture removal
				done irt $\underline{4|}$
13	36427/24	Pathumma	63/F	OP consultation
14	22066/24	Abdul Rahman	63/M	OP consultation
15	34493/24	Ameerudheen	26/M	OP consultation
16	15490/24	Muhammed Ameen	14/M	OP consultation
17	24563/24	Fathima Rasni	18/F	Extraction of $\frac{|4}{|4}$
18	32704/24	Bushara Beevi	46/F	Extraction of $\underline{|7}$

Signature of HOD

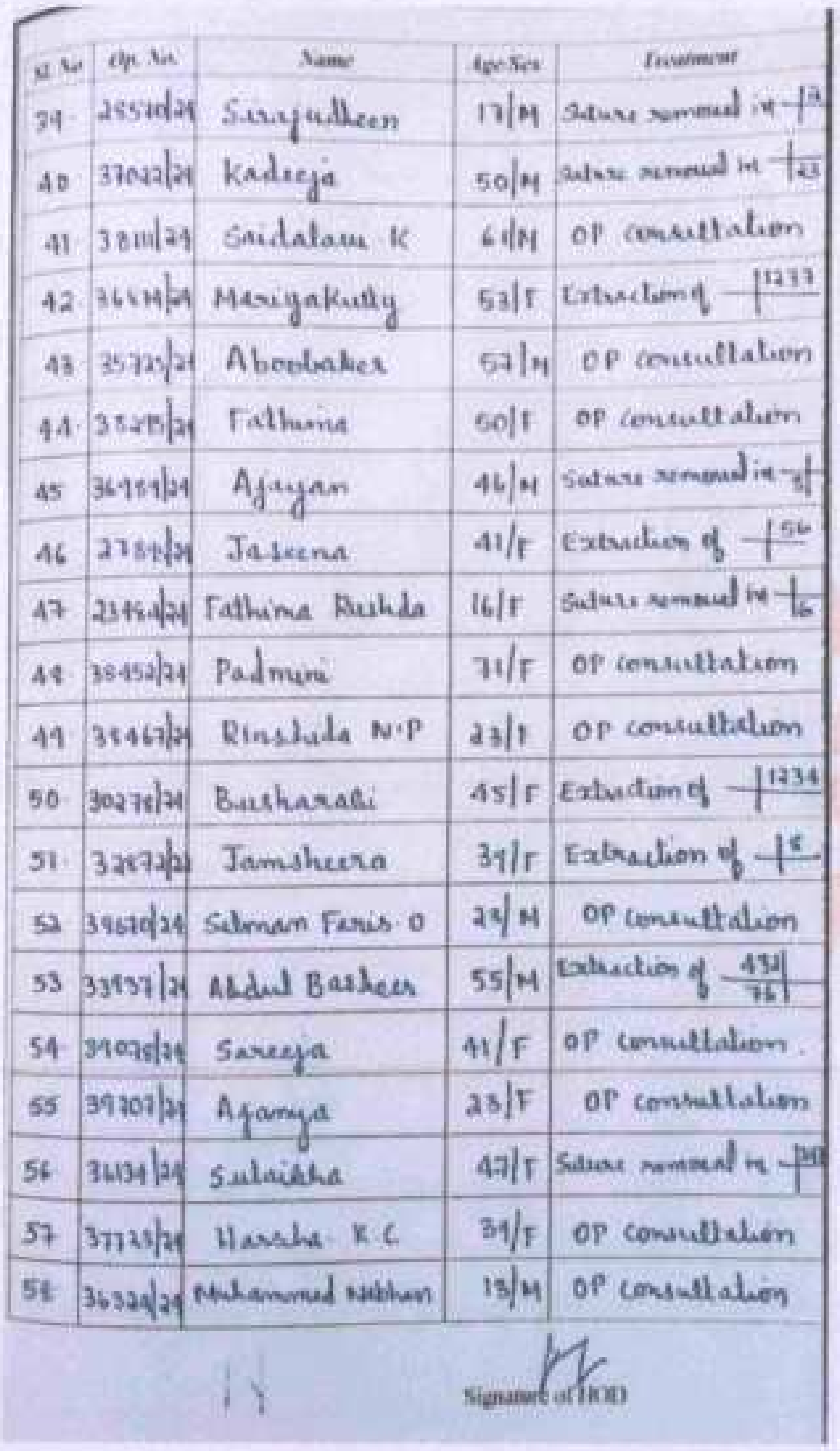
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



Sl. No	Op. No.	Name	Age/Sex	Treatment
19	34777/24	Sameena	28/F	OP Consultation
20	34571/23	Thabsheena	20/F	OP consultation
21	24757/24	Diyana Fathima	14/F	OP consultation
22	35374/24	Arunima	19/F	Suture removal in $\overline{6\|}$
23	53557/23	Janardhanan	68/M	Extraction of $\underline{5432\|}$
24	32733/23	Md. Basheer	38/M	Suture removal in $\overline{\|8}$
25	31616/24	Safiya	45/F	Extraction of $\underline{\|6}$
26	37357/24	Yasar Arafath	25/M	OP consultation
27	36735/24	Nasla Nasar	30/F	OP consultation
28	31817/24	Velayudhan P.C	63/M	OP consultation
29	31993/24	Nizar	49/M	OP consultation
30	38656/24	Fareela. K.P	35/F	Extraction of $\overline{6\|}$
31	36134/24	Sulaikha	47/F	Extraction of $\underline{\|347}$
32	36678/24	Aleema. A.K	60/F	OP consultation
33	37780/24	Santhosh	49/M	OP consultation
34	37721/24	Mariya. T.K	46/F	Extraction of $\underline{6\|}$
35	21924/24	Sneha	18/F	Extraction of $\underline{\|6}$
36	34094/24	Premarajan	65/M	Suture removal in $\overline{\|8}$
37	3775/24	Mohammed Rafi	36/M	Extraction of $\underline{6\|}$
38	38015/24	Shahala. M.P	29/F	OP Consultation

Signature of HOD

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

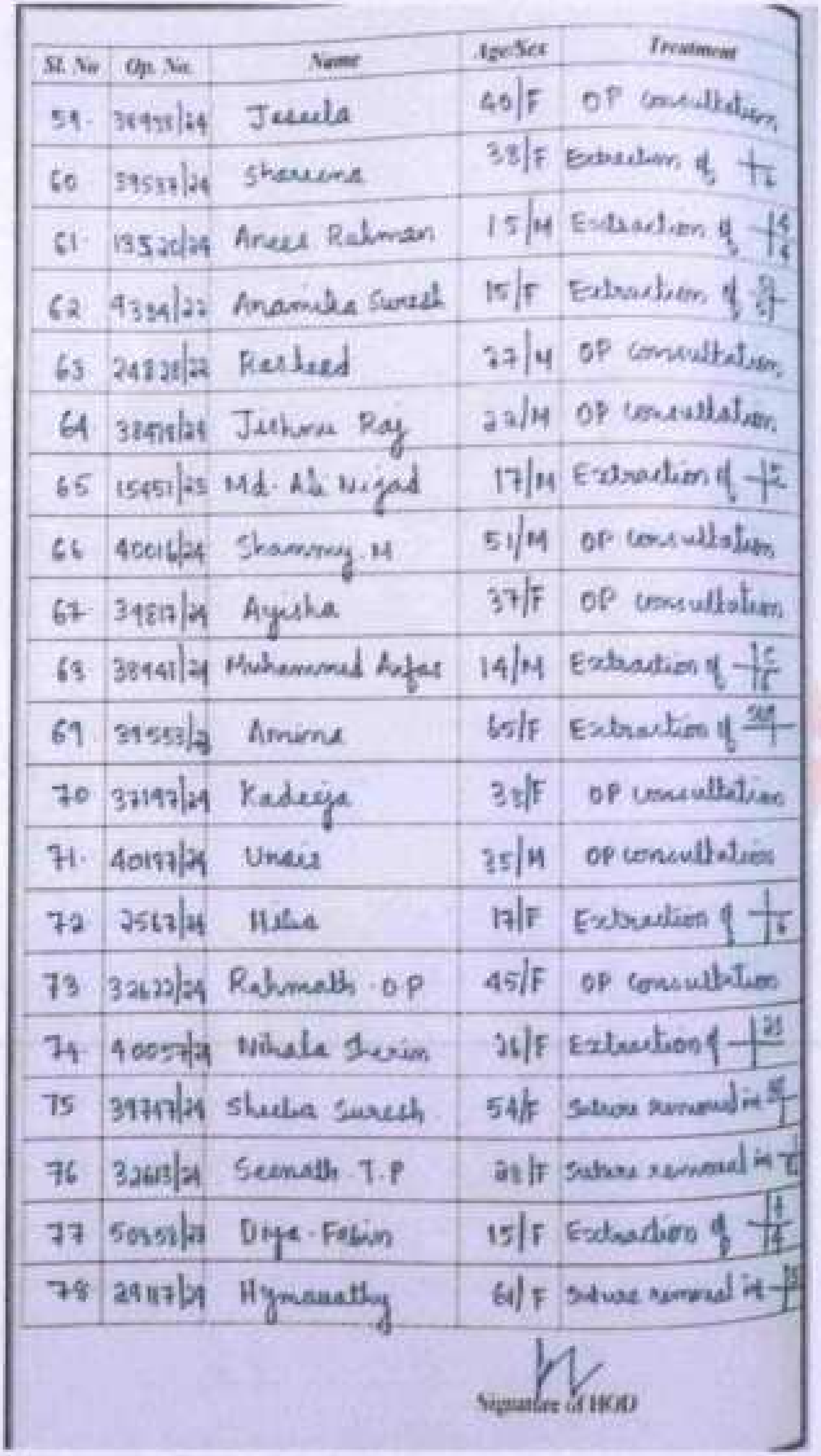


Sl. No	Op. No.	Name	Age/Sex	Treatment
39	25510/24	Sirajudheen	17/M	Suture removal in —|12
40	37022/24	Kadeeja	50/M	Suture removal in —|23
41	38111/24	Saidalavi K	61/M	OP consultation
42	36614/24	Mariyakutty	53/F	Extraction of —|1237
43	35723/24	Aboobaker	57/M	OP consultation
44	38281/24	Fathima	60/F	OP consultation
45	36959/24	Ajayan	46/M	Suture removal in —8|
46	27894/24	Jaseena	41/F	Extraction of —|56
47	23464/24	Fathima Rushda	16/F	Suture removal in —|6
48	38452/24	Padmini	71/F	OP consultation
49	38467/24	Rinshida N.P	23/F	OP consultation
50	30278/24	Busharabi	45/F	Extraction of —|1234
51	32872/24	Jamsheera	39/F	Extraction of —|8
52	39620/24	Salman Faris O	29/M	OP consultation
53	33937/24	Abdul Basheer	55/M	Extraction of 432| 76|
54	39078/24	Sareeja	41/F	OP consultation.
55	39707/24	Ayanya	23/F	OP consultation
56	36134/24	Sulaikha	47/F	Suture removal in —|
57	37723/24	Harsha K.C	39/F	OP consultation
58	36329/24	Muhammed Nabhan	13/M	OP consultation

Signature of (HOD)

CALICUT

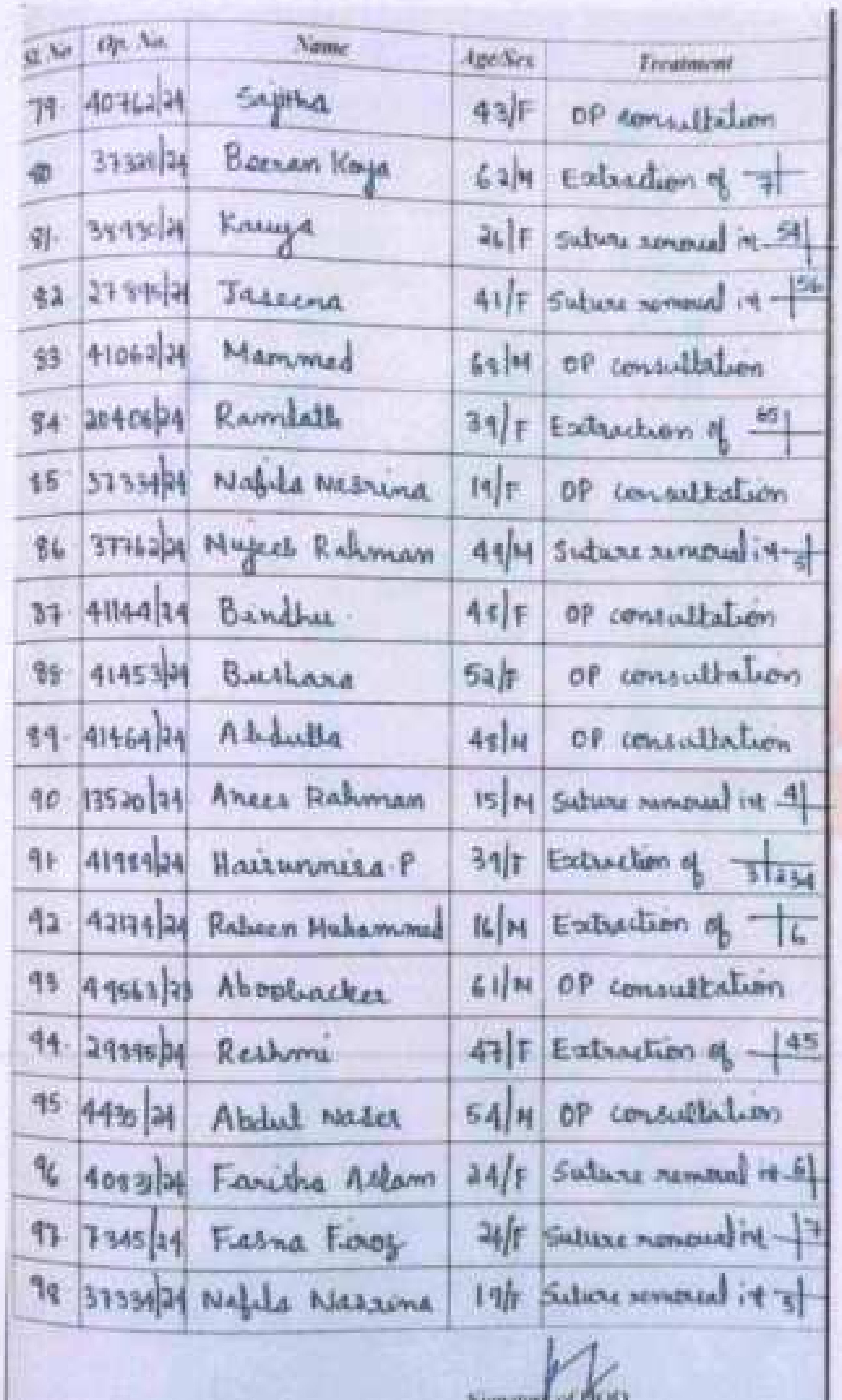
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



Sl. No	Op. No.	Name	Age/Sex	Treatment
59.	36935/24	Jaseela	40/F	OP consultation
60	39537/24	Shareena	38/F	Extraction of $\frac{|}{|6}$
61.	195320/24	Aneez Rahman	15/M	Extraction of $\frac{|5}{|5}$
62	9334/22	Anamika Suresh	15/F	Extraction of $\frac{8|}{8|}$
63	248328/22	Rasheed	27/M	OP consultation
64	384918/24	Jithin Raj	22/M	OP consultation
65	15451/25	Md. Ali Nijad	17/M	Extraction of $\frac{|5}{|}$
66	40016/24	Shammy. M	51/M	OP consultation
67.	39817/24	Ayisha	37/F	OP consultation
68	38941/24	Muhammed Arfas	14/M	Extraction of $\frac{|5}{|5}$
69	39553/24	Amina	65/F	Extraction of $\frac{38|}{|}$
70	37197/24	Kadeeja	33/F	OP consultation
71.	40197/24	Unais	35/M	OP consultation
72	2567/24	Hiba	17/F	Extraction of $\frac{|}{|6}$
73	32622/24	Rahmath. O.P	45/F	OP consultation
74	40057/24	Nihala Sherin	26/F	Extraction of $\frac{|21}{|}$
75	39747/24	Sheeba Suresh	54/F	Suture removal in $\frac{8|}{|}$
76	32613/24	Seenath. T.P	22/F	Suture removal in
77	50352/23	Diya. Fabin	15/F	Extraction of $\frac{|8}{|8}$
78	29117/24	Hymavathy	61/F	Suture removal in

Signature of HOD

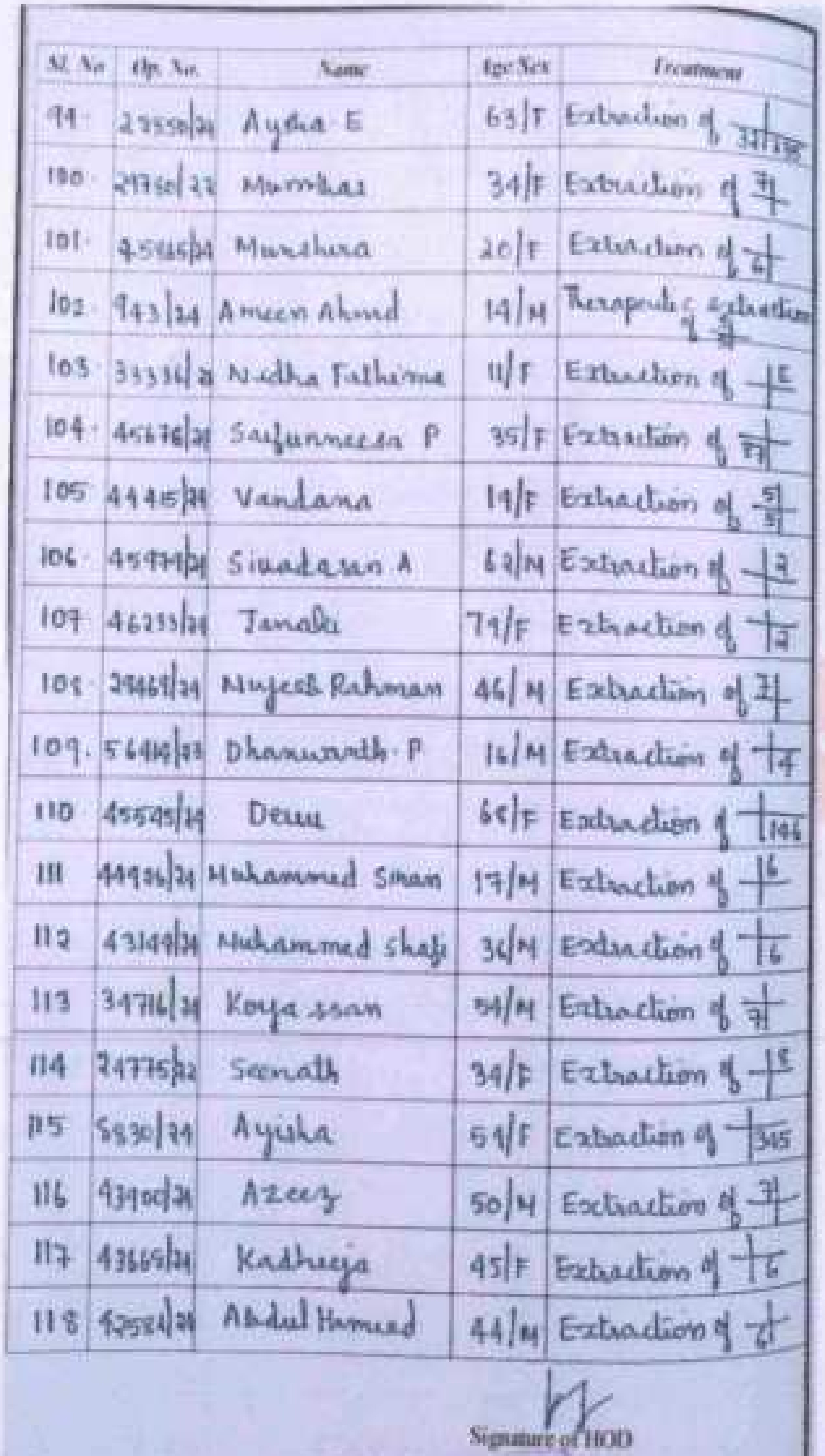
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



Sl. No	Op. No.	Name	Age/Sex	Treatment
79	40762/24	Sajtha	43/F	OP consultation
80	37320/24	Beeran Koya	62/M	Extraction of 7|
81	34130/24	Kavya	26/F	Suture removal irt 5|
82	27845/24	Jaseena	41/F	Suture removal irt |56
83	41062/24	Mammed	68/M	OP consultation
84	20406/24	Ramlath	39/F	Extraction of 65|
85	37334/24	Nafila Nesrina	19/F	OP consultation
86	37762/24	Mujeeb Rahman	49/M	Suture removal irt 5|
87	41144/24	Bindhu	45/F	OP consultation
88	41453/24	Bushara	52/F	OP consultation
89	41464/24	Abdulla	48/M	OP consultation
90	13520/24	Anees Rahman	15/M	Suture removal irt 4|
91	41989/24	Hairunnisa P	39/F	Extraction of 3|234
92	42174/24	Rabeen Muhammed	16/M	Extraction of |6
93	49561/23	Aboobacker	61/M	OP consultation
94	29996/24	Reshmi	47/F	Extraction of |45
95	4430/24	Abdul Naser	54/M	OP consultation
96	40832/24	Faritha Aslam	24/F	Suture removal irt 6|
97	7345/24	Fasna Firoz	26/F	Suture removal irt |7
98	37334/24	Nafila Nasrina	19/F	Suture removal irt 5|

Signature of HOD

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



Sl. No	Op. No.	Name	Age/Sex	Treatment
99	23550/24	Ayesha E	63/F	Extraction of $\begin{array}{c\|c} & \\ \hline 32 & 38 \end{array}$
100	29760/22	Mumthas	34/F	Extraction of $\begin{array}{c\|c} 7 & \\ \hline & \end{array}$
101	45816/24	Munshira	20/F	Extraction of $\begin{array}{c\|c} & \\ \hline 6 & \end{array}$
102	943/24	Ameen Ahmed	14/M	Therapeutic extraction of $\begin{array}{c\|c} 4 & \\ \hline & \end{array}$
103	33336/24	Nidha Fathima	11/F	Extraction of $\begin{array}{c\|c} & E \\ \hline & \end{array}$
104	45676/24	Saifunneesa P	35/F	Extraction of $\begin{array}{c\|c} & \\ \hline 7 & \end{array}$
105	44415/24	Vandana	19/F	Extraction of $\begin{array}{c\|c} 5 & \\ \hline 5 & \end{array}$
106	45974/24	Sivadasan A	62/M	Extraction of $\begin{array}{c\|c} & 2 \\ \hline & \end{array}$
107	46233/24	Janaki	79/F	Extraction of $\begin{array}{c\|c} & \\ \hline & 2 \end{array}$
108	39469/24	Mujeeb Rahman	46/M	Extraction of $\begin{array}{c\|c} 7 & \\ \hline & \end{array}$
109	56416/23	Dhanwanth P	16/M	Extraction of $\begin{array}{c\|c} & \\ \hline & 4 \end{array}$
110	45545/24	Devu	68/F	Extraction of $\begin{array}{c\|c} & \\ \hline & 146 \end{array}$
111	44936/24	Muhammed Sinan	17/M	Extraction of $\begin{array}{c\|c} & 6 \\ \hline & \end{array}$
112	43149/24	Muhammed Shafi	36/M	Extraction of $\begin{array}{c\|c} & \\ \hline & 6 \end{array}$
113	34716/24	Koya ssan	54/M	Extraction of $\begin{array}{c\|c} & \\ \hline 7 & \end{array}$
114	24775/22	Seenath	34/F	Extraction of $\begin{array}{c\|c} & 5 \\ \hline & \end{array}$
115	5830/24	Ayisha	54/F	Extraction of $\begin{array}{c\|c} & \\ \hline & 345 \end{array}$
116	43900/24	Azeez	50/M	Extraction of $\begin{array}{c\|c} 7 & \\ \hline & \end{array}$
117	43665/24	Kadheeja	45/F	Extraction of $\begin{array}{c\|c} & \\ \hline & 6 \end{array}$
118	42584/24	Abdul Hameed	44/M	Extraction of $\begin{array}{c\|c} & \\ \hline 6 & \end{array}$

Signature of HOD

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam

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

HEAD OF DEPARTMENT
DEPT. OF ORAL &
MAXILLOFACIAL SURGERY
KMCT DENTAL COLLEGE
MUKKAM, CALICUT

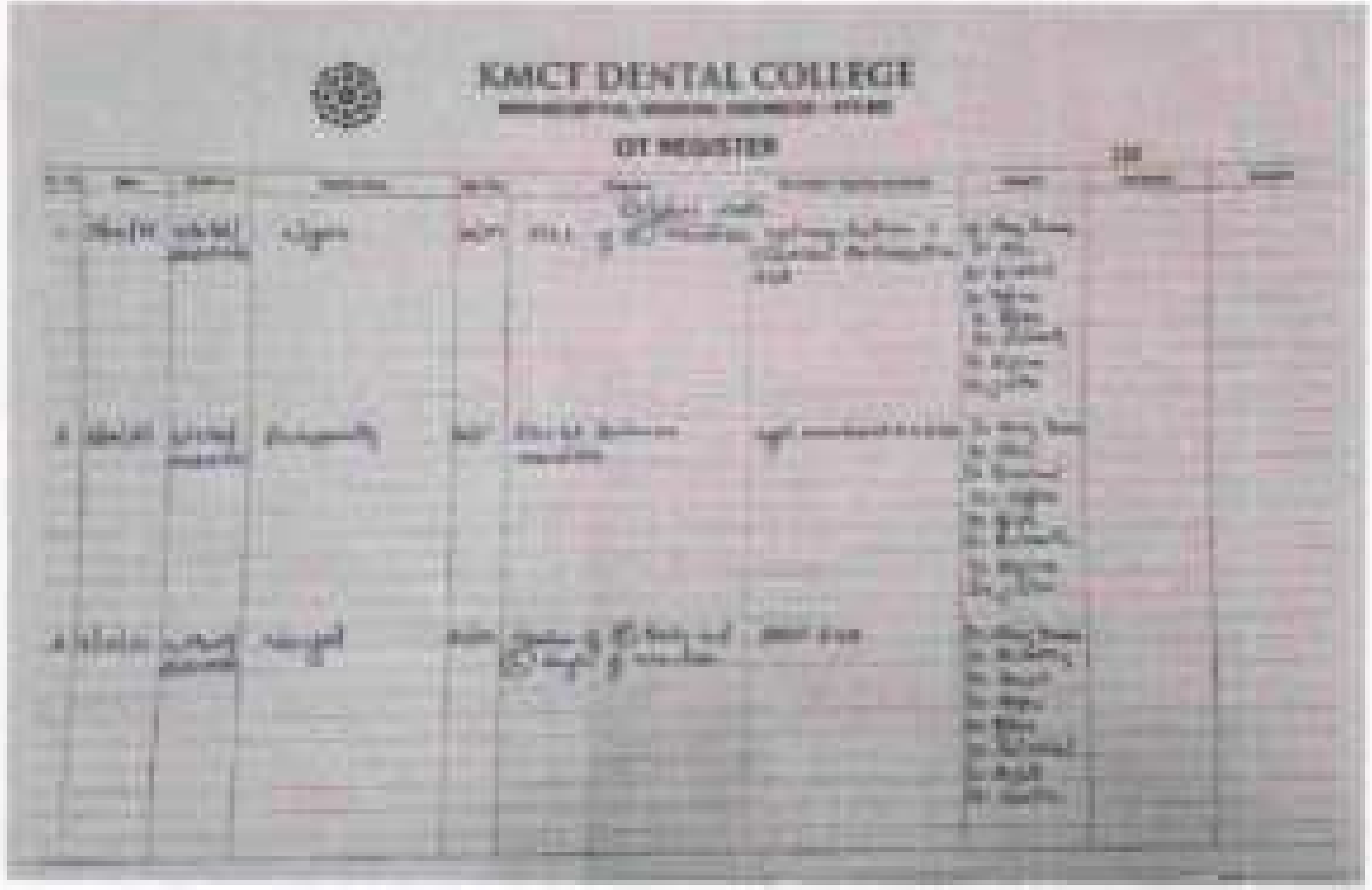
Signature of HOD

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

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

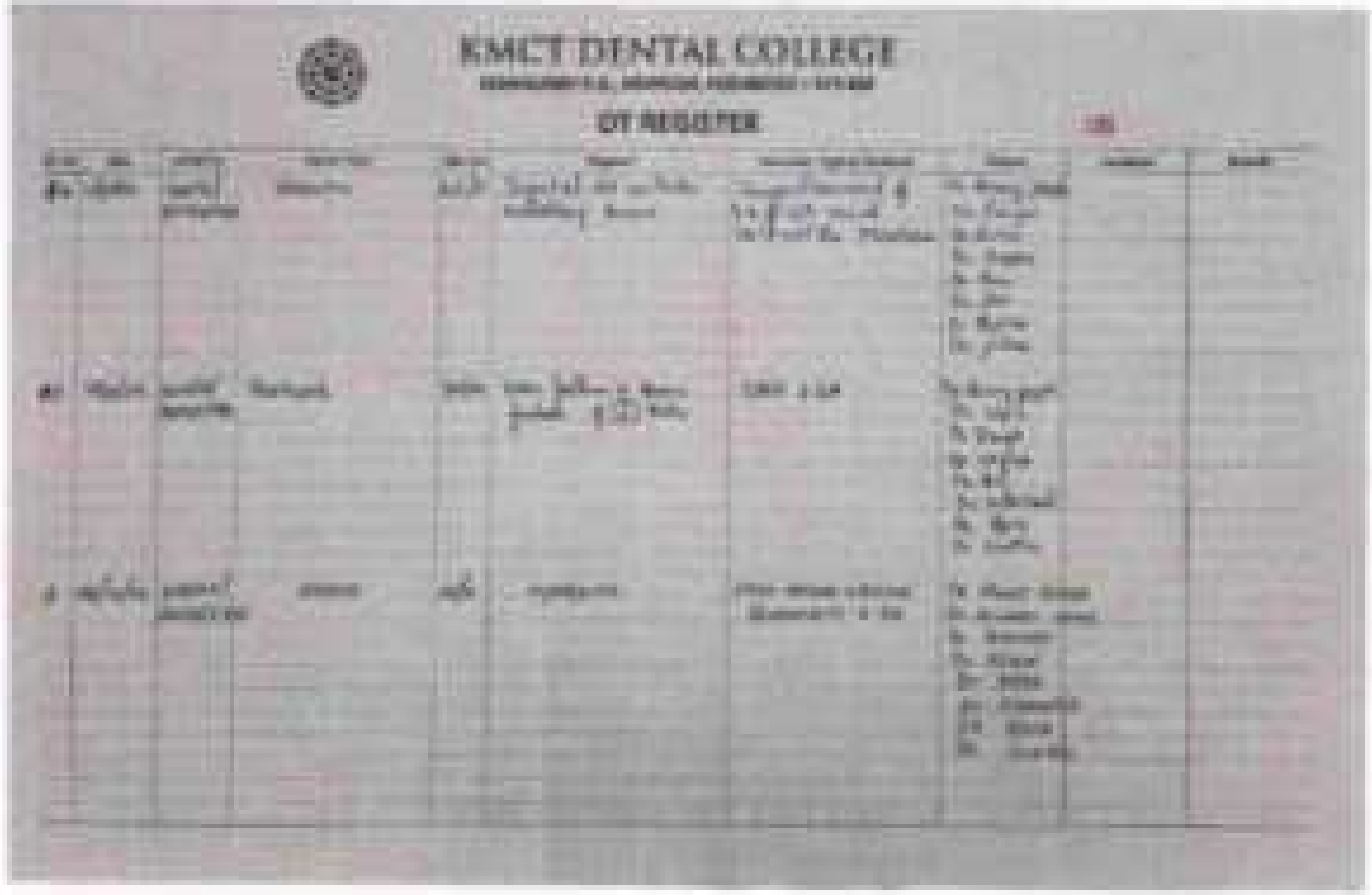
OT
REGISTER

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



KMCT DENTAL COLLEGE

OT REGISTER



KMCT DENTAL COLLEGE

OT REGISTER

KMCT DENTAL COLLEGE

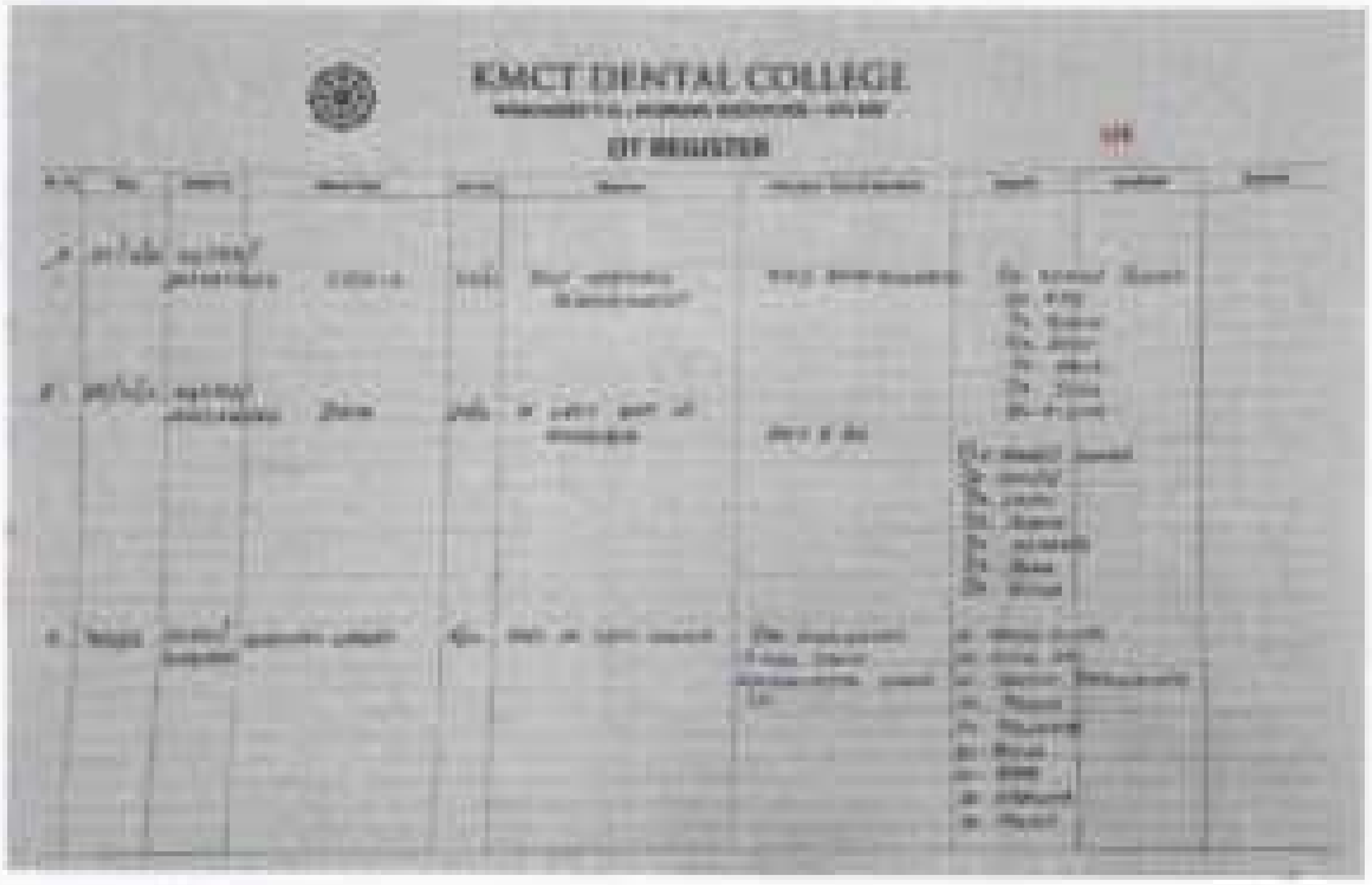
OT REGISTER

NOVEMBER 2023

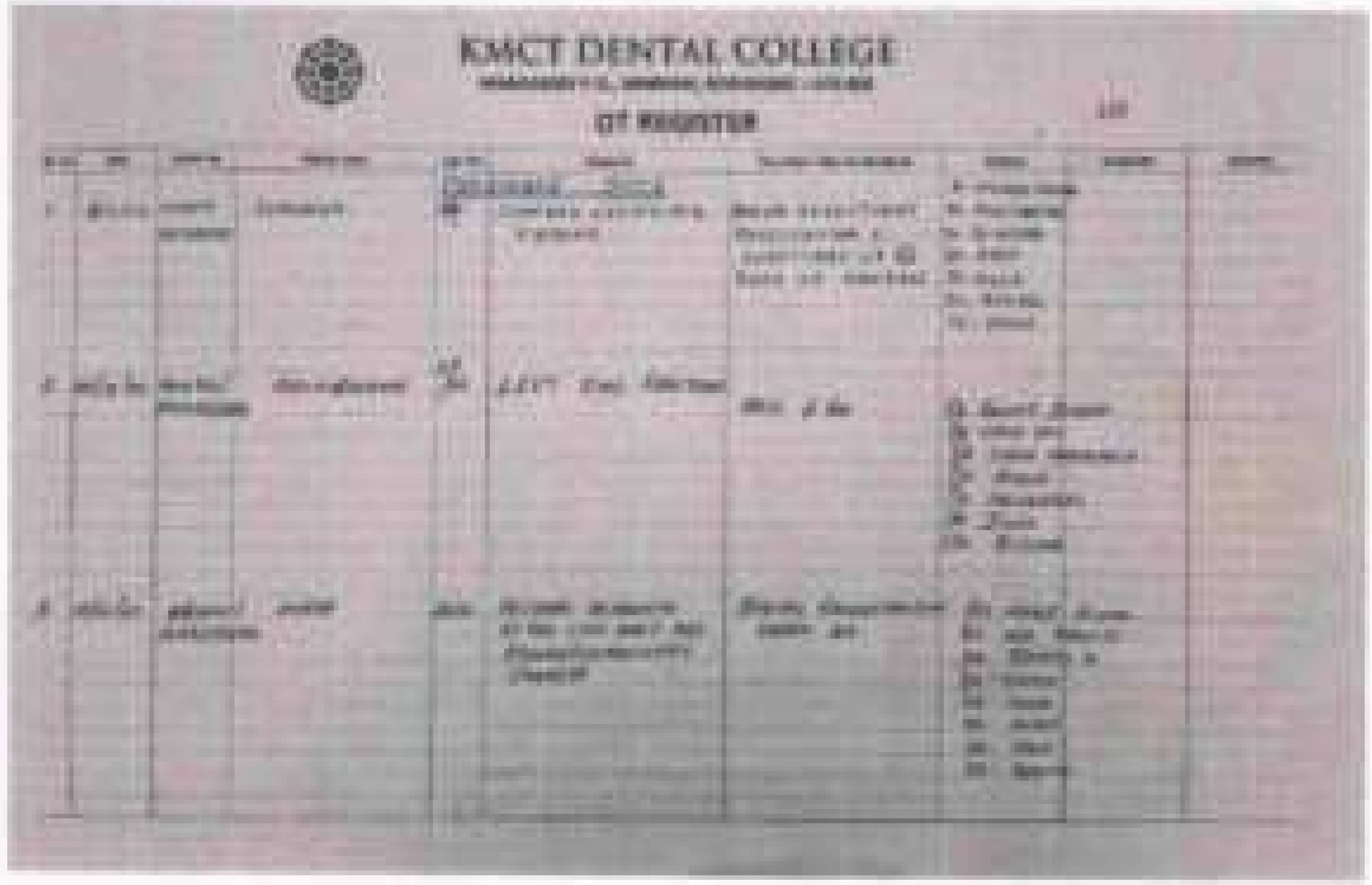
KMCT DENTAL COLLEGE

OT REGISTER

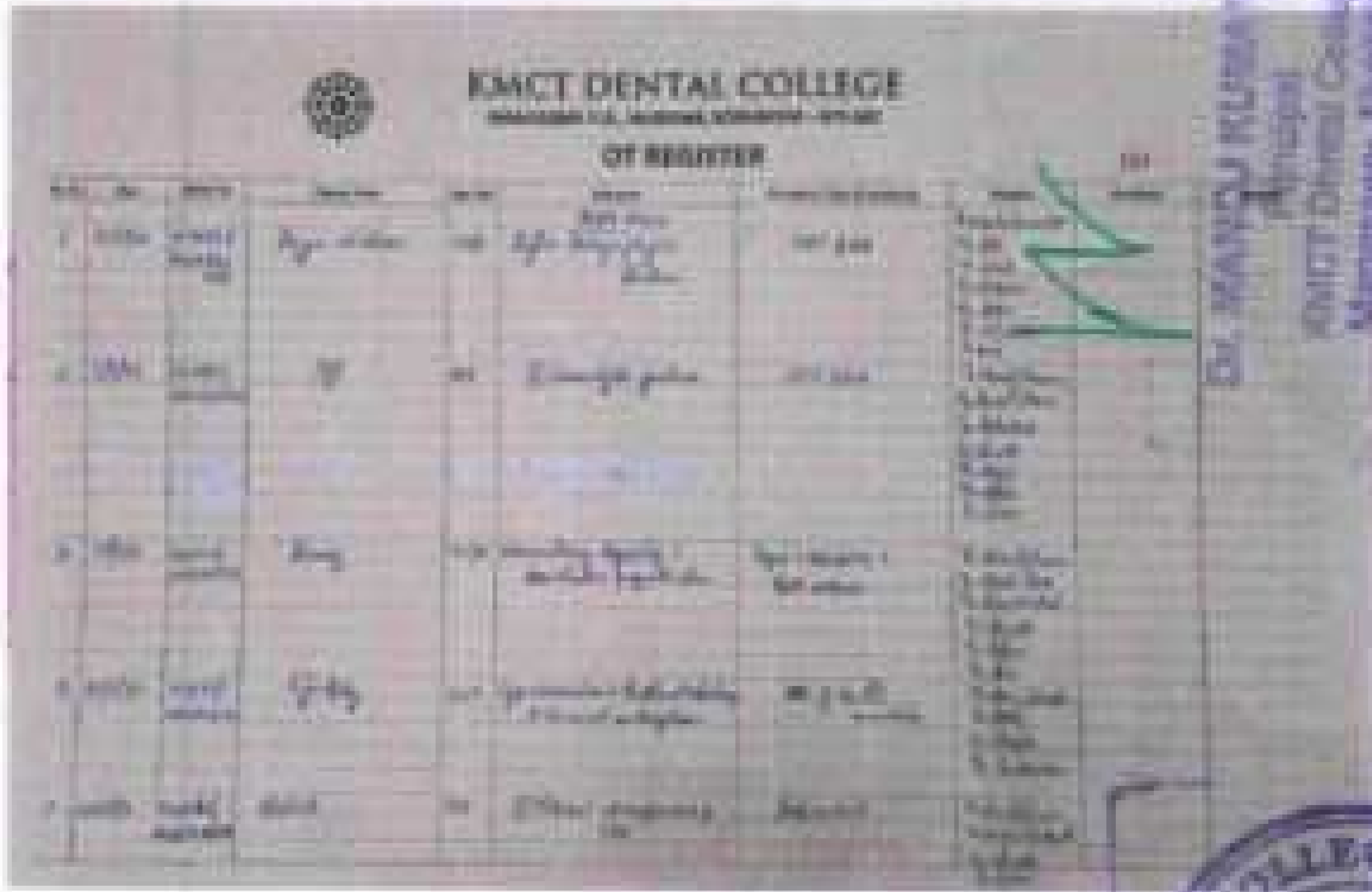
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam


KMCT DENTAL COLLEGE

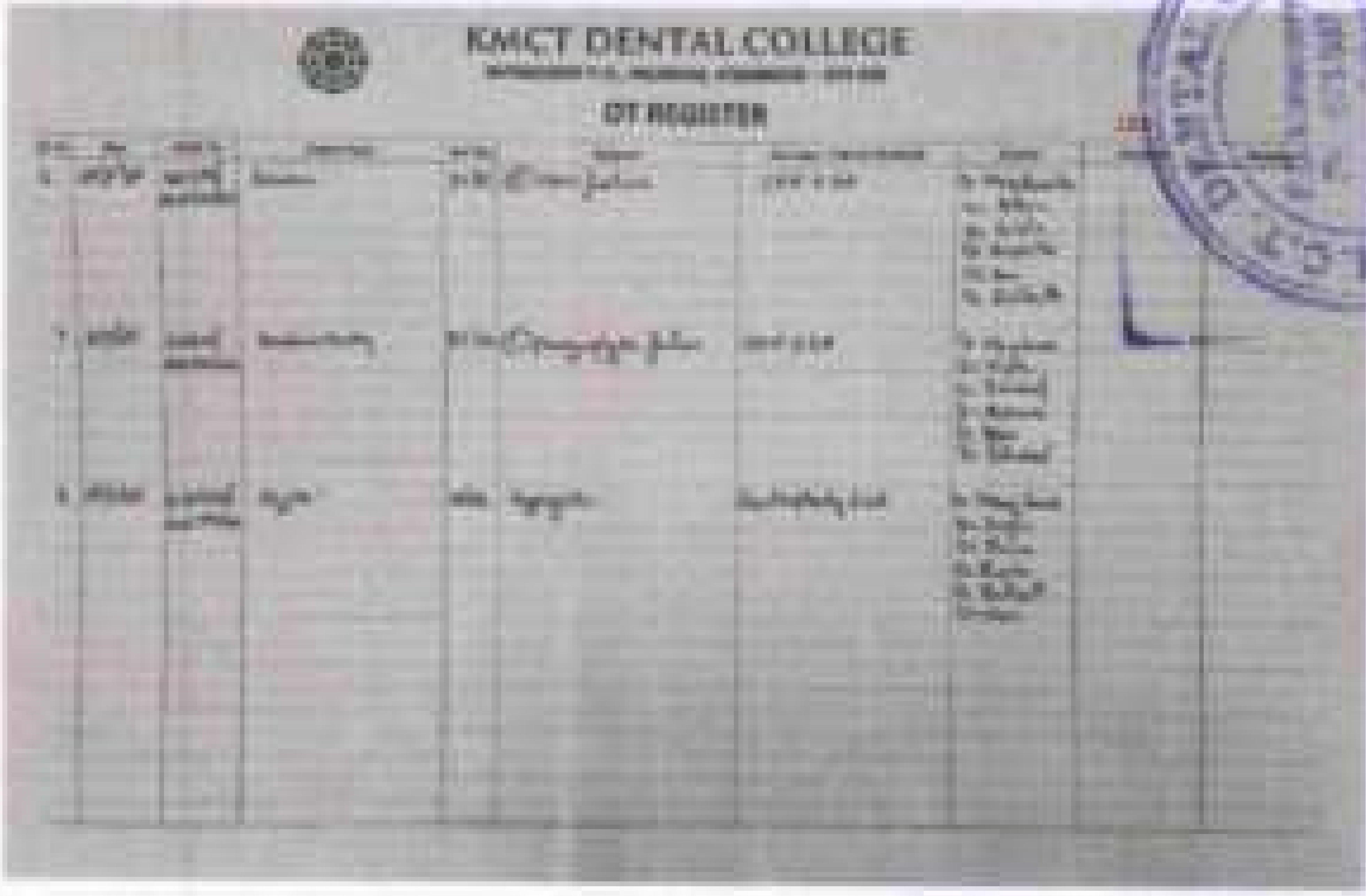
OT REGISTER


KMCT DENTAL COLLEGE

OT REGISTER

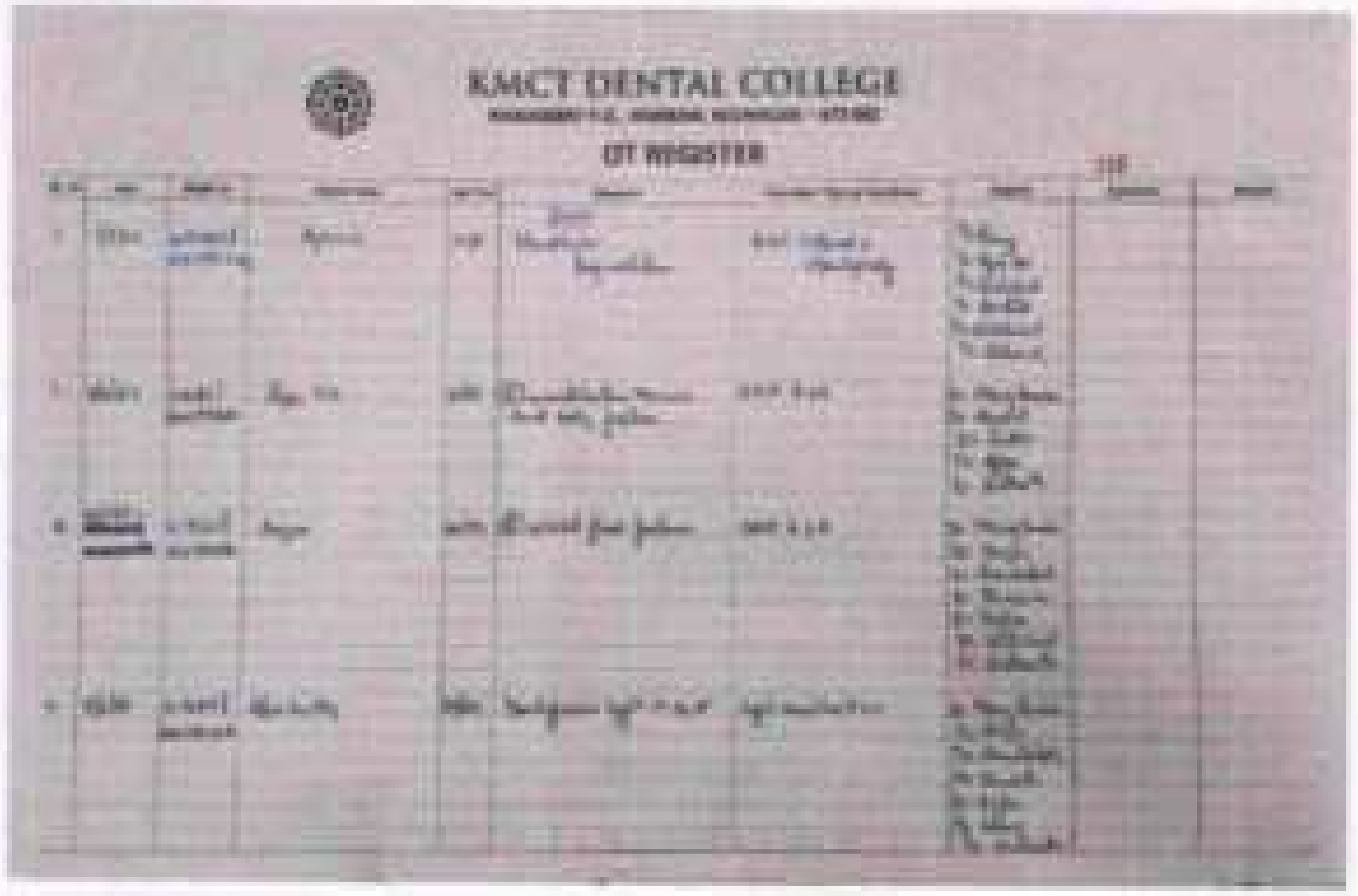

KMCT DENTAL COLLEGE

OT REGISTER


KMCT DENTAL COLLEGE

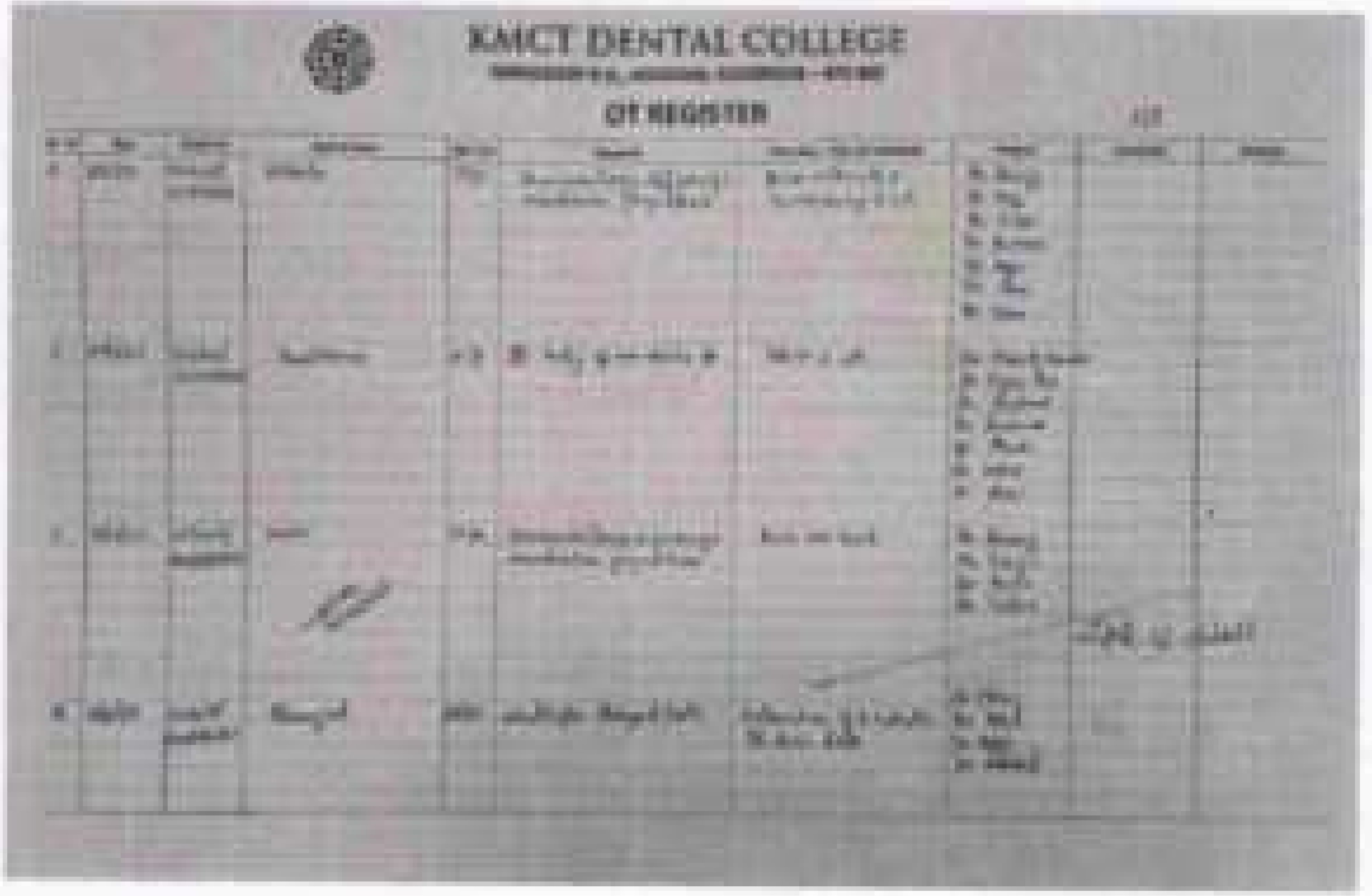
OT REGISTER

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



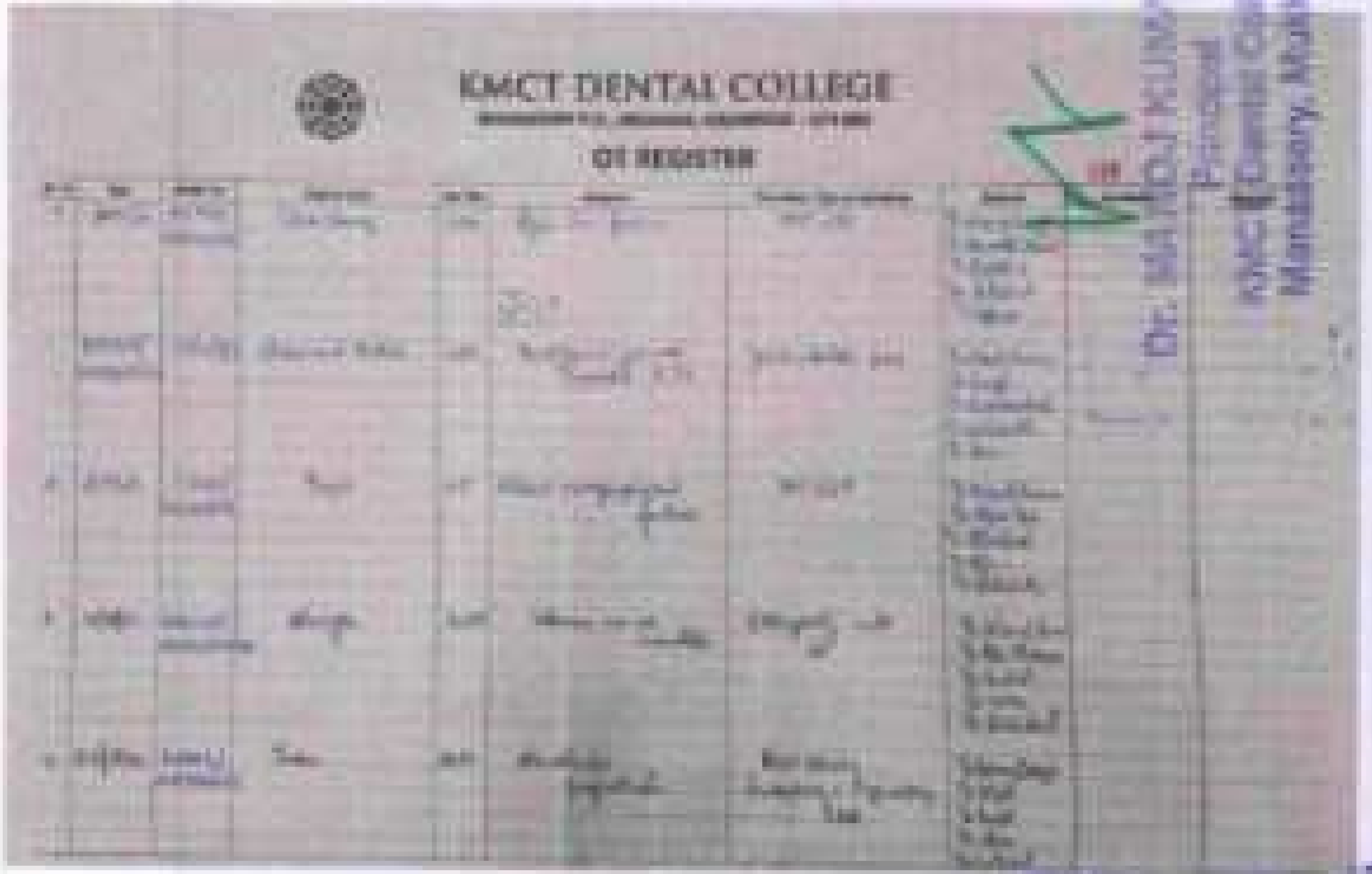
KMCT DENTAL COLLEGE

OT REGISTER



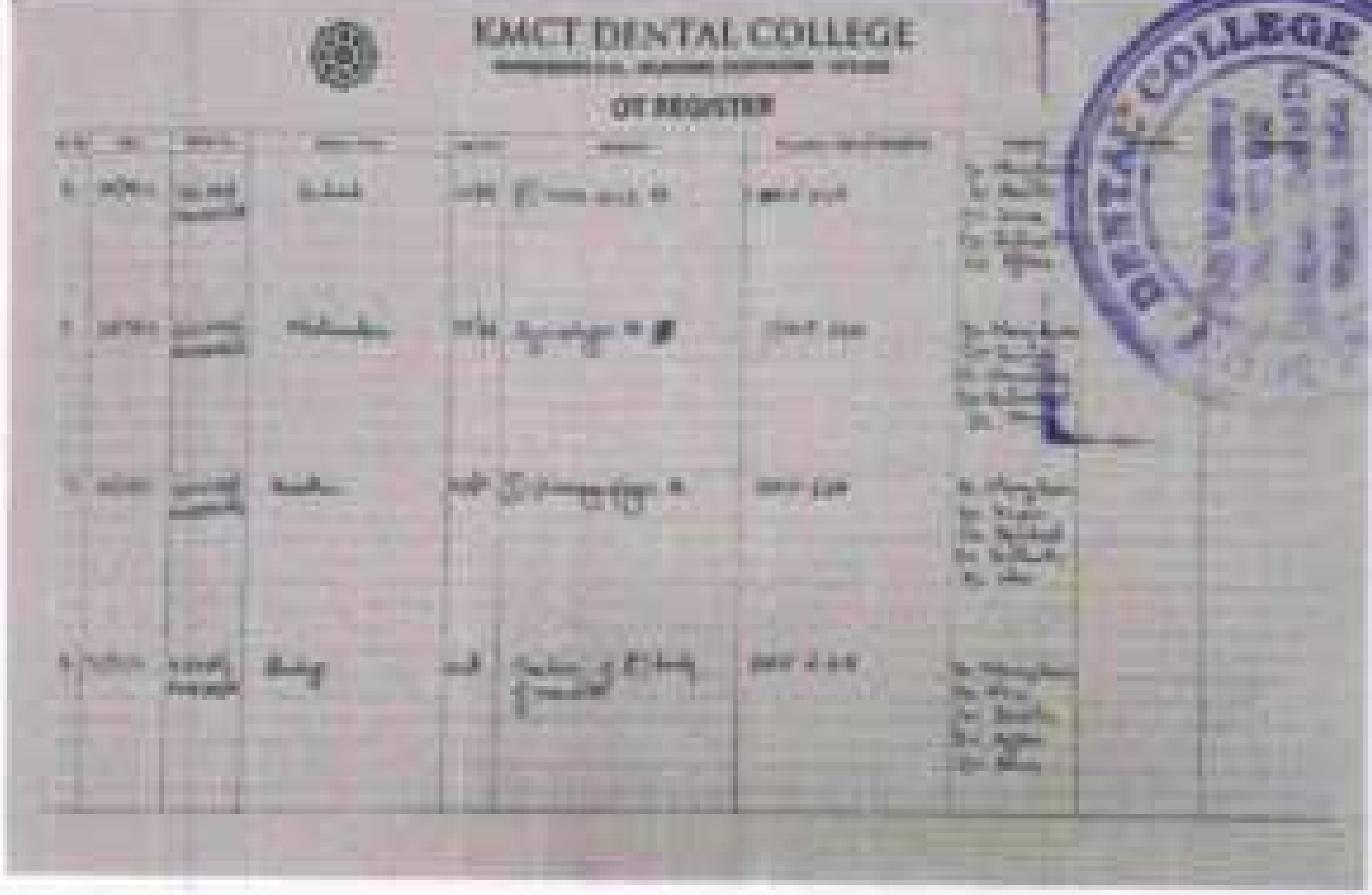
KMCT DENTAL COLLEGE

OT REGISTER



KMCT DENTAL COLLEGE

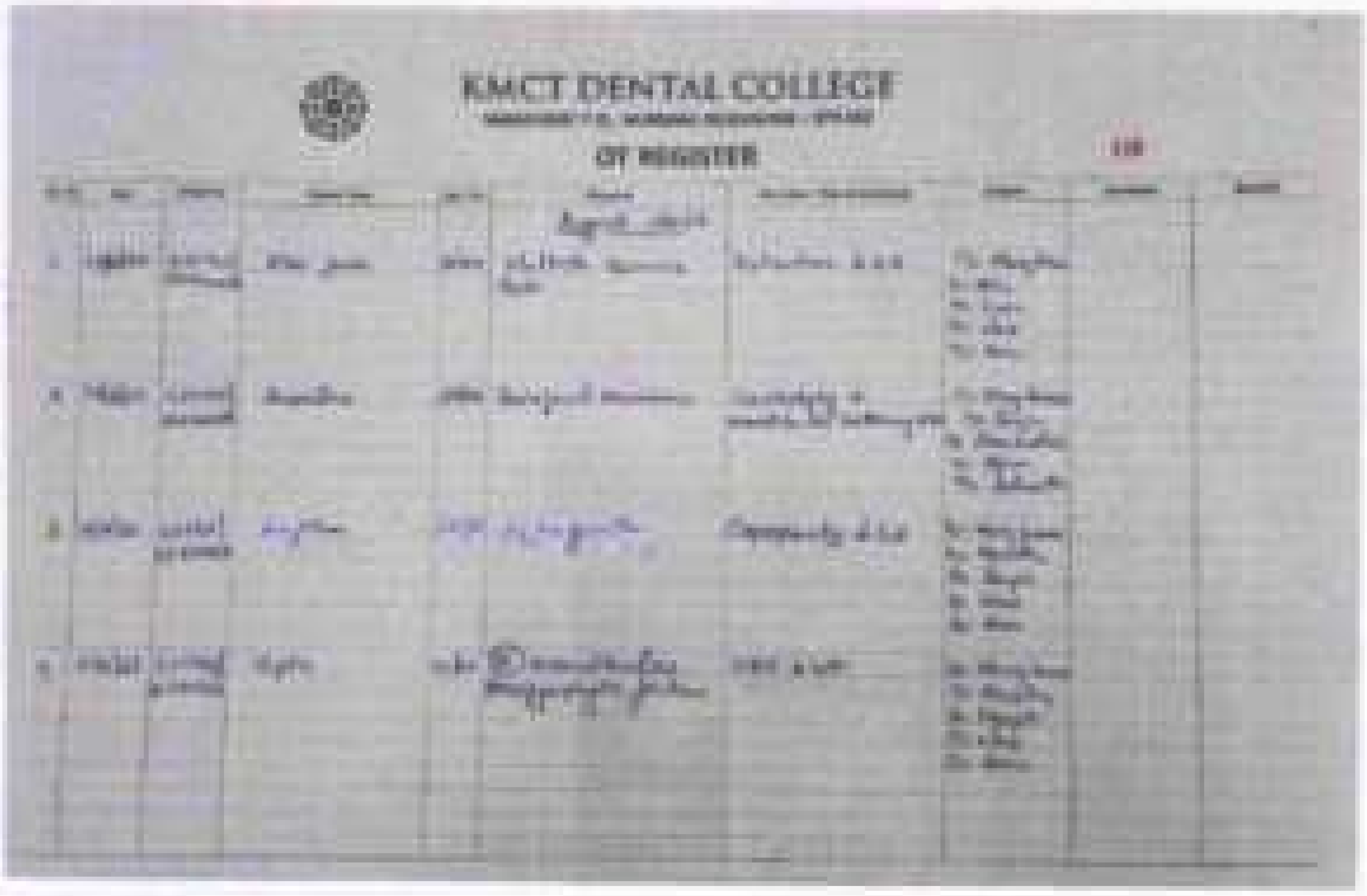
OT REGISTER



KMCT DENTAL COLLEGE

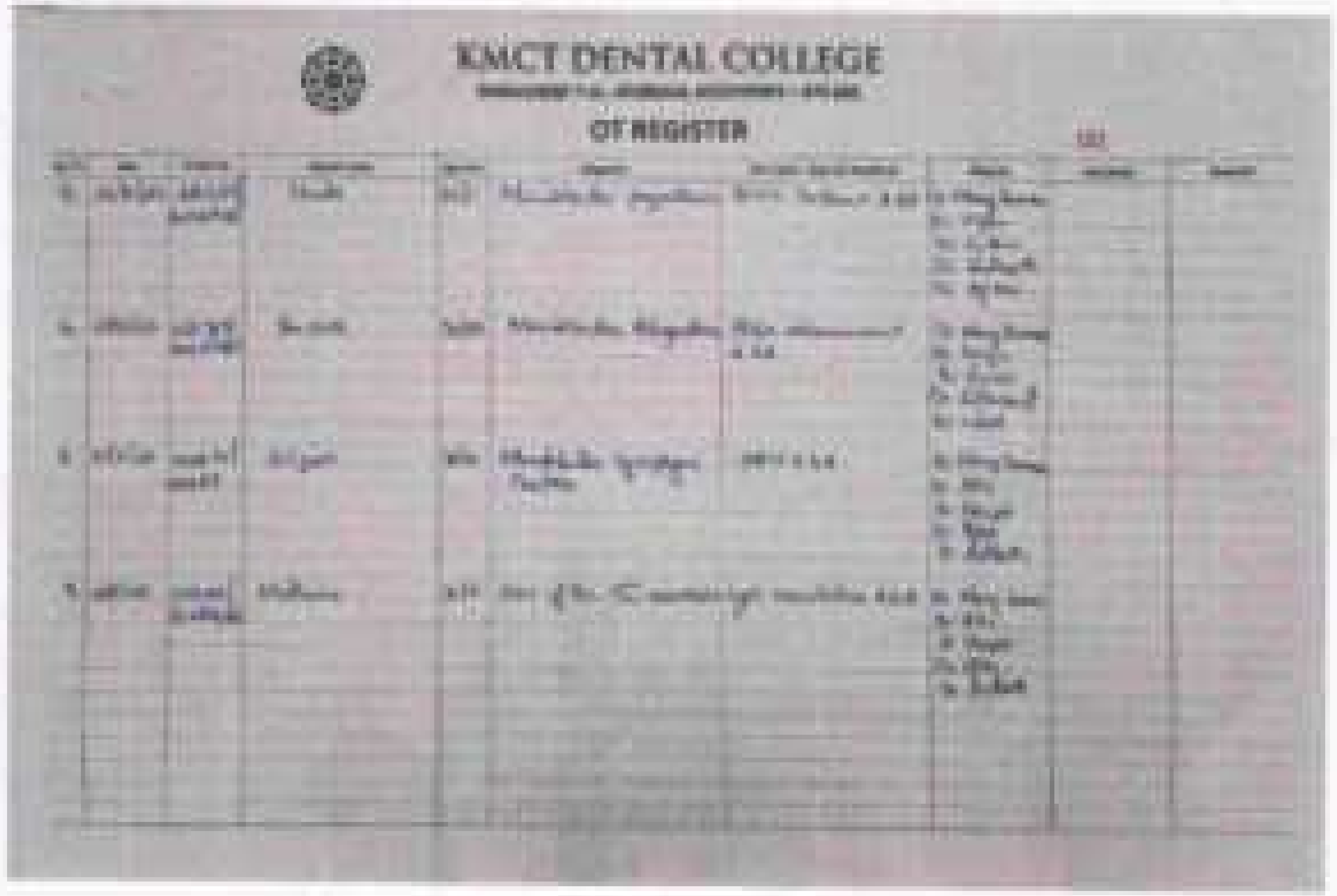
OT REGISTER

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



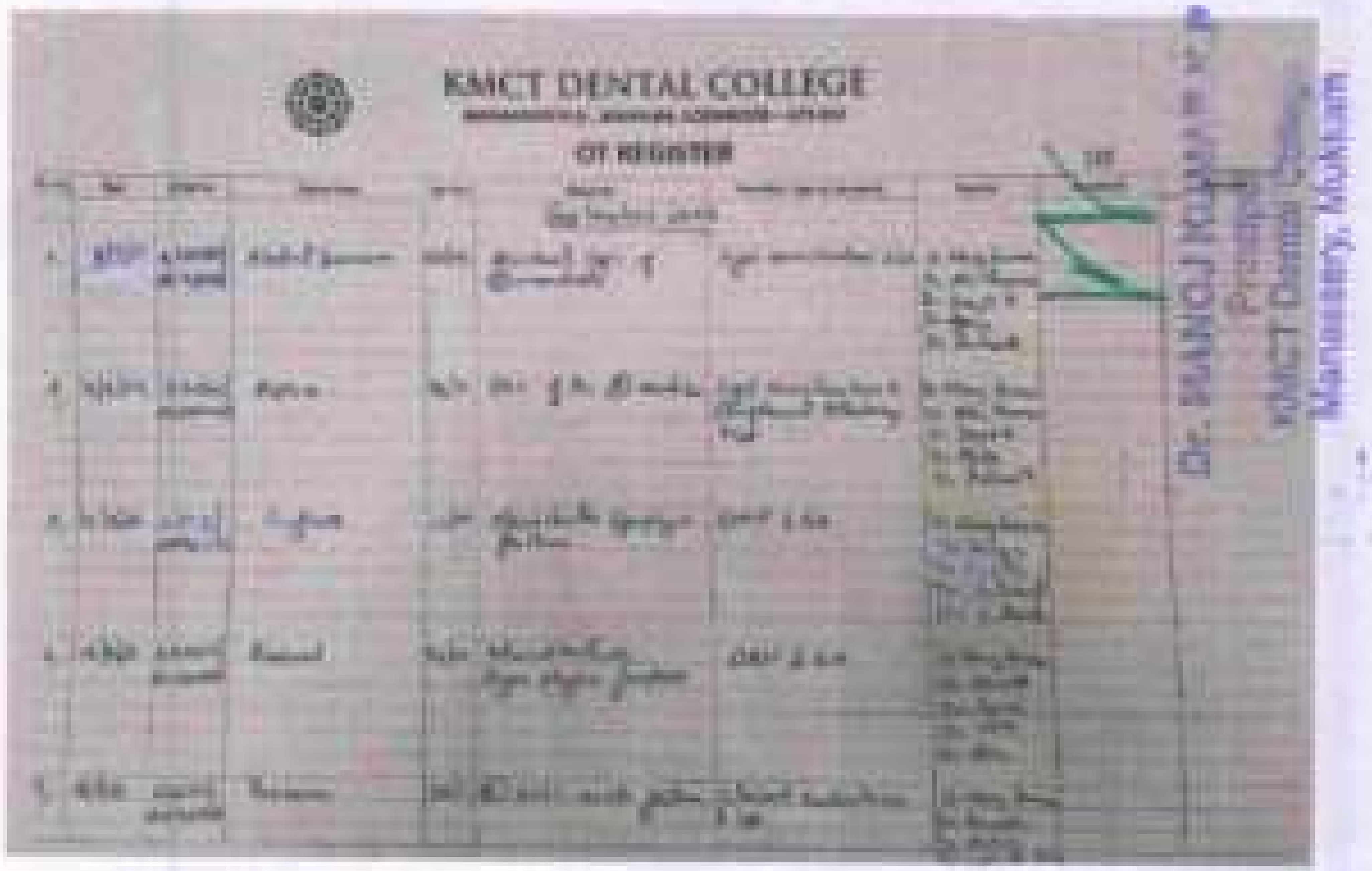
KMCT DENTAL COLLEGE

OT REGISTER



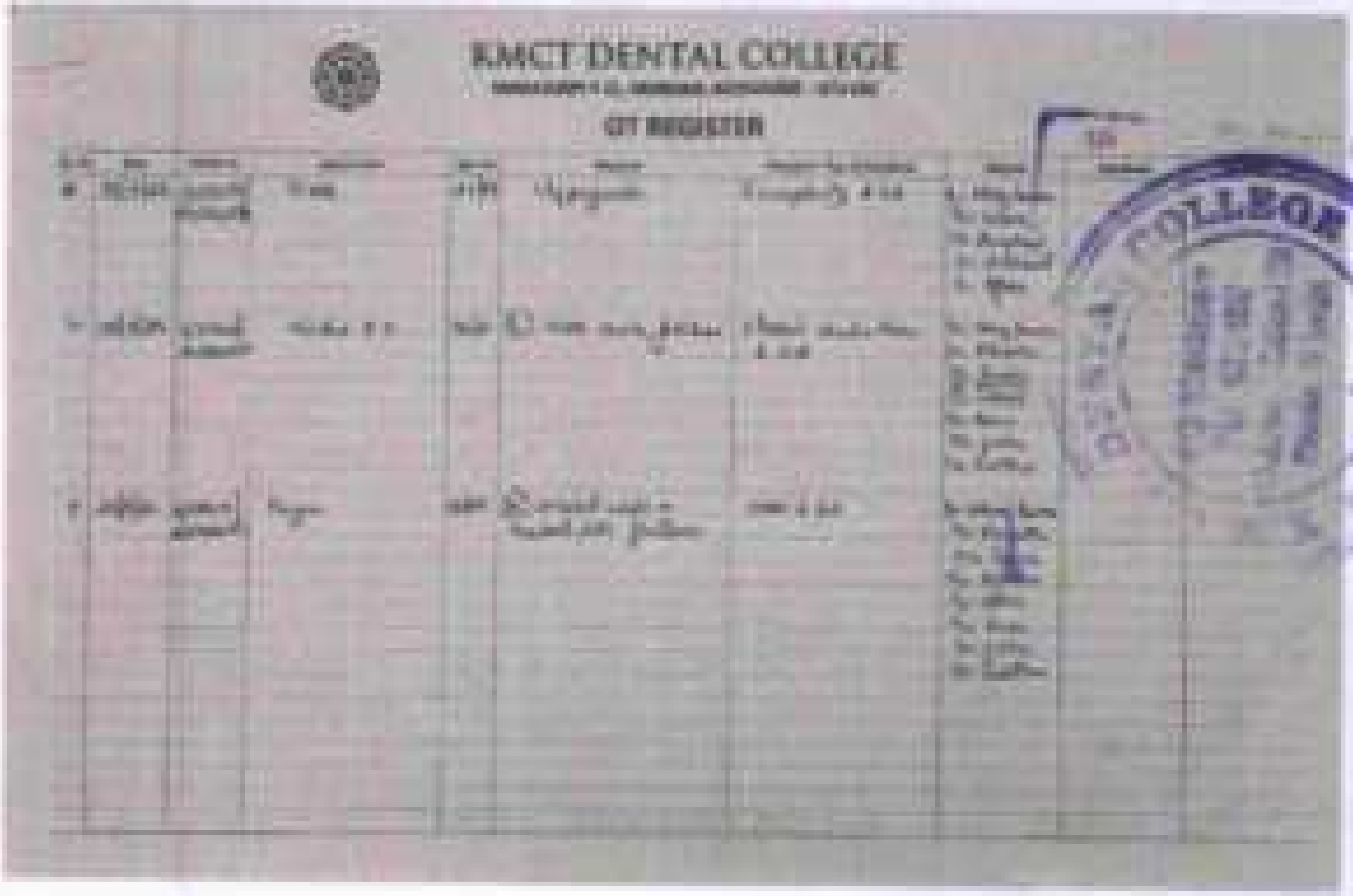
KMCT DENTAL COLLEGE

OT REGISTER



KMCT DENTAL COLLEGE

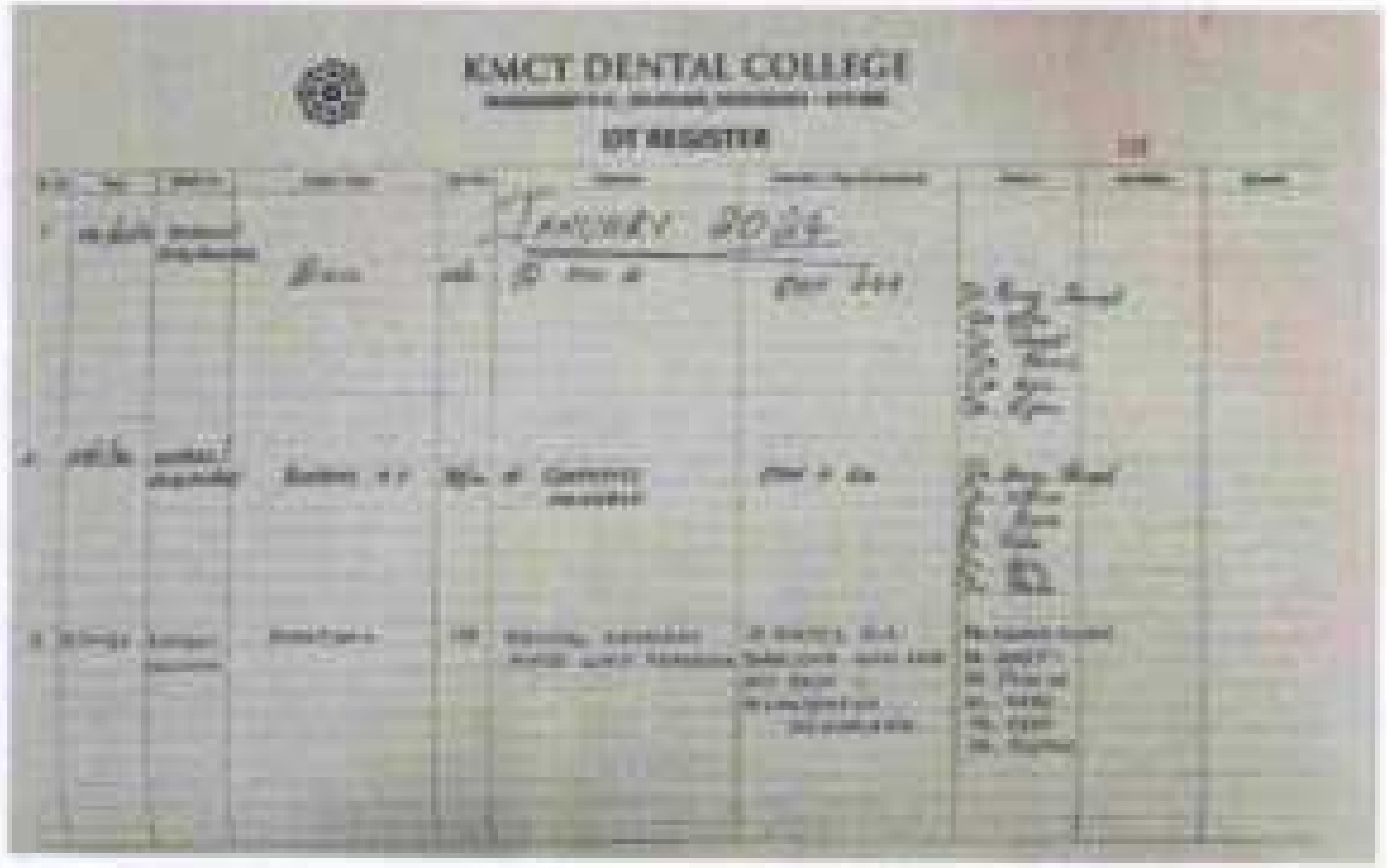
OT REGISTER



KMCT DENTAL COLLEGE

OT REGISTER

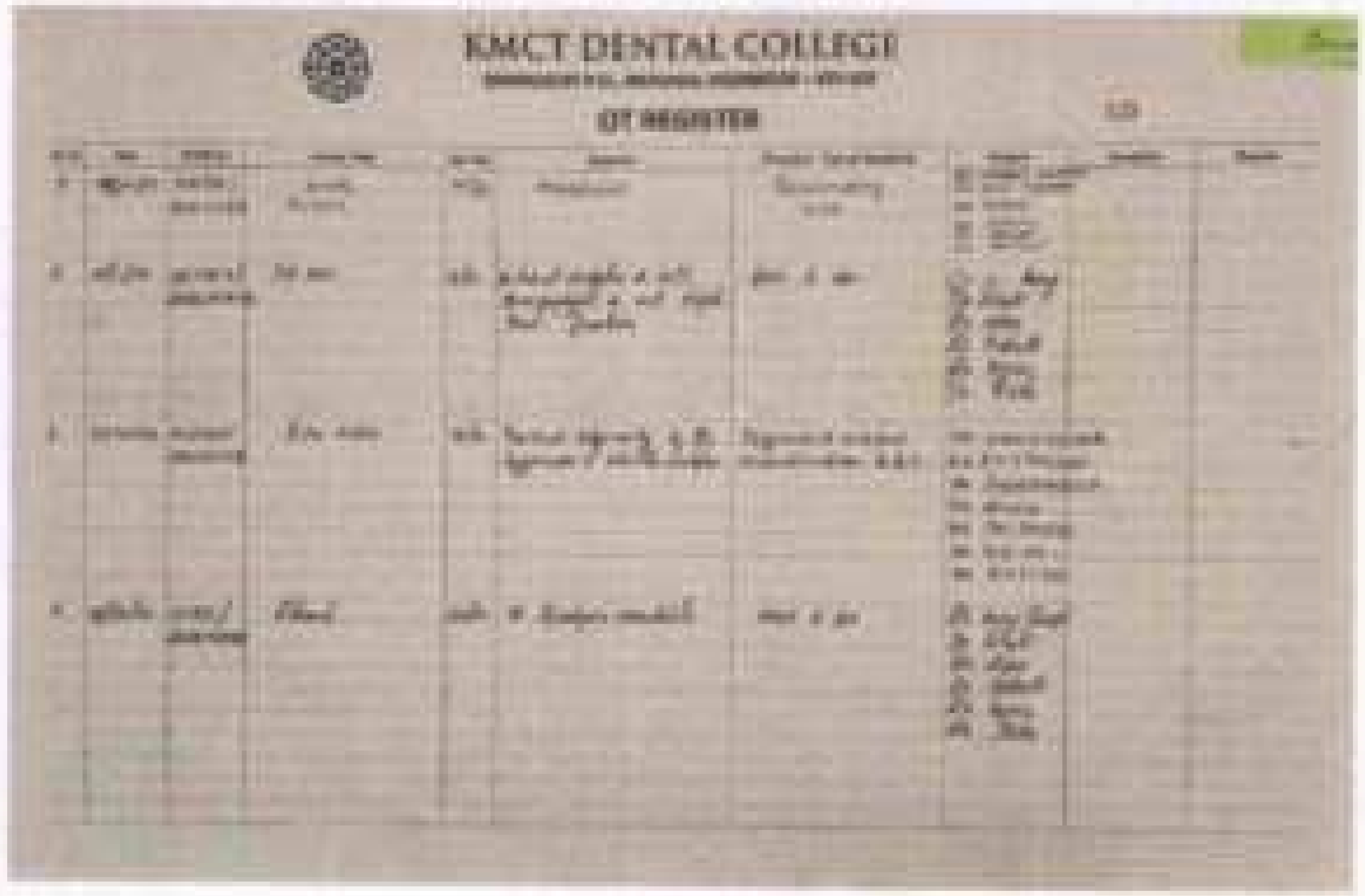
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



KMCT DENTAL COLLEGE

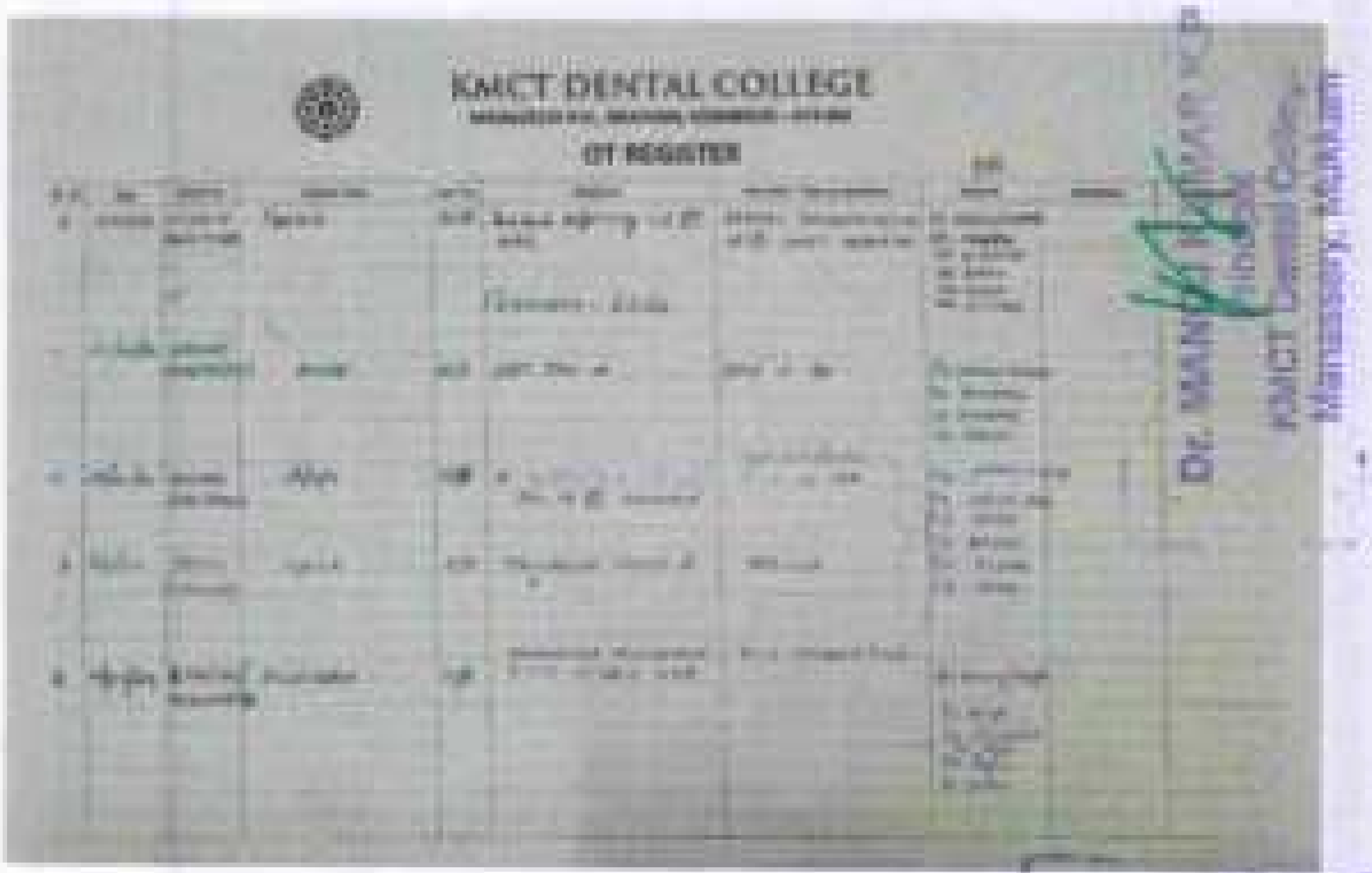
OT REGISTER

January 2024



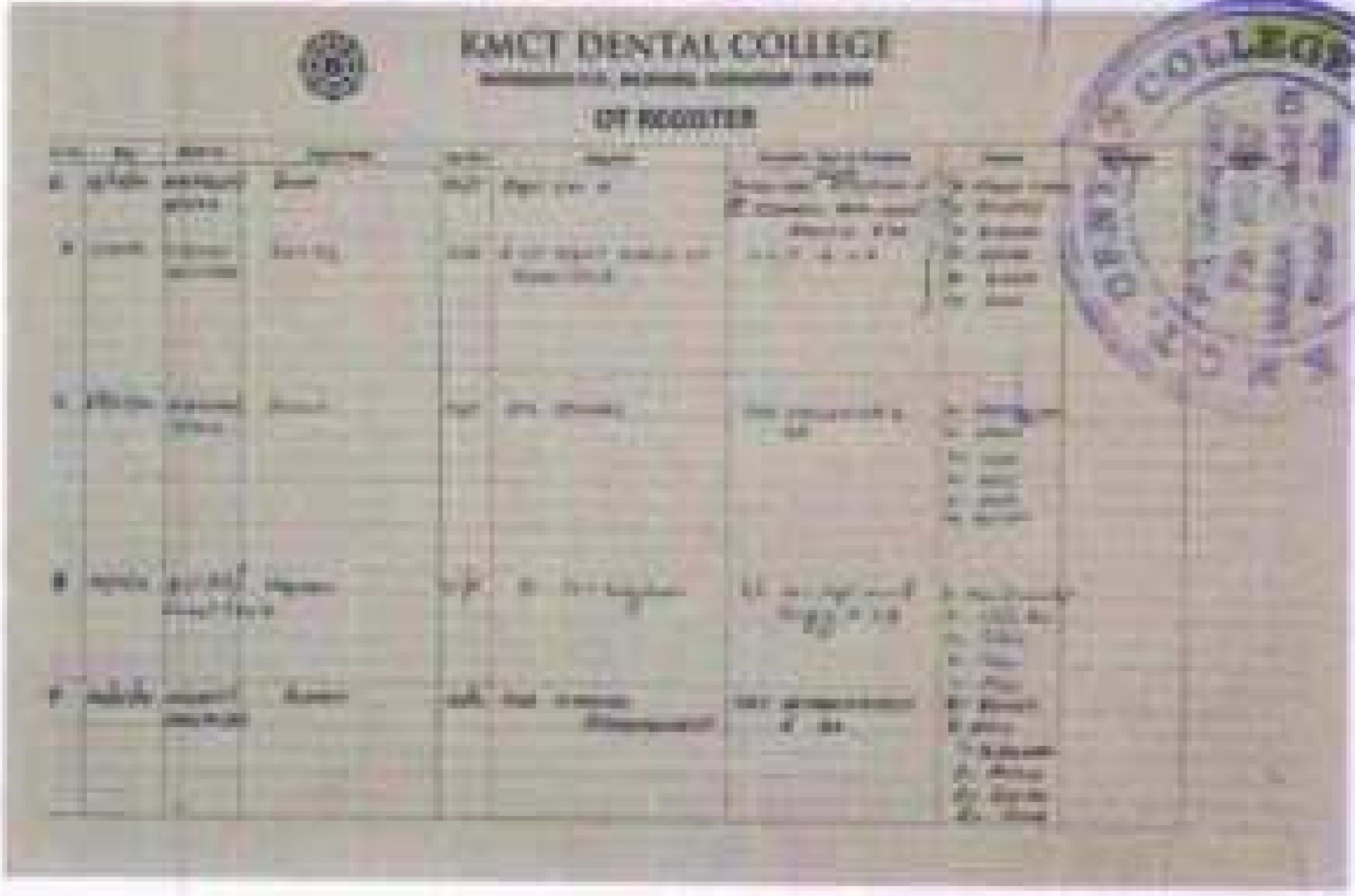
KMCT DENTAL COLLEGE

OT REGISTER



KMCT DENTAL COLLEGE

OT REGISTER



KMCT DENTAL COLLEGE

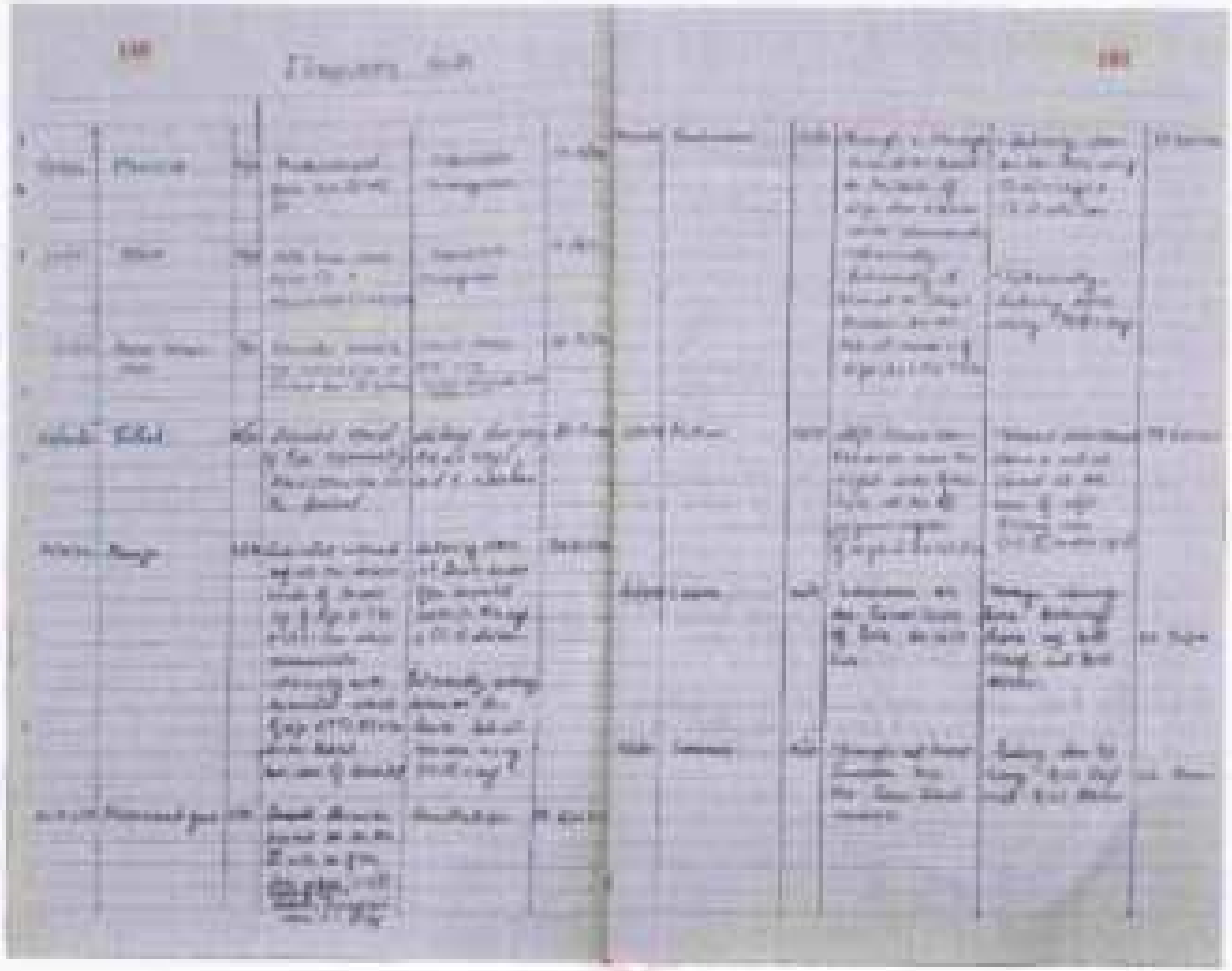
OT REGISTER

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

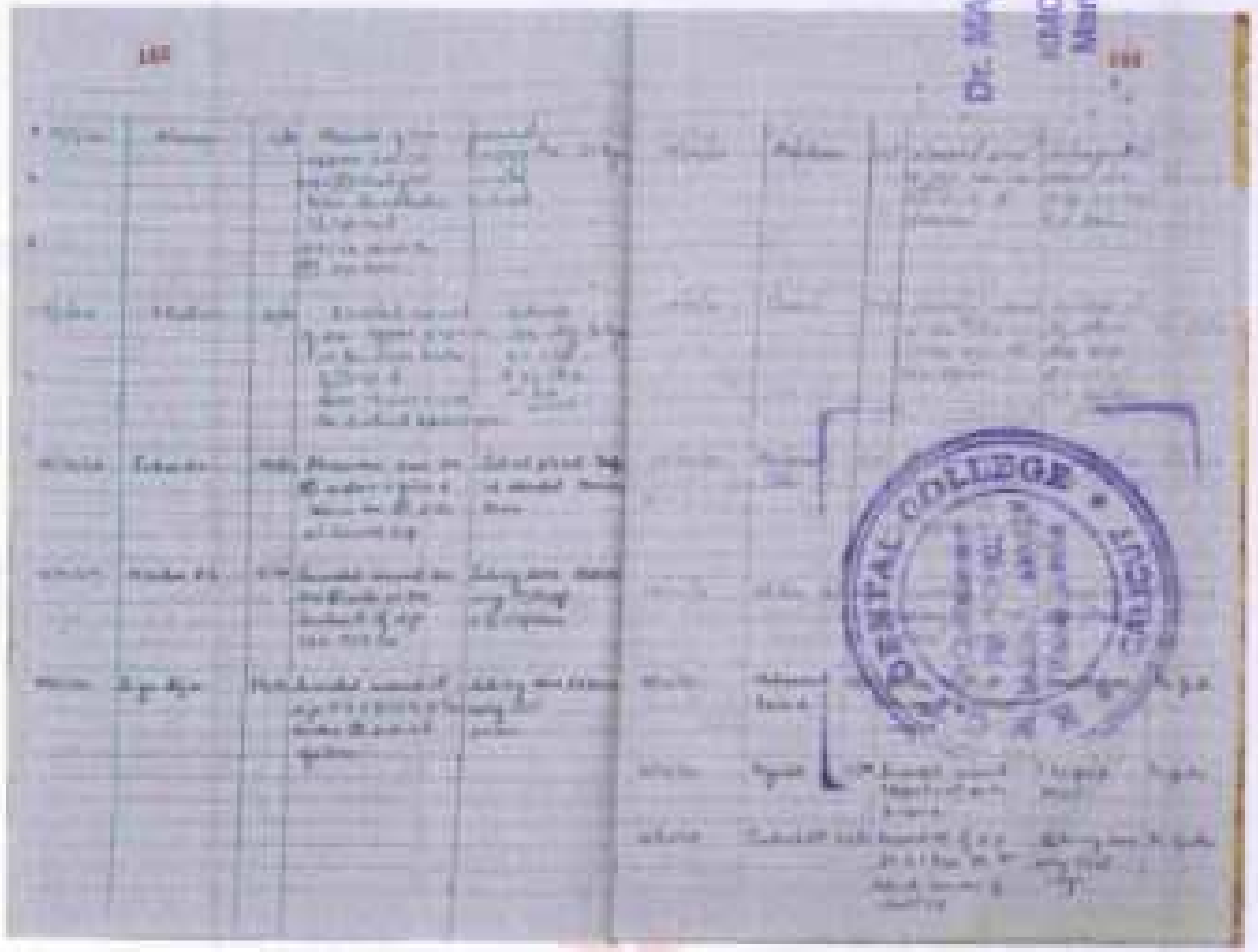
Department of Oral and Maxillofacial Surgery

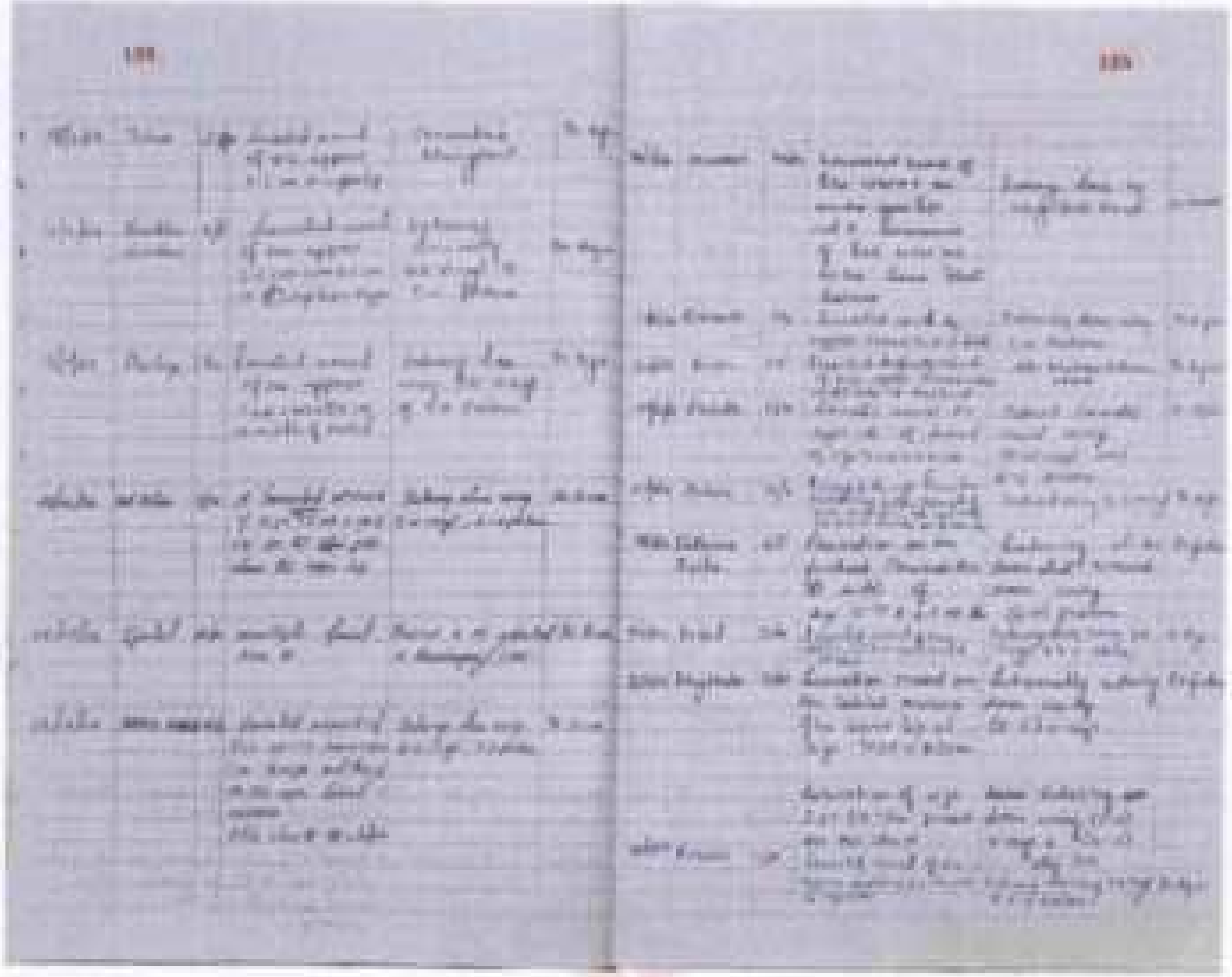
CASUALTY REGISTER

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

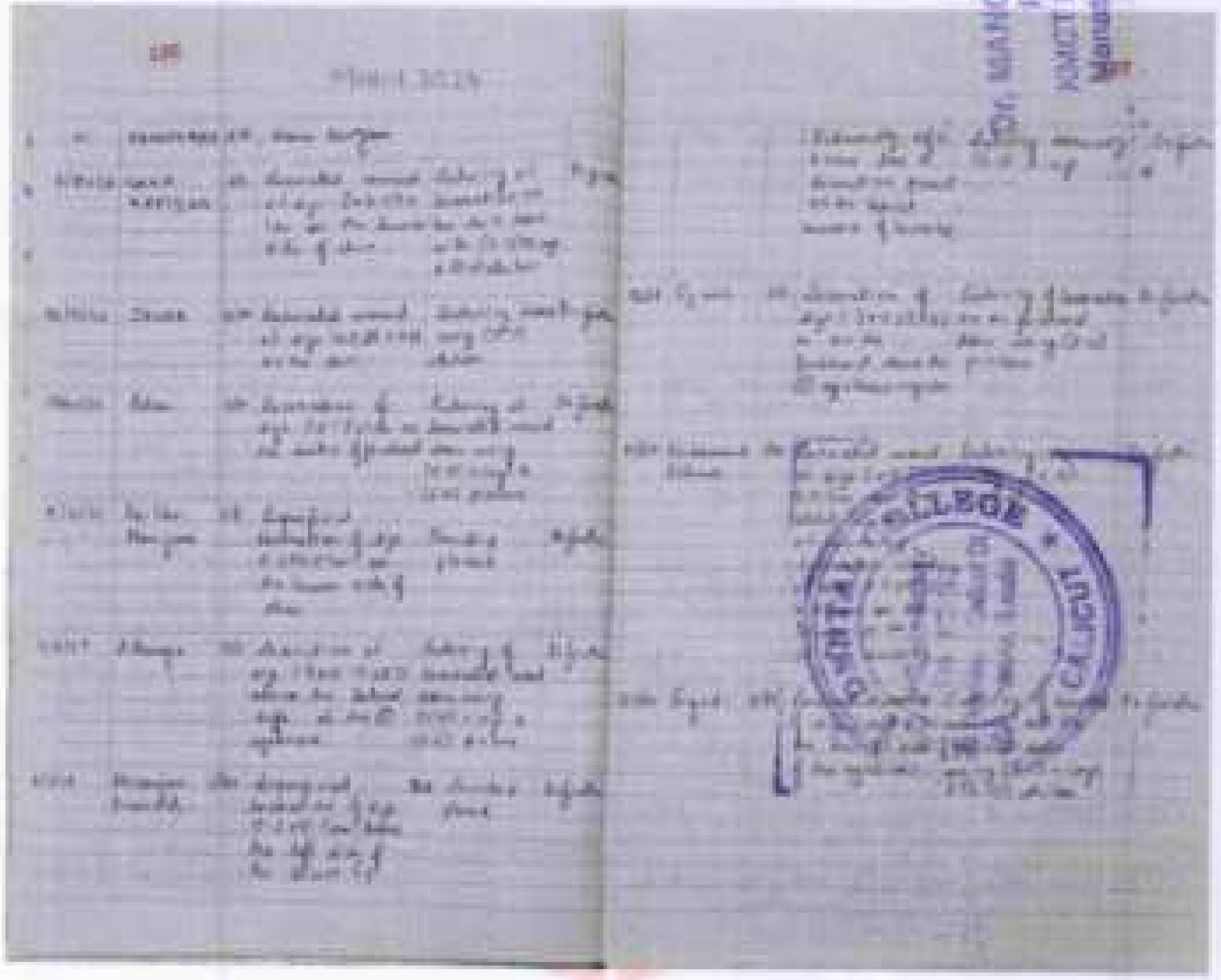


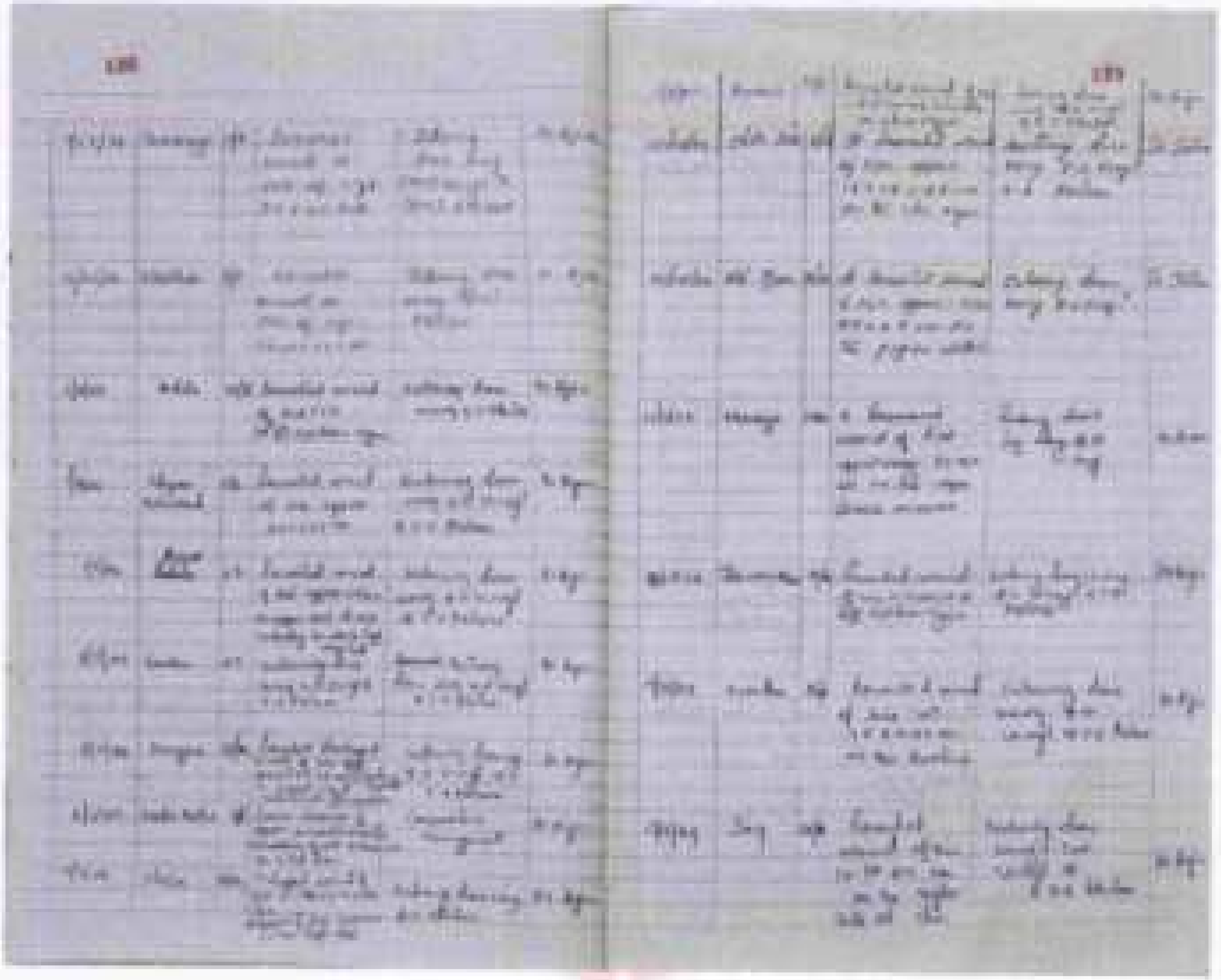
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



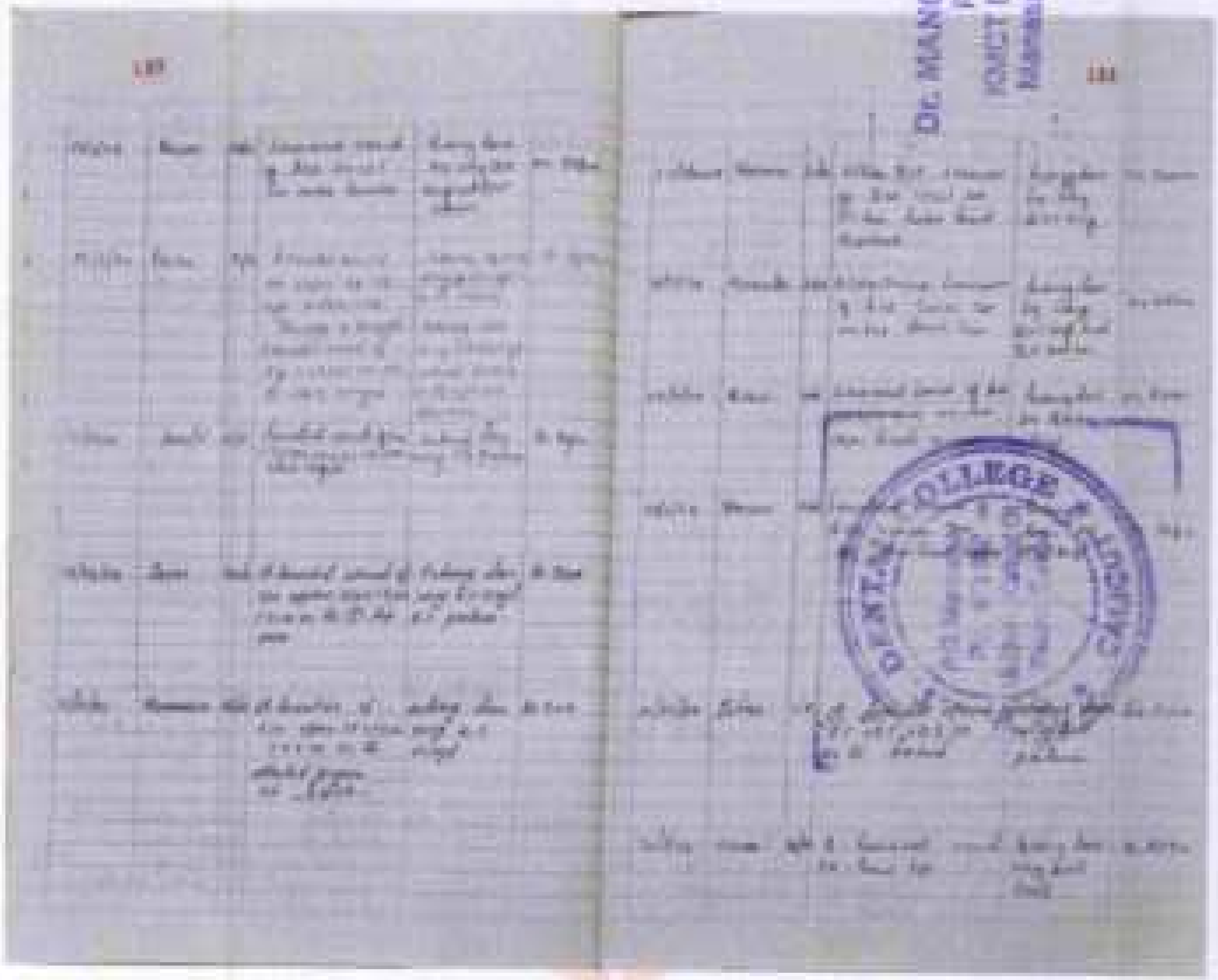


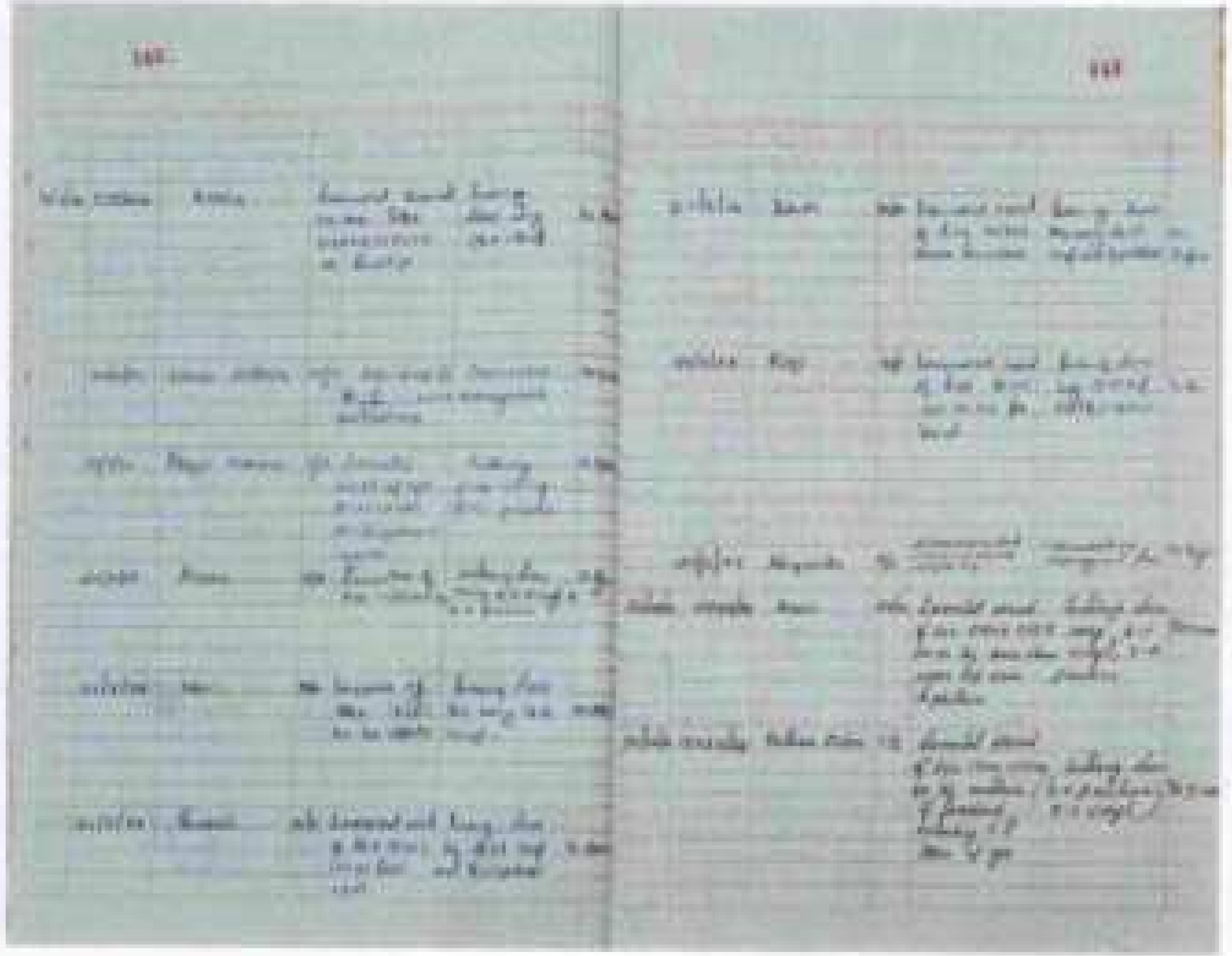
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam





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





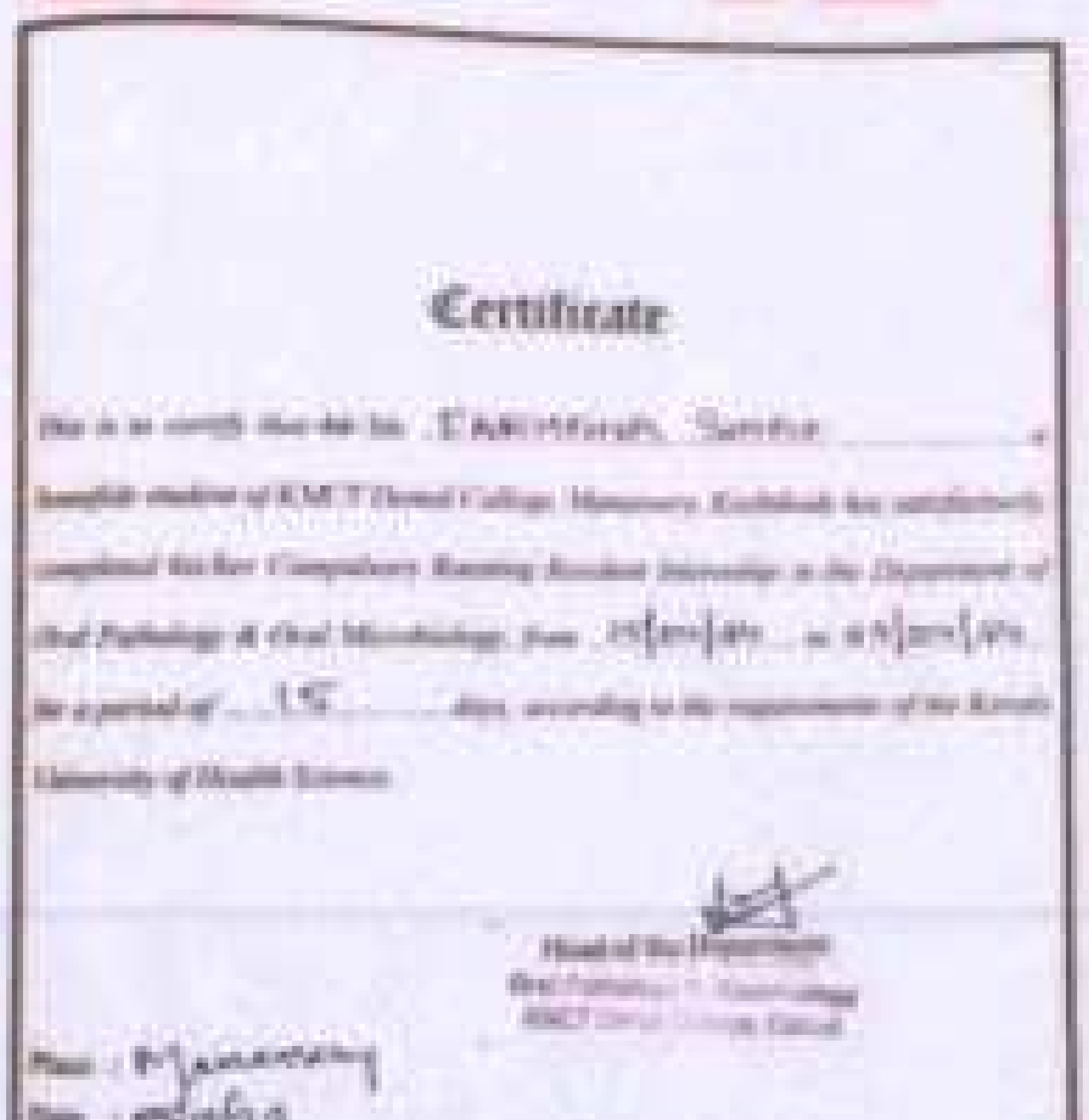
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

I. EXPERIENTIAL LEARNING

- **INTERNSHIP:**

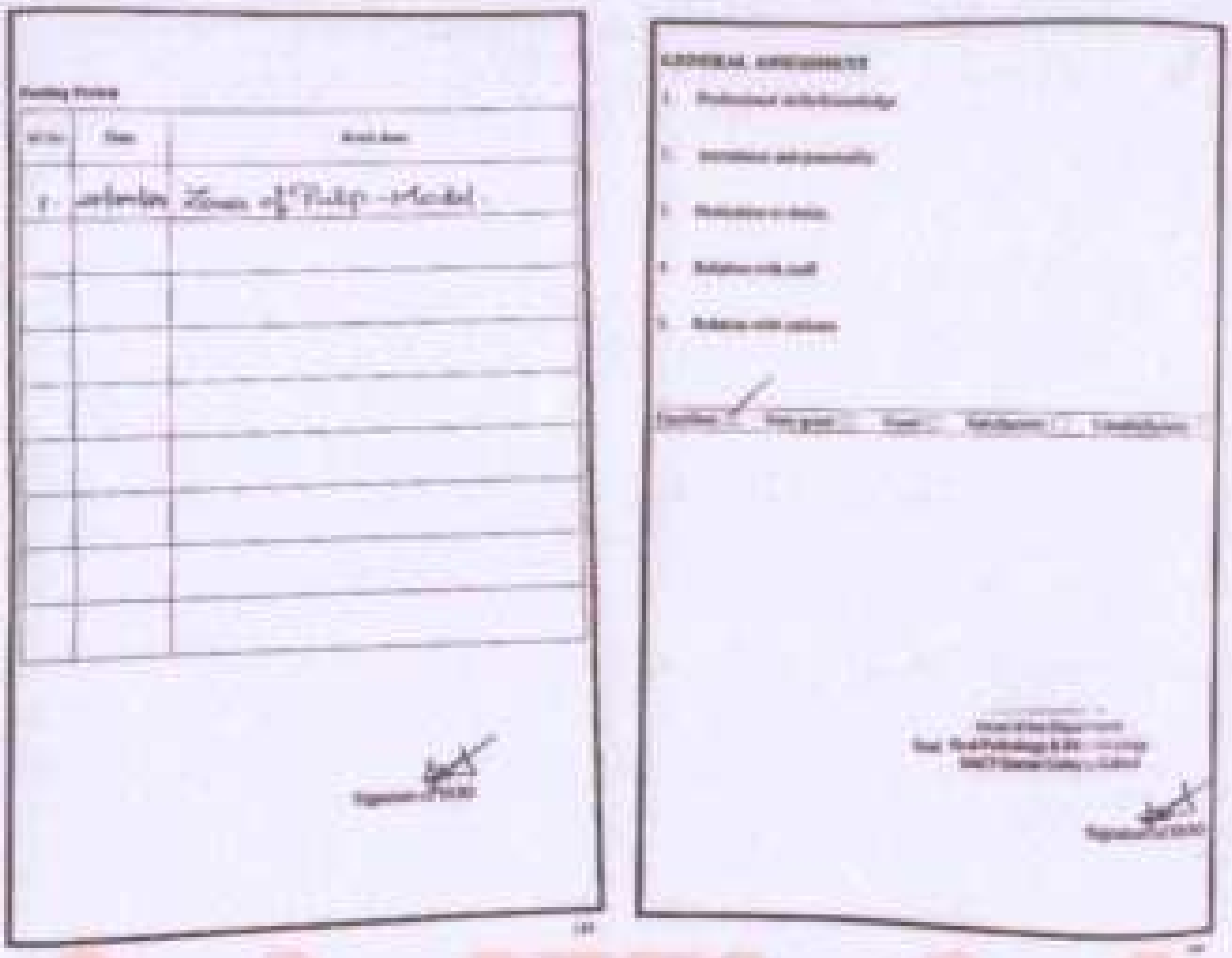
REPORT

It is mandatory to complete 15days Compulsory Rotating Resident Internship in Department of Oral Pathology and Microbiology as per KUHS after passing final year BDS examination. As part of internship programme, interns have been instructed to submit ground sections, dental charts and models and MCQ's for the benefit of them and undergraduate students. This enhances the hand skill as well as knowledge of the interns which will benefit them in the future.



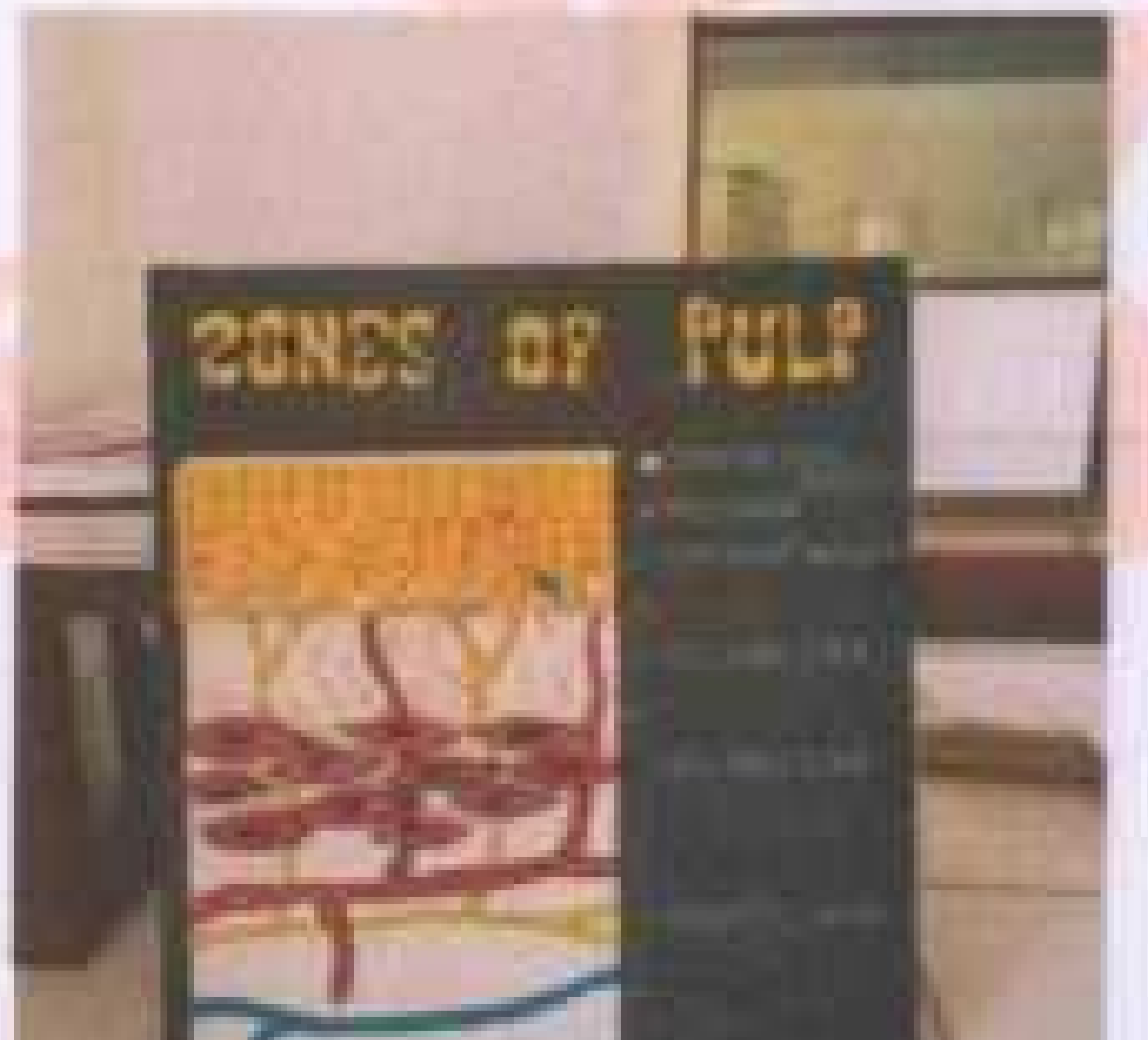
Certificate

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



Zones of Pulp - Model

- Intern Log book



- Model of Zones of Pulp (Study model- submitted by interns).

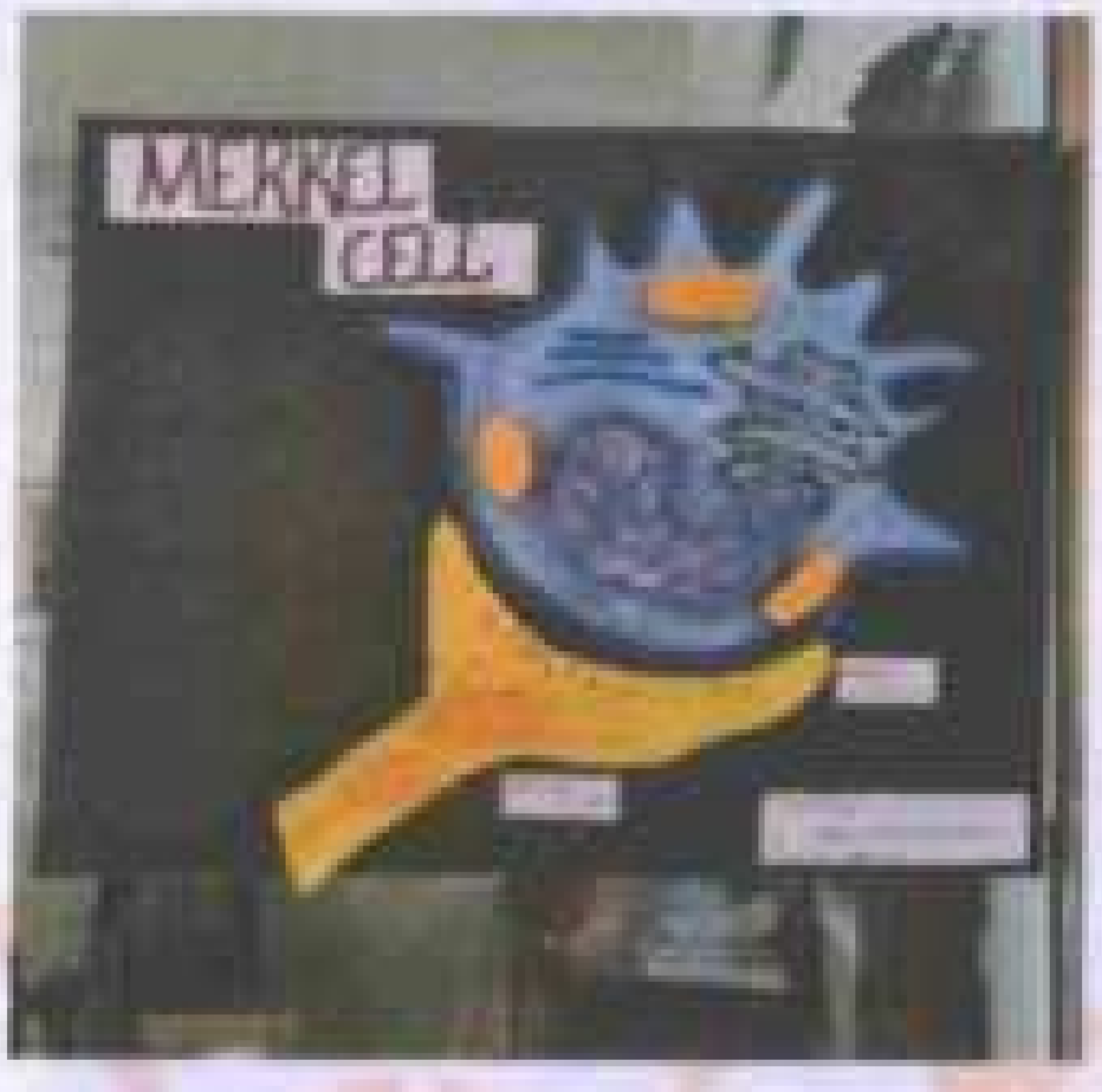
Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam

- **Other works submitted by interns:**

- Model of Melanocyte (Non keratinocyte)

- Model of Langerhans cell (Non keratinocyte)

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



- Model of Merkel cell (Non keratinocyte)

- Dream catcher(handwork) submitted by interns, explaining Morphological stages of tooth development.

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam

- Interns with Faculty.

Dr. MANOJ KUMAR K.P

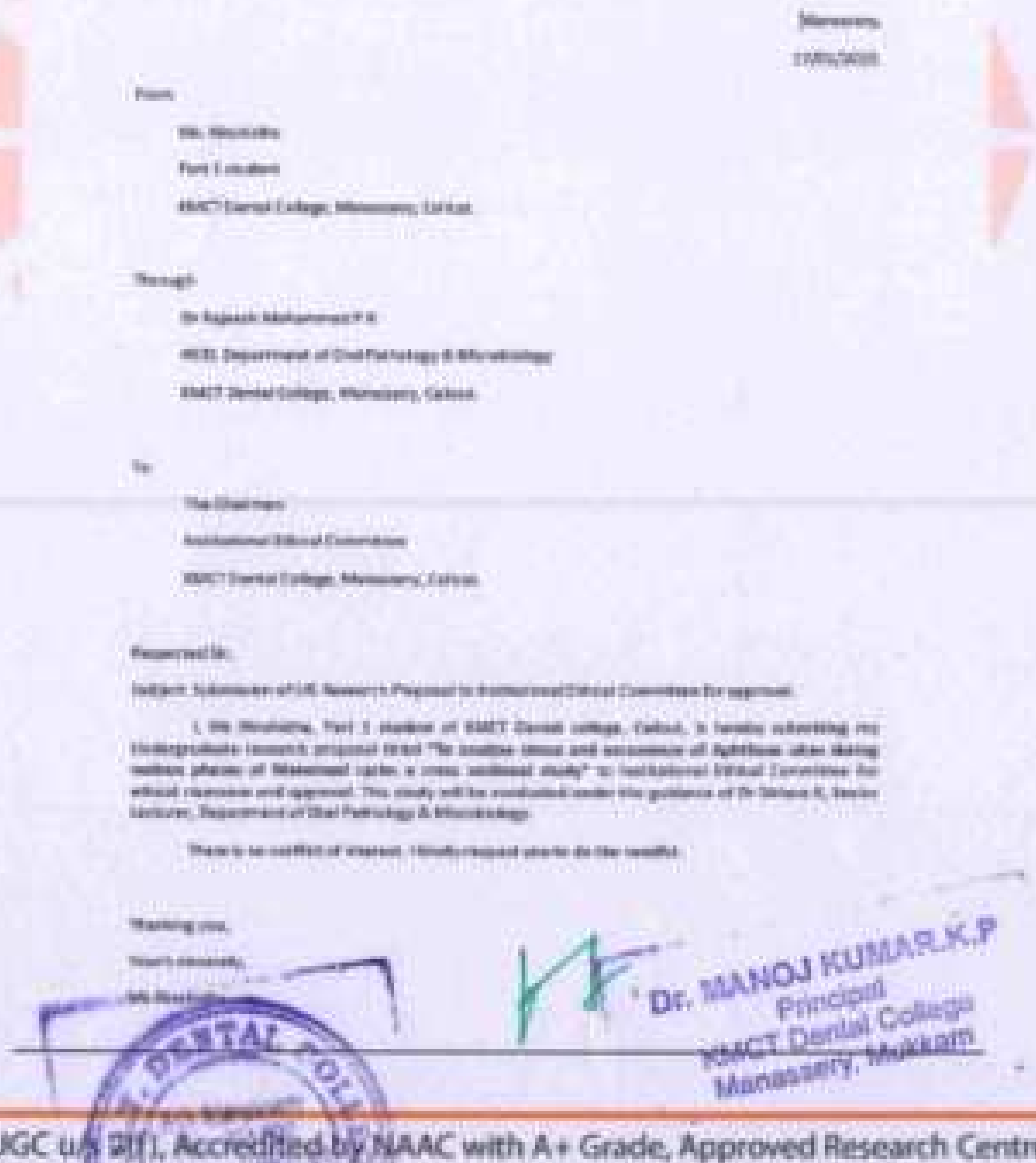
- **UG RESEARCH:**

REPORT

ICMR has introduced UG Research programme as an initiative to cultivate research skills and problem-solving ability for the benefit of community.

A study proposal was submitted by **Ms Ninshidha**, Final year Part 1 UG student under the guidance of **Dr Sithara K, Senior Lecturer, Department of Oral Pathology and Microbiology** to **ICMR STS (2023)** in the month of January 2023 on the topic **"To analyse stress and occurrence of Aphthous ulcer during various phases of Menstrual cycle".**

Status: Proposal was not accepted for grant by ICMR.



From:

Ms. Ninshidha
Part 1 student
KMCT Dental College, Manassery, Calicut.

Through:

HOD, Department of Oral Pathology & Microbiology
KMCT Dental College, Manassery, Calicut.

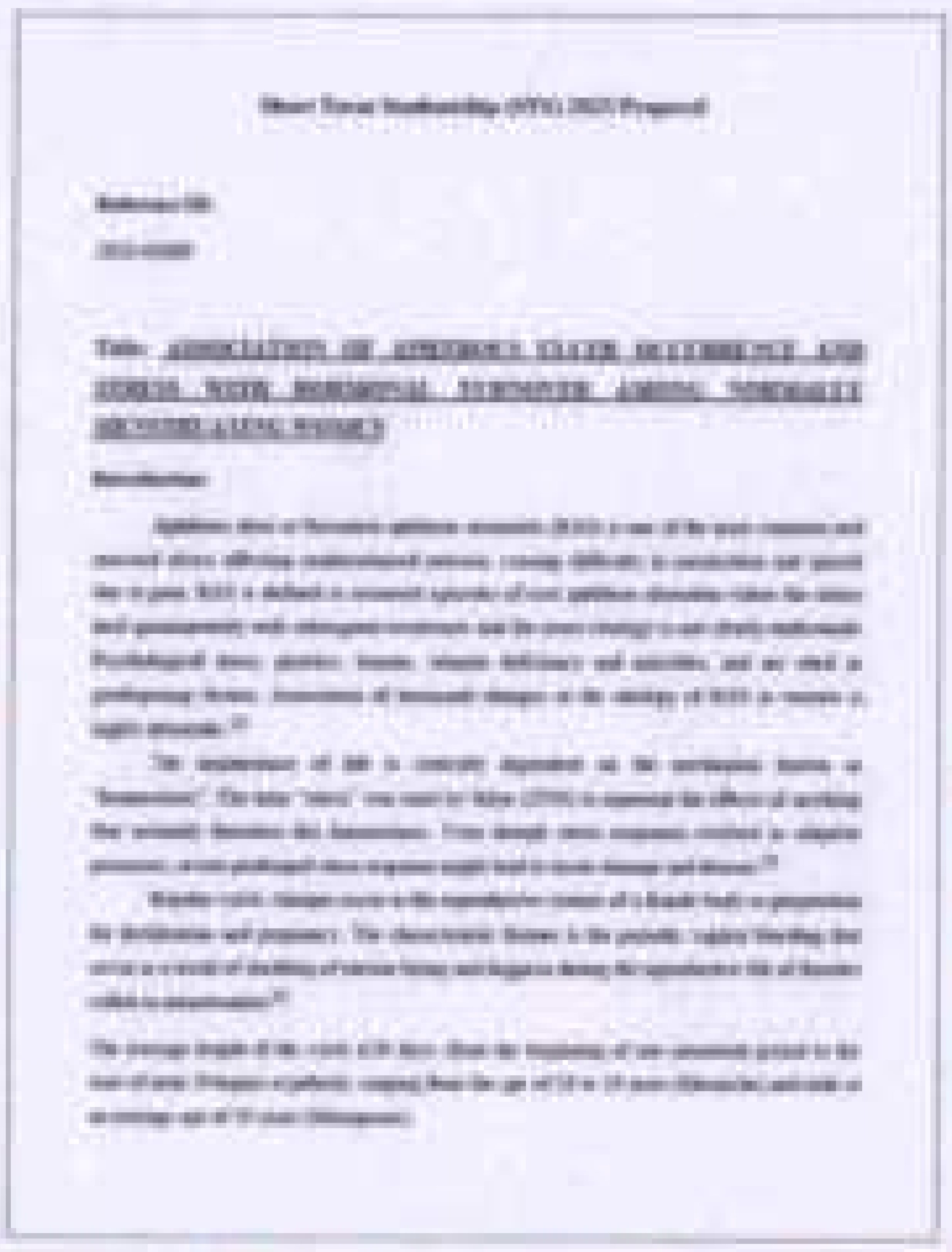
To:

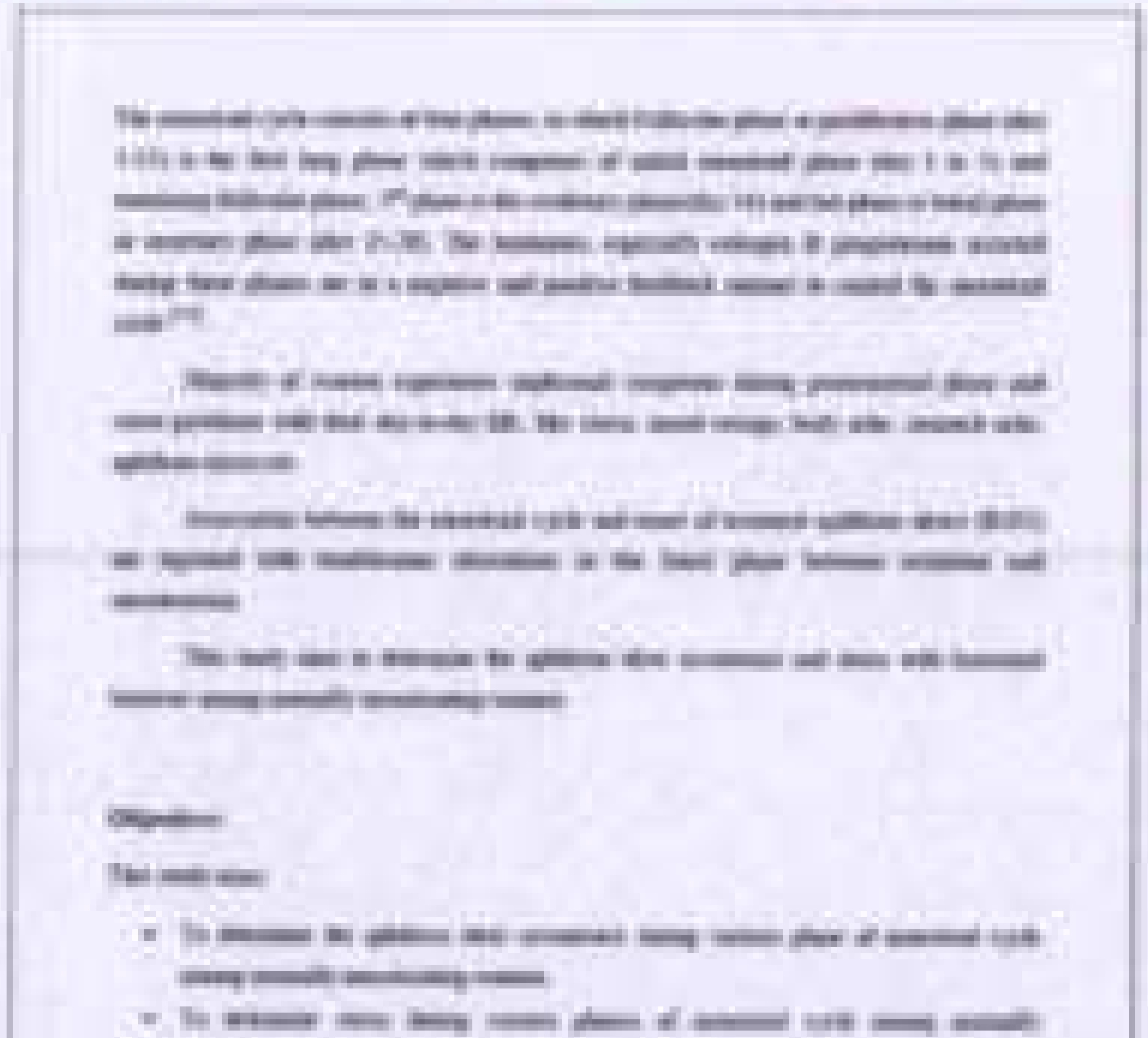
The Chairman
Institutional Ethical Committee
KMCT Dental College, Manassery, Calicut.

Respected Sir,

Thanking you,
Yours sincerely,

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

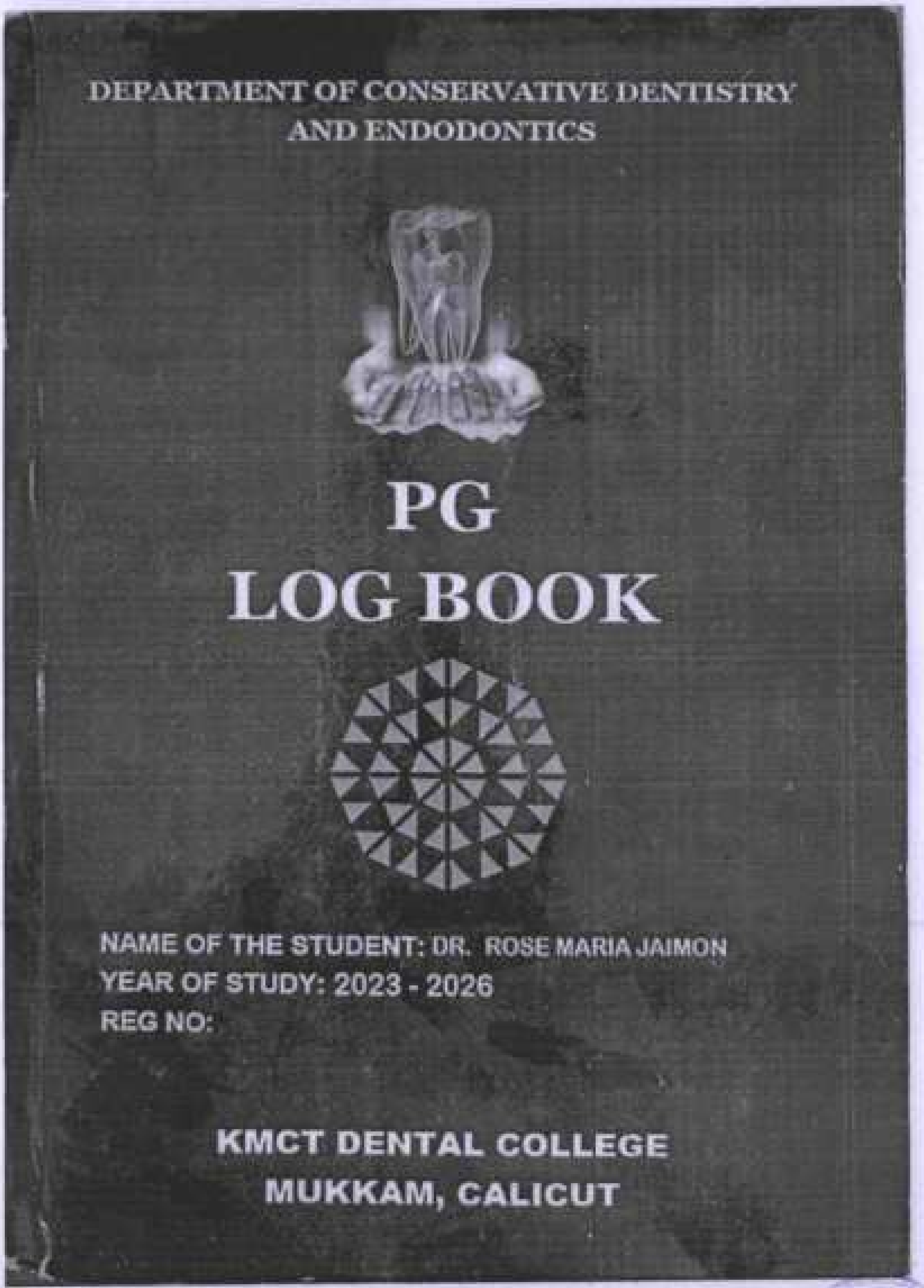




Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

ATTENDING PRE-CLINICAL LABS

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



DEPARTMENT OF CONSERVATIVE DENTISTRY
AND ENDODONTICS

PG
LOG BOOK

NAME OF THE STUDENT: DR. ROSE MARIA JAIMON
YEAR OF STUDY: 2023 - 2026
REG NO:

KMCT DENTAL COLLEGE
MUKKAM, CALICUT

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

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PG
LOG BOOK

NAME OF THE STUDENT: DR. ROSE MARIA JAIMON

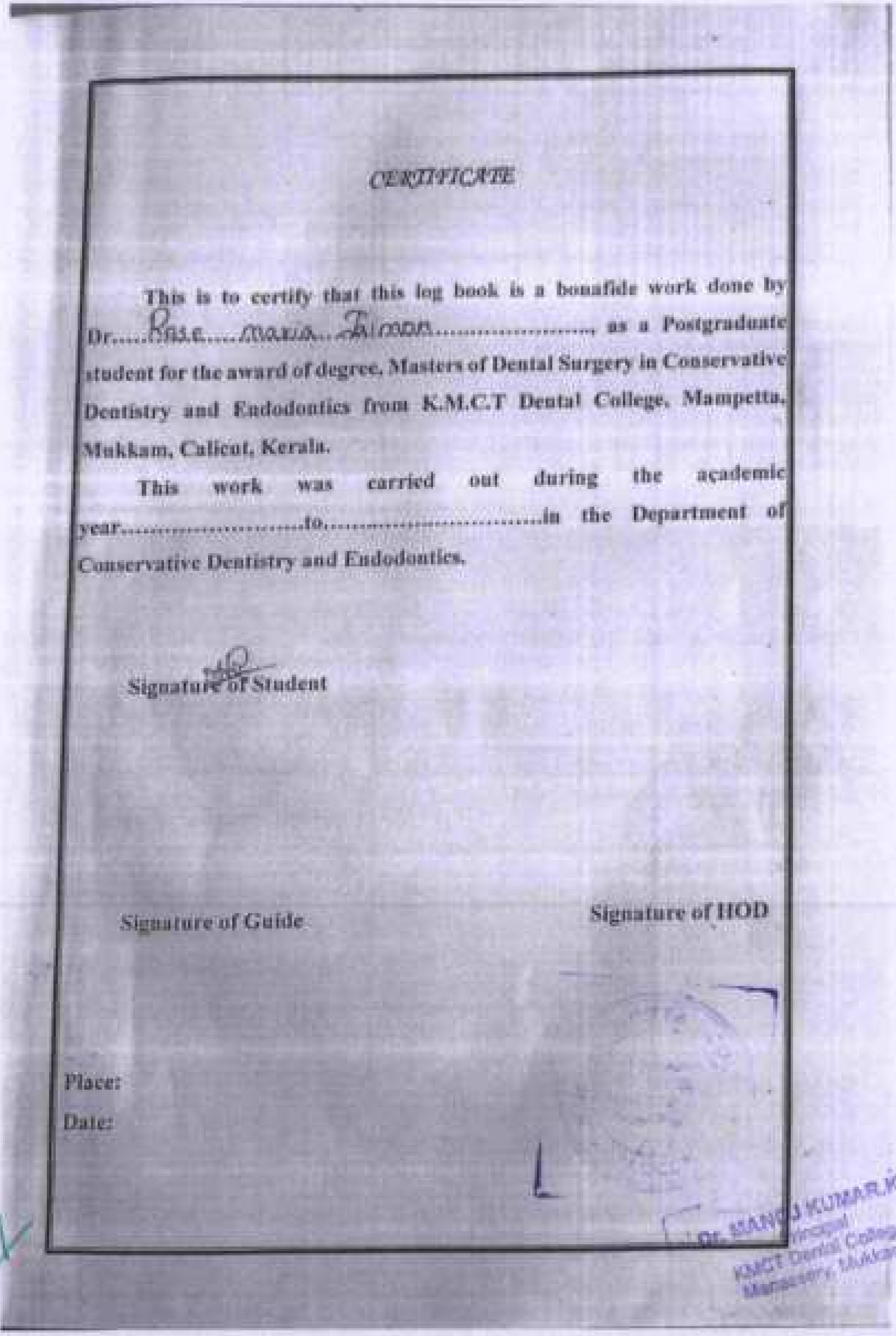
YEAR OF STUDY: 2023 - 2026

REG NO:

MANOJ KUMAR K.P
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE
MUKKAM, CALICUT

Dr. MANOJ KUMAR K.P
Principal



CERTIFICATE

This is to certify that this log book is a bonafide work done by Dr.....Rose.....maria...Simon........................, 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

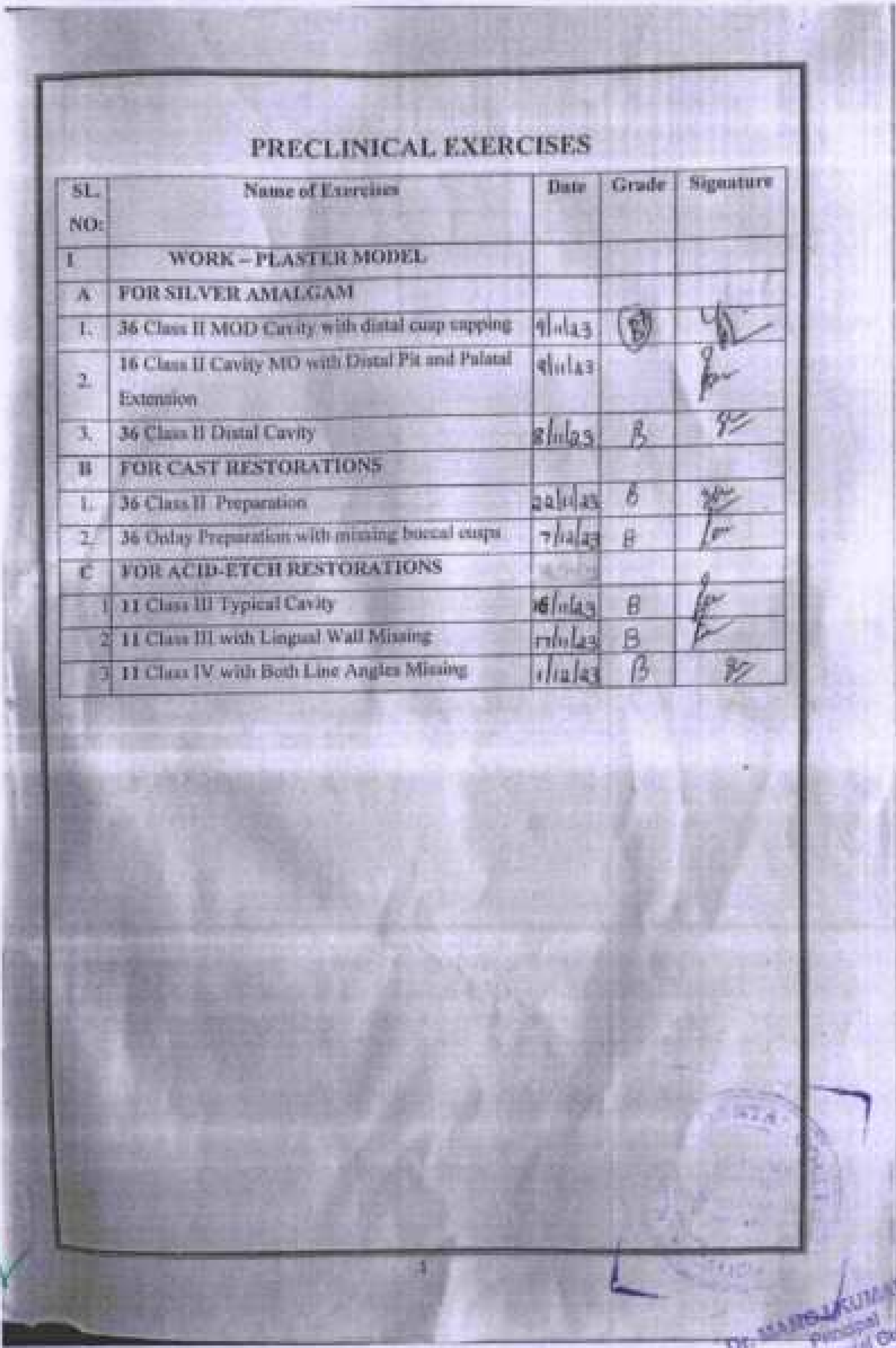
Signature of Guide

Signature of HOD

Place:

Date:

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

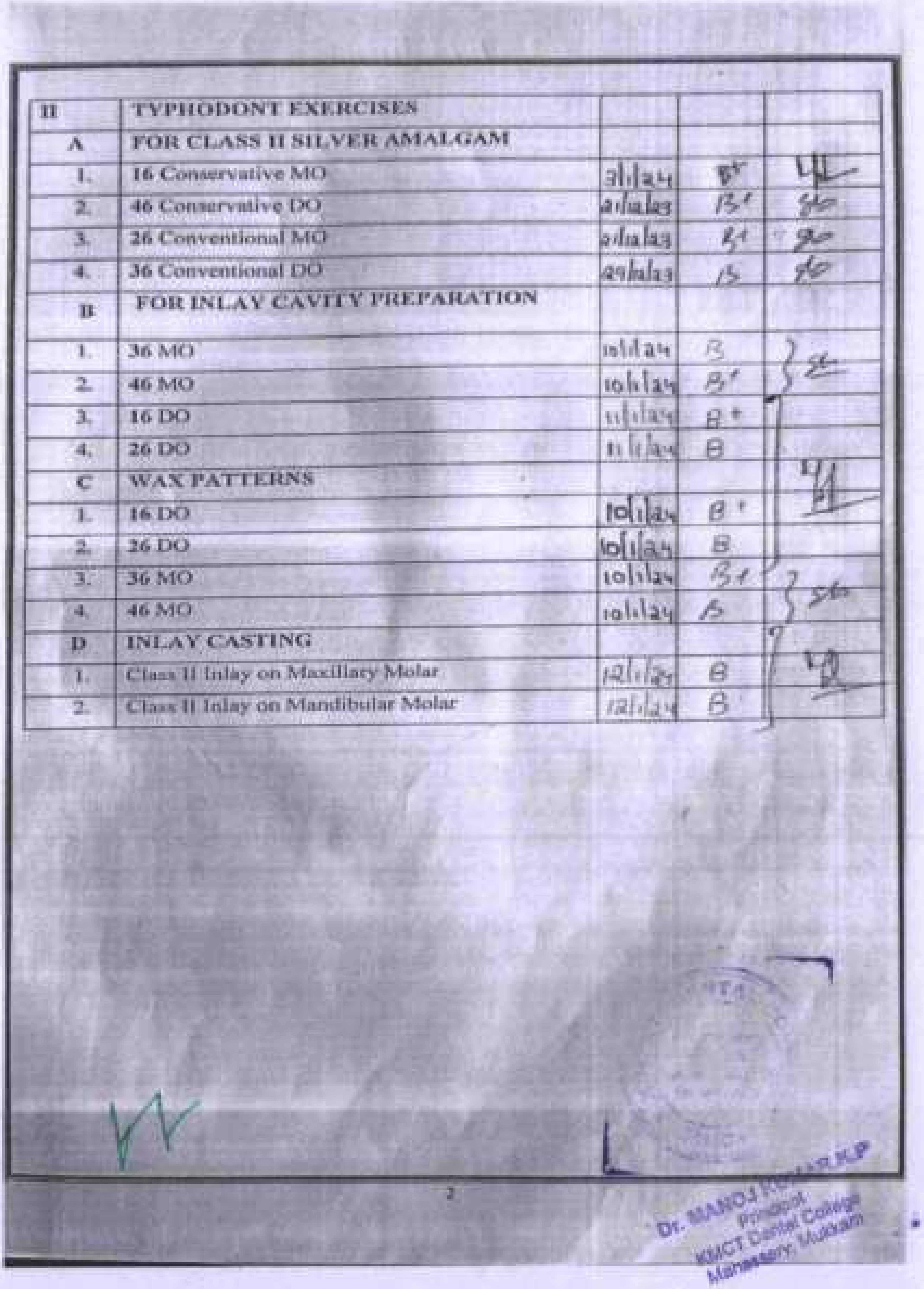


PRECLINICAL EXERCISES

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	9/11/23	B	
2.	16 Class II Cavity MO with Distal Pit and Palatal Extension	9/11/23		
3.	36 Class II Distal Cavity	8/11/23	B	
B	FOR CAST RESTORATIONS			
1.	36 Class II Preparation	22/11/23	B	
2.	36 Onlay Preparation with missing buccal cusps	7/12/23	B	
C	FOR ACID-ETCH RESTORATIONS			
1	11 Class III Typical Cavity	16/11/23	B	
2	11 Class III with Lingual Wall Missing	17/11/23	B	
3	11 Class IV with Both Line Angles Missing	1/12/23	B	

3

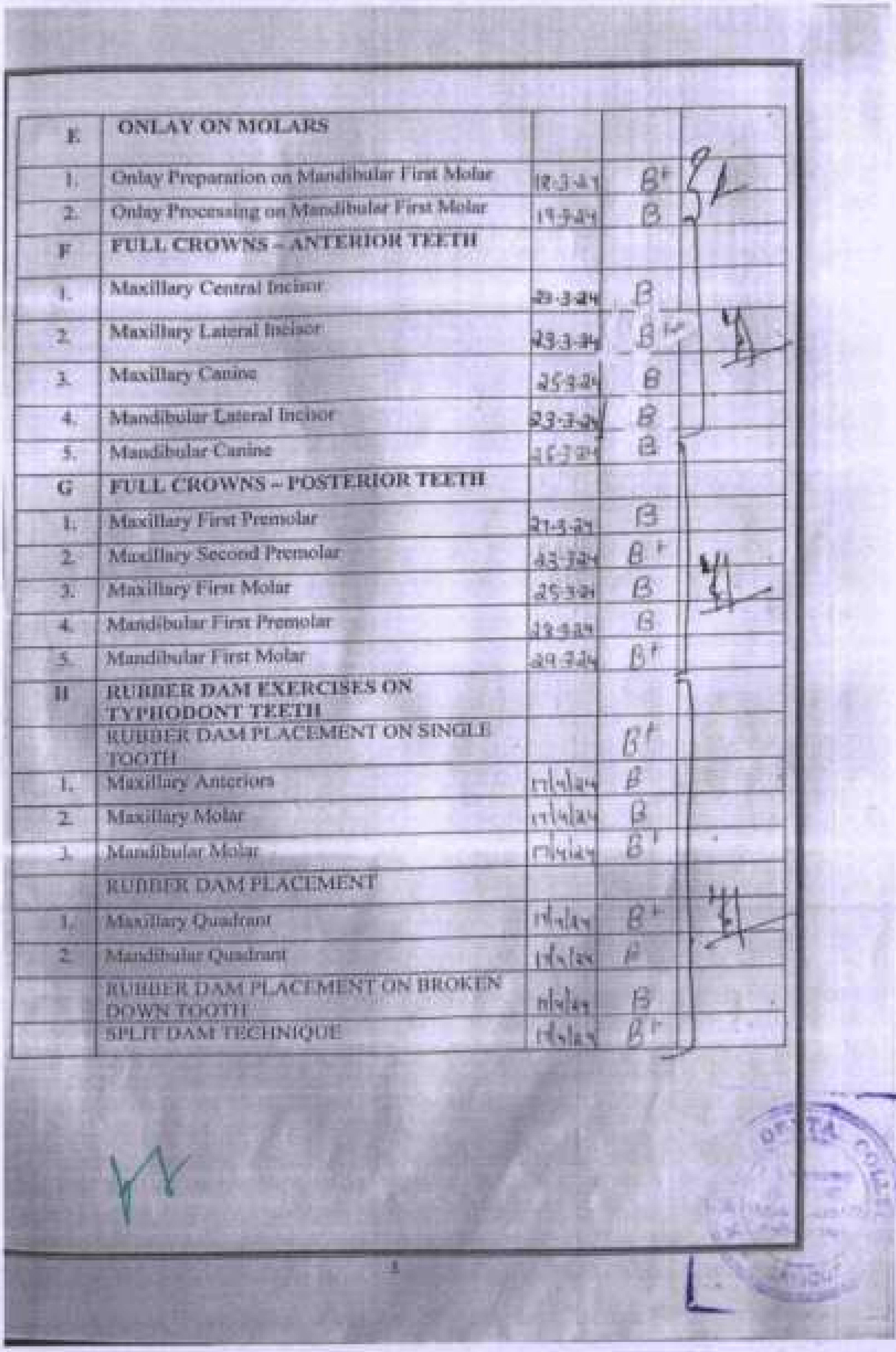
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



II	TYPHODONT EXERCISES			
A	FOR CLASS II SILVER AMALGAM			
1.	16 Conservative MO	3/1/24	B+	
2.	46 Conservative DO	2/12/23	B+	
3.	26 Conventional MO	2/12/23	B+	
4.	36 Conventional DO	29/12/23	B	
B	FOR INLAY CAVITY PREPARATION			
1.	36 MO	15/1/24	B	
2.	46 MO	10/1/24	B+	
3.	16 DO	11/1/24	B+	
4.	26 DO	11/1/24	B	
C	WAX PATTERNS			
1.	16 DO	10/1/24	B+	
2.	26 DO	10/1/24	B	
3.	36 MO	10/1/24	B+	
4.	46 MO	10/1/24	B	
D	INLAY CASTING			
1.	Class II Inlay on Maxillary Molar	12/1/24	B	
2.	Class II Inlay on Mandibular Molar	12/1/24	B+	

2

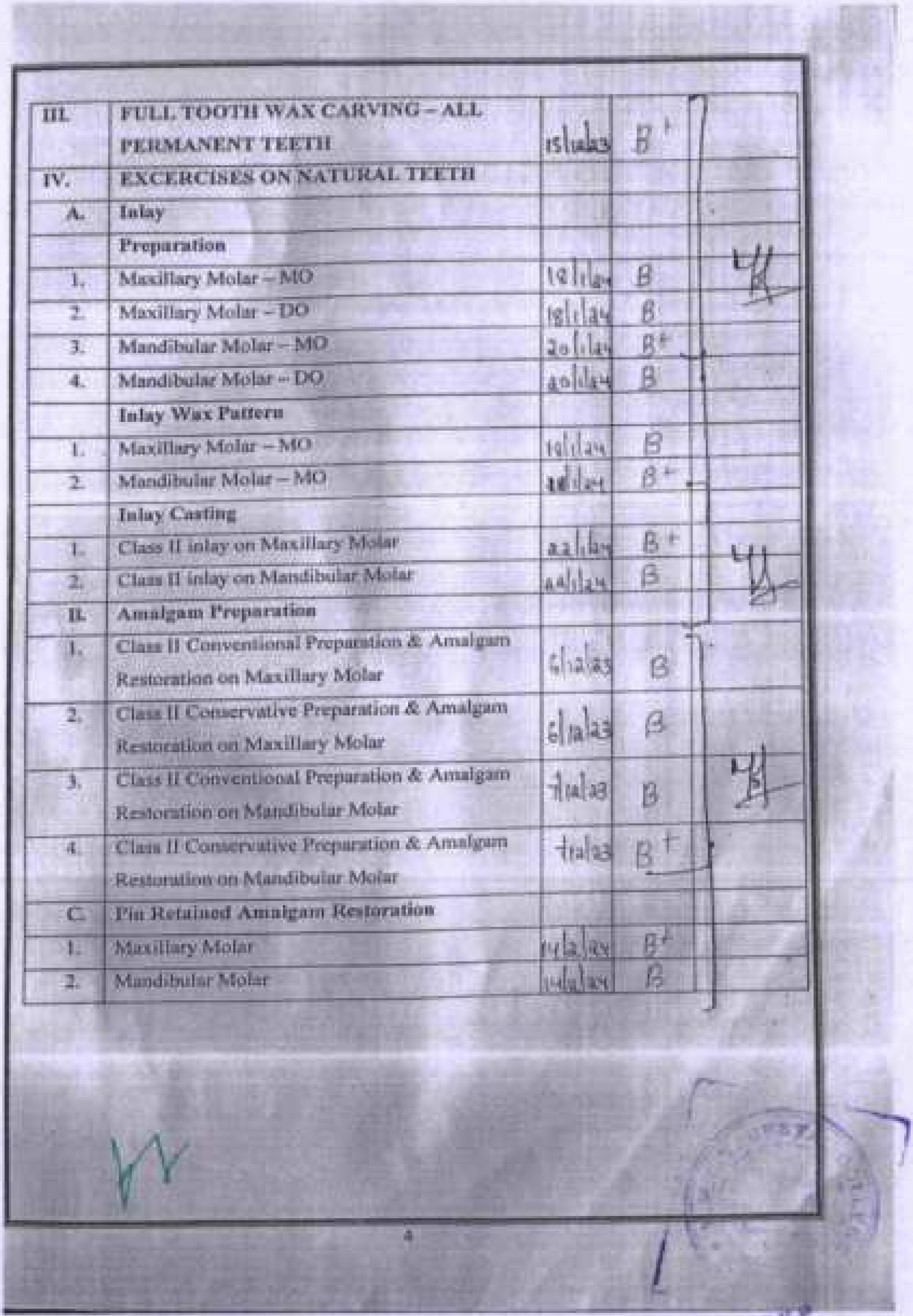
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



E	ONLAY ON MOLARS			
1.	Onlay Preparation on Mandibular First Molar	18-3-24	B+	
2.	Onlay Processing on Mandibular First Molar	19-3-24	B	
F	FULL CROWNS – ANTERIOR TEETH			
1.	Maxillary Central Incisor	23-3-24	B	
2.	Maxillary Lateral Incisor	23-3-24	B+	
3.	Maxillary Canine	25-3-24	B	
4.	Mandibular Lateral Incisor	23-3-24	B	
5.	Mandibular Canine	26-3-24	B	
G	FULL CROWNS – POSTERIOR TEETH			
1.	Maxillary First Premolar	21-3-24	B	
2.	Maxillary Second Premolar	23-3-24	B+	
3.	Maxillary First Molar	25-3-24	B	
4.	Mandibular First Premolar	23-3-24	B	
5.	Mandibular First Molar	29-3-24	B+	
H	RUBBER DAM EXERCISES ON TYPHODONT TEETH			
	RUBBER DAM PLACEMENT ON SINGLE TOOTH		B+	
1.	Maxillary Anteriors	17/4/24	B	
2.	Maxillary Molar	17/4/24	B	
3.	Mandibular Molar	17/4/24	B+	
	RUBBER DAM PLACEMENT			
1.	Maxillary Quadrant	17/4/24	B+	
2.	Mandibular Quadrant	17/4/24	B	
	RUBBER DAM PLACEMENT ON BROKEN DOWN TOOTH	17/4/24	B	
	SPLIT DAM TECHNIQUE	17/4/24	B+	

3

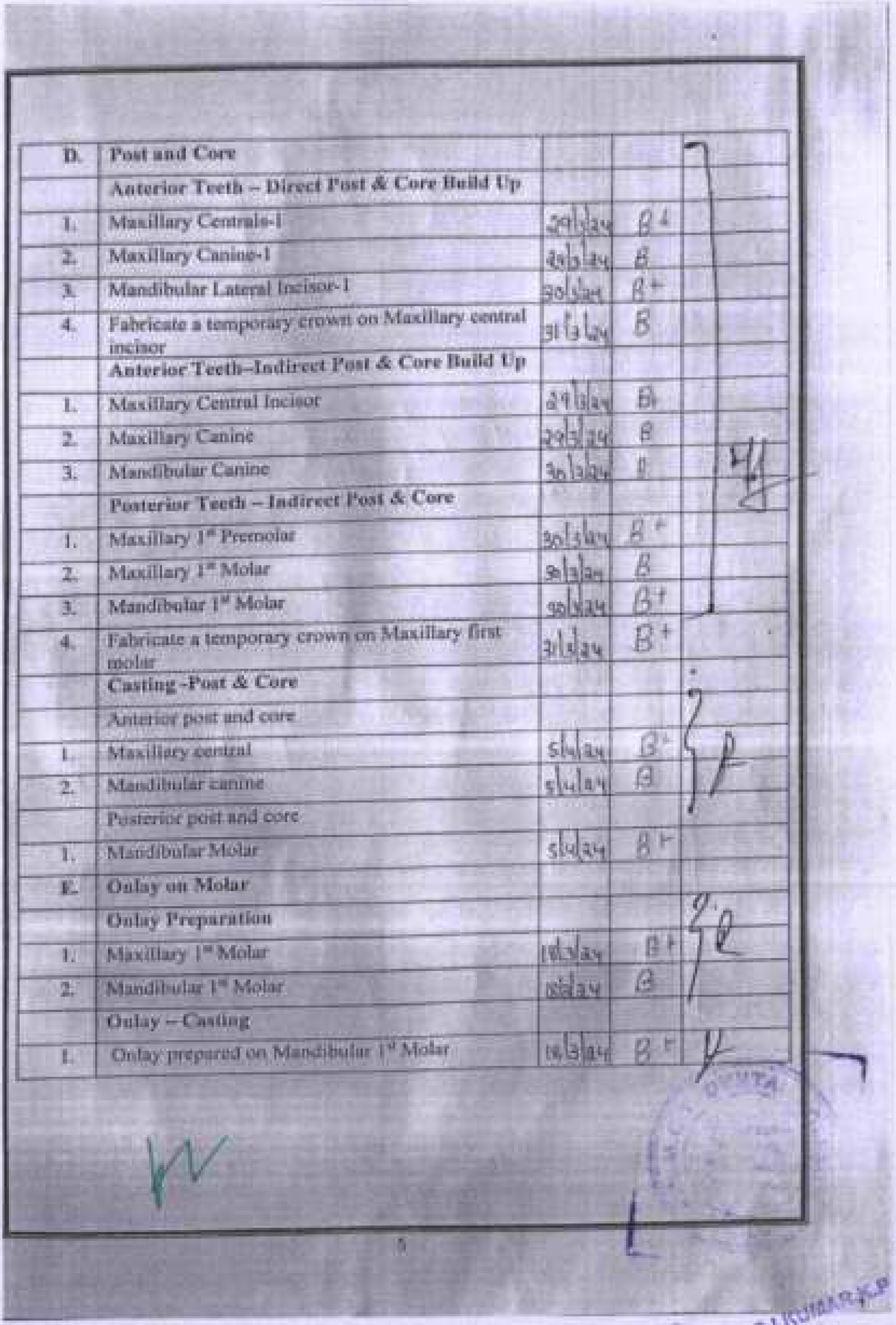
Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam



III.	FULL TOOTH WAX CARVING – ALL PERMANENT TEETH	15/12/23	B+	
IV.	EXCERCISES ON NATURAL TEETH			
A.	Inlay			
	Preparation			
1.	Maxillary Molar – MO	18/1/24	B	
2.	Maxillary Molar – DO	18/1/24	B	
3.	Mandibular Molar – MO	20/1/24	B+	
4.	Mandibular Molar – DO	20/1/24	B	
	Inlay Wax Pattern			
1.	Maxillary Molar – MO	19/1/24	B	
2.	Mandibular Molar – MO	[illegible]/1/24	B+	
	Inlay Casting			
1.	Class II inlay on Maxillary Molar	22/1/24	B+	
2.	Class II inlay on Mandibular Molar	24/1/24	B	
B.	Amalgam Preparation			
1.	Class II Conventional Preparation & Amalgam Restoration on Maxillary Molar	6/12/23	B	
2.	Class II Conservative Preparation & Amalgam Restoration on Maxillary Molar	6/12/23	B	
3.	Class II Conventional Preparation & Amalgam Restoration on Mandibular Molar	7/12/23	B	
4.	Class II Conservative Preparation & Amalgam Restoration on Mandibular Molar	7/12/23	B+	
C.	Pin Retained Amalgam Restoration			
1.	Maxillary Molar	14/2/24	B+	
2.	Mandibular Molar	14/2/24	B	

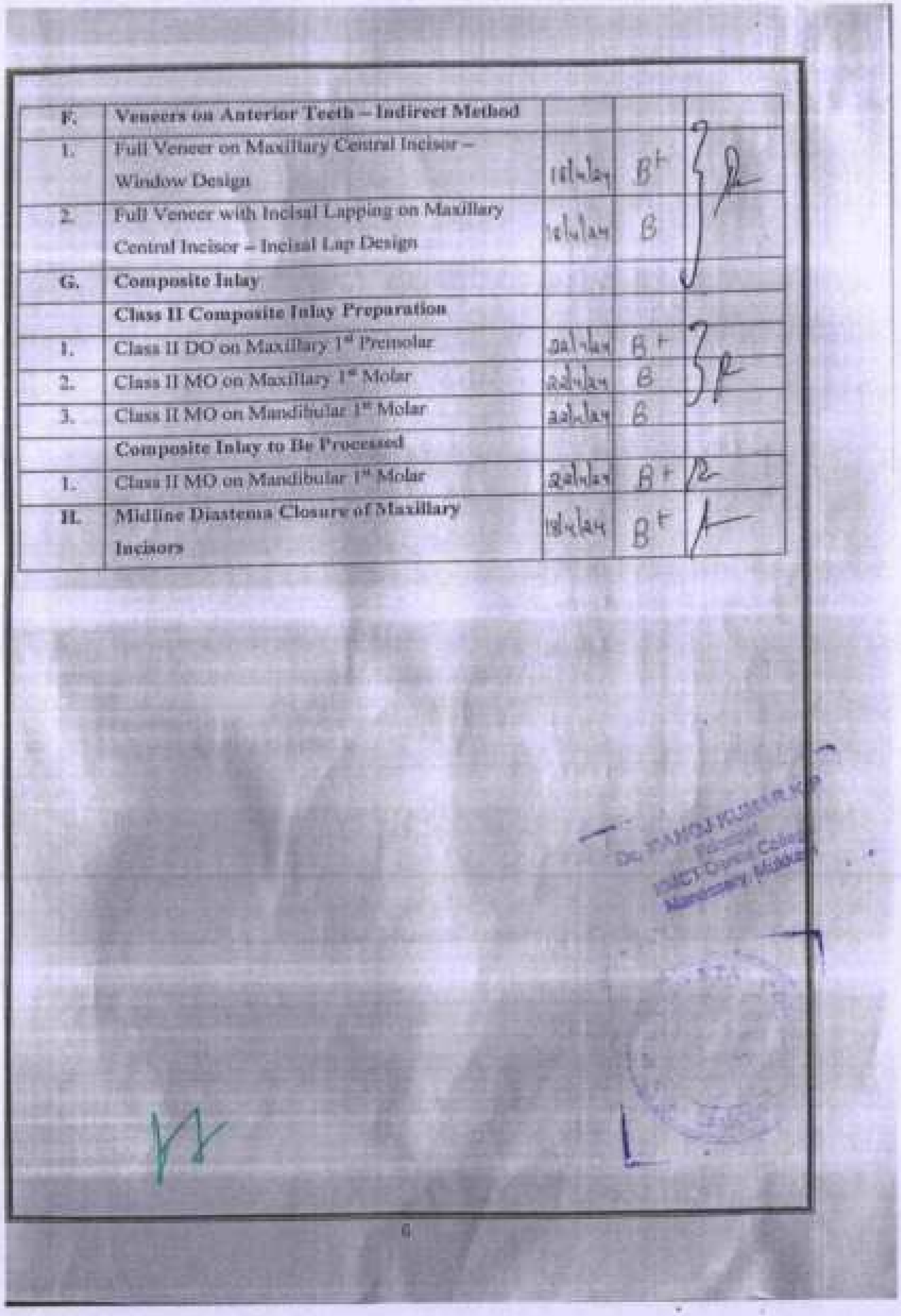
4

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Mukkam



D.	Post and Core			
	Anterior Teeth – Direct Post & Core Build Up			
1.	Maxillary Centrals-1	29/3/24	B+	
2.	Maxillary Canine-1	29/3/24	B	
3.	Mandibular Lateral Incisor-1	30/3/24	B+	
4.	Fabricate a temporary crown on Maxillary central incisor	31/3/24	B	
	Anterior Teeth–Indirect Post & Core Build Up			
1.	Maxillary Central Incisor	29/3/24	B	
2.	Maxillary Canine	29/3/24	B	
3.	Mandibular Canine	30/3/24	B	
	Posterior Teeth – Indirect Post & Core			
1.	Maxillary 1st Premolar	30/3/24	B+	
2.	Maxillary 1st Molar	30/3/24	B	
3.	Mandibular 1st Molar	30/3/24	B+	
4.	Fabricate a temporary crown on Maxillary first molar	31/3/24	B+	
	Casting -Post & Core			
	Anterior post and core			
1.	Maxillary central	5/4/24	B+	
2.	Mandibular canine	5/4/24	B	
	Posterior post and core			
1.	Mandibular Molar	5/4/24	B+	
E.	**Onlay on Molar**			
	Onlay Preparation			
1.	Maxillary 1st Molar	18/3/24	B+	
2.	Mandibular 1st Molar	18/3/24	B	
	Onlay – Casting			
1.	Onlay prepared on Mandibular 1st Molar	18/3/24	B+	

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Mukkam



F.	**Veneers on Anterior Teeth – Indirect Method**			
1.	Full Veneer on Maxillary Central Incisor – Window Design	18/4/24	B+	
2.	Full Veneer with Incisal Lapping on Maxillary Central Incisor – Incisal Lap Design	18/4/24	B	
G.	**Composite Inlay**			
	Class II Composite Inlay Preparation			
1.	Class II DO on Maxillary 1st Premolar	22/4/24	B+	
2.	Class II MO on Maxillary 1st Molar	22/4/24	B	
3.	Class II MO on Mandibular 1st Molar	22/4/24	B	
	Composite Inlay to Be Processed			
1.	Class II MO on Mandibular 1st Molar	22/4/24	B+	
H.	**Midline Diastema Closure of Maxillary Incisors**	18/4/24	B+	

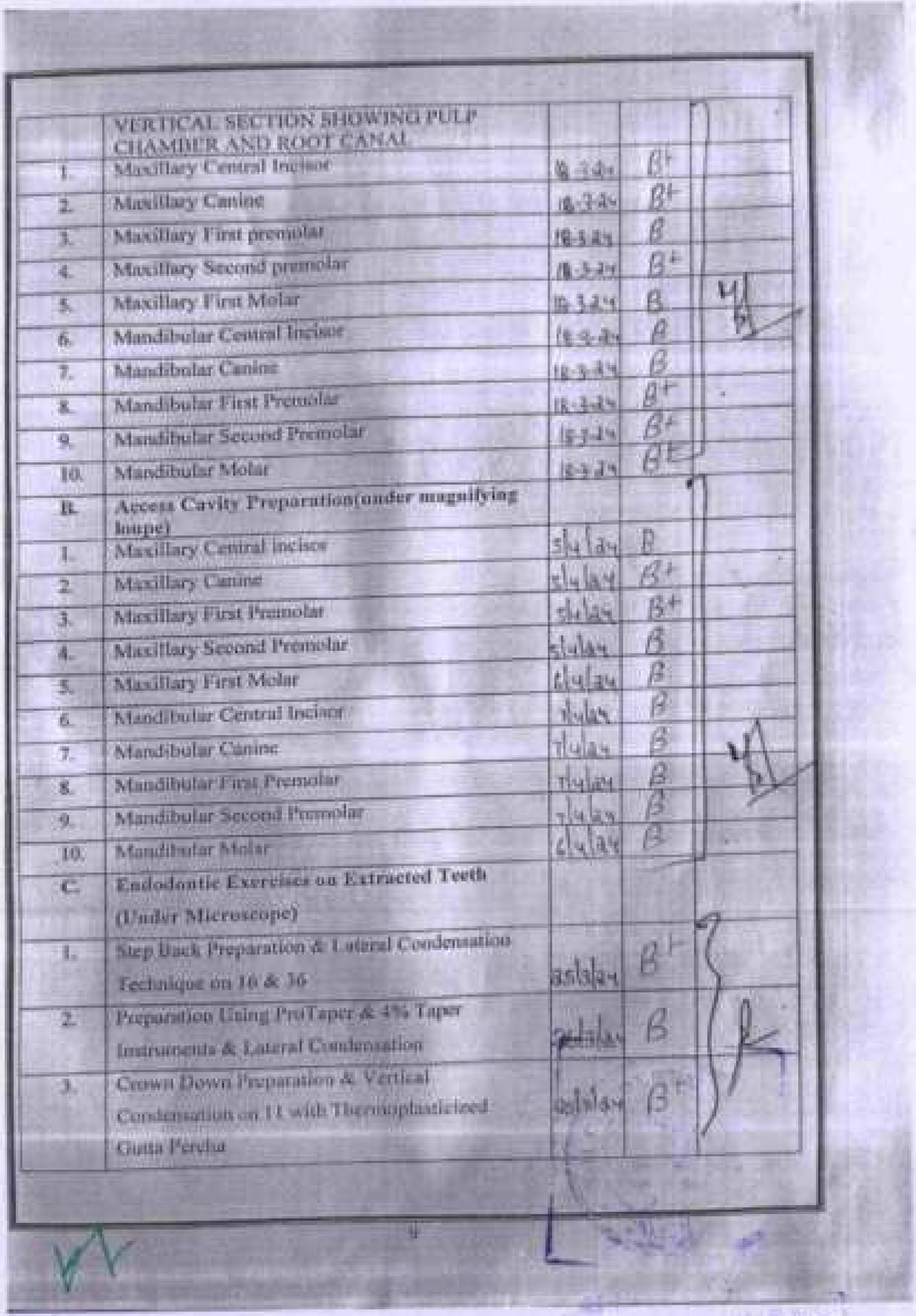
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

6

I.	**Composite Restorations**		
	Class I		
1.	Conventional Preparation on Maxillary 1st Molar – Box	22/4/24	B+
2.	Class I preparation and composite restoration using minimally invasive design(Clark's)	22/4/24	B
3.	Extensive Modified Preparation on Maxillary 1st Molar – Splint	22/4/24	B+
	Class II		
1.	Conventional Preparation on Mandibular Molar	22/4/24	B
2.	Beveled Conventional Preparation on Maxillary Molar	22/4/24	B+
3.	Class II preparation and composite restoration using minimally invasive design(Clark's)	22/4/24	B
4.	Extensive Modified Prep on Mandibular 1st Molar(Wraparound design)	22/4/24	B+
	Class IV composite restoration		
1.	Class IV composite using putty index/silicone index	23/4/24	B
2.	Class IV composite restoration with newer matrix system	23/4/24	B+
J.	**Endocrown Preparation on Mandibular Molar(1)**	23/4/24	B
K.	**Bridge for Missing Upper Second Premolar(1)**	23/4/24	B
V.	**ENDODONTIC PRECLINICAL EXERCISES ON EXTRACTED TEETH**		
A.	**Sectioning of Extracted Teeth**		
	Horizontal Sectioning Showing Pulp Chamber		
1.	Maxillary Central Incisor	14-3-24	B+
2.	Maxillary Canine	14-3-24	B
3.	Maxillary First Premolar	14-3-24	B
4.	Maxillary Second Premolar	14-3-24	
5.	Maxillary First Molar	14-3-24	B+
6.	Mandibular Central Incisor	14-3-24	B
7.	Mandibular Canine	14-3-24	B
8.	Mandibular First Premolar	14-3-24	B
9.	Mandibular Second Premolar	14-3-24	B+
10.	Mandibular First Molar	14-3-24	B

DR MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, [illegible]

1

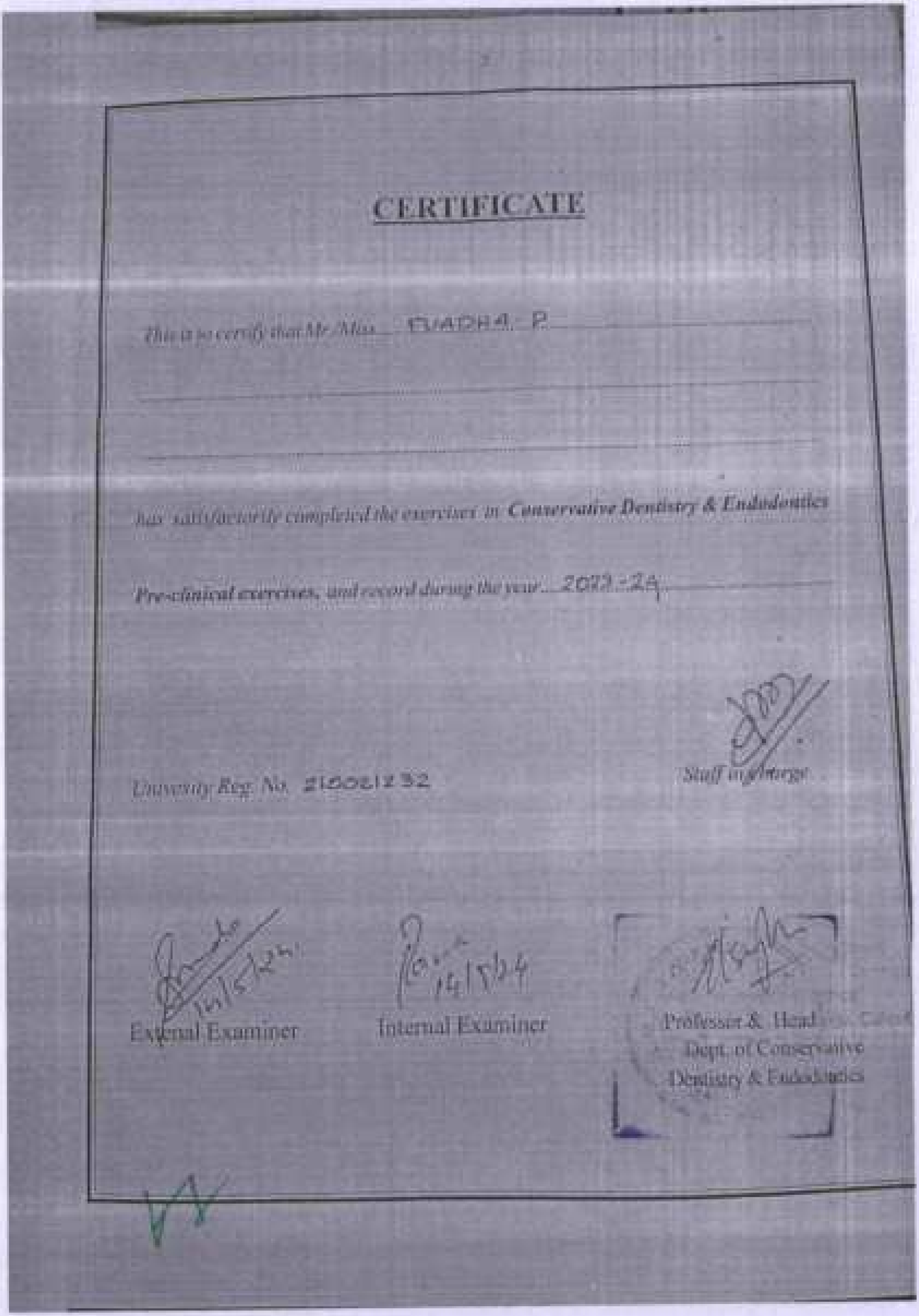


	VERTICAL SECTION SHOWING PULP CHAMBER AND ROOT CANAL			
1.	Maxillary Central Incisor	18-3-24	B+	
2.	Maxillary Canine	18-3-24	B+	
3.	Maxillary First premolar	18-3-24	B	
4.	Maxillary Second premolar	18-3-24	B+	
5.	Maxillary First Molar	18-3-24	B	4
6.	Mandibular Central Incisor	18-3-24	B	
7.	Mandibular Canine	18-3-24	B	
8.	Mandibular First Premolar	18-3-24	B+	
9.	Mandibular Second Premolar	18-3-24	B+	
10.	Mandibular Molar	18-3-24	B+	
B.	Access Cavity Preparation(under magnifying loupe)			
1.	Maxillary Central incisor	5/4/24	B	
2.	Maxillary Canine	5/4/24	B+	
3.	Maxillary First Premolar	5/4/24	B+	
4.	Maxillary Second Premolar	5/4/24	B	
5.	Maxillary First Molar	6/4/24	B	
6.	Mandibular Central Incisor	7/4/24	B	
7.	Mandibular Canine	7/4/24	B	4
8.	Mandibular First Premolar	7/4/24	B	
9.	Mandibular Second Premolar	7/4/24	B	
10.	Mandibular Molar	6/4/24	B	
C.	Endodontic Exercises on Extracted Teeth (Under Microscope)			
1.	Step Back Preparation & Lateral Condensation Technique on 16 & 36	25/3/24	B+	
2.	Preparation Using ProTaper & 4% Taper Instruments & Lateral Condensation	[illegible]/3/24	B	
3.	Crown Down Preparation & Vertical Condensation on 11 with Thermoplasticized Gutta Percha	26/3/24	B+	

4

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

4.	Section Obturated Teeth & Observe Under Operating Microscope	20/3/24	B^+	
5.	Separated instrument retrieval using microscope: One maxillary and mandibular First molar	25/3/24	B	



CERTIFICATE

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

has satisfactorily completed the exercises in **Conservative Dentistry & Endodontics**

Pre-clinical exercises, and record during the year 2023-24

University Reg. No. 216021232

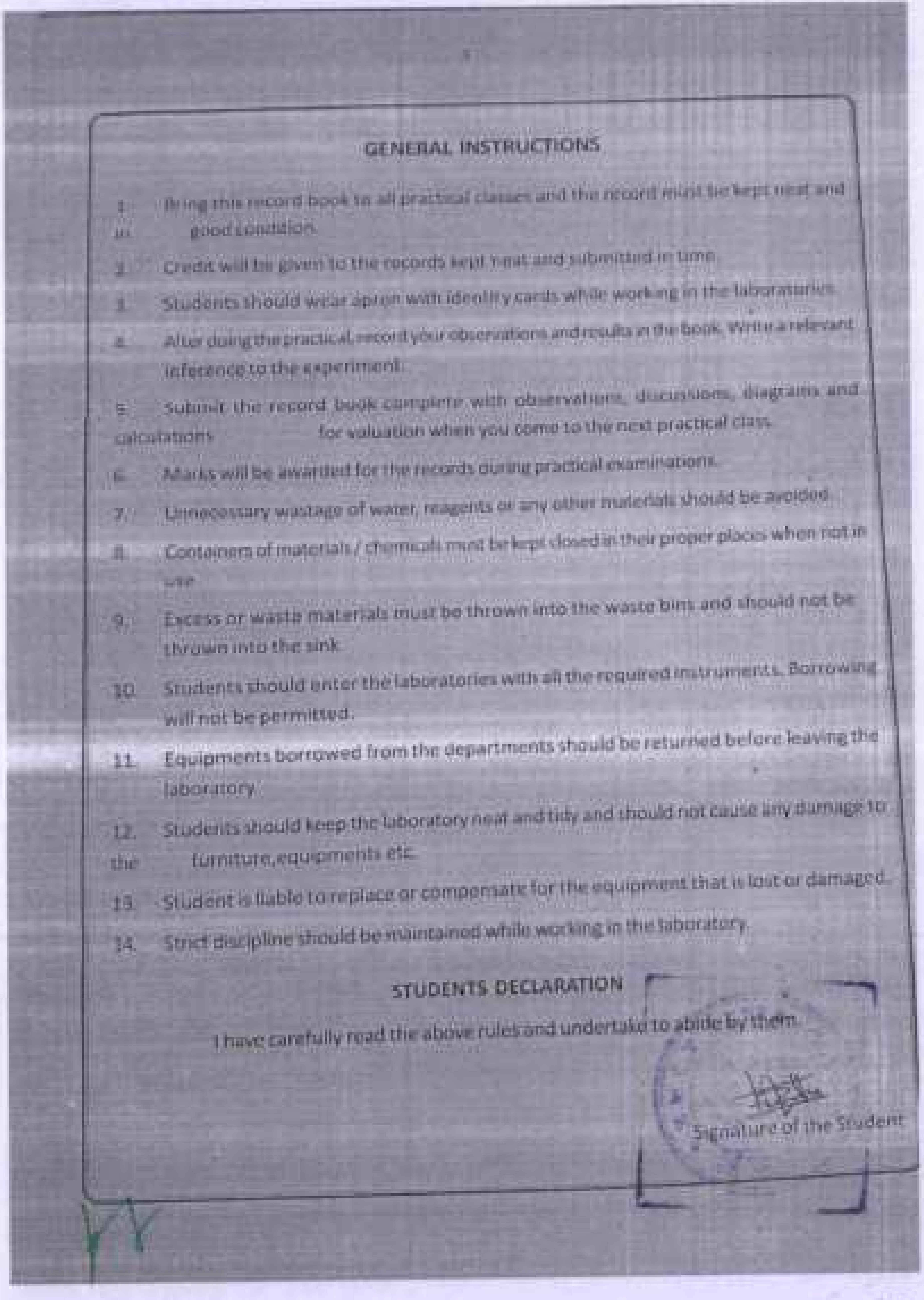
Staff in charge

14/5/24
External Examiner

14/5/24
Internal Examiner

Professor & Head
Dept. of Conservative
Dentistry & Endodontics

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



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 practical, 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 class.
6. Marks will be awarded for the records during practical examinations.
7. Unnecessary wastage of water, reagents 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 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.

STUDENTS DECLARATION

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

Signature of the Student

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

I BDS EXERCISES

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

KMCT
DENTAL COLLEGE

PLASTER TOOTH MODEL EXERCISE

No	Date	Exercise	Grade	Signature
1.	15/03/2023	SIMPLE CAVITY - 36 CLASS- I OCCLUSAL CAVITY	B++	
2.	13/04/2023	COMPOUND CAVITY - 36 CLASS- II MESIO OCCLUSAL CAVITY	B++	
3.	24/04/2023	SIMPLE CAVITY - 16 CLASS- I OCCLUSAL MESIAL, DISTAL PIT	B++	
4.	07/07/2023	COMPOUND CAVITY - 14 CLASS- II MESIO- OCCLUSAL CAVITY WITH REVERSE CURVE	B+	
5.	12/07/2023	SIMPLE CAVITY - 36 CLASS- I BUCCAL PIT CAVITY	B++	
6.	01/11/2023	COMPOUND CAVITY - 36 CLASS- II MESIO-DISTO OCCLUSAL CAVITY	B++	
7.	25/01/2023	SIMPLE CAVITY - 14 CLASS- V BUCCAL CAVITY	B++	
8.	15/03/2023	COMPOUND CAVITY - 13 CLASS - III MESIO CAVITY (lingual approach)	B	
9.	16/08/2024	36 CLASS- I INLAY CAVITY	B+	
10	26/10/2024	COMPOUND CAVITY - 36 CLASS- II MESIO-OCCLUSAL INLAY CAVITY.	B	

Dr. [illegible]
Principal
KMCT Dental College
Manassery, Mukkam

EXERCISE NO. I

SIMPLE CAVITY – 36 CLASS I OCCLUSAL CAVITY

OUTLINE FORM

Triangular outline with groove extensions, half the distance into the groove from the central groove. Mesial and distal outline run parallel to the proximal contour and 4 mm away from the outer contour, preserving the marginal ridge

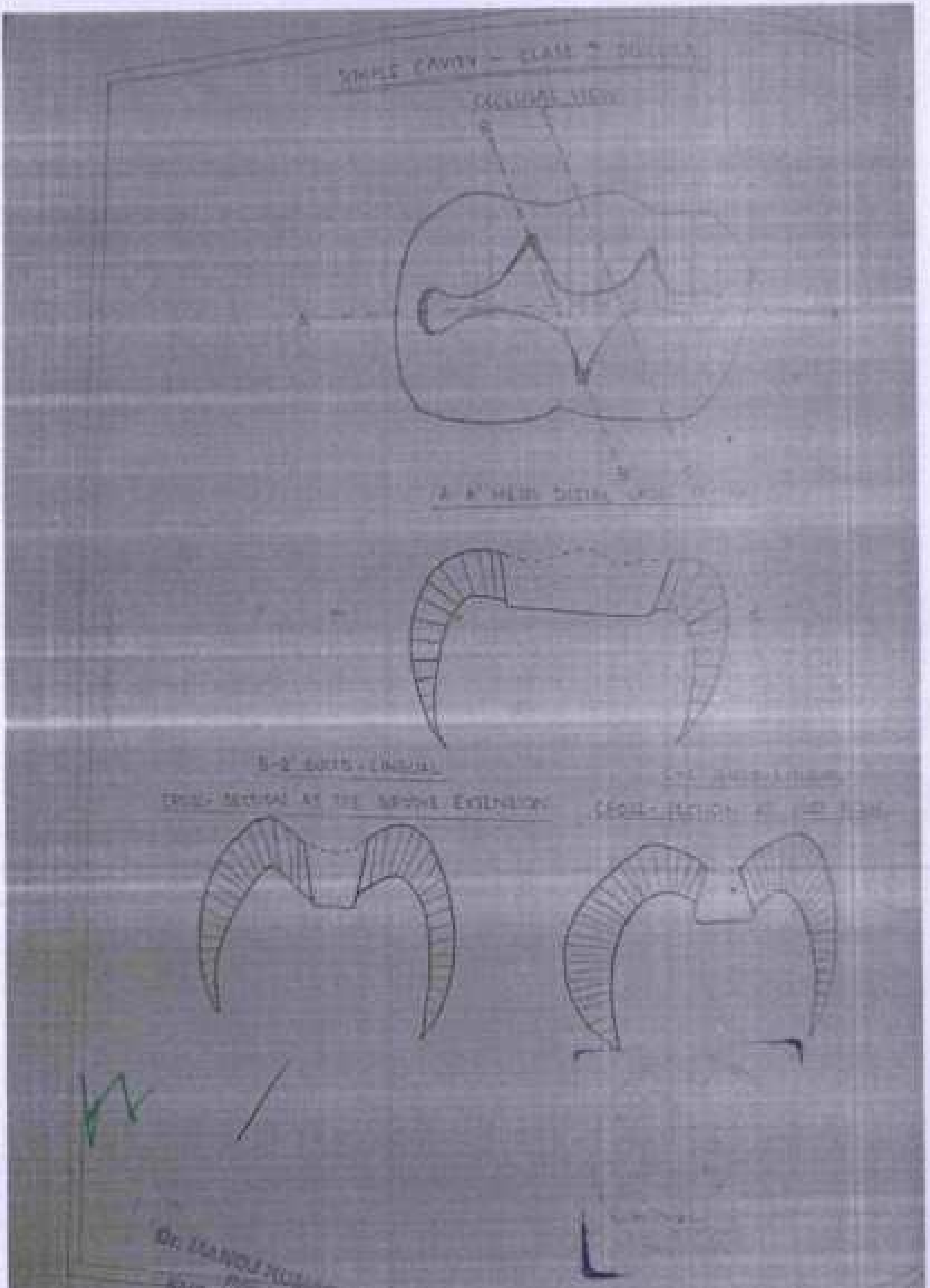
DIMENSIONS

Pulpal Depth = 4 mm from the marginal ridge
width = 4 mm at the triangular ridges

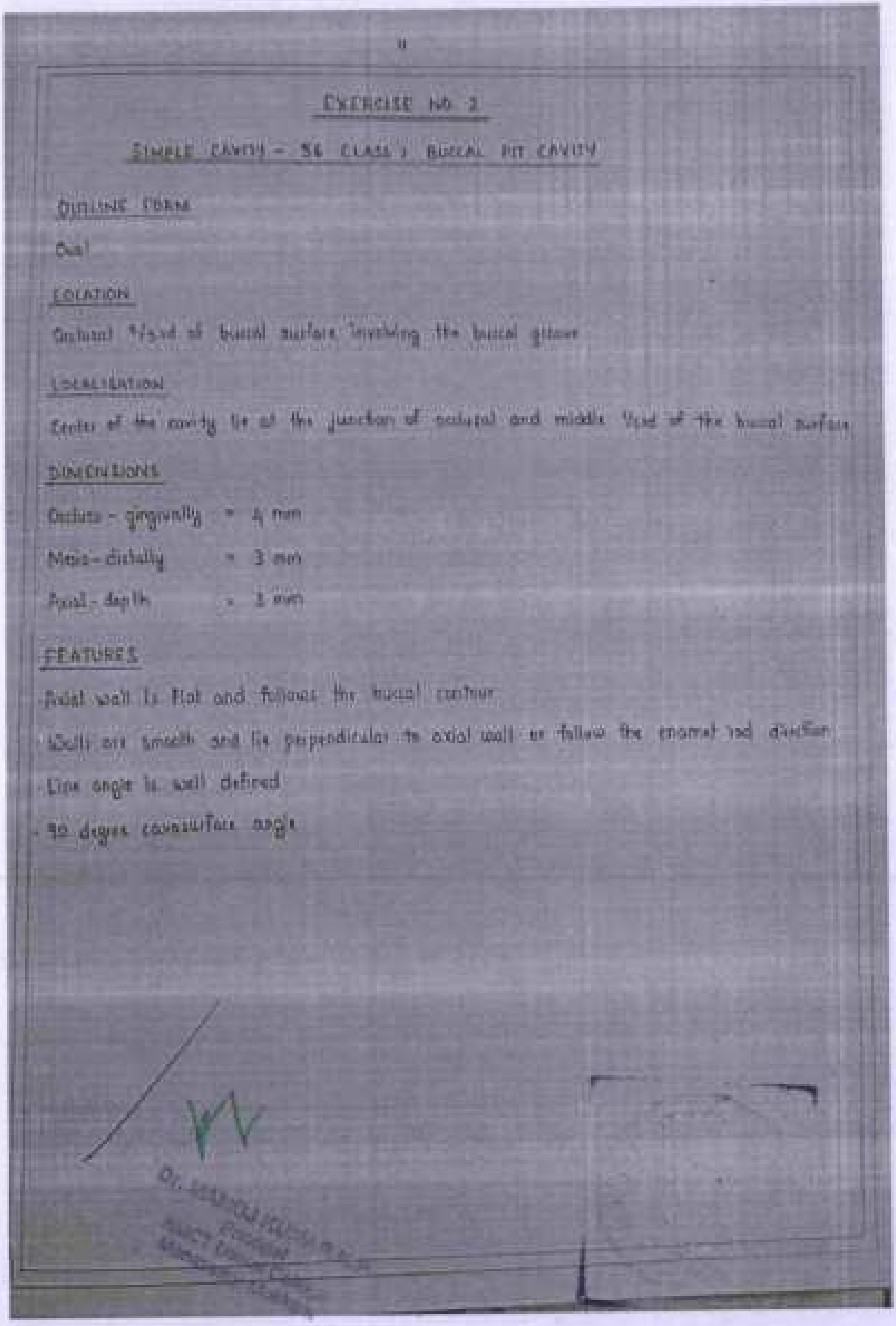
FEATURES

- Outline circumvents the cusp in smooth flowing curves
- No sharp junctions
- Mesial and distal walls parallel to the outer contour of the tooth and 4 mm 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 angle form a 90 degree Butt joint

Dr. MANOJ KUMAR



Dr. MANOJ KUMAR K.P.
Professor
KMCT Dental College
Manassery, Mukkam



EXERCISE NO 2

SIMPLE CAVITY - 36 CLASS I BUCCAL PIT CAVITY

OUTLINE FORM

Oval

LOCATION

Occlusal 1/3rd of buccal surface involving the buccal groove

LOCALIZATION

Center of the cavity lie at the junction of occlusal and middle 1/3rd of the buccal surface

DIMENSIONS

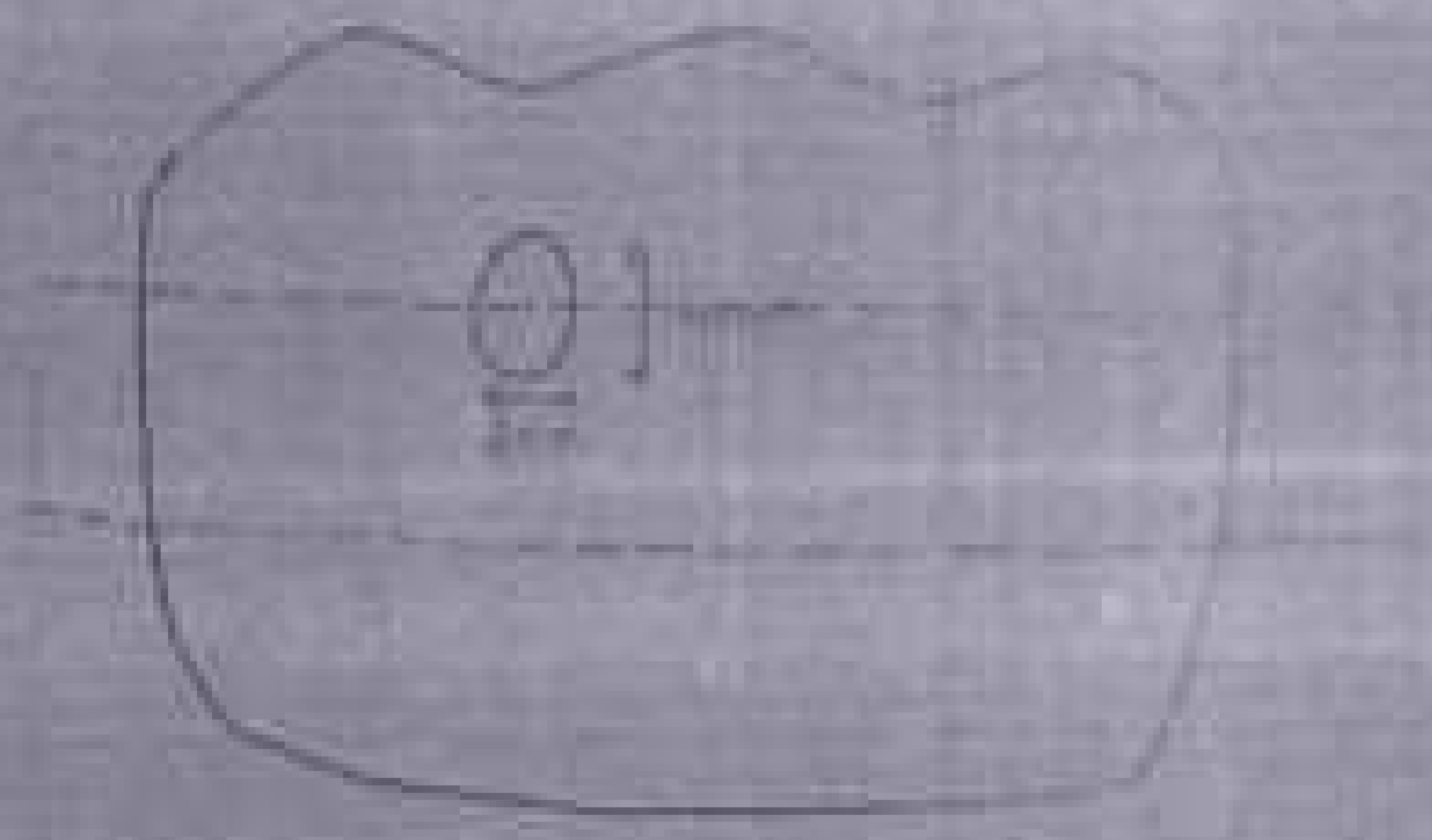
Occluso - gingivally = 4 mm
Mesio-distally = 3 mm
Axial-depth = 1 mm

FEATURES

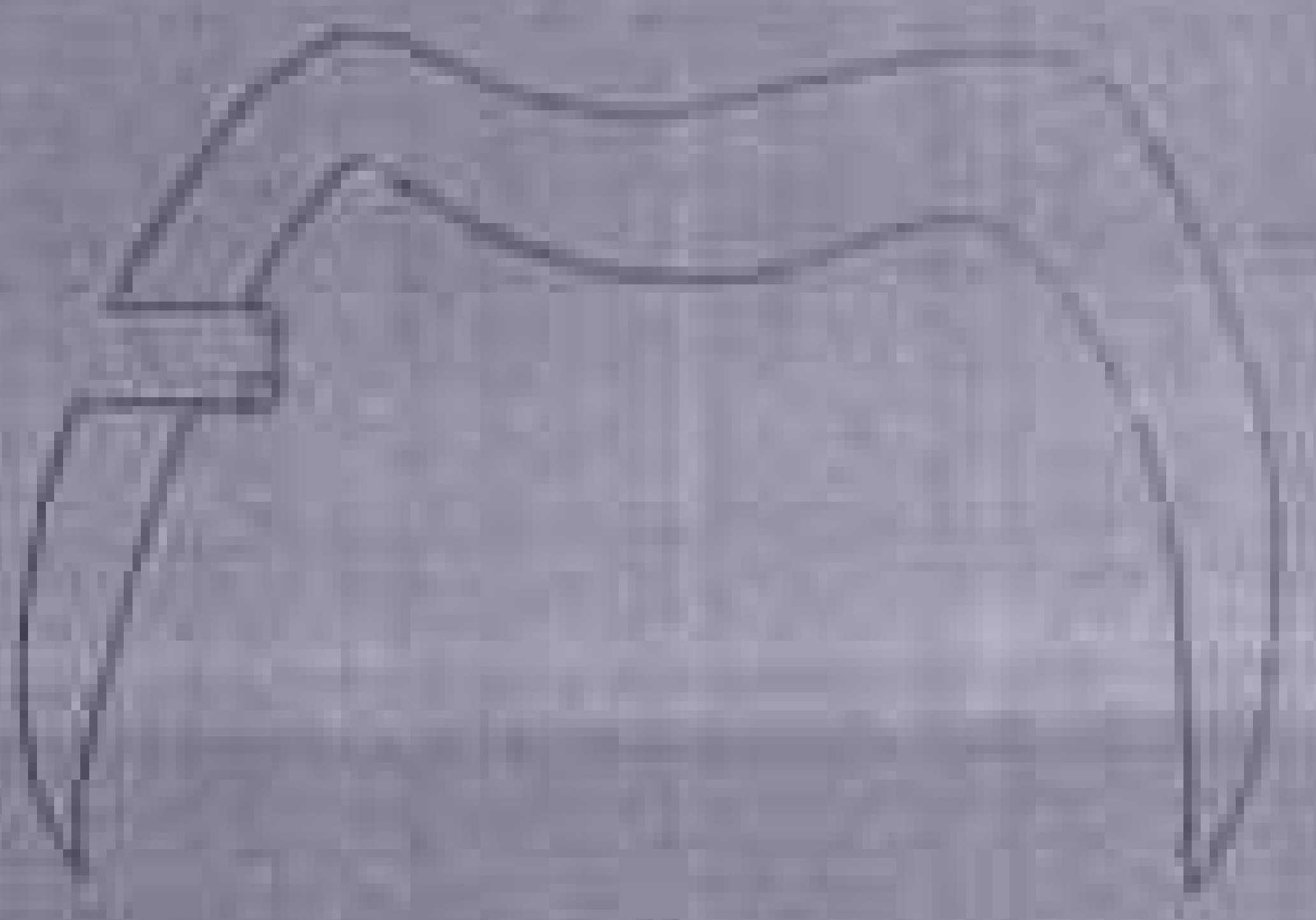
- Axial wall is flat and follows the buccal contour
- Walls are smooth and lie perpendicular to axial wall or follow the enamel rod direction
- Line angle is well defined
- 90 degree cavosurface angle

SIMPLE CAVITY – BUCCAL PIT

BUCCAL VIEW



BUCCO-LINGUAL CROSS SECTION



Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery

EXERCISE NO 3

SIMPLE CAVITY - 16 CLASS I OCCLUSAL MESIAL, DISTAL PIT

OUTLINE FORM

Mesial cavity "kidney shaped"; distal cavity "heart shaped"

DIMENSIONS

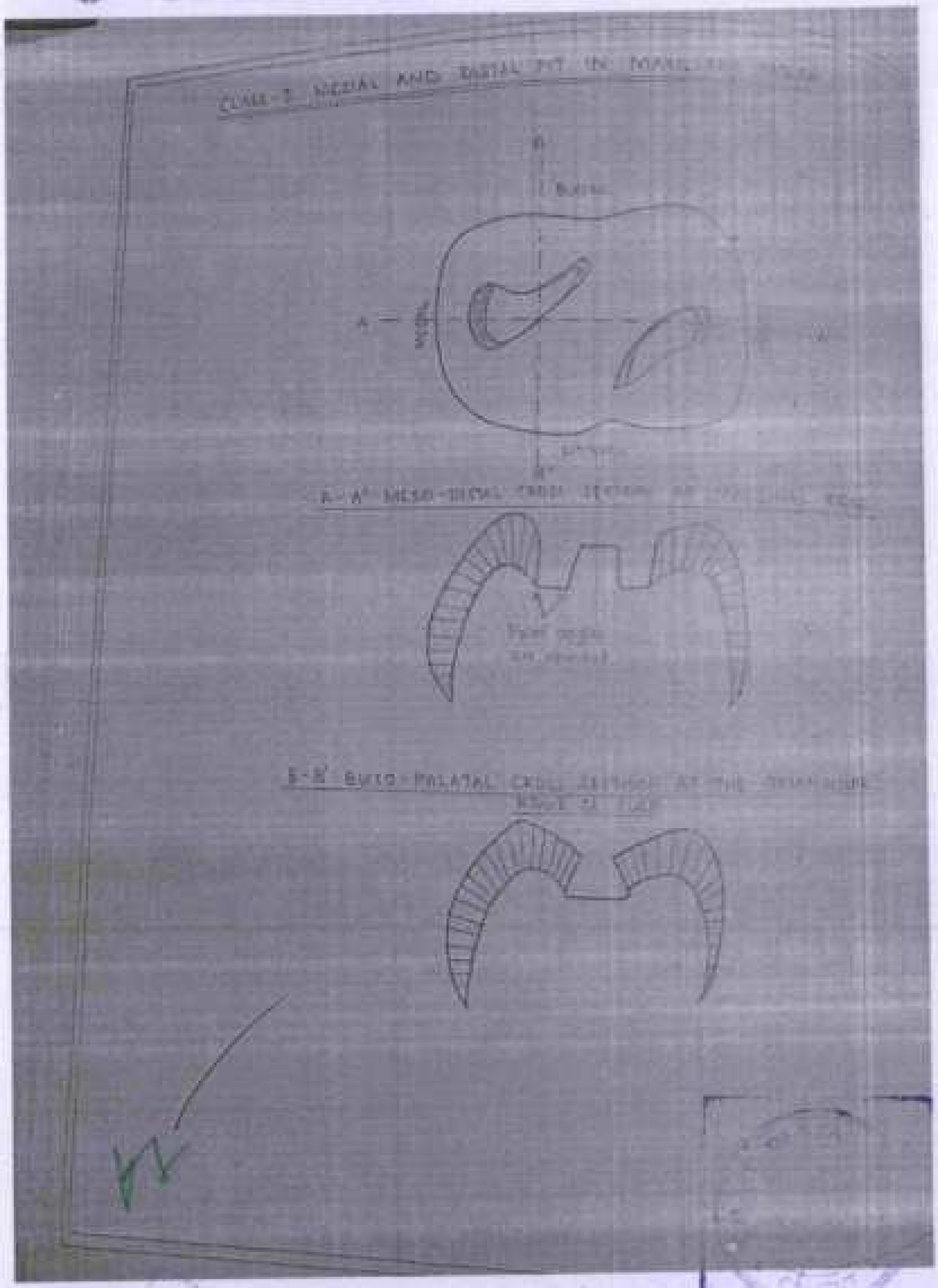
Pulpal depth - 1½ mm from the marginal ridge

Width - 1½ mm at the triangular ridges

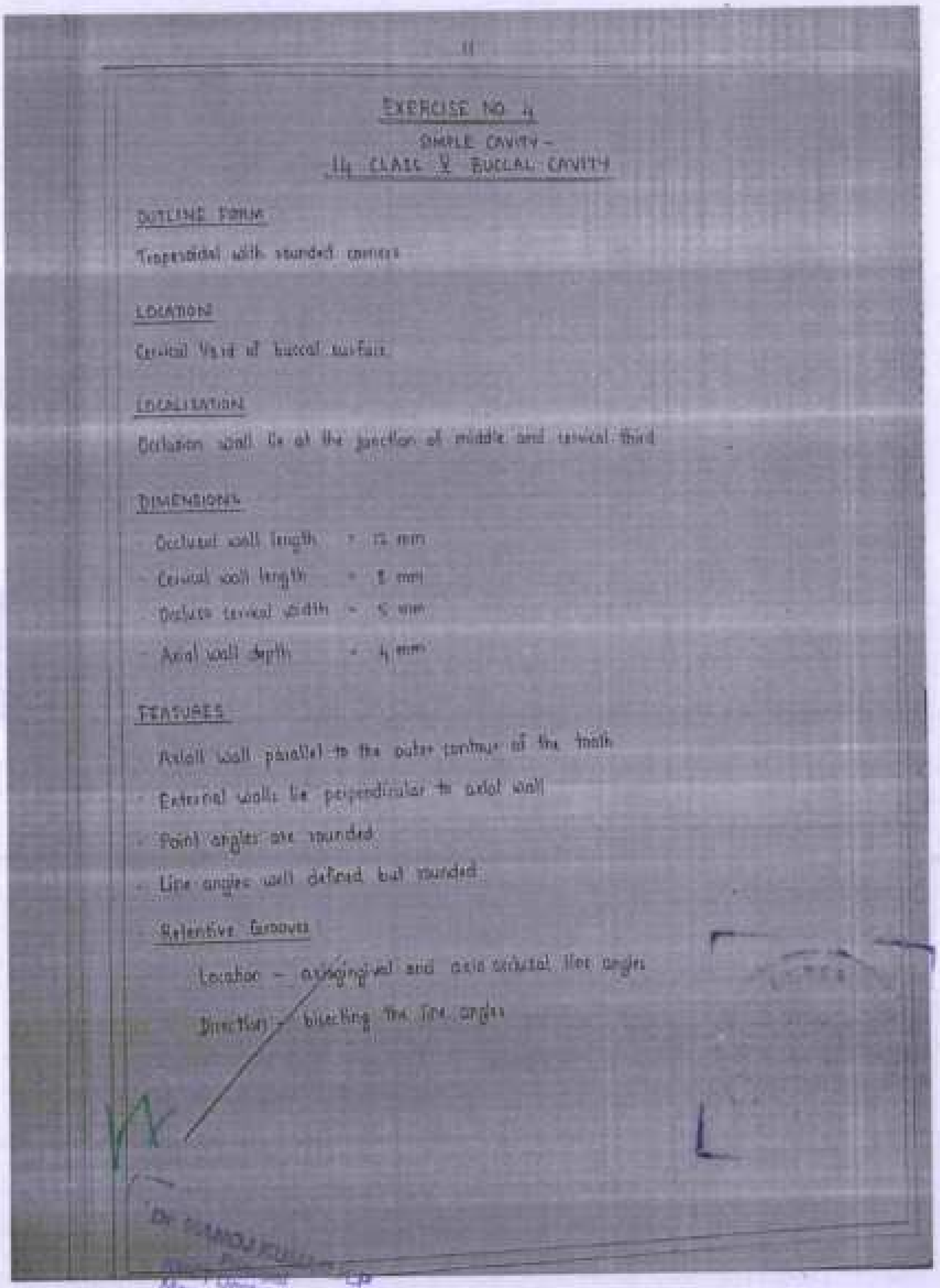
FEATURES

- Mesial and distal walls parallel to the outer contour of the tooth and 1½ mm away
- Mesial and distal walls adjacent to the oblique ridge not parallel to the ridge
- Groove extensions upto half the distance into the groove from the central groove
- Taper the mesial and distal walls and the walls parallel to the oblique ridge
- Inverse taper to the buccal and lingual walls at the triangular ridge
- Walls smooth rounded and well defined

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


CLASS-I MESIAL AND DISTAL PIT IN MAXILLARY [illegible]
B
BUCCAL
A
MESIAL
A'
B'
A-A' MESIO-DISTAL CROSS SECTION [illegible]
B-B' BUCCO-PALATAL CROSS SECTION AT THE [illegible]

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



EXERCISE NO 4

SIMPLE CAVITY –
14 CLASS V BUCCAL CAVITY

OUTLINE FORM

Trapezoidal with rounded corners

LOCATION

Cervical 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
- Occluso cervical width = 5 mm
- Axial wall depth = 4 mm

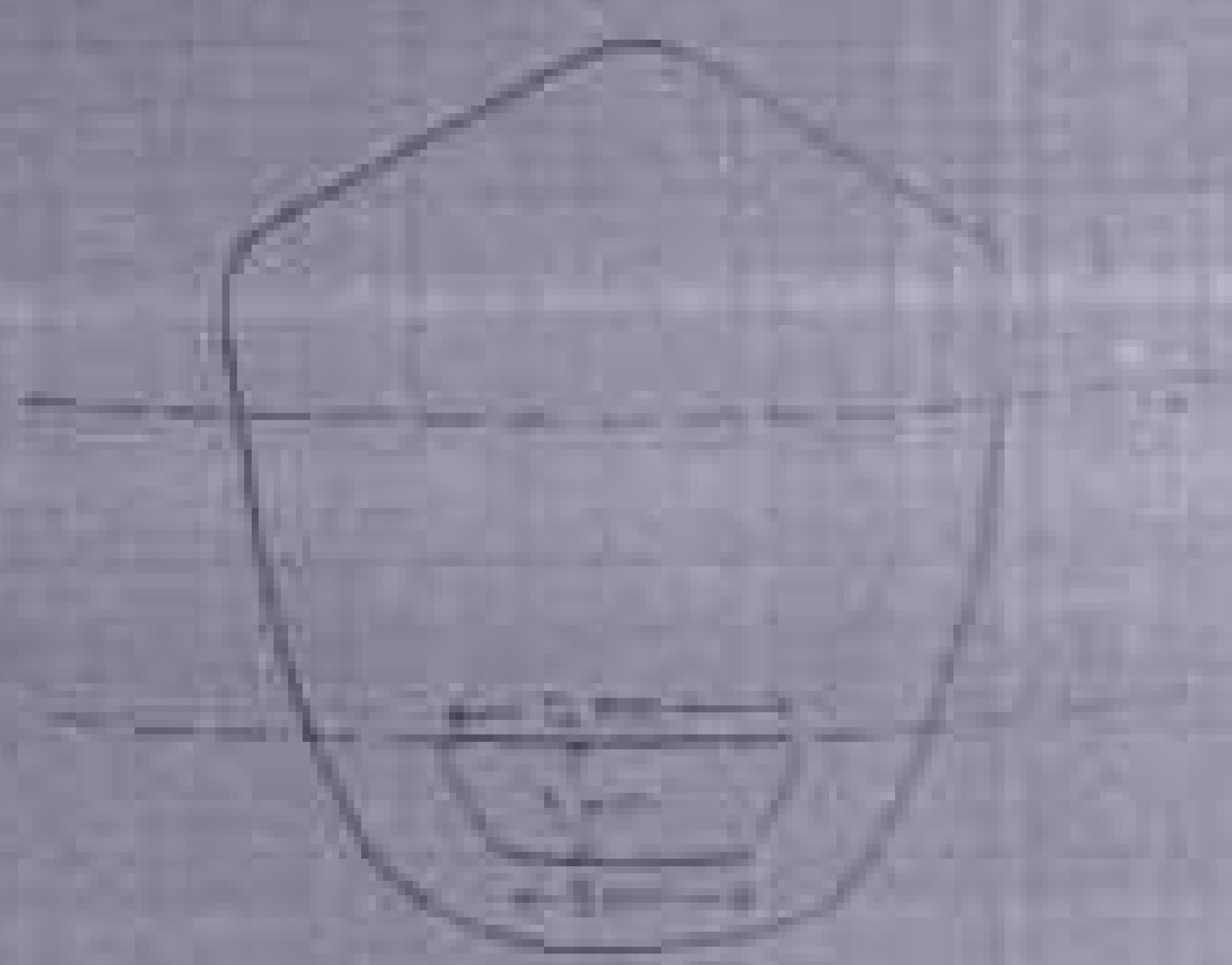
FEATURES

- Axial wall parallel to the outer contour of the tooth
- External walls lie perpendicular to axial wall
- Point angles are rounded
- Line angles well defined but rounded
- Retentive Grooves
  - Location – axiogingival and axio occlusal line angles
  - Direction – bisecting the line angles

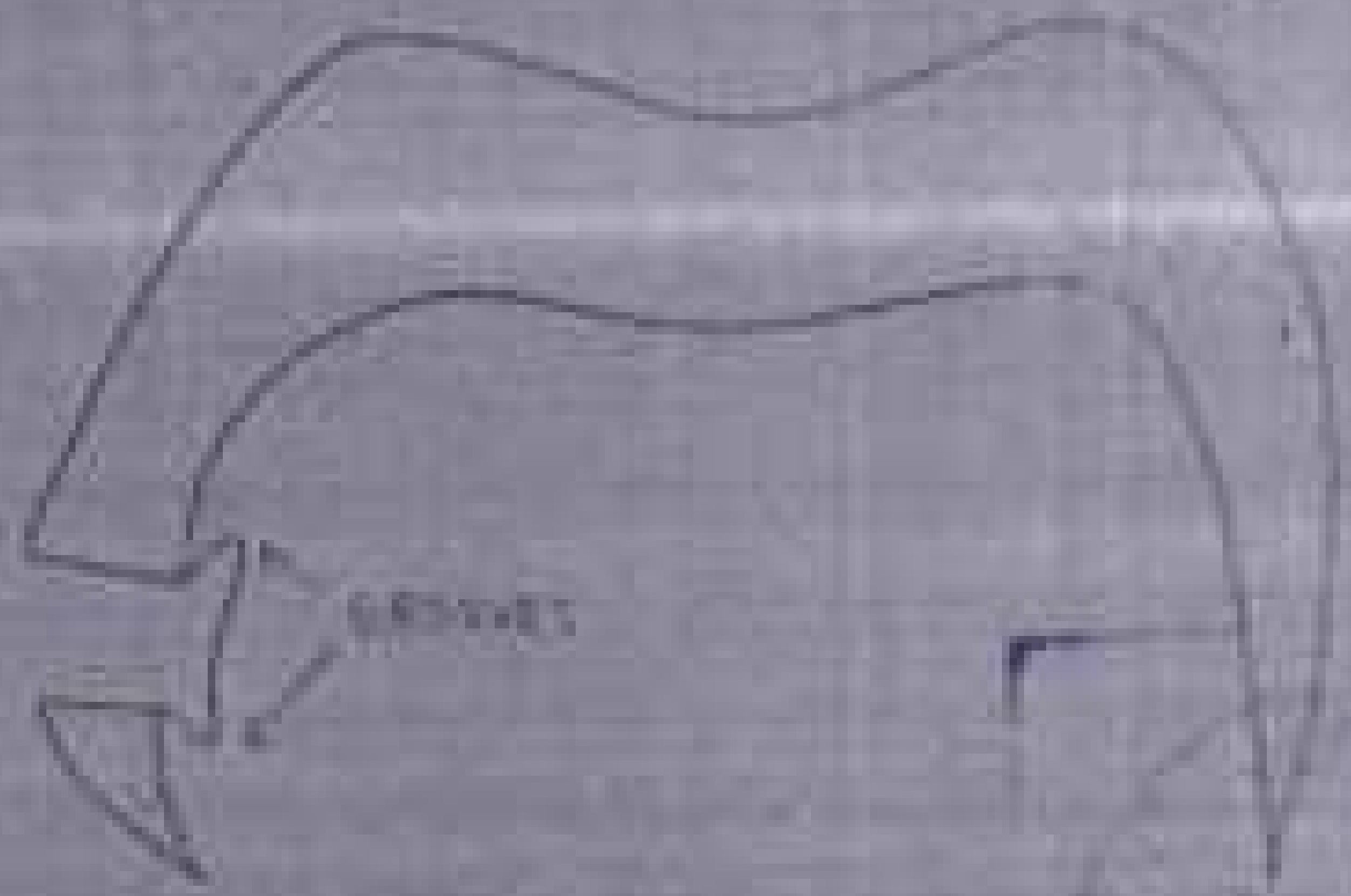
Dr. [illegible]
Principal
KMCT Dental College
Manassery, Mukkam

SIMPLE CAVITY - CLASS V

BUCCAL VIEW



BUCCO-LINGUAL CROSS SECTION



Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam

EXERCISE NO 5

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) = 1.5 mm from the marginal ridge
- Gingival seat axial width = 3 mm
- Gingival seat bucco lingual width = 1.5 mm

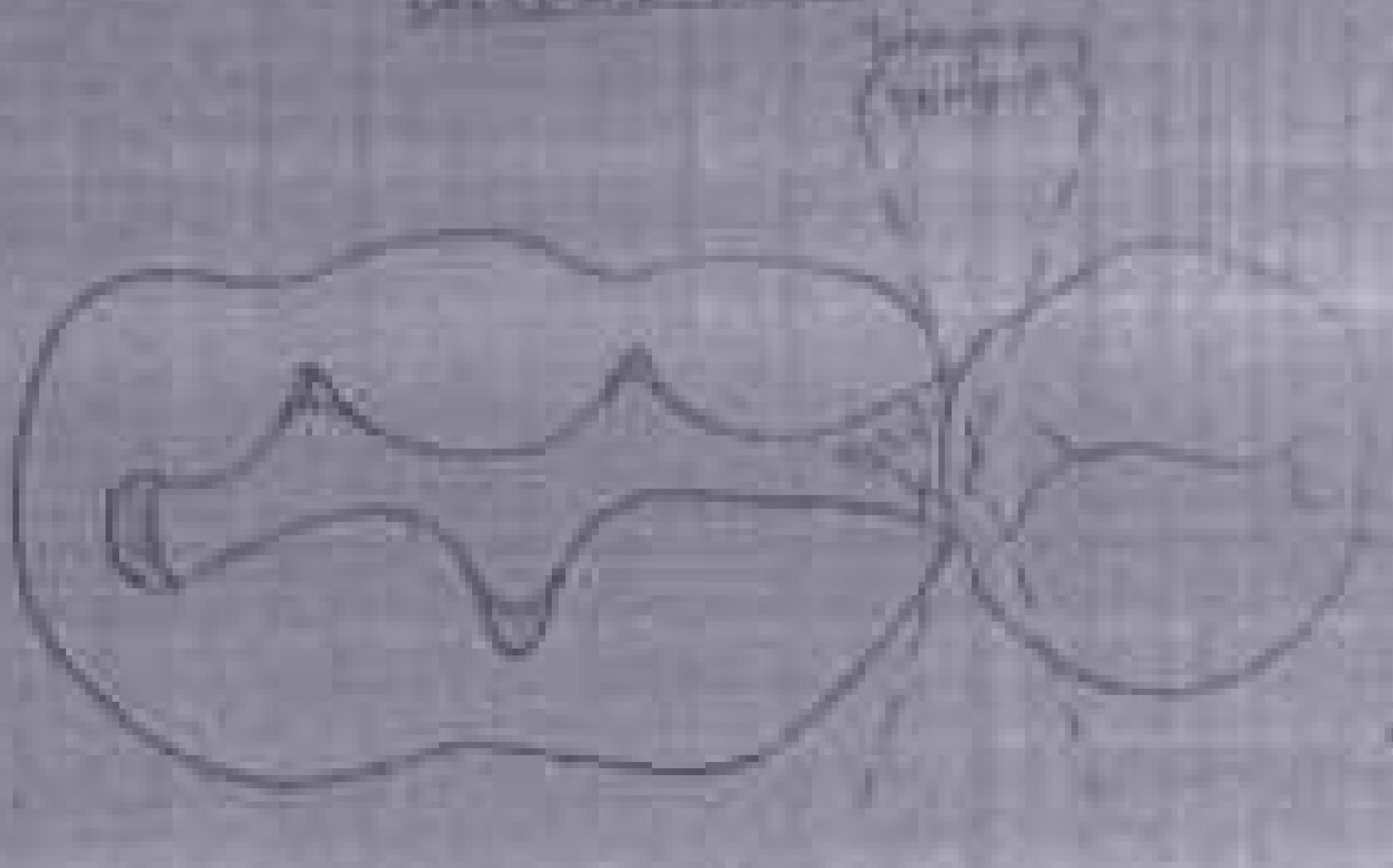
FEATURES

- 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 degrees 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 1/3rd of the buccal and lingual surface
- Gingival seat should be flat and perpendicular to long axis of the tooth
- Buccogingival and linguo gingival line angles 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 cavosurface bevel of 20 degrees

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

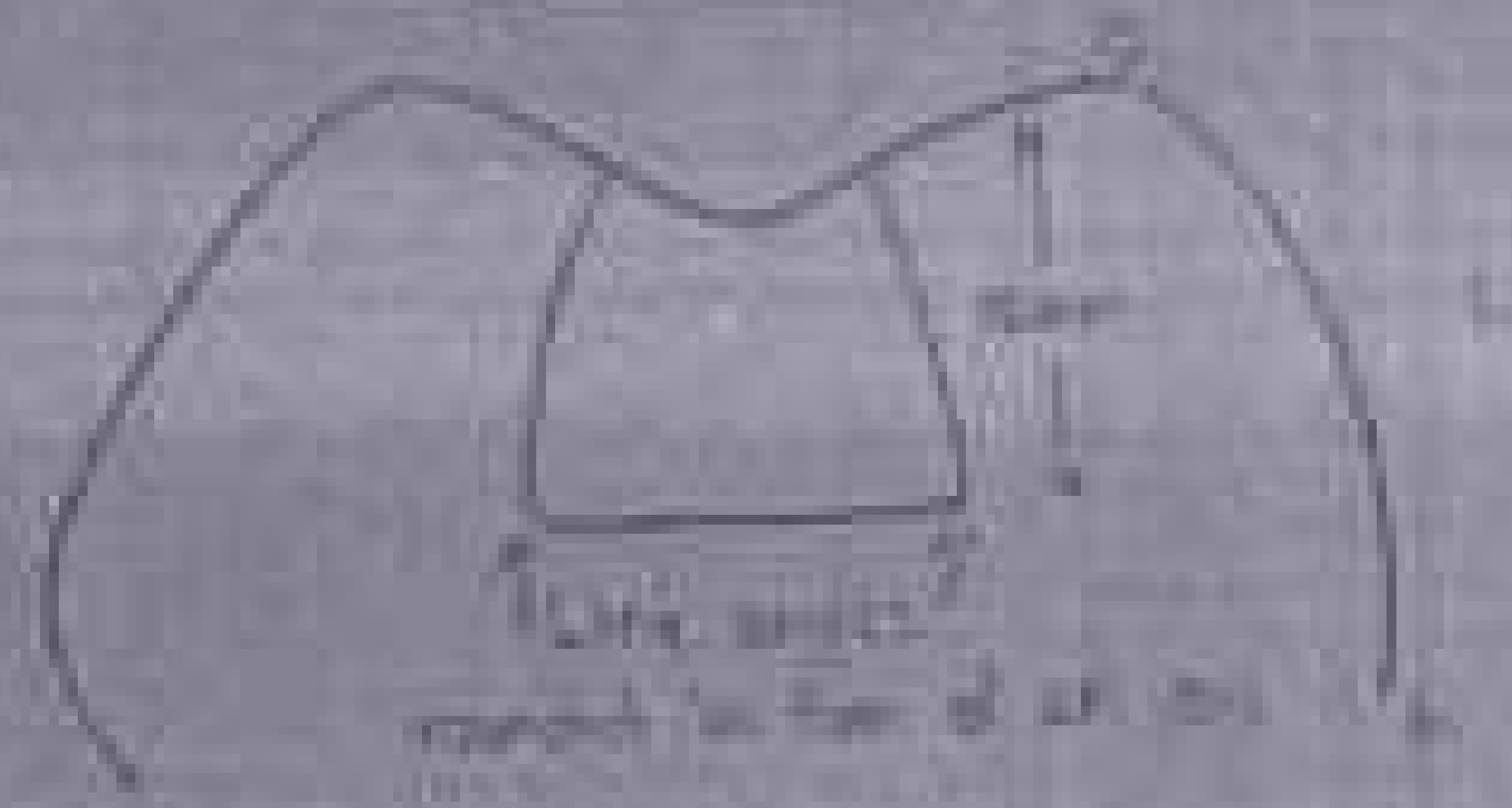
CLASS - II MESIO OCCLUSAL CAVITY

OCCLUSAL VIEW

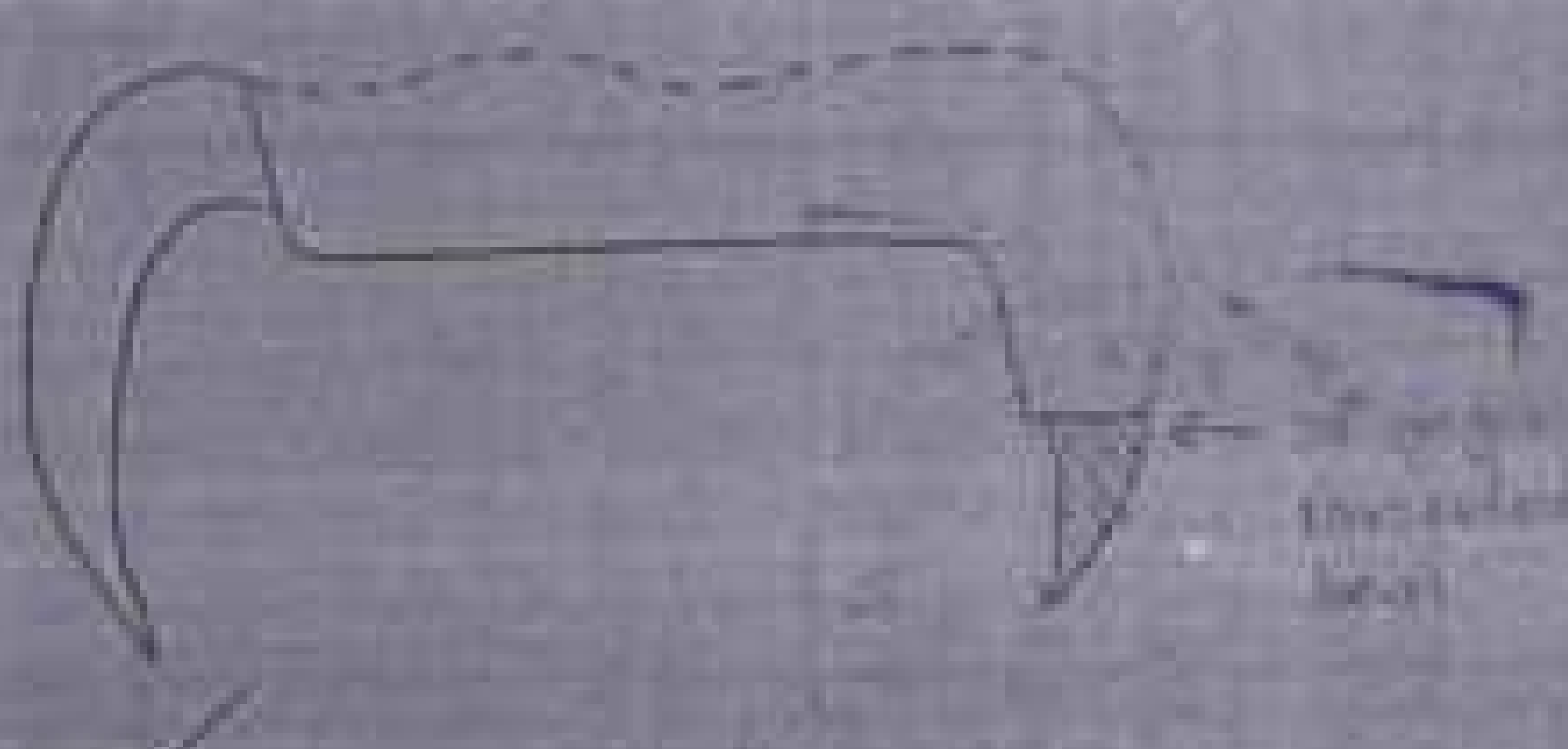


Mesial flare to break the contact [illegible] form a butt joint [illegible]
tangent [illegible] all the outer proximal surface [illegible]

MESIAL VIEW



MESIO - DISTAL CROSS - SECTION



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

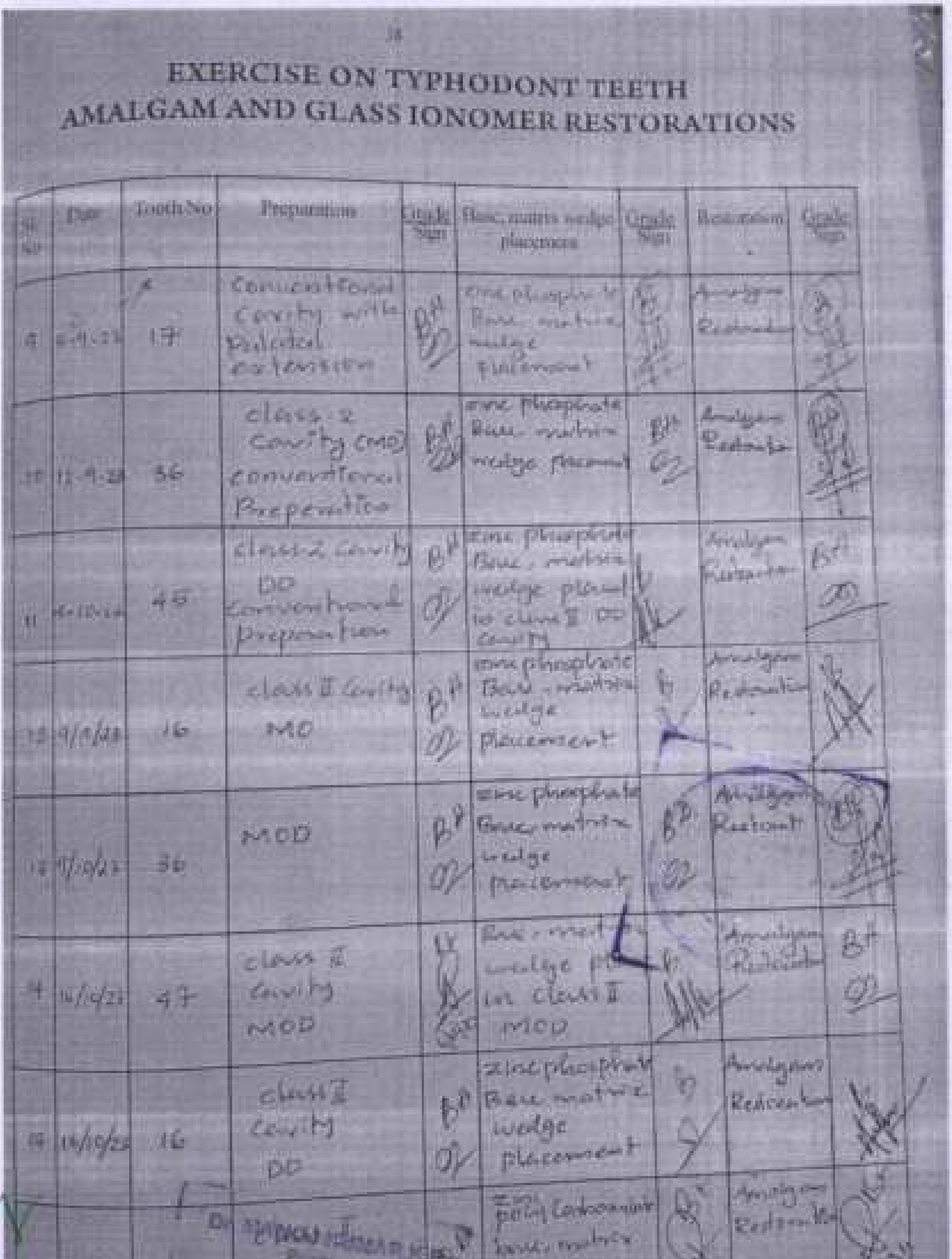
II BDS EXERCISES

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

EXERCISE ON TYPHODONT TEETH
AMALGAM AND GLASS IONOMER RESTORATIONS

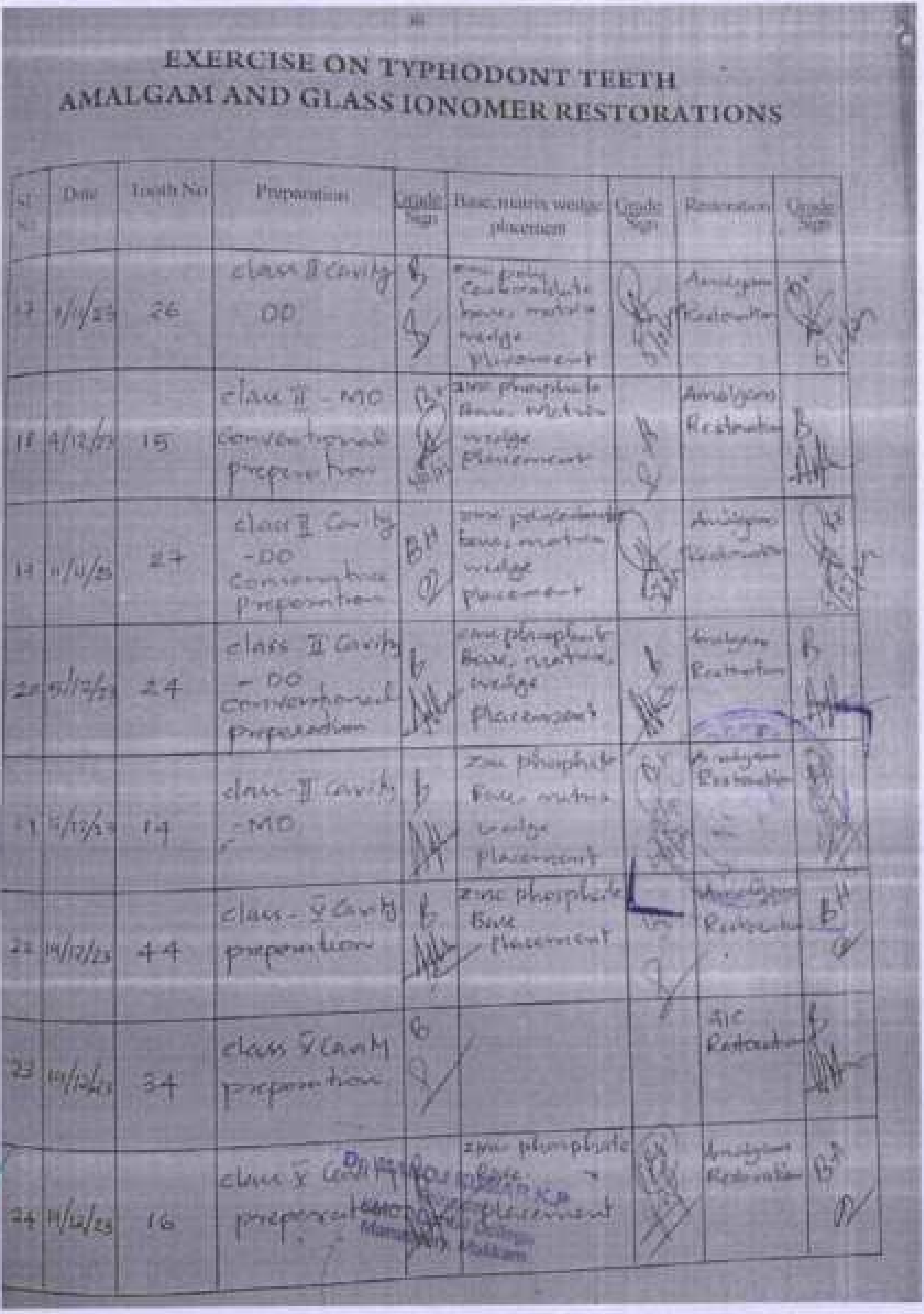
Sl No	Date	Tooth No	Preparation	Grade Sign	Base, matrix wedge placement	Grade Sign	Restoration	Grade Sign
1	8-7-23	47	class-1 occlusal cavity preperation	B+	zinc phosphate base, matrix wedge placement		Amalgam Restoration	B+
2	8-7-23	37	class-1 occlusal cavity preperation	B+	zinc phosphate base, matrix wedge placement	B	Amalgam Restoration	B
3	12-7-23	35	class-1 occlusal cavity preperation	B+	zinc phosphate base, matrix wedge placement	B	Amalgam Restoration	B+
4	29-7-23	44	class-1 cavity snake eye (44) conservative preperation	B+	zinc phosphate Base, matrix wedge placement	B	Amalgam Restoration	B+
5	31-7-23	36	class-1 ~~Bu~~ cavity (36) Buccal pit	B+	zinc phosphate Base placement	B+	Amalgam Restoration	B+
6	8-8-23	17	class-1 cavity conservative preperation	B	zinc phosphate Base, matrix wedge placement	B	Amalgam Restoration	
7	11-8-23	16	class-1 cavity conservative Preperation	B+	zinc phosphate Base, matrix wedge placement	B	Amalgam Restoration	
8	5-9-23	37	Buccal extension Conventional	B+	zinc phosphate Base, matrix wedge placement	B	Amalgam Restoration	B

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam



EXERCISE 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	6-9-23	17	Conventional cavity with palatal extension	B+	Zinc phosphate Base, matrix, wedge placement		Amalgam Restoration	
10	12-9-23	36	class 2 cavity (MO) conventional Preparation	B+	Zinc phosphate Base matrix wedge placement	B+	Amalgam Restoration	
11	4-10-23	45	class-2 cavity DO Conventional preparation	B+	Zinc phosphate Base, matrix wedge placed in class II DO cavity		Amalgam Restoration	B+
12	9/10/23	16	class II cavity MO	B+	Zinc phosphate Base - matrix wedge placement	B	Amalgam Restoration	
13	11/10/23	36	MOD	B+	Zinc phosphate Base matrix wedge placement	B+	Amalgam Restoration	
14	16/10/23	47	class II cavity MOD		Base - matrix wedge placed in class II MOD		Amalgam Restoration	B+
15	16/10/23	16	class II cavity DO	B+	Zinc phosphate Base matrix wedge placement	B	Amalgam Restoration	
16	21/10/23	26	Dr. [illegible] Professor KMCT Dental College Manassery, Mukkam	B+	Zinc polycarboxylate base, matrix wedge placement		Amalgam Restoration	



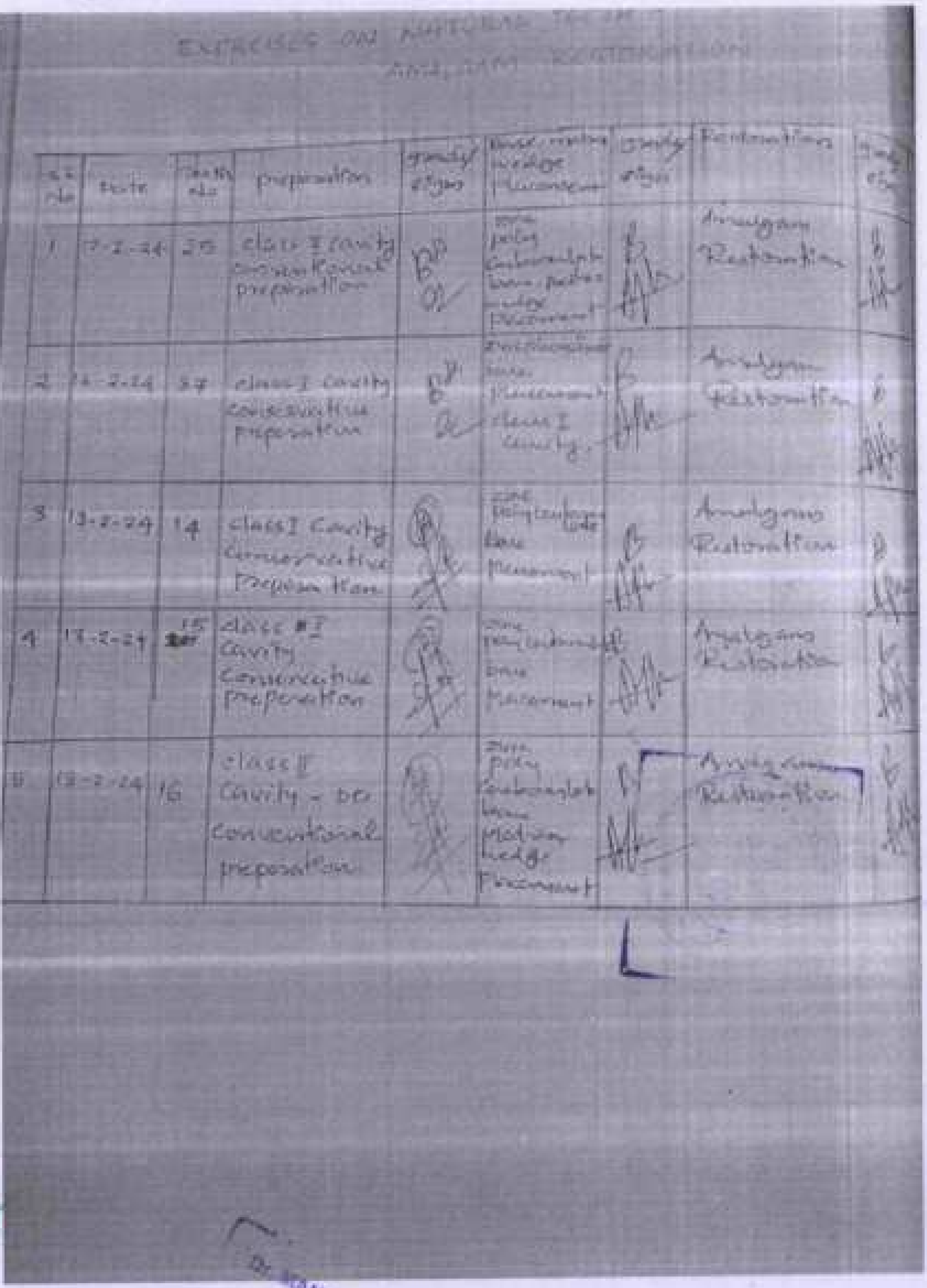
EXERCISE ON TYPHODONT TEETH AMALGAM AND GLASS IONOMER RESTORATIONS

Sl No	Date	Tooth No	Preparation	Grade Sign	Base, matrix wedge placement	Grade Sign	Restoration	Grade Sign
17	1/11/23	26	class II cavity OD	B	zinc poly carboxylate base, matrix wedge placement		Amalgam Restoration	B
18	4/12/23	15	class II - MO conventional preparation	B+	zinc phosphate base, matrix wedge placement	B	Amalgam Restoration	B
19	1/11/23	27	class II cavity -OD conservative preparation	B+	zinc polycarboxylate base, matrix wedge placement		Amalgam Restoration	B+
20	5/12/23	24	class II cavity - OD conventional preparation	B	zinc phosphate base, matrix wedge placement	B	Amalgam Restoration	B
21	5/12/23	14	class-II cavity -MO	B	zinc phosphate base, matrix wedge placement	B+	Amalgam Restoration	
22	11/12/23	44	class-V cavity preparation	B	zinc phosphate base placement		Amalgam Restoration	B+
23	11/12/23	34	class V cavity preparation	B			GIC Restoration	B
24	11/12/23	16	class V cavity preparation		zinc phosphate base placement		Amalgam Restoration	B+

EXERCISE 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
35	14/12/23	25	class I Cavity preparation				GIC Restoration	
[illegible]	24/11/23	33	class III Distal Cavity				GIC Restoration	B+
54	21/11/23	13	class III mesial Cavity				GIC Restoration	B+

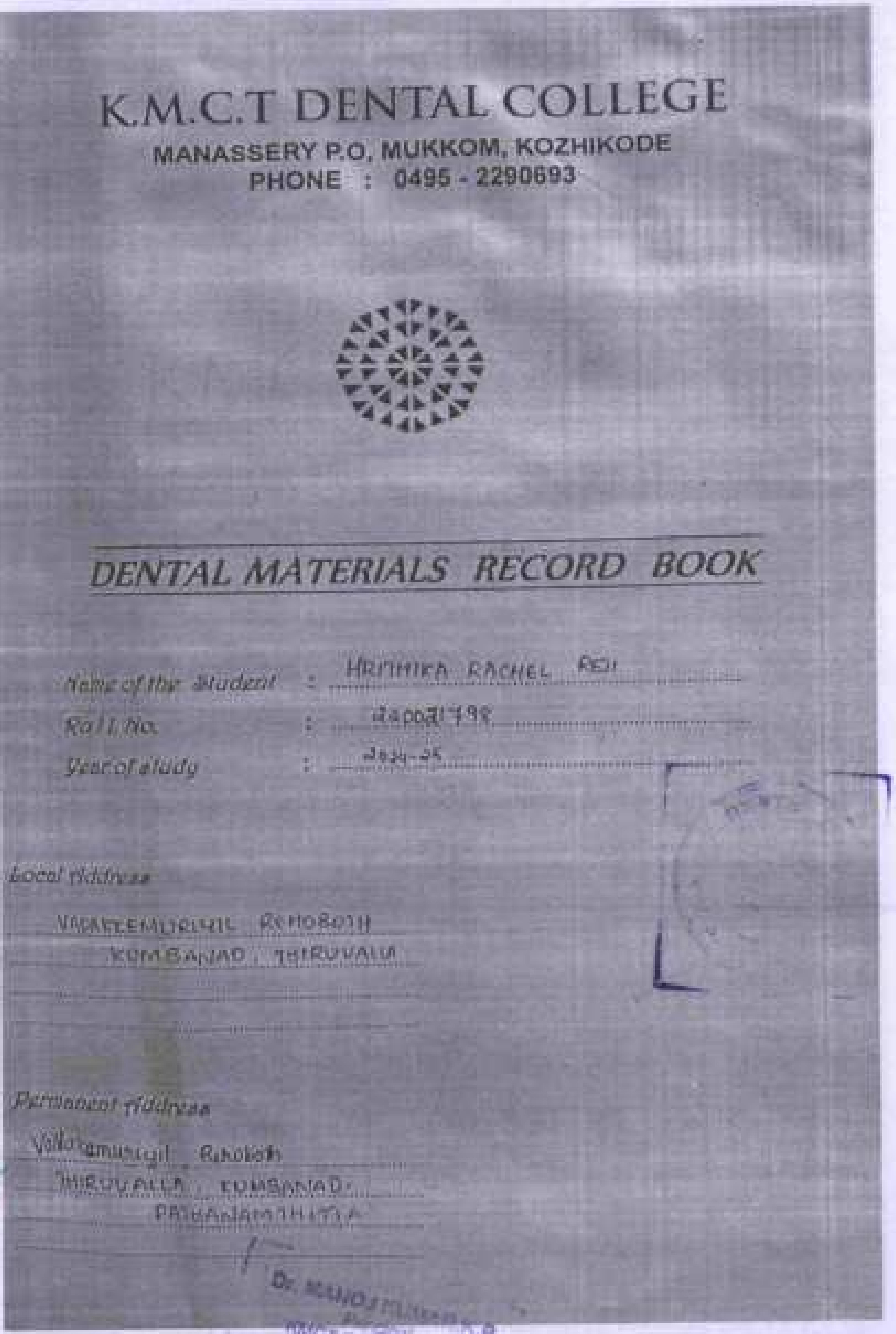
Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam



EXERCISES ON NATURAL TEETH
AMALGAM RESTORATION

Sl. No	Date	Tooth No	preparation	Faculty sign	Base, matrix wedge placement	Faculty sign	Restorations	Faculty sign
1	7-2-24	35	class I cavity conservative preparation		Zinc poly carboxylate base, matrix wedge placement		Amalgam Restoration	
2	12-2-24	37	class I cavity conservative preparation		Zinc phosphate base placement class I cavity.		Amalgam Restoration	
3	13-2-24	14	class I Cavity Conservative Preparation		Zinc polycarboxylate base placement		Amalgam Restoration	
4	17-2-24	15	class II cavity conservative preparation		Zinc polycarboxylate base placement		Amalgam Restoration	
5	18-2-24	16	class II cavity - conventional preparation		Zinc poly carboxylate base matrix wedge placement		Amalgam Restoration	

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery



K.M.C.T DENTAL COLLEGE
MANASSERY P.O, MUKKOM, KOZHIKODE
PHONE : 0495 - 2290693

DENTAL MATERIALS RECORD BOOK

Name of the Student : HRITHIKA RACHEL REJI
Roll No. : 220021798
Year of study : 2024-25

Local Address
VADAKKEMURIYIL REHOBOTH
KUMBANAD, THIRUVALLA

Permanent Address
Vadakkemuriyil Rehoboth
THIRUVALLA, KUMBANAD,
PATHANAMTHITTA

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

DENTAL MATERIALS
CONSERVATIVE DENTISTRY
& ENDODONTICS

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

MANIPULATION OF DENTAL CEMENTS

l lo.	Date	Work done	Remarks	Staff Signature
	22/03/24	Mixing Technique of Zinc Oxide Eugenol a) Sealant b) Temporary Restoration	B+	02/4/24
2	11/03/24	Mixing Technique of zinc phosphate cement a) Luting b) Base or Temporary Restoration	B+	
3		Mixing Techenique of Calcium Hydroxide paste		
	2/04/24.	Mixing Technique of Glass- Ionomer cement a) Luting b) Base or Restoration	B+	2/4/24
5	18/03/24	Mixing Techniques of Poly Carboxylate cement a) Luting b) Base or Temporary Restoration	B+	

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

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

EXPERENTIAL LEARNING

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

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

Learning by doing on a Typhodont Model

A typodont model is an essential tool in dental education, used to simulate the human dental arch and practice various dental procedures. Practice on Typhodont models are a mandatory preclinical practice for students in the Deptartment of Pedodontics. The experience enhances understanding of dental procedures for future clinical encounters.

Objectives

1. To practice basic dental procedures such as cavity preparation, restoration.
2. To enhance understanding of dental anatomy and occlusion.
3. To improve hand-eye coordination and dexterity.

The work done by each student has to be evaluated by the staff and to be signed in their logbook.

Learning by doing of Dental Appliances

(Space maintainers and Minor Orthodontic appliances)

Appliance Fabrication is an essential skill for dental students. This involves crafting functional and aesthetic components of dental appliances, such as habit breakers, space maintainers, or removable partial dentures. Practicing wire bending builds confidence in handling dental instruments and to know in depth about each appliance. It also enhances the ability to create and adjust appliances independently.

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

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

DATE	WORK DONE	CAVITY PREPARATION
8/06/23	Class I tooth preparation on 36	
10/06/23	Slot preparation on 75	
12/06/23	Box preparation on 75	
12/06/23	Class II tooth preparation on 37	12/6/23

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

SL NO	DATE	WORK DONE	WIRE BENDING	ACRYLIC ACTION
1	9/10/23	HAWLEY'S APPLIANCE		
②	9/10/23	UNILATERAL NON-FUNCTIONAL SPACE MAINTERS		
3	9/10/23	ANTERIOR BITEPLANE	9/10/23	
④	10/10/23	BILATERAL NON-FUNCTIONAL SPACE MAINTAINERS		
⑤	25/10/23	THUMB GUARD		

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

SL.NO	DATE	WORK DONE	WIRE BENDING	ACRYLIZATION
①	16/10/23	Unilatual functional space maintainer		
2.	14/10/23	Bilateral functional space maintainer		
③	25/10/23	Hawley's appliance with tongue crib.		
4.	18/10/23	Hawley's appliance with z spring & posterior bite plane.		
5.	13/10/23	Hawley's appliance with coffin spring		26/10/23

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

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

REPORT ON CAMP

JUVENILE HOME, VELLIMADUKUNNU, CALICUT

On 11th November a Dental treatment camp was conducted at Juvenile home, Vellimadukunnu, Calicut as a part of PedoFest 2023.

Activities included:

- Comprehensive dental check-ups conducted for all participants.
- Treatments Provided: Treatment was done for about 25-30 children including the staffs working which included Routine cleanings, fillings as necessary.
- Awareness talk regarding oral hygiene maintenance was given to inmates.
- Dental Kit Distribution

Positive Feedback: Participants expressed gratitude for the services and knowledge gained.

The dental camp at the juvenile home successfully met its objectives, providing essential dental care and education. The initiative highlighted the importance of regular dental check-ups and preventive care, contributing positively to the participants' overall health and well-being.

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

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

CAMP REPORT- SANJOE SPECIAL SCHOOL, AGASTHYAMUZHI, MUKKAM

On 13th November, an awareness camp was conducted at Sanjoe special school, Agasthyamuzhi, Mukkam as a part of Children's Week. Oral screening was done for 50 children and an oral hygiene awareness skit was conducted by the post graduates and interns of Department of Pedodontics. Dental kit was distributed to all.

The dental camp at the special school was a successful initiative, providing essential dental care and education tailored to the unique needs of the students. The camp highlighted the importance of regular dental check-ups and preventive care, contributing positively to the overall health and well-being of the participants.

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS AND CROWN& BRIDGE

EXPERIENCIAL LEARNING

EXPERENTIAL LEARNING

Experiential learning refers to the process of learning through reflection on doing, where learners acquire knowledge and skills by actively engaging in hands-on experiences.

Importance of Experiential Learning –

Clinical Skills Development: Dentistry demands proficiency in clinical procedures like tooth extraction, root canal treatments, fillings, and surgeries, which can only be mastered through practice.

Critical Thinking and Decision Making: In a clinical environment, students learn to make quick, informed decisions, which is essential for patient care.

Patient Interaction and Communication: Experiential learning provides opportunities for dental students to interact with patients, improving their communication and patient management skills.

Confidence Building: Hands-on experience increases students' confidence in their skills, which is essential in a field where precision and skill are vital.

Dental education typically consists of both theoretical learning and practical training –

Pre-clinical Laboratory Work: Students initially practice on mannequins, dental simulators, and dental models to get a feel for instruments and procedures.

Clinical Rotations: In their later years, students undertake clinical internships in teaching hospitals and dental clinics, where they work directly with patients under supervision.

Oral Surgery and Prosthetics Labs: These labs allow students to practice restorative dentistry, prosthodontics, and surgical techniques.

STRUCTURE OF CLINICAL EDUCATION

Clinical training is usually structured into different stages.

a. Diagnostic Skills:

A thorough diagnosis, includes evaluating the patient's oral health, understanding the underlying dental issues, and identifying treatment options.

- **Comprehensive Patient Assessment:** This includes taking a detailed medical and dental history, performing a clinical exam, and reviewing diagnostic images (e.g., X-rays, CT scans).
- **Treatment Planning:** Students must develop a comprehensive treatment plan that addresses the patient's functional, aesthetic, and psychological needs, considering factors like occlusion, jaw relationships, and facial appearance.

Dr. MANOJ KUMAR.K.P
Principal

b. Technical Skills Development:

Prosthodontics requires fine manual dexterity and technical expertise. Clinical education emphasizes the development of these skills, including:

- **Tooth Preparation:** Learning to prepare teeth for crowns, bridges, and other restorations requires careful planning and precision to preserve as much tooth structure as possible while ensuring the final restoration fits well.
- **Impression Techniques:** Students learn to take accurate impressions using various materials such as alginate, polyvinyl siloxane, and silicone, which serve as the basis for custom restorations.
- **Crown, Bridge, and Denture Fabrication:** Students practice fabricating crowns, bridges, and dentures.
- **Patient Communication and Management:** Prosthodontic cases often involve significant patient interaction, as many patients are seeking aesthetic improvements in addition to functional restoration.
- **Patient Education:** Prosthodontics requires students to effectively communicate treatment options, procedures, expected outcomes, and risks to patients.
- **Managing Expectations:** Prosthodontic treatments often involve long-term processes, and students must learn how to set realistic expectations and maintain patient trust throughout the course of treatment.
- **Emotional Support:** Many patients seeking prosthodontic care may be self-conscious about their appearance or experience discomfort due to missing teeth. Students must learn how to offer empathetic care and build strong patient relationships.

d. Aesthetic Considerations:

A key aspect of prosthodontics is ensuring that restorations not only function well but also look natural and aesthetically pleasing.

- **Smile Design:** Students learn to assess facial and dental aesthetics and design restorations that enhance the patient's smile, including selecting appropriate shades, contours, and alignment.
- **Color Matching:** One of the primary challenges in prosthodontics is achieving an exact color match for crowns, bridges, and dentures, which requires attention to detail and an understanding of the material properties.

e. Post-Operative Care and Follow-Up:

After completing prosthodontic restorations, students are responsible for post-operative care, which includes:

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

- **Adjustments:** Students learn to adjust restorations to ensure optimal fit, function, and comfort. This might include occlusal adjustments, relining dentures, or modifying crowns.
- **Maintenance:** Prosthodontic restorations, especially removable prostheses, require ongoing maintenance. Students learn to monitor the long-term success of restorations and plan for periodic adjustments or replacements.
- **Complications Management:** Students are trained to identify and address any complications that arise during the prosthodontic treatment process, such as discomfort, loosening restorations, or failure of implant-supported devices

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

LEARNING BY DOING – UNDERGRADUATES

The "learning by doing" approach emphasizes hands-on experience, which fosters skill development and ensures better understanding of theoretical concepts.

Objectives of Learning by Doing

1. **Practical Skill Development**: To equip students with essential manual dexterity for fabricating prostheses.
2. **Conceptual Understanding:** To correlate theoretical knowledge with practical application.
3. **Clinical Preparation:** To simulate real-life clinical scenarios for enhanced readiness in patient care.
4. **Critical Thinking**: To enable students to analyze and resolve prosthetic challenges.

Key Areas of Learning by Doing in Prosthodontics

- **Model Fabrication –**

  Students gain hands-on experience with the tools and techniques used in model preparation.
- **Fabrication of free forms** –Aid in familiarising the student with the materials and tools.
- **Fabrication of custom trays and denture bases**
- **Fabrication of Complete Dentures –**

  Establishing occlusal rims and recording jaw relations.

  Wax try-ins for denture setup.
- **Articulators and Mounting-**

  Using dental articulators to mount models.

  Simulating jaw movements and analyzing occlusion.
- **Finishing and Polishing**

  Polishing dental prostheses to ensure smoothness and patient comfort.

  This step hones precision and attention to detail.
- **Tooth preparation on phantom head**

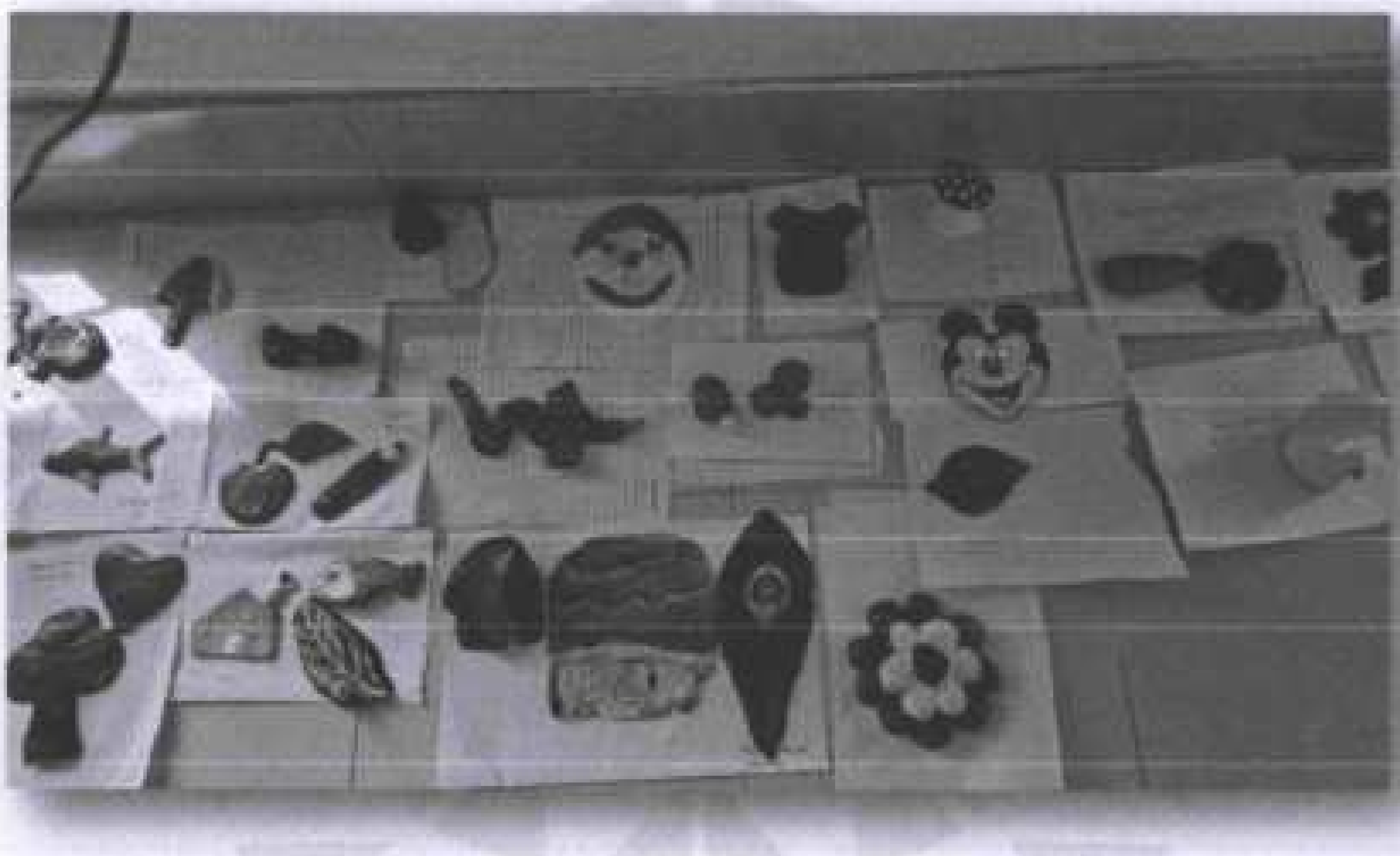
  Hands-on learning for development of tooth preparation skills for crowns and bridges.

Dr. MANOJ KUMAR.K.P
Principal
College
Manassery Mukkam

CONCLUSION

The "learning by doing" approach in 2nd-year BDS prosthodontics is essential for bridging the gap between theory and practice. Through hands-on exercises, students develop a comprehensive understanding of prosthetic procedures, preparing them for clinical challenges in future years. This experiential learning method fosters not only technical proficiency but also critical thinking and problem-solving skills.

PRECLINICAL ACTIVITIES



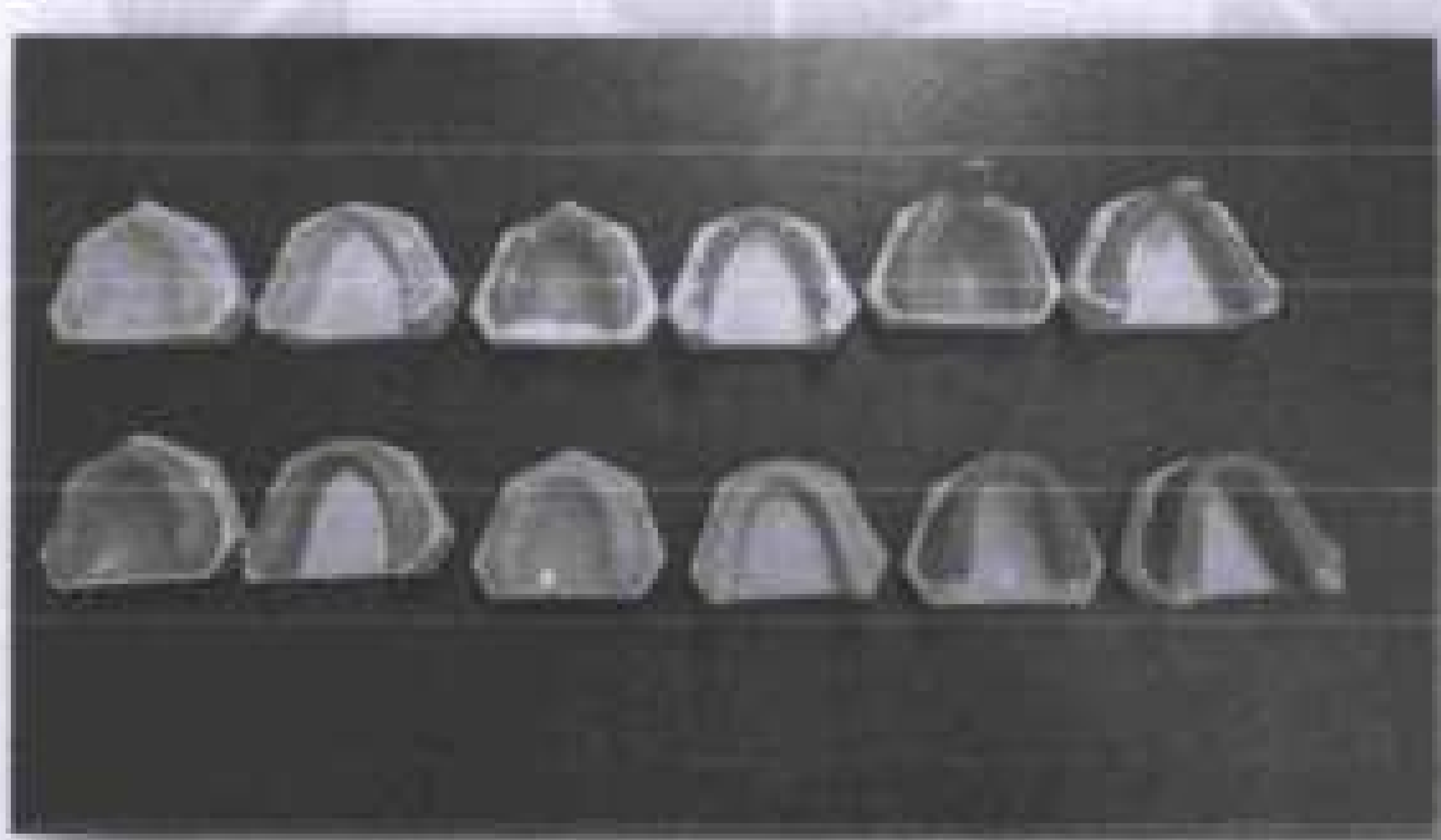
Fabrication of free forms using gypsum products – This exercise aims at familiarising the student with gypsum, its manipulation and its properties.

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

PRECLINICAL ACTIVITIES

Model Fabrication – Students gain hands-on experience with the tools and techniques used in model preparation.

Fabrication of custom trays and denture bases – An integral part of complete denture therapy, knowledge on the anatomical landmarks of maxilla and mandible, fabrication and use of custom trays and denture bases/record bases are imperative. Students are trained for the same, accordingly.

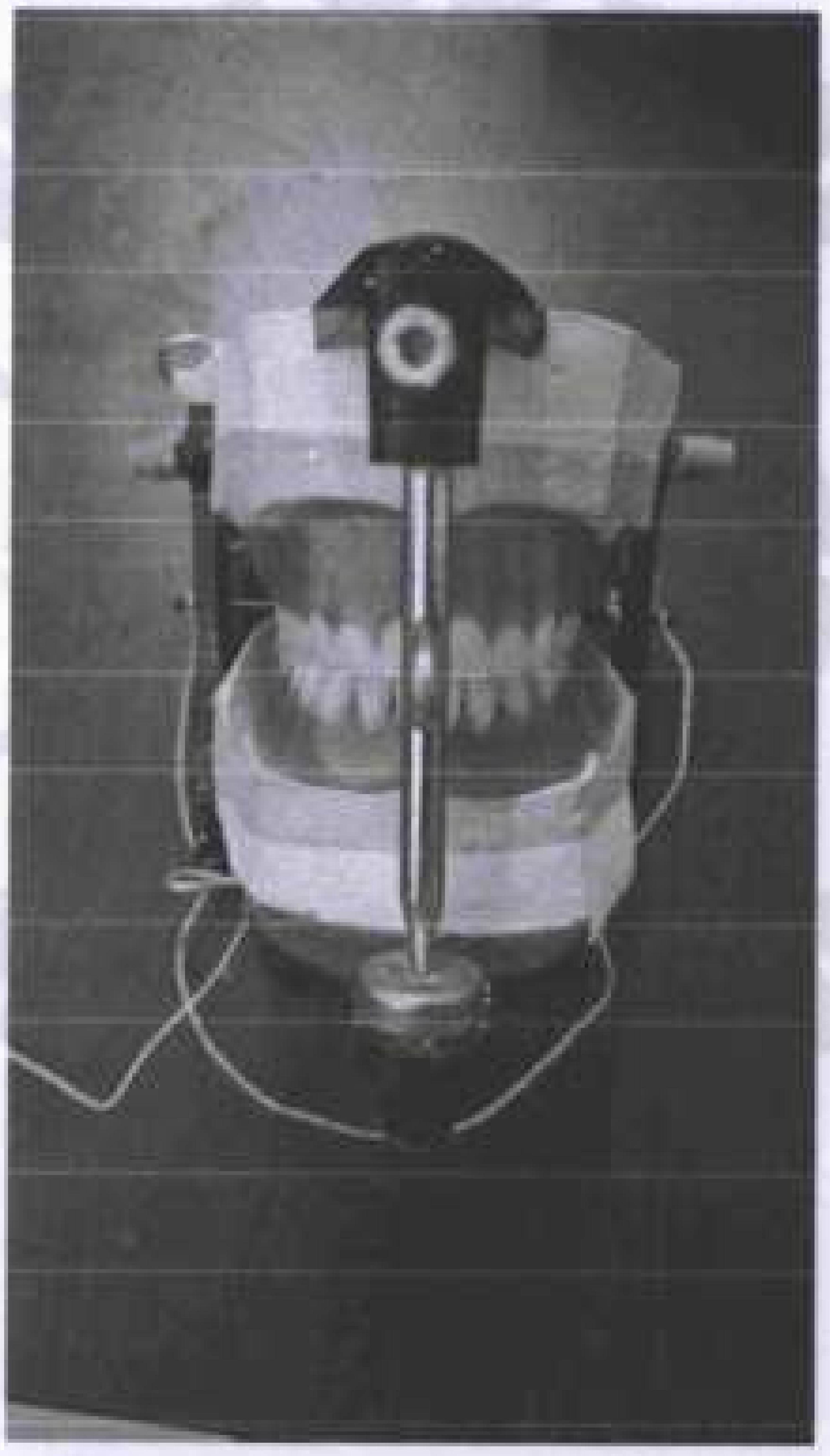


Manassery Mukkam

PRECLINICAL ACTIVITIES

Fabrication of Complete Dentures – Establishing occlusal rims and recording jaw relations. Wax try-ins for denture setup.

Articulators and Mounting- Using dental articulators to mount models. Simulating jaw movements and analyzing occlusion



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

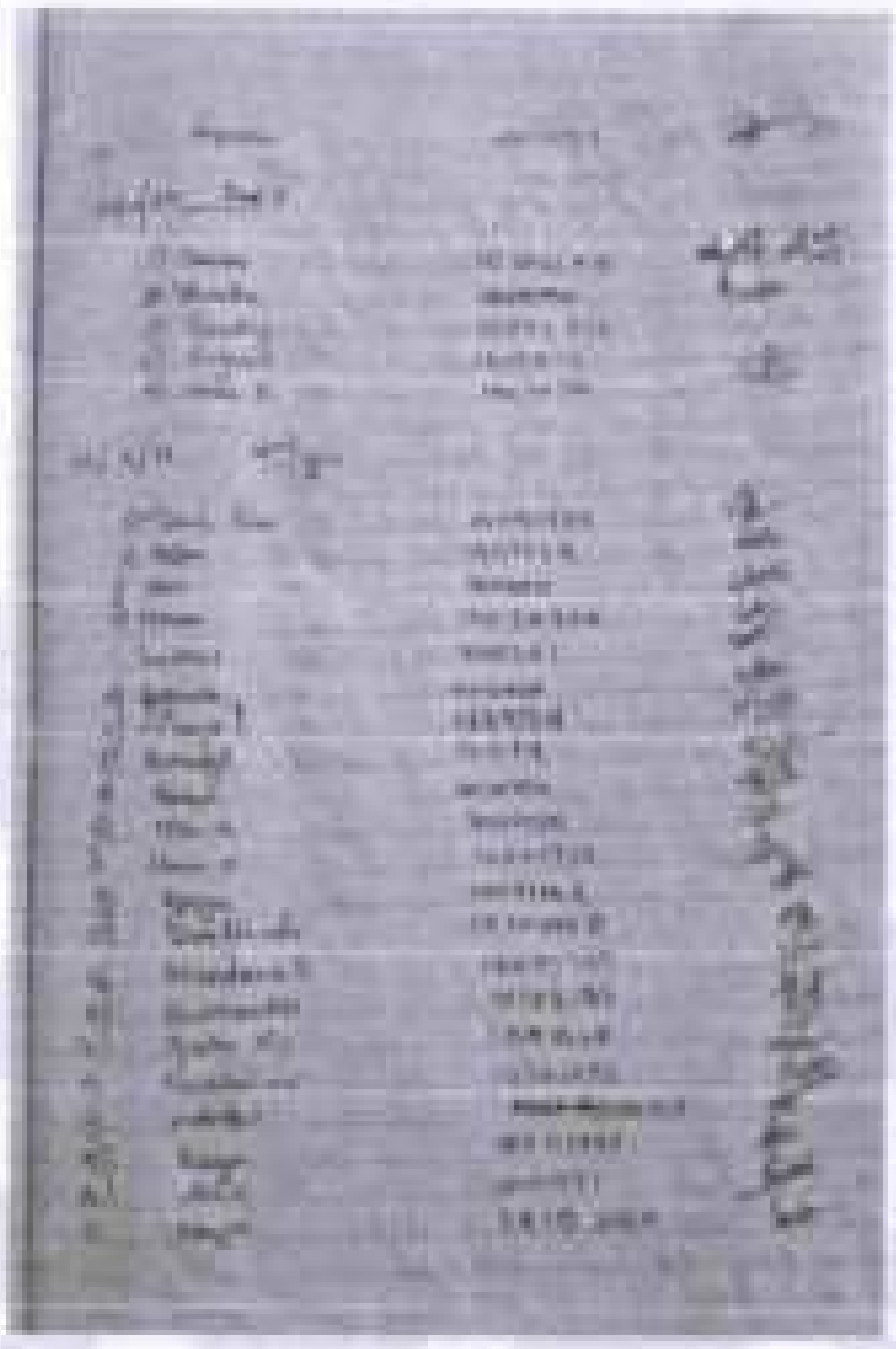
TOOTH PREPARATION ON PHANTOM HEAD

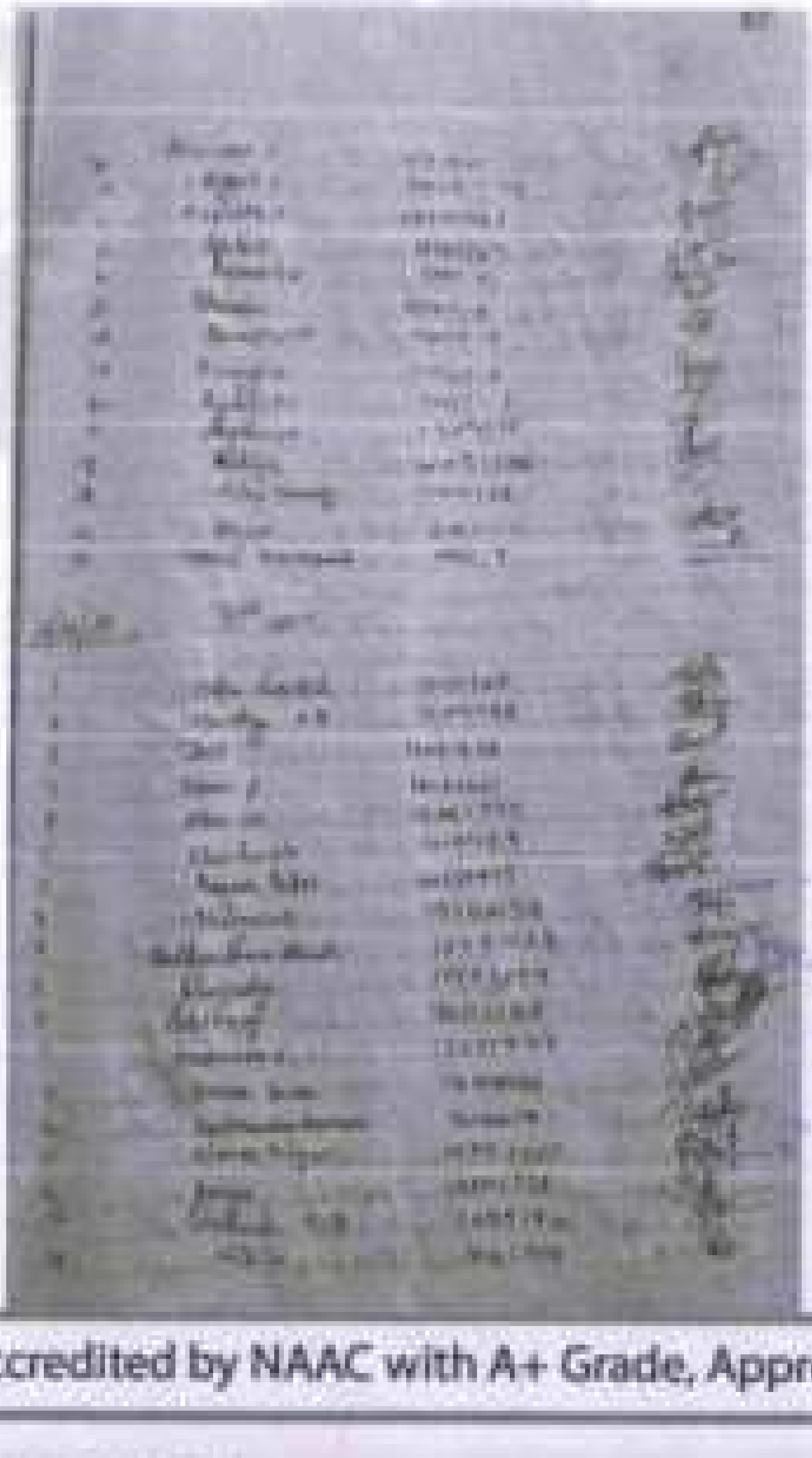
Hands-on learning for development of tooth preparation skills for crowns and bridges for third years, final years and interns.

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

ATTENDANCE REGISTER

A proper record is maintained of students who attend sessions in the phantom head lab.





Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery Mukkam

CLINICAL ACTIVITIES

Demonstrations and individual clinical guidance provided to students regarding clinical treatment modalities and techniques.

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

Good exposure to various clinical cases, with proper review and guidance.

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

LEARNING BY DOING – INTERNS

The internship year in the Bachelor of Dental Surgery (BDS) program marks the transition from a student to a practitioner. "Learning by doing" is the cornerstone of this phase, where theoretical knowledge and preclinical skills are applied to real-world clinical scenarios. This hands-on approach enables interns to refine their skills, gain confidence, and prepare for independent practice while providing patient care under supervision.

Objectives of Learning by Doing

1. **Skill Application**: To apply theoretical and preclinical knowledge in clinical settings.
2. **Patient Management**: To develop communication and management skills for dealing with diverse patient needs.
3. **Confidence Building**: To gain self-assurance through repeated practice of procedures.
4. **Critical Thinking**: To enhance decision-making and problem-solving abilities in clinical situations.
5. **Professional Development**: To instill ethical and professional behavior in patient care.

Key Activities

- Managing cases involving complete and partial dentures.
- Taking impressions and recording jaw relations.
- Delivering removable and fixed prostheses under guidance.

CONCLUSION

The "learning by doing" approach during the BDS internship is transformative, enabling interns to integrate knowledge, skills, and professional values into their practice. This experiential learning prepares them for the challenges of independent practice, instills confidence, and ensures high standards of patient care. By actively engaging in clinical procedures and patient management, interns lay the foundation for a successful career in dentistry.

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

CLINICAL ACTIVITIES – INTERNS

Students are encouraged to take up a variety od cases and assist undergraduates with their clinical cases to improve clinical exposure, all under the constant guidance of faculty members.

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

DISCUSSION - UNDERGRADUATES

Preclinical discussions in the second year of Bachelor of Dental Surgery (BDS) are essential to bridging theoretical knowledge with practical skills. This phase focuses on building a strong foundation in dental and medical sciences while fostering clinical reasoning. By engaging in preclinical discussions, students gain a deeper understanding of subjects like prosthodontics, periodontics, orthodontics, and oral pathology, preparing them for future clinical practice.

Objectives of Preclinical Discussions

1. **Integration of Theory and Practice**: To link fundamental concepts with practical applications.
2. **Skill Development**: To enhance critical thinking and decision-making.
3. **Collaboration and Communication**: To encourage peer interaction and teamwork.
4. **Preparation for Clinical Work**: To simulate clinical scenarios in a controlled environment.

Structure of Preclinical Discussions

Topic-Based Discussions

- Students discuss specific topics related to dental anatomy, materials, and procedures.
- Common topics include dental morphology, impression techniques, and prosthetic fabrication.

Case-Based Learning

Hypothetical cases are presented, and students analyze and propose solutions.

Examples include discussing treatment plans for edentulous patients or handling malocclusion cases.

Demonstration Reviews

- Faculty demonstrations of procedures special tray fabrication, teeth setting and wax modeling are followed by group discussions.
- Students share insights and clarify doubts.

Peer Feedback

- Students present their work for evaluation and receive constructive feedback from peers and instructors.

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam

CONCUSION

Preclinical discussions in second BDS are a cornerstone of dental education. By providing a platform for interactive learning, these discussions help students refine their technical and analytical skills. The collaborative and problem-solving approach equips students to transition seamlessly into clinical practice, laying the groundwork for successful patient care.

ONE ON ONE DISCUSSION

One on one discussions are conducted frequently regarding clinical and preclinical practises, that aid in understanding the concepts of prosthodontics. Regular viva-voce sessions are also conducted.

DISCUSSION – INTERNS

Prosthodontics, a key discipline in dentistry, focuses on the restoration and replacement of missing teeth and oral structures. During the internship year, discussions and demonstrations play a pivotal role in bridging theoretical knowledge and clinical practice. These sessions provide interns with insights into advanced prosthodontic procedures, foster critical thinking, and refine their clinical skills.

Structure of Discussions and Demonstrations

1. **Case-Based Discussions**
    - Reviewing patient cases to discuss treatment planning and execution.
    - Analyzing complex prosthodontic cases such as full-mouth rehabilitation.
    - Exploring decision-making for fixed versus removable prostheses.
2. **Live Demonstrations**
    - Faculty-led live demonstrations of key procedures:
        - Impression techniques for complete and partial dentures.
        - Jaw relation recording and articulation.
        - Try-ins and adjustments for dentures.
    - Real-time interaction during demonstrations to clarify doubts.
3. **Interactive Sessions**
    - Group discussions to review recent advancements in materials and techniques.
    - Debates on treatment modalities for specific conditions (e.g., immediate dentures versus delayed placement).
4. **Hands-On Training**
    - Guided practice sessions for procedures like:
        - Border molding and impression tray customization.
        - Wax pattern fabrication for crowns and bridges.
    - Feedback provided by faculty after individual practice.
5. **Multidisciplinary Collaboration**
    - Joint discussions with oral surgeons, orthodontists, and periodontists on integrated treatment approaches.
    - Emphasizing the role of prosthodontics in aesthetic and functional rehabilitation.

GROUP DISCUSSION

Introduction of clinical concepts are first carried out through discussions, before demonstrations, to familiarise students with the concepts prior to practical management.

DEMONSTRATIONS AND DISCUSSIONS

Frequent workshops are conducted to teach students newer techniques and concepts in prosthodontics and implantology.

STUDENT LOG BOOK WITH SYLLABUS

Record keeping is a crucial aspect of dental education, particularly in the second year of BDS. At this stage, students are introduced to the importance of maintaining accurate and comprehensive documentation related to their preclinical and theoretical activities. Record keeping ensures that students systematically track their learning progress, procedural outcomes, and academic growth, while preparing them for meticulous documentation in clinical practice.

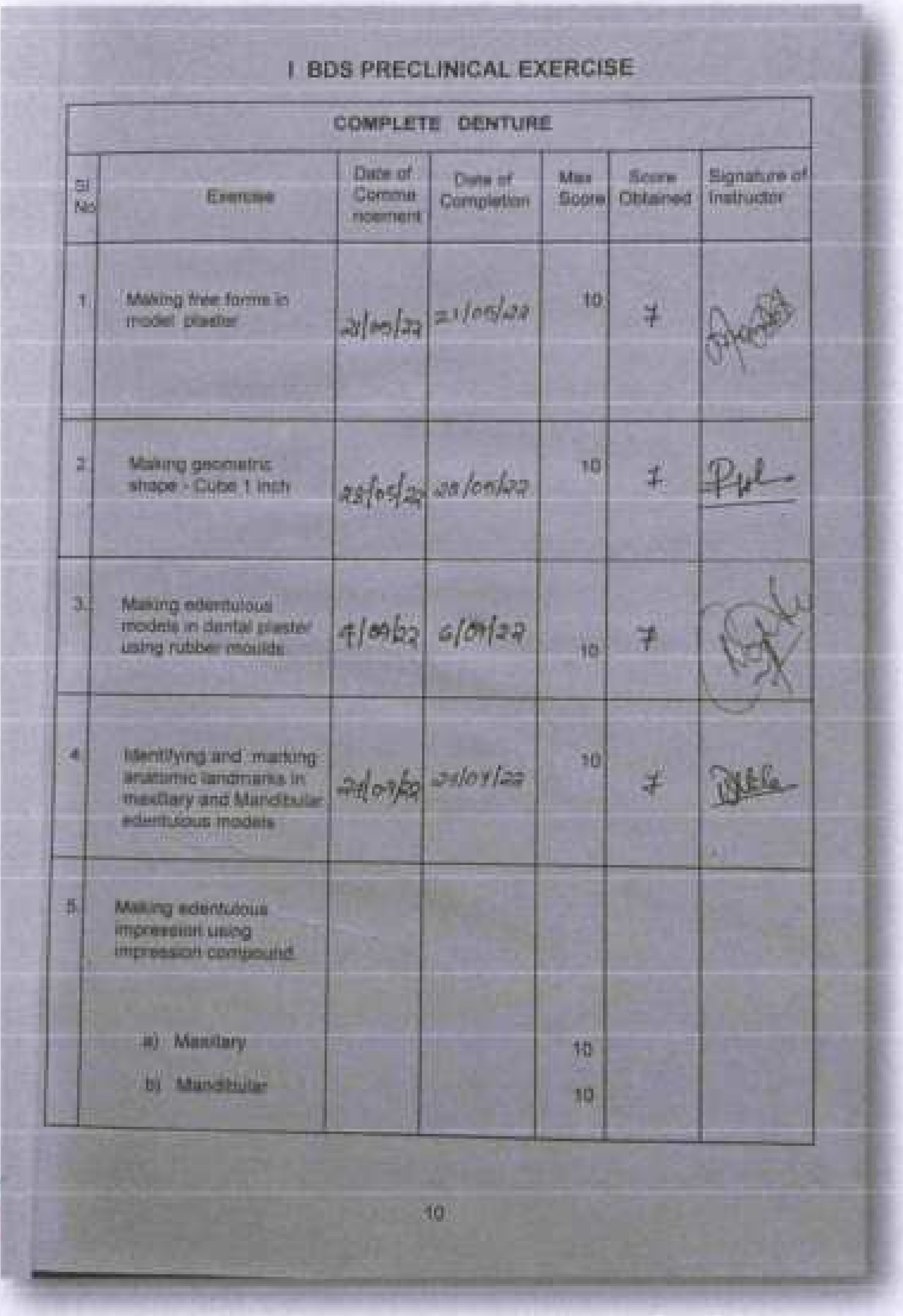
Objectives of Record Keeping

1. **Systematic Documentation**: To maintain organized records of academic and preclinical work.
2. **Progress Tracking**: To evaluate individual learning progress and identify areas for improvement.
3. **Compliance**: To meet academic and institutional requirements for evaluations and assessments.
4. **Professional Development**: To inculcate the habit of maintaining detailed clinical records for future practice.

CONCLUSION

Record keeping is an integral part of the second-year BDS curriculum, enabling students to document their academic and preclinical journey systematically. By mastering this skill early, students not only meet academic requirements but also prepare themselves for the rigorous documentation demands of clinical practice. Effective record keeping fosters organization, accountability, and professionalism—key attributes for a successful career in dentistry.

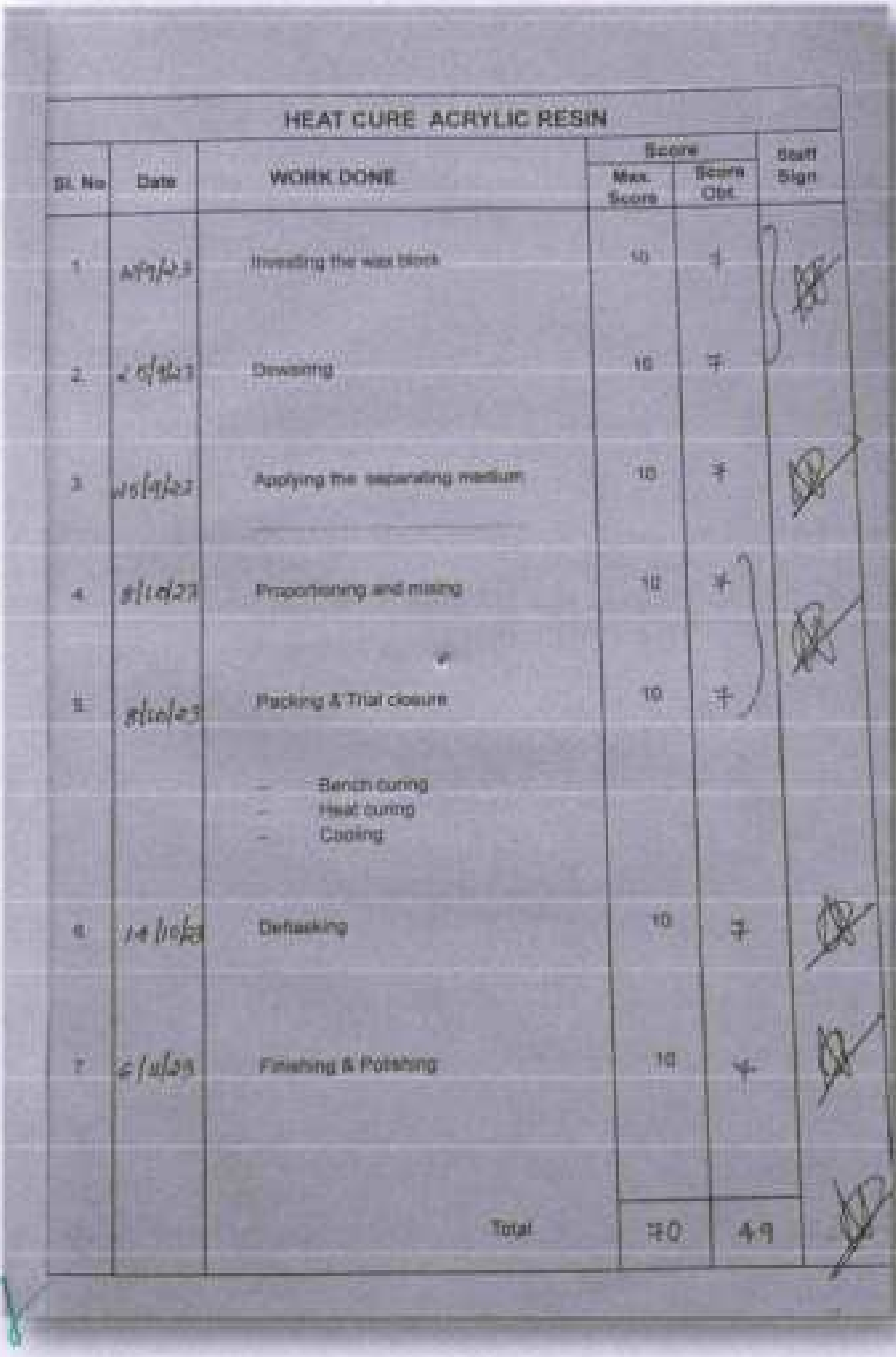
UNDERGRADUATE LOG BOOK



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	21/05/22	21/05/22	10	7	
2.	Making geometric shape - Cube 1 inch	28/05/22	28/05/22	10	7	
3.	Making edentulous models in dental plaster using rubber moulds	4/06/22	6/06/22	10	7	
4.	Identifying and marking anatomic landmarks in maxillary and Mandibular edentulous models	21/07/22	21/07/22	10	7	
5.	Making edentulous impression using impression compound					
	a) Maxillary			10		
	b) Mandibular			10		

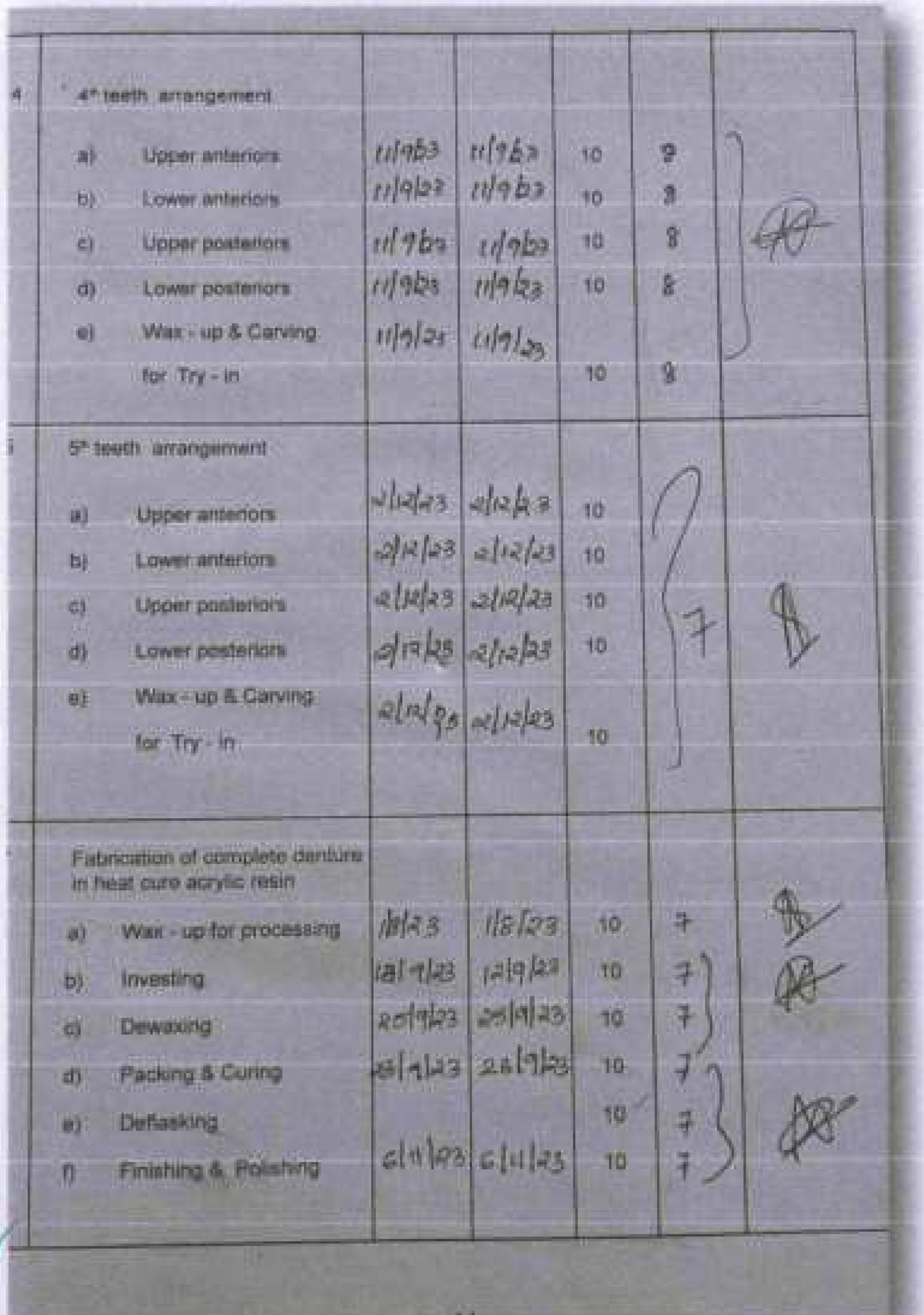
UNDERGRADUATE LOG BOOK



HEAT CURE ACRYLIC RESIN

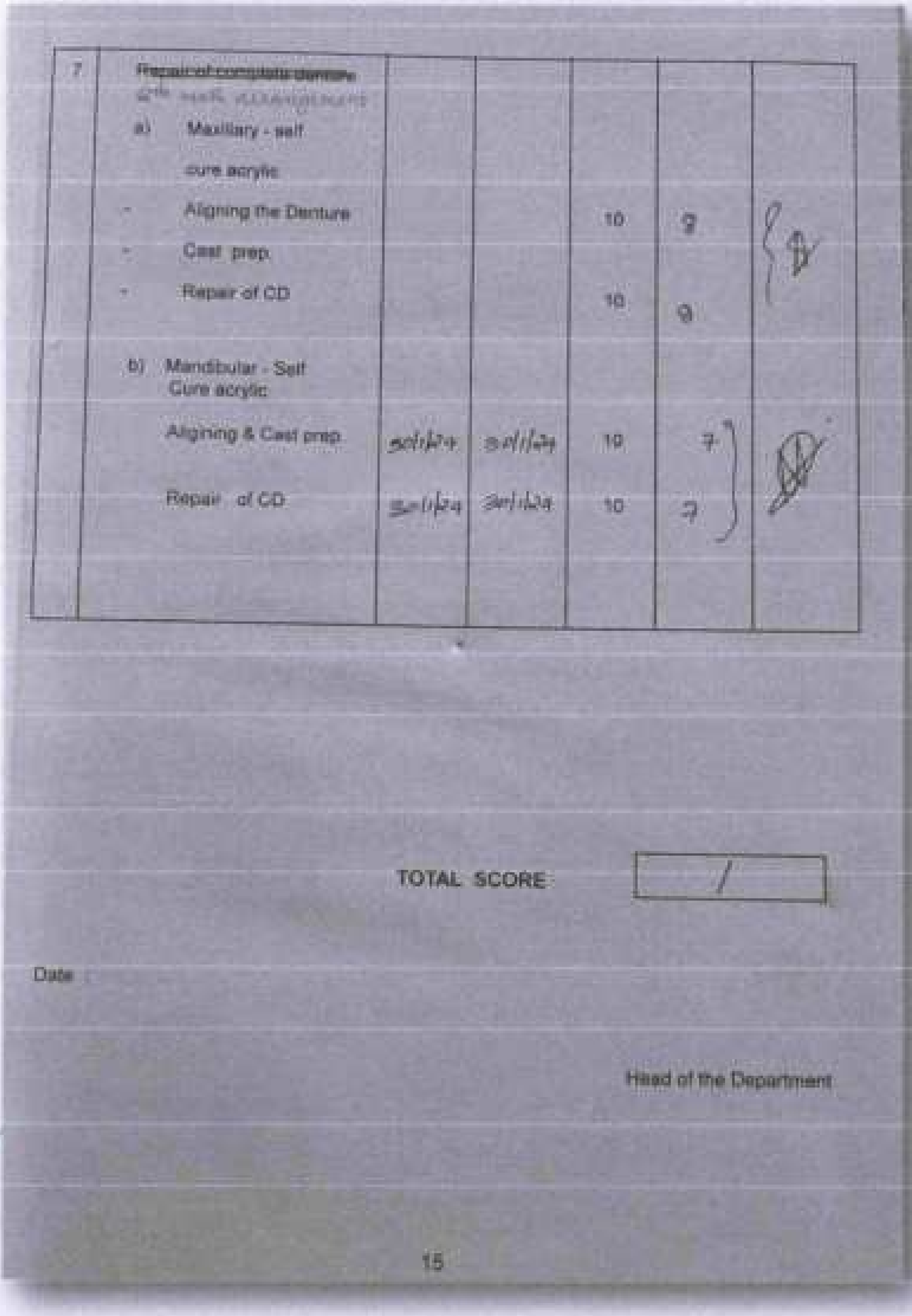
Sl. No	Date	WORK DONE	Score Max. Score	 Score Obt.	Staff Sign
1	18/9/23	Investing the wax block	10	7	
2	25/9/23	Dewaxing	10	7	
3	25/9/23	Applying the separating medium	10	7	
4	8/10/23	Proportioning and mixing	10	7	
5	8/10/23	Packing & Trial closure – Bench curing – Heat curing – Cooling	10	7	
6	14/10/23	Deflasking	10	7	
7	6/11/23	Finishing & Polishing	10	7	
		Total	70	49	

UNDERGRADUATE RECORD



4	4th teeth arrangement					
	a) Upper anteriors	11/9/23	11/9/23	10	9	
	b) Lower anteriors	11/9/23	11/9/23	10	8	
	c) Upper posteriors	11/9/23	11/9/23	10	8	
	d) Lower posteriors	11/9/23	11/9/23	10	8	
	e) Wax - up & Carving for Try - in	11/9/23	11/9/23	10	8	
	5th teeth arrangement					
	a) Upper anteriors	2/12/23	2/12/23	10	7	
	b) Lower anteriors	2/12/23	2/12/23	10		
	c) Upper posteriors	2/12/23	2/12/23	10		
	d) Lower posteriors	2/12/23	2/12/23	10		
	e) Wax - up & Carving for Try - in	2/12/23	2/12/23	10		
	Fabrication of complete denture in heat cure acrylic resin					
	a) Wax - up for processing	1/8/23	1/8/23	10	7	
	b) Investing	12/9/23	12/9/23	10	7	
	c) Dewaxing	20/9/23	25/9/23	10	7	
	d) Packing & Curing	25/9/23	26/9/23	10	7	
	e) Deflasking			10	7	
	f) Finishing & Polishing	6/11/23	6/11/23	10	7	

UNDERGRADUATE RECORD



7	~~Repair of complete denture~~ 2nd half assignments					
	a) Maxillary - self cure acrylic					
	- Aligning the Denture			10	9	
	- Cast prep.					
	- Repair of CD			10	9	
	b) Mandibular - Self Cure acrylic					
	Aligning & Cast prep.	30/1/24	30/1/24	10	7	
	Repair of CD	30/1/24	30/1/24	10	7	

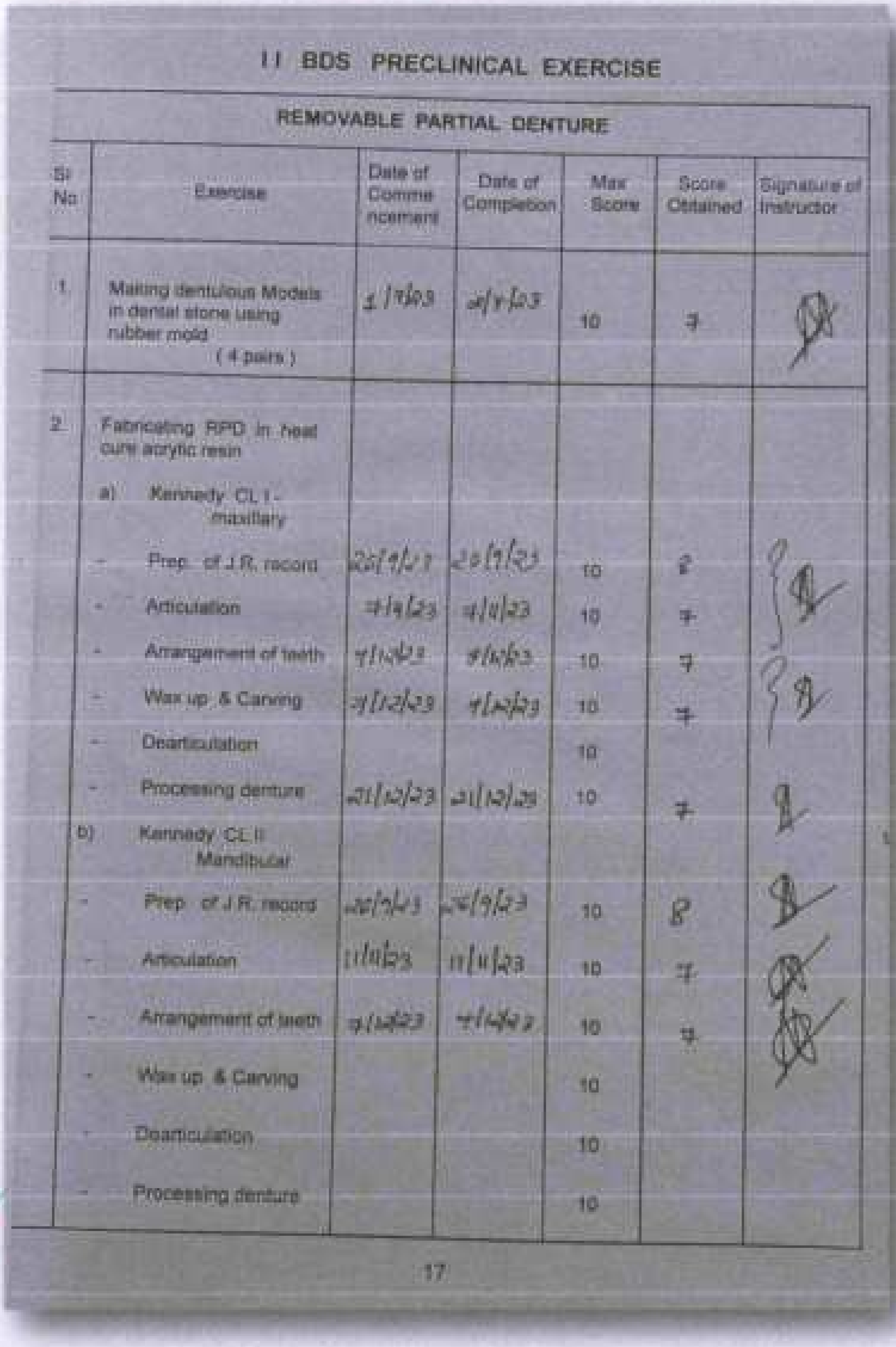
TOTAL SCORE /

Date :

Head of the Department

15

UNDERGRADUATE RECORD

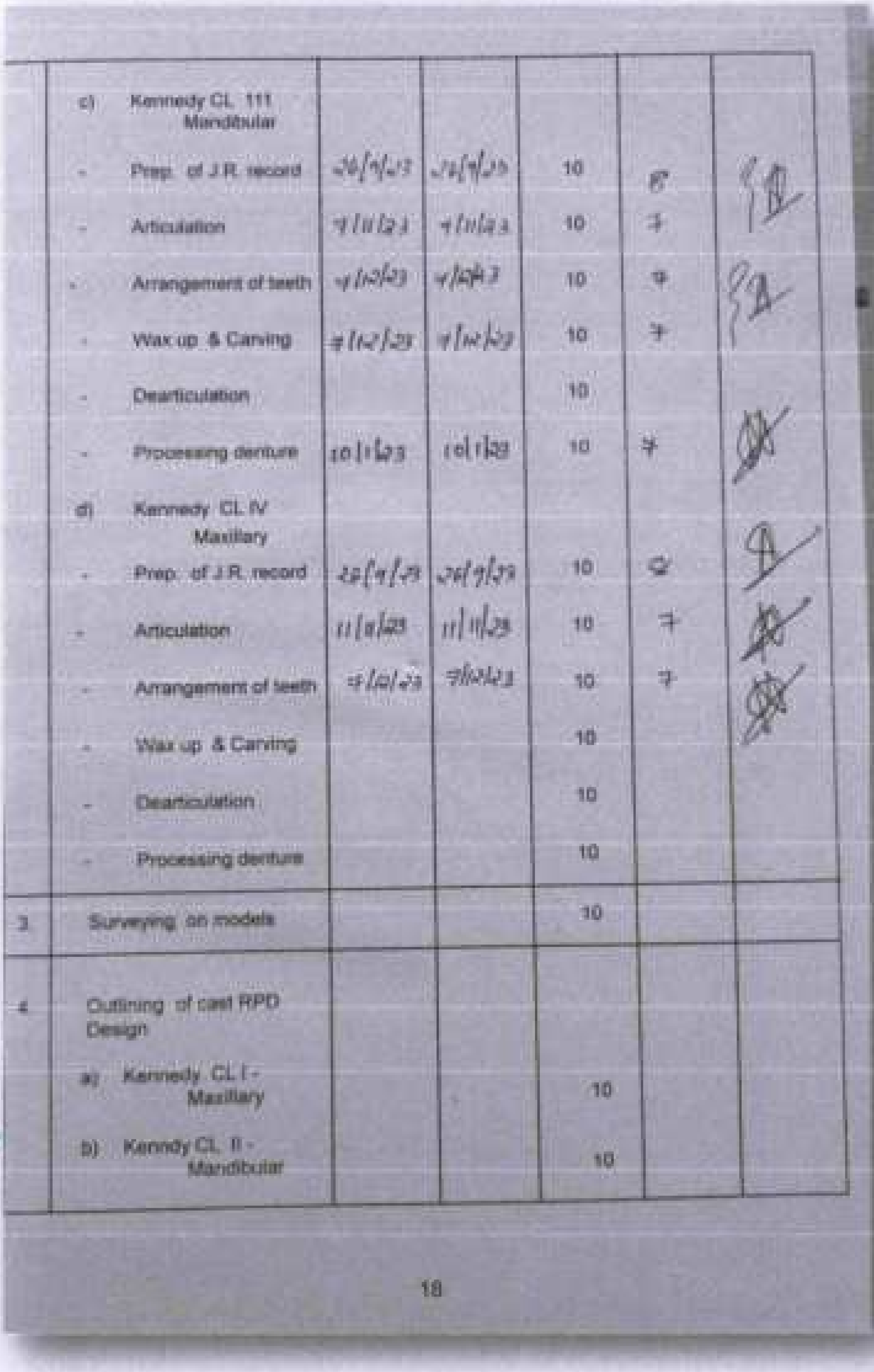


II BDS PRECLINICAL EXERCISE

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)	1/7/23	2/8/23	10	7	
2.	Fabricating RPD in heat cure acrylic resin					
	a) Kennedy CL I - maxillary					
	- Prep. of J.R. record	20/9/23	20/9/23	10	8	
	- Articulation	7/11/23	7/11/23	10	7	
	- Arrangement of teeth	7/12/23	7/12/23	10	7	
	- Wax up & Carving	7/12/23	7/12/23	10	7	
	- Dearticulation			10		
	- Processing denture	21/12/23	21/12/23	10	7	
	b) Kennedy CL II Mandibular					
	- Prep. of J.R. record	20/9/23	26/9/23	10	8	
	- Articulation	11/11/23	11/11/23	10	7	
	- Arrangement of teeth	7/12/23	7/12/23	10	7	
	- Wax up & Carving			10		
	- Dearticulation			10		
	- Processing denture			10		

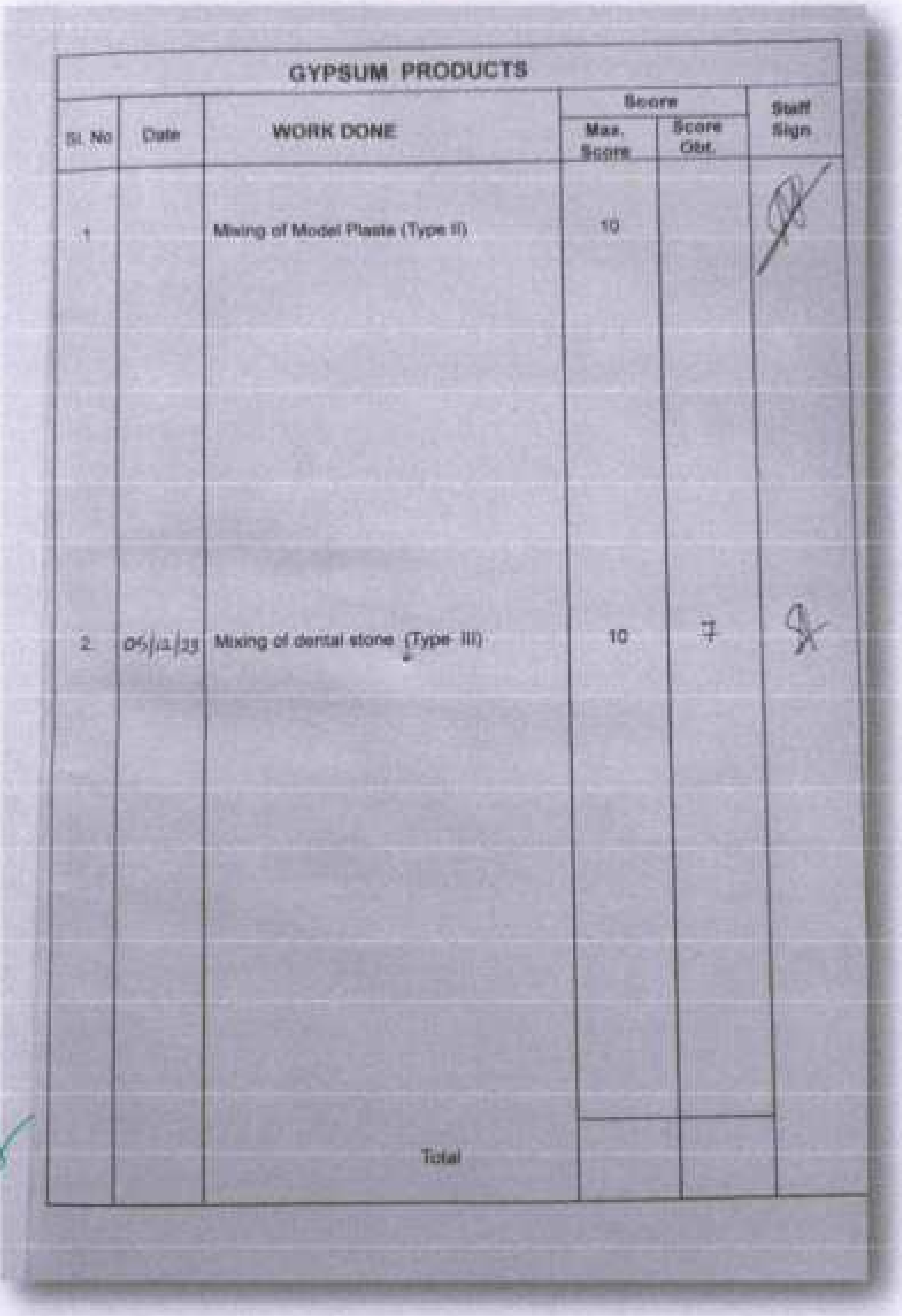
UNDERGRADUATE RECORDS



	c) Kennedy CL 111 Mandibular					
	- Prep. of J.R. record	26/9/23	26/9/23	10	8	
	- Articulation	7/11/23	7/11/23	10	7	
	- Arrangement of teeth	7/12/23	7/12/23	10	9	
	- Wax up & Carving	7/12/23	7/12/23	10	7	
	- Dearticulation			10		
	- Processing denture	10/1/23	10/1/23	10	7	
	d) Kennedy CL IV Maxillary					
	- Prep. of J.R. record	28/9/23	26/9/23	10	9	
	- Articulation	11/8/23	11/11/23	10	7	
	- Arrangement of teeth	7/12/23	7/12/23	10	7	
	- Wax up & Carving			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		

18

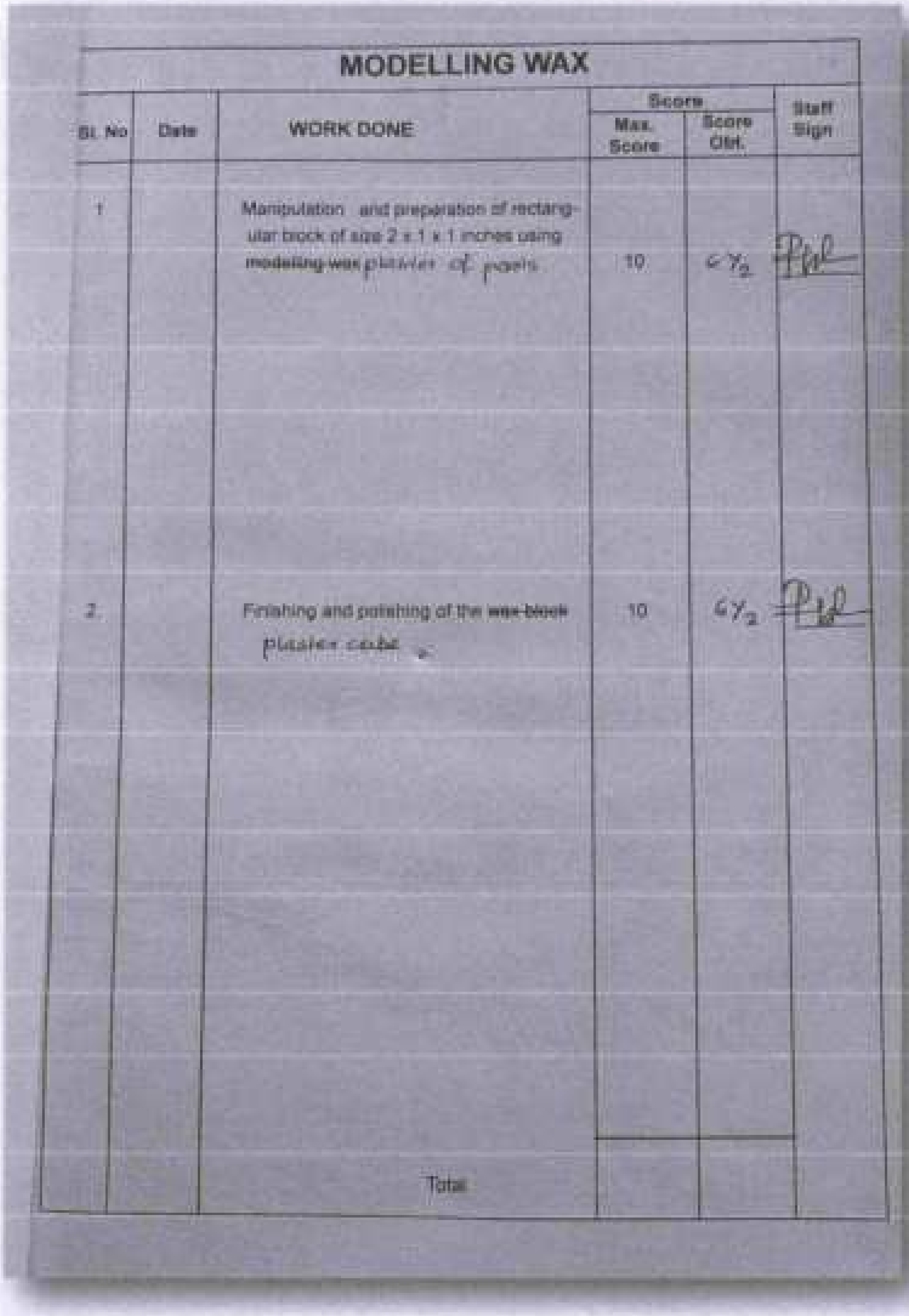
UNDERGRADUATE RECORD



GYPSUM PRODUCTS

Sl. No	Date	WORK DONE	Score		Staff Sign
			Max. Score	Score Obt.	
1		Mixing of Model Plaste (Type II)	10		
2	05/12/23	Mixing of dental stone (Type III)	10	7	
		Total			

UNDERGRADUATE RECORD



MODELLING WAX

Sl. No	Date	WORK DONE	Score		Staff Sign
			Max. Score	Score Obt.	
1		Manipulation and preparation of rectangular block of size 2 x 1 x 1 inches using ~~modeling wax~~ plaster of paris	10	6½	
2.		Finishing and polishing of the ~~wax block~~ plaster cube	10	6½	
		Total			

RECORD KEEPING – INTERNS

The dental internship is a crucial phase in a dentist's education, offering the opportunity to gain hands-on experience in a clinical setting. One essential component of this experience is the use of an intern logbook. The logbook serves as a detailed record of the intern's clinical activities, learning, and progress. In Prosthodontics, where treatment procedures are intricate and require a deep understanding of both theory and practice, the logbook is an essential tool for tracking an intern's development and ensuring comprehensive learning.

Importance of the Intern's Log Book in Prosthodontics

1. **Documentation of Clinical Experience**:
    - The logbook serves as a systematic record of an intern's clinical experiences. It includes details of the procedures performed, the types of prosthodontic cases handled, and the skills developed. This documentation is essential for assessing the intern's progress.
2. **Evaluation Tool**:
    - The logbook helps supervisors assess the intern's competence, ensuring they meet the necessary learning objectives and clinical standards required for successful completion of the internship. It enables objective evaluation based on the variety and complexity of cases treated.
3. **Learning Reflection**:
    - By documenting each patient interaction and treatment procedure, interns are encouraged to reflect on their experiences, challenges, and learnings. This reflection is vital for personal and professional growth, allowing interns to identify areas for improvement.
4. **Compliance with Educational Standards**:
    - Many dental schools and institutions require that interns keep a logbook to meet specific accreditation and educational standards. Proper logbook maintenance ensures that interns comply with these requirements and are ready for final assessments.
5. **Professional Development**:
    - An organized logbook allows interns to demonstrate their competence to future employers or specialists. It serves as evidence of their training and proficiency in various aspects of prosthodontic practice, enhancing their professional profile.

Key Components of an Intern's Logbook in Prosthodontics

The prosthodontic logbook should include detailed entries on the following areas:

1. **Personal Information and Internship Dates:**
   - The logbook should start with basic personal information about the intern, including the name, institution, and the dates of the internship. This provides a clear record of the intern's academic timeline and ensures that the logbook is kept up-to-date.
2. **Patient Record and Case Details:**
   - Each entry should include a summary of the patient's case, such as:
     - **Patient's age and gender**
     - **Medical and dental history**
     - **Diagnosis**
     - **Prosthodontic needs**
   - This helps the intern document their approach to individual cases and facilitates further discussion with supervisors.
3. **Treatment Plan:**
   - The logbook should reflect the treatment plan developed for each patient, including the types of prosthodontic procedures proposed (e.g., crowns, bridges, dentures, implants). It should also include the materials selected, rationale for choosing them, and any specific considerations for the patient's needs.
4. **Detailed Procedure Notes:**
   - Interns must document the steps of the procedures they have performed or assisted with, such as:
     - **Preparation for crowns or bridges**
     - **Impression-taking techniques**
     - **Fabrication of dentures or partial dentures**
     - **Implant placements (if applicable)**
   - It's important to include any challenges encountered during the procedures and how they were addressed.
5. **Time and Date of Procedures:**

- Every entry should include the date and time the procedure was performed, as this allows for an accurate tracking of the intern's clinical hours and involvement in different procedures.

Benefits of Maintaining an Organized Logbook in Prosthodontics

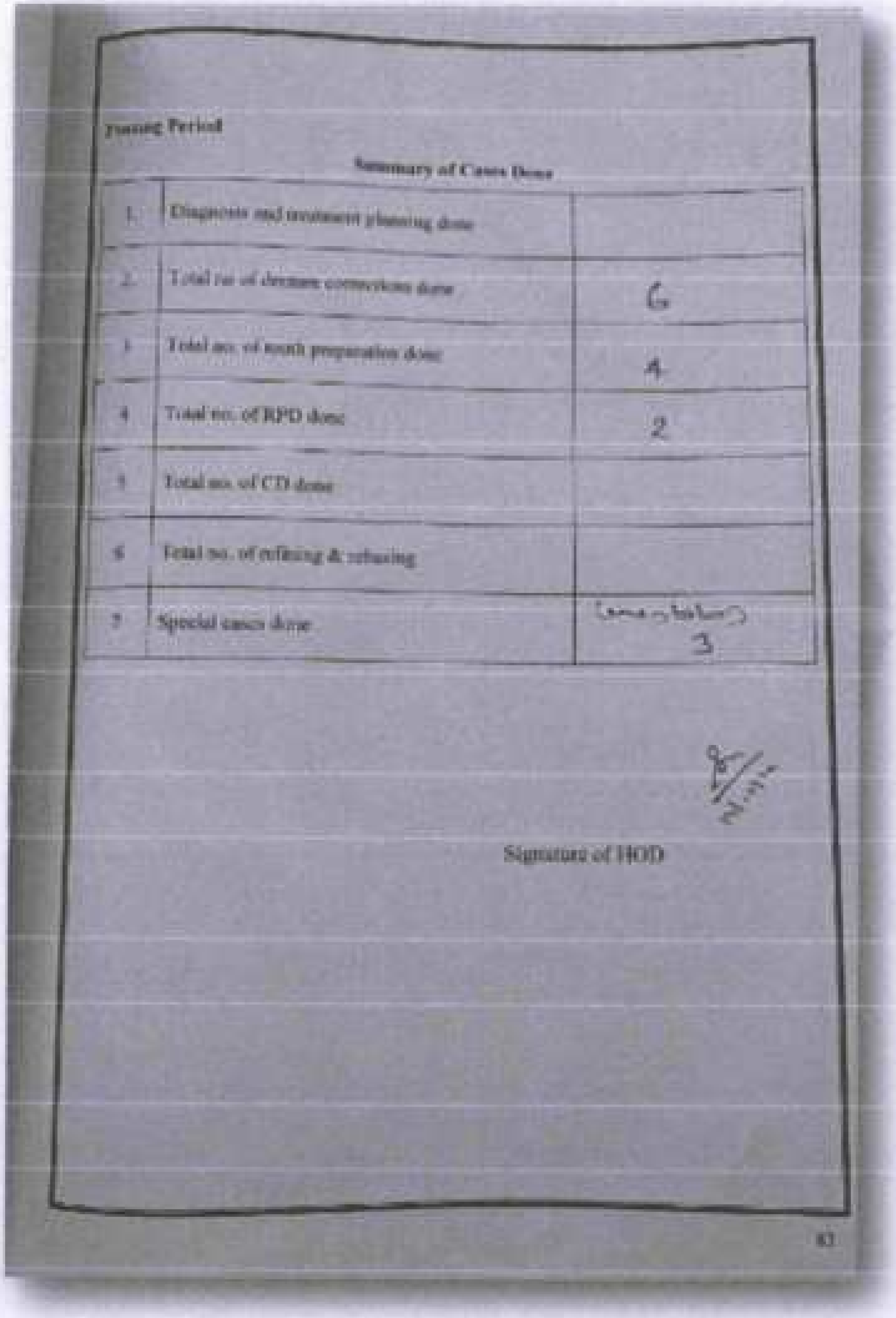
1. **Comprehensive Learning:**
    - The logbook allows interns to track the diversity and complexity of the prosthodontic cases they work on. This helps ensure that their learning covers a broad spectrum of treatments, enhancing their skills and knowledge base.
2. **Evidence of Competence:**
    - A well-maintained logbook provides tangible proof of the intern's proficiency in prosthodontics. This documentation can be used to demonstrate competence to faculty, examiners, or future employers.
3. **Structured Feedback and Improvement:**
    - Regular feedback from supervisors recorded in the logbook allows interns to identify areas of weakness and work on improving specific skills or knowledge gaps. It helps create a structured approach to learning.
4. **Trackable Milestones:**
    - The logbook allows both interns and supervisors to track the intern's progress over time. It is a clear way of identifying milestones, such as the completion of certain procedures or the mastery of specific skills.
5. **Reflection on Growth:**
    - Reviewing the logbook allows interns to reflect on their overall growth throughout the internship. This can serve as a motivating tool, showing how far they've come and highlighting areas to focus on before completing their internship.
6. **Compliance with Regulations:**
    - Our institutions have specific requirements for clinical hours, types of procedures, and patient cases. The logbook ensures that interns meet these institutional and accreditation guidelines, which are essential for certification.

CONCLUSION

Maintaining an organized, comprehensive, and accurate logbook is essential for both personal growth and professional accountability in prosthodontics. It supports the intern's journey toward becoming a competent, skilled, and reflective practitioner.

INTERNS LOG BOOK

Interns log book with a proper, systematic record of the number and type of cases done by the intern.



Posting Period

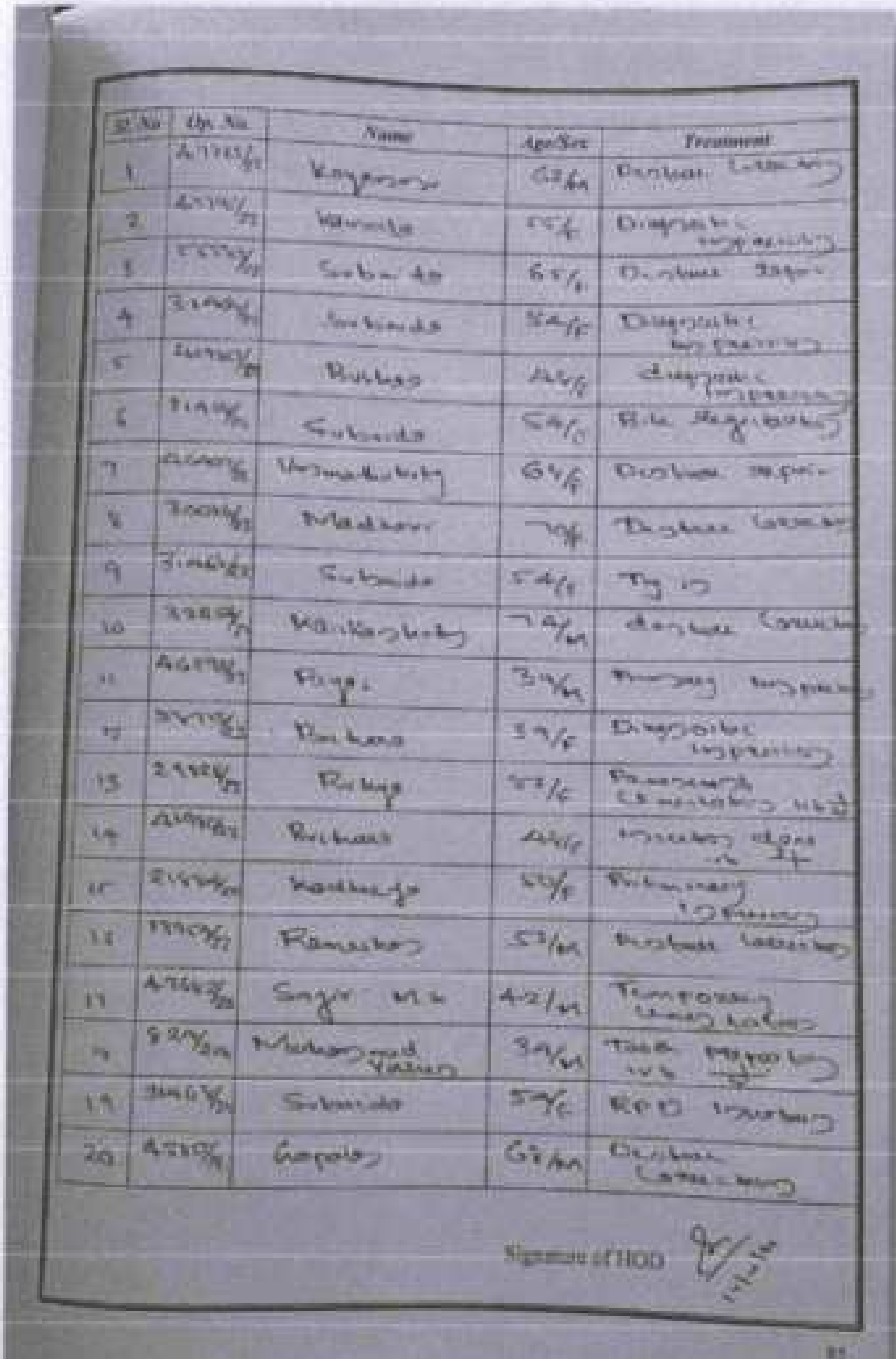
Summary of Cases Done

1.	Diagnosis and treatment planning done	
2.	Total no of denture corrections done	6
3	Total no. of tooth preparation done	4
4	Total no. of RPD done	2
5	Total no. of CD done	
6	Total no. of relining & rebasing	
7	Special cases done	[illegible] 3

Signature of HOD

83

INTERNS LOG BOOK

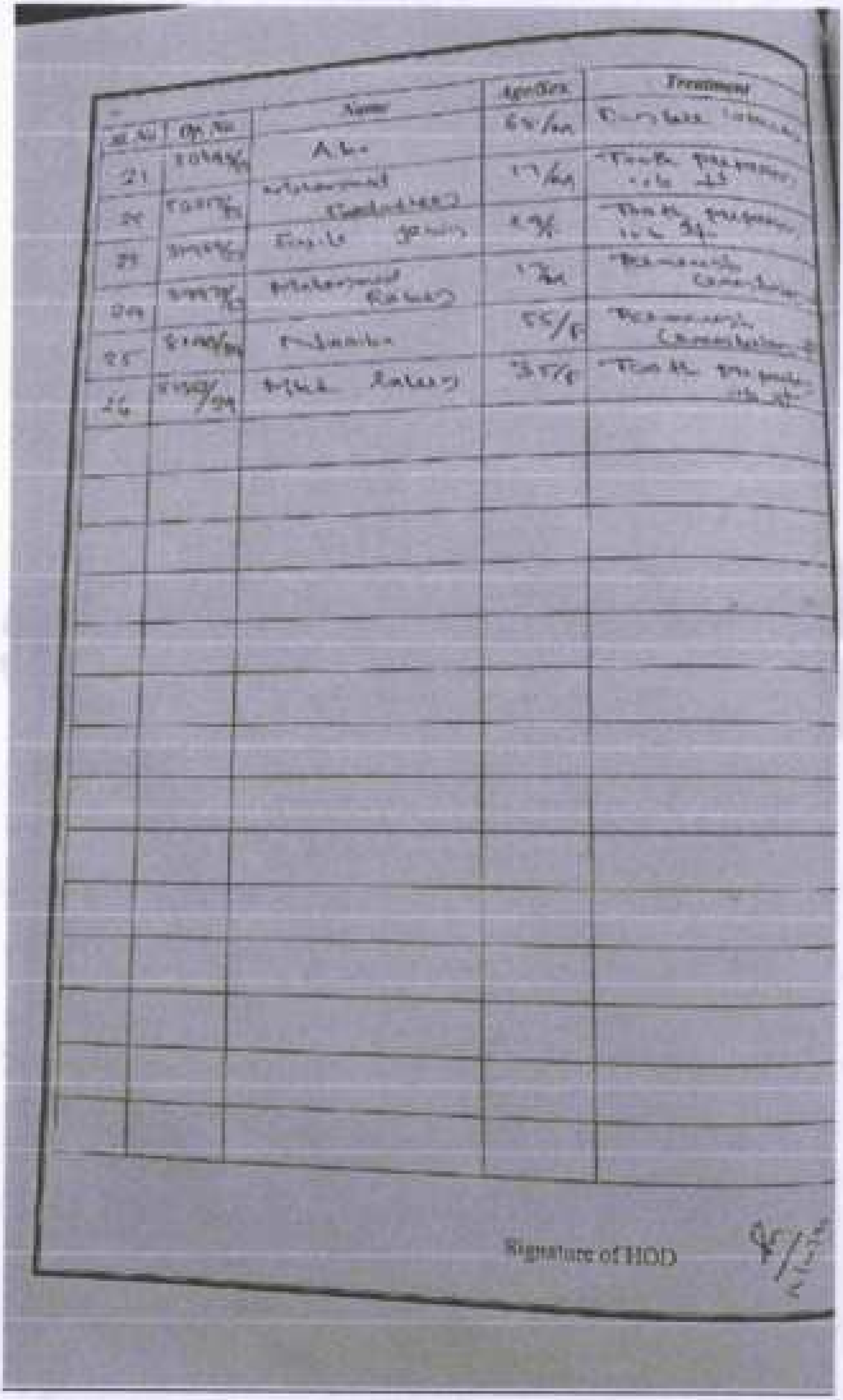


Sl. No.	Op. No.	Name	Age/Sex	Treatment
1	[illegible]	Kayaman	62/M	Denture relining
2	[illegible]	Vasantha	55/F	Diagnostic impression
3	[illegible]	Subaida	65/F	Denture repair
4	[illegible]	Subaida	54/F	Diagnostic impression
5	[illegible]	Rukhiya	44/F	diagnostic impression
6	[illegible]	Subaida	54/F	Bite registration
7	[illegible]	Unnimalukutty	64/F	Denture repair
8	[illegible]	Madhavi	70/F	Denture relining
9	[illegible]	Subaida	54/F	Try in
10	[illegible]	Kalliyanikutty	74/M	denture relining
11	[illegible]	Riyas	34/M	Primary impression
12	[illegible]	Rukhiya	39/F	Diagnostic impression
13	[illegible]	Rubiya	57/F	Permanent restoration [illegible]
14	[illegible]	Rukhiya	44/F	[illegible]
15	[illegible]	Kadheeja	55/F	Preliminary impression
16	[illegible]	Ramesan	57/M	Denture relining
17	[illegible]	Sagir M.K	42/M	Temporary restoration
18	[illegible]	Muhammed Yasin	34/M	Tooth preparation wrt [illegible]
19	[illegible]	Subaida	59/F	RPD insertion
20	[illegible]	Gopalan	62/M	Denture relining

Signature of HOD

81

INTERNS LOG BOOK



Sl. No	Op. No	Name	Age/Sex	Treatment
21	[illegible]	Abu	65/M	[illegible]
[illegible]	[illegible]	Mohammed [illegible]	17/M	Tooth preparation [illegible]
[illegible]	[illegible]	[illegible]	[illegible]	Tooth preparation [illegible]
24	[illegible]	Mohammed Rafeeq	[illegible]	Permanent cementation
25	[illegible]	[illegible]	55/F	Permanent cementation
26	[illegible]	[illegible]	35/F	Tooth preparation [illegible]

Signature of HOD

KMCT
DENTAL COLLEGE

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.

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

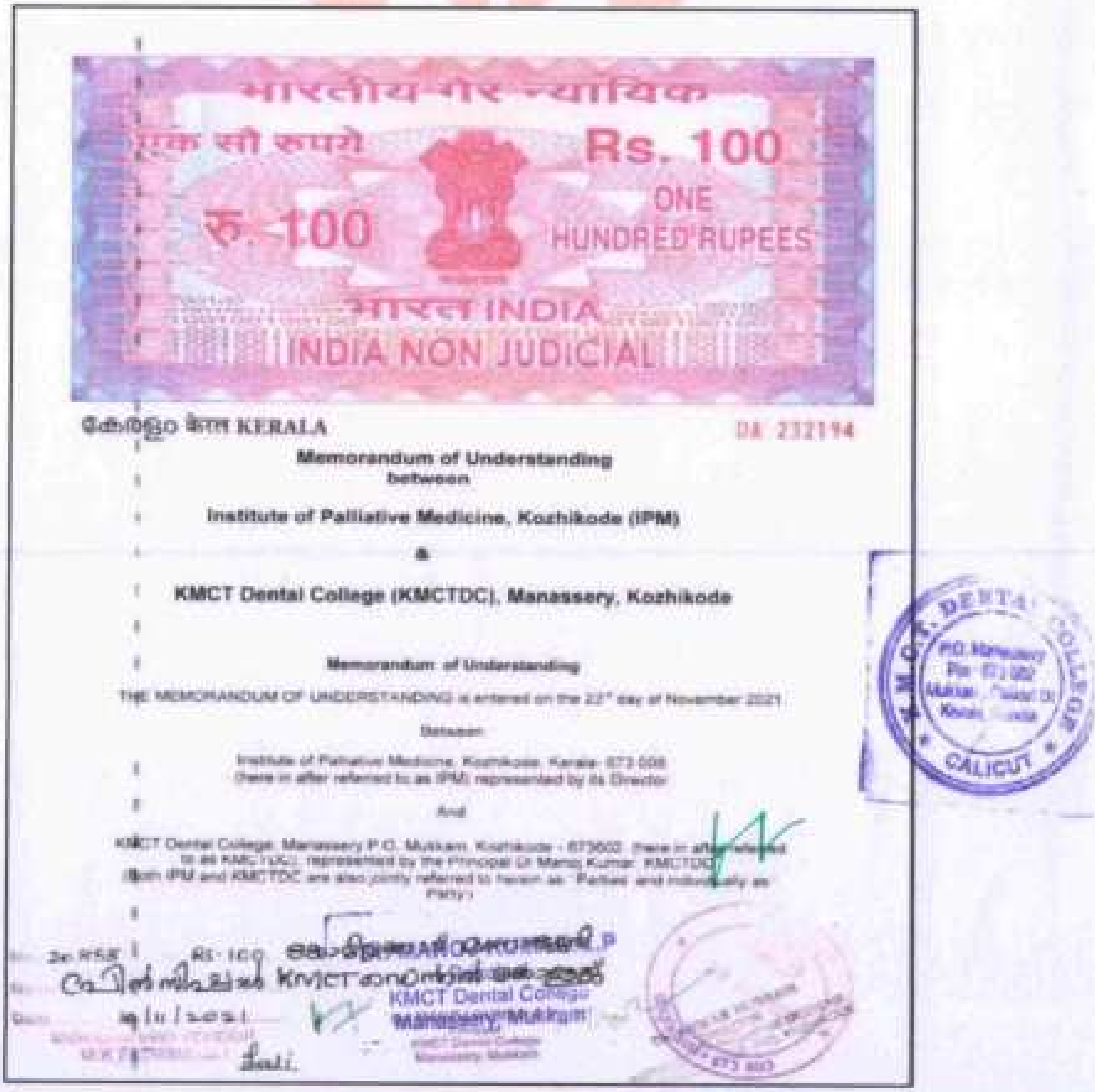
DEPARTMENT OF PUBLIC HEALTH DENTISTRY

INTEGRATED / INTERDISCIPLINARY LEARNING

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

ii) INTEGRATED / INTER DISCIPLINARY LEARNING

KMCT Dental College has signed a MoU with Institute of Palliative Medicine such that the students of KMCT Dental College when posted at the Department of Public Health Dentistry are given postings at Institute of Palliative Medicine to experience more on patient care management and to enhance knowledge and skill on patient care. This posting is scheduled indirectly to build a humanitarian thought among the students which can highly influence them in their clinical practice.



भारतीय गैर न्यायिक
एक सौ रुपये
Rs. 100
रु. 100
ONE HUNDRED RUPEES
भारत INDIA
INDIA NON JUDICIAL

കേരളം केरल KERALA

DA 232194

Memorandum of Understanding
between

Institute of Palliative Medicine, Kozhikode (IPM)

&

KMCT Dental College (KMCTDC), Manassery, Kozhikode

Memorandum of Understanding

THE MEMORANDUM OF UNDERSTANDING is entered on the 22nd day of November 2021

Between

Institute of Palliative Medicine, Kozhikode, Kerala- 673 008
(here in after referred to as IPM) represented by its Director

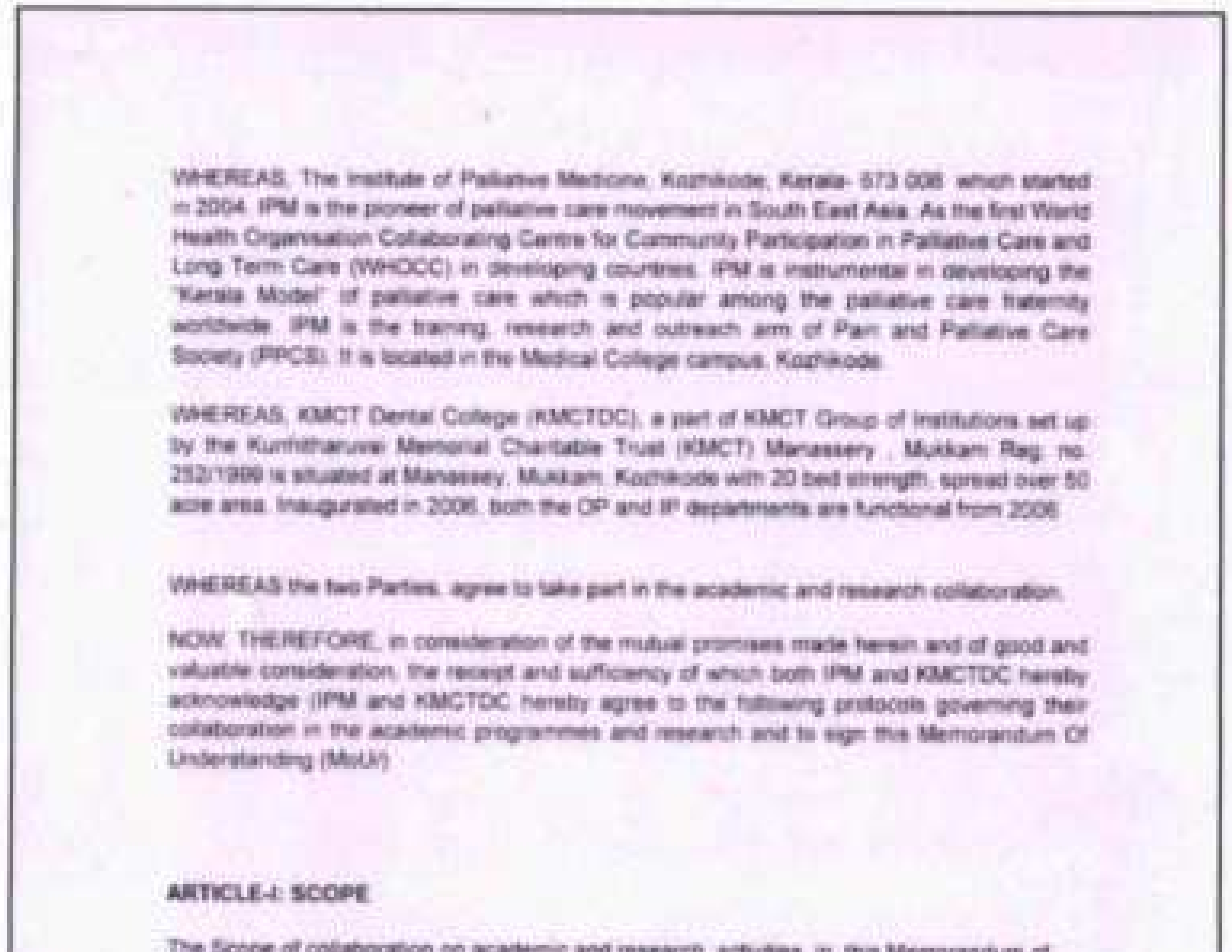
And

KMCT Dental College, Manassery P.O. Mukkam, Kozhikode - 673602, (here in after referred to as KMCTDC), represented by the Principal Dr Manoj Kumar, KMCTDC
(Both IPM and KMCTDC are also jointly referred to herein as "Parties" and individually as "Party")

Rs. 100

KMCT Dental College
Manassery, Mukkam

19/11/2021



WHEREAS, The Institute of Palliative Medicine, Kozhikode, Kerala- 673 008 which started in 2004. IPM is the pioneer of palliative care movement in South East Asia. As the first World Health Organisation Collaborating Centre for Community Participation in Palliative Care and Long Term Care (WHOCC) in developing countries. IPM is instrumental in developing the "Kerala Model" of palliative care which is popular among the palliative care fraternity worldwide. IPM is the training, research and outreach arm of Pain and Palliative Care Society (PPCS). It is located in the Medical College campus, Kozhikode.

WHEREAS, KMCT Dental College (KMCTDC), 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 with 20 bed strength, spread over 50 acre area. Inaugurated in 2006, both the OP and IP departments are functional from 2006

WHEREAS the two Parties, agree to take part in the academic and research collaboration.

NOW THEREFORE, in consideration of the mutual promises made herein and of good and valuable consideration, the receipt and sufficiency of which both IPM and KMCTDC hereby acknowledge (IPM and KMCTDC hereby agree to the following protocols governing their collaboration in the academic programmes and research and to sign this Memorandum Of Understanding (MoU)

ARTICLE-I: SCOPE

The Scope of collaboration on academic and research activities in this Memorandum of Understanding includes the following and such similar research areas of mutual interest:

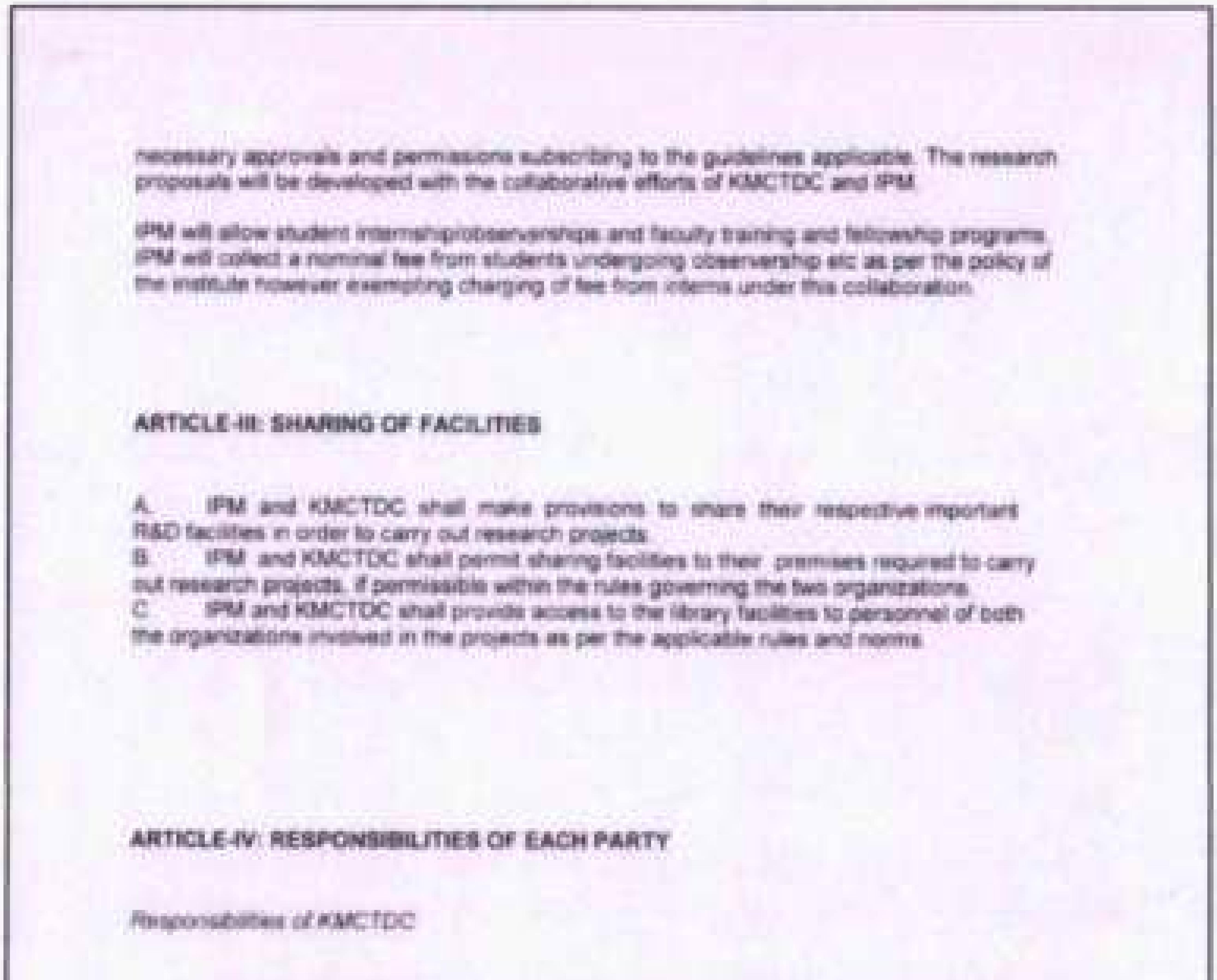
1. Joint Research and Development
2. Jointly Organizing seminars, workshops, conferences and other academic activities
3. Student Internship / observerships
4. Conduct of Community Development Programs .
5. Faculty training / fellowship programmes
6. Home care visits

ARTICLE-II: TERMS OF INTERACTIONS

The two parties agree to take part in the joint research initiatives and academic programs as mentioned above in Article I. In the projects identified for collaboration, faculty, students and staff from the two Institutes will collaborate in carrying out the research activity in palliative medicine as proposed in the project proposals approved by the Institutional Committee of KMCTDC and IPM (to be added as an Annexure-1) after [illegible]

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

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



necessary approvals and permissions subscribing to the guidelines applicable. The research proposals will be developed with the collaborative efforts of KMCTDC and IPM.

IPM will allow student internship/observerships and faculty training and fellowship programs. IPM will collect a nominal fee from students undergoing observership etc as per the policy of the institute however exempting charging of fee from interns under this collaboration.

ARTICLE-III: SHARING OF FACILITIES

A. IPM and KMCTDC shall make provisions to share their respective important R&D facilities in order to carry out research projects.
B. IPM and KMCTDC shall permit sharing facilities to their premises required to carry out research projects, if permissible within the rules governing the two organizations.
C. IPM and KMCTDC shall provide access to the library facilities to personnel of both the organizations involved in the projects as per the applicable rules and norms.

ARTICLE-IV: RESPONSIBILITIES OF EACH PARTY

Responsibilities of KMCTDC

1. KMCTDC will refer patients to IPM for further palliative care, as required for the collaborative projects.
2. KMCTDC will also provide all required support in terms of data and de-identified clinical information which shall come to help in the research projects.
3. KMCTDC will obtain all necessary permissions, approvals and certification, including informed consents and assure strict compliance with all ethical and legal mandates and follow all national and international guidelines including that of Indian Council of Medical Research (ICMR) for collaborative research.
4. The faculty and researchers in KMCTDC related to their research projects will visit IPM to have discussions and periodic monitoring of the progress of the research. The mutual visits will be done with prior discussion and appointments.

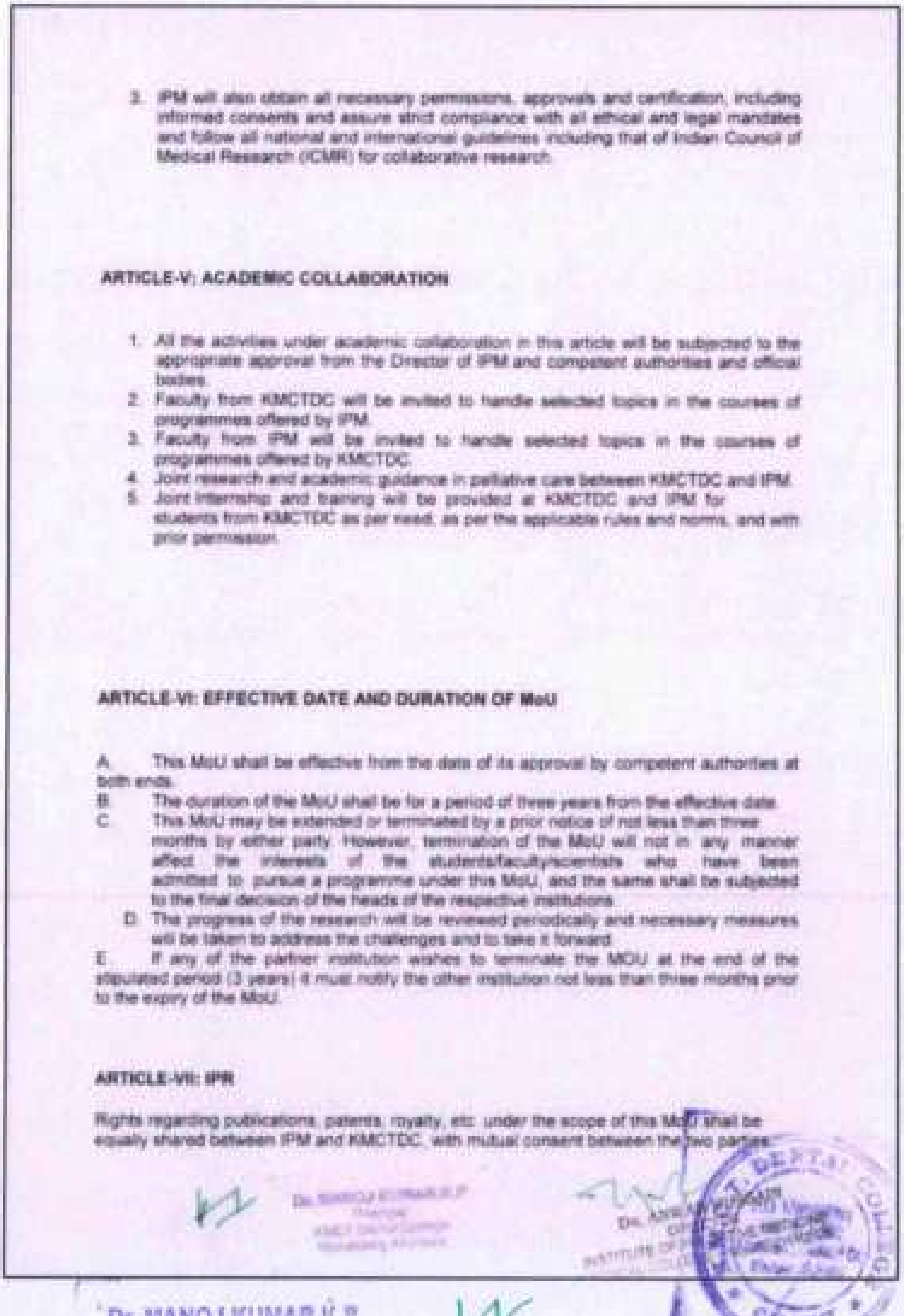
Responsibilities of IPM Calicut

1. IPM will allow access to de-identified patient's clinical data for the conduct of research and provide necessary reports for the research purpose following Ethical Committee approval.
2. IPM will also facilitate visits of faculty and students in KMCTDC to IPM for observership and training programmes and research based on palliative medicine.

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

Dr. ANWAR
DIREC
INSTITUTE OF
MEDICAL COLLEGE

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



3. IPM will also obtain all necessary permissions, approvals and certification, including informed consents and assure strict compliance with all ethical and legal mandates and follow all national and international guidelines including that of Indian Council of Medical Research (ICMR) for collaborative research.

ARTICLE-V: ACADEMIC COLLABORATION

1. All the activities under academic collaboration in this article will be subjected to the appropriate approval from the Director of IPM and competent authorities and official bodies.
2. Faculty from KMCTDC will be invited to handle selected topics in the courses of programmes offered by IPM.
3. Faculty from IPM will be invited to handle selected topics in the courses of programmes offered by KMCTDC.
4. Joint research and academic guidance in palliative care between KMCTDC and IPM.
5. Joint internship and training will be provided at KMCTDC and IPM for students from KMCTDC as per need, as per the applicable rules and norms, and with prior permission.

ARTICLE-VI: EFFECTIVE DATE AND DURATION OF MoU

A. This MoU shall be effective from the date of its approval by competent authorities at both ends.
B. The duration of the MoU shall be for a period of three years from the effective date.
C. This MoU may be extended or terminated by a prior notice of not less than three months by either party. However, termination of the MoU will not in any manner affect the interests of the students/faculty/scientists who have been admitted to pursue a programme under this MoU, and the same shall be subjected to the final decision of the heads of the respective institutions.
D. The progress of the research will be reviewed periodically and necessary measures will be taken to address the challenges and to take it forward.
E. If any of the partner institution wishes to terminate the MOU at the end of the stipulated period (3 years) it must notify the other institution not less than three months prior to the expiry of the MoU.

ARTICLE-VII: IPR

Rights regarding publications, patents, royalty, etc. under the scope of this MoU shall be equally shared between IPM and KMCTDC, with mutual consent between the two parties.

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
[illegible]

Dr. [illegible]
Director
INSTITUTE OF [illegible]

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
[illegible]

ARTICLE-VIII: CONFIDENTIALITY

During the tenancy of the MoU, both IPM and KMCTDC will maintain strict confidentiality and prevent disclosure of all the confidential information and data exchanged under the scope of this MoU for any purpose other than in accordance with this MoU.

'CONFIDENTIAL INFORMATION' shall mean any proprietary information, data or facts belonging to PARTIES collectively or severally, disclosed by the disclosing party under this agreement or any subsequent agreement, whether in writing, verbal or electronically, irrespective of the medium in which such information is stored , which is marked confidential or with any other words having similar meaning by the disclosing party, or specifically agreed to be kept confidential by the parties, or declared or identified so by the disclosing party before such disclosure or during the discussions.

Confidentiality of patient related information will be given prime importance as suggested by the Institutional Ethics Committee (IEC) of KMCTDC and IPM. No data related to patients will be used out of the purview of this research and all patient identifiers will be masked.

Both IPM and KMCTDC shall bind their respective personnel who come into possession or knowledge of any confidential information not to disclose the same to third parties without written approval of the disclosing party or use such confidential information for any use other than intended under this agreement or projects.

Further, both IPM and KMCTDC shall put in place adequate and reasonable measures to keep and store confidential information secure so as to prevent any unauthorized use. This clause shall survive the termination or expiry of this MoU.

ARTICLE- IX: AMENDMENTS

Any Article or clause of the MoU may be modified or amended by mutual agreement of KMCTDC and IPM . Any amendment or modification to this MoU shall be in writing and signed by both the parties hereto and shall only after such execution be deemed to form part of the MoU.

ARTICLE-X: RESOLUTION OF DISPUTES

This agreement shall take effect and be construed in accordance with the Laws of India.

If dispute or difference whatsoever arises between the Parties in relation to or in connection with this MoU, both the parties shall first try to resolve the dispute/difference amicably between themselves failing which the matter shall be resolved through arbitration and the place of arbitration shall be Calicut.

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

CALICUT

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

IN WITNESS WHEREOF PARTIES HERE TO HAVE ENTERED INTO THIS AGREEMENT EFFECTIVE AS ON THIS DATE 23rd Day of November 2021

i. By: The Principal, KMCT Dental College, Kozhikode, Kerala

Name: DR. MANOJKUMAR. K.P

Date: 23-11-2021

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

Witness:

ii. By: The **Director**, Institute of Palliative Medicine, Kozhikode, Kerala

Name: Dr Anwar Hussain

Date: 25. 11. 2021

Dr. ANWAR HUSSAIN
DIRECTOR
INSTITUTE OF PALLIATIVE MEDICINE
MEDICAL COLLEGE (PO), KOZHIKODE

Witness:

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

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

INTEGRATED LEARNING

INTER DEPARTMENT POSTING –REPORT

Introduction: The inter-departmental posting of postgraduate (PG) students within the Dental Surgery Department is designed to enhance interdisciplinary learning, foster collaboration, and improve clinical acumen. This report summarizes the key aspects, activities, and outcomes of the program.

Objective: The primary objective of the inter-departmental posting is to expose PG students to varied clinical cases, treatment planning methodologies, and collaborative approaches to comprehensive dental care.

Structure of the Posting:

1. **Duration:**
    - Each PG student is posted to a different department for a specified duration, typically 1 week

Activities During the Posting:

1. **Clinical Exposure:**
    - Direct involvement in patient management
    - Observing and assisting in specialized procedures.
    - Participating in case discussions and treatment planning.
2. **Academic Contributions:**
    - Presenting case reports and literature reviews.
    - Attending interdisciplinary seminars and workshops.

Conclusion:

The inter-departmental posting program has proven to be a valuable component of postgraduate training in the Dental Surgery Department. With continued improvements and adaptations, it can significantly contribute to the holistic development of PG students and enhance patient care outcomes.

KMCT DENTAL COLLEGE

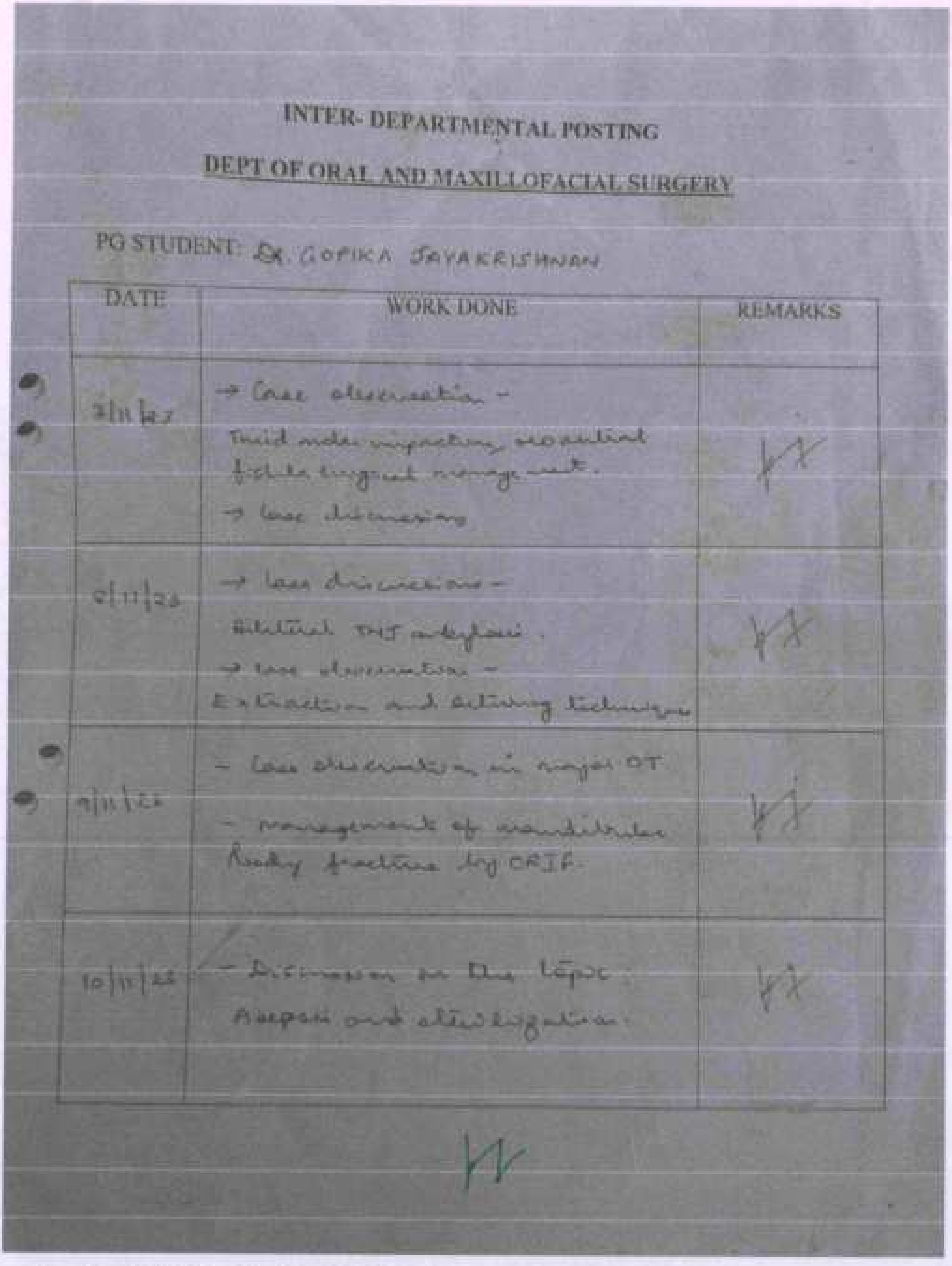
DEPARTMENT OF PROSTHODONTICS

INTER DEPARTMENTAL POSTING-OMFS

SL NO	STUDENT NAME	DATE
1.	DR GOPIKA JAYAKRISHNAN	7/11/23 8/11/23 9/11/23 10/11/23 13/11/23 14/11/23
2.	DR SREYA JYOTHIBAS	7/11/23 8/11/23 9/11/23 10/11/23 13/11/23 14/11/23
3.	DR SUKHIL T SATHYAN	27/11/23 28/11/23 29/11/23 30/11/23 5/11/23 6/11/23

	DR JINSHA MAJI K	27/11/23 28/11/23 29/11/23 30/11/23 5/11/23 6/11/23
5.	DR CHANDANA C N	27/11/23 28/11/23 29/11/23 30/11/23 5/11/23 6/11/23

KMCT DENTAL COLLEGE



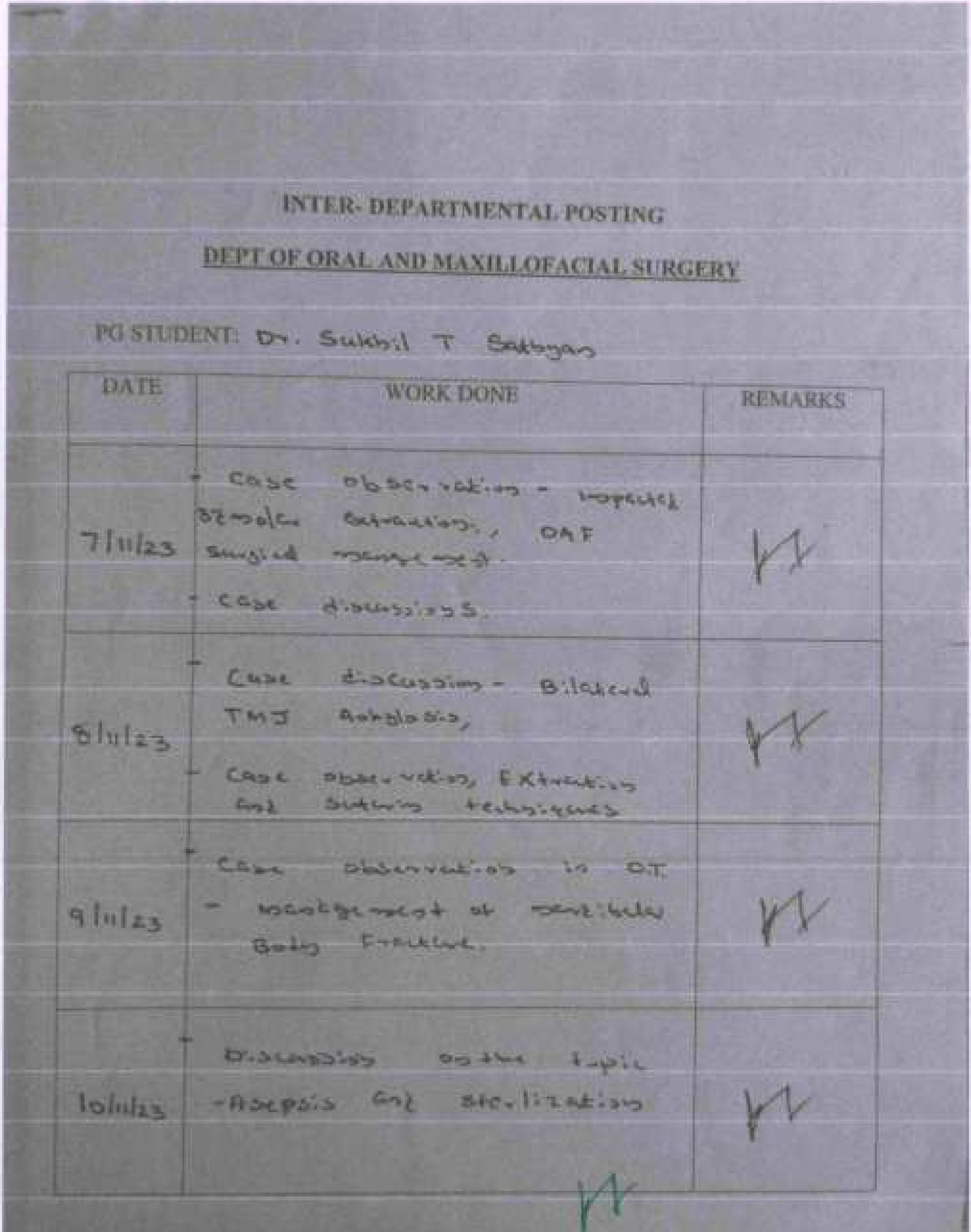
INTER- DEPARTMENTAL POSTING

DEPT OF ORAL AND MAXILLOFACIAL SURGERY

PG STUDENT: DR. GOPIKA JAYAKRISHNAN

DATE	WORK DONE	REMARKS
7/11/23	→ Case observation - Third molar impaction, oroantral fistula surgical management. → Case discussions	
8/11/23	→ Case discussions - Bilateral TMJ ankylosis. → Case observation - Extraction and suturing technique	
9/11/23	- Case observation in major OT - management of mandibular body fracture by ORIF.	
10/11/23	- Discussion on the topic: Asepsis and sterilization.	

13/11/23	- Discussing case on the topic Local Anaesthetic techniques. (IAND, PSA, MSA, Greater palatine, incisive, mental)	
14/11/23	- Demonstration of IAN & PSA nerve block. - Suturing techniques.	

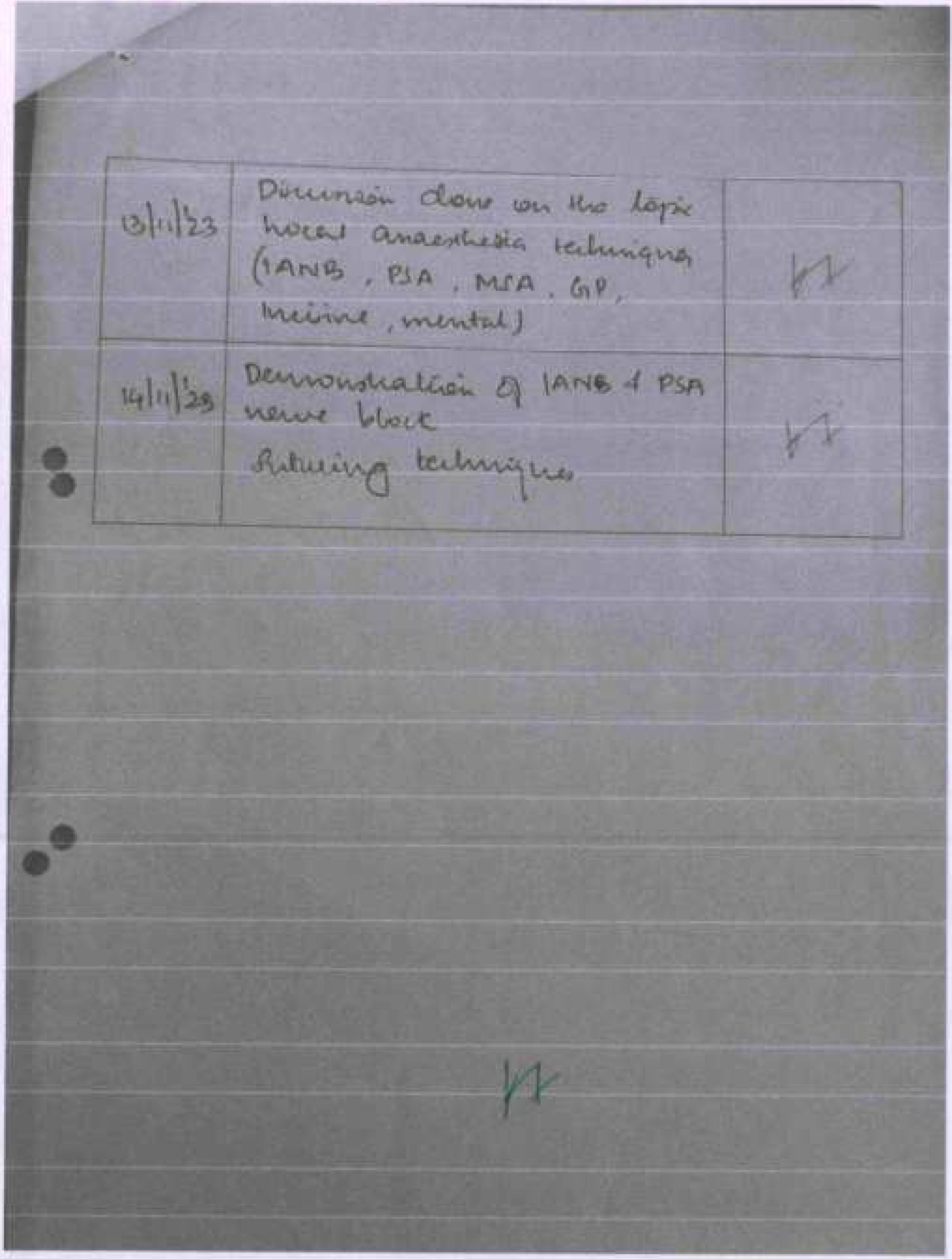


INTER- DEPARTMENTAL POSTING

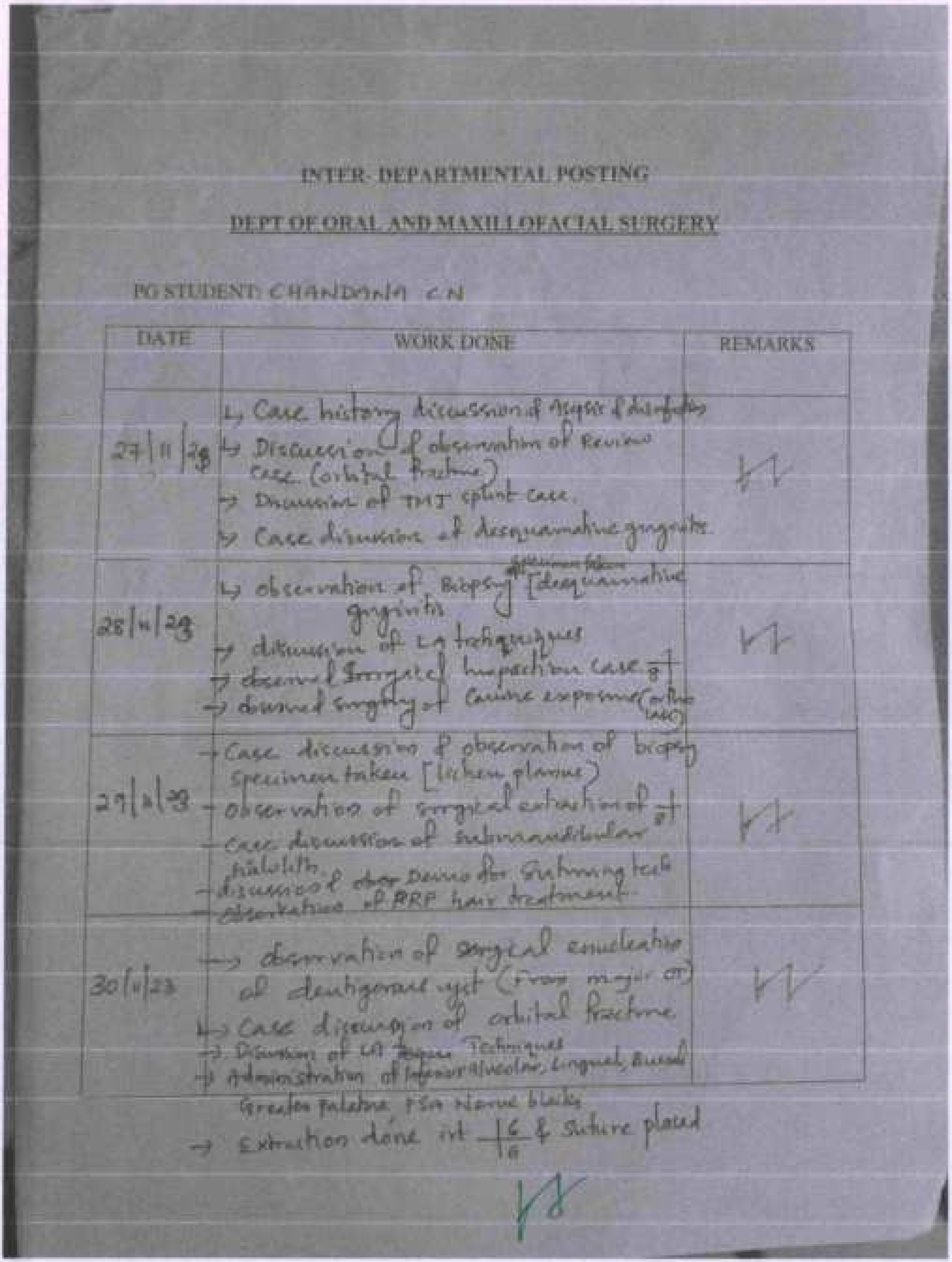
DEPT OF ORAL AND MAXILLOFACIAL SURGERY

PG STUDENT: Dr. Sukhil T Sathyan

DATE	WORK DONE	REMARKS
7/11/23	- case observation - impacted Mandibular extraction, OAF surgical management. - case discussions.	
8/11/23	- Case discussion - Bilateral TMJ Ankylosis, - Case observation, Extraction and suturing techniques	
9/11/23	- Case observations in O.T. - management of mandibular Body Fracture.	
10/11/23	- Discussion on the topic - Asepsis and sterilization	



13/11/23	Discussion done on the topic Local anaesthesia techniques (IANB, PSA, MSA, GP, Incisive, mental)	
14/11/23	Demonstration of IANB & PSA nerve block Suturing technique	



INTER- DEPARTMENTAL POSTING

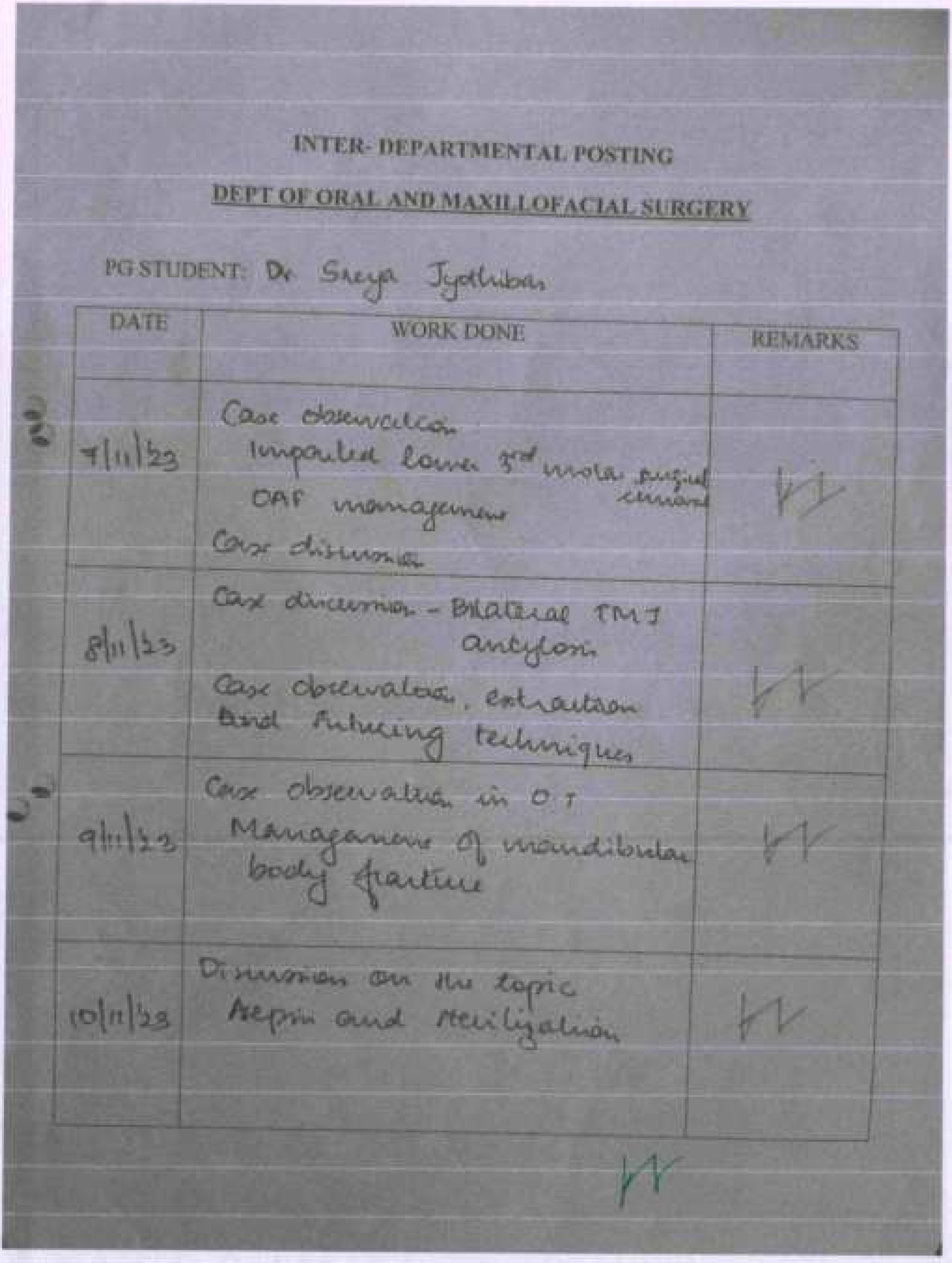
DEPT OF ORAL AND MAXILLOFACIAL SURGERY

PG STUDENT: CHANDANA C N

DATE	WORK DONE	REMARKS
27/11/23	↳ Case history discussion of cysts & [illegible] ↳ Discussion of observation of Review case (orbital fracture) → Discussion of TMJ splint case. ↳ Case discussion of desquamative gingivitis	
28/11/23	↳ observation of biopsy specimen taken [desquamative gingivitis → discussion of LA techniques → observed surgical impaction case of $\overline{8\|}$ → observed surgery of canine exposure (ortho case)	
29/11/23	- Case discussion & observation of biopsy specimen taken [lichen planus) - observation of surgical extraction of $\overline{8\|}$ - case discussion of submandibular sialolith - discussion of ~~chor~~ Device for Suturing tech - Observation of PRP hair treatment	
30/11/23	→ observation of surgical enucleation of dentigerous cyst (From major OT) ↳ Case discussion of orbital fracture → Discussion of LA ~~[illegible]~~ Techniques → Administration of Inferior alveolar, Lingual, Buccal Greater Palatine, PSA Nerve blocks → Extraction done irt $\frac{\|6}{\|6}$ & suture placed	

5/12/23	→ observed Immediate Implant placement & PRF bone graft → Transalveolar extraction of $\overline{6\rvert}$ → Case discussion of Mandibular fracture with occlusal derangement	
6/12/23	→ Attended seminar on the topic "TMJ presented by Dr Afzal → Discussion of canine Impaction case → Discussion of Marginal mandibulectomy case → Discussion of Radicular cyst case.	

→ Extd done $\begin{array}{|c}8\\\hline 8\end{array}$ u LA
id



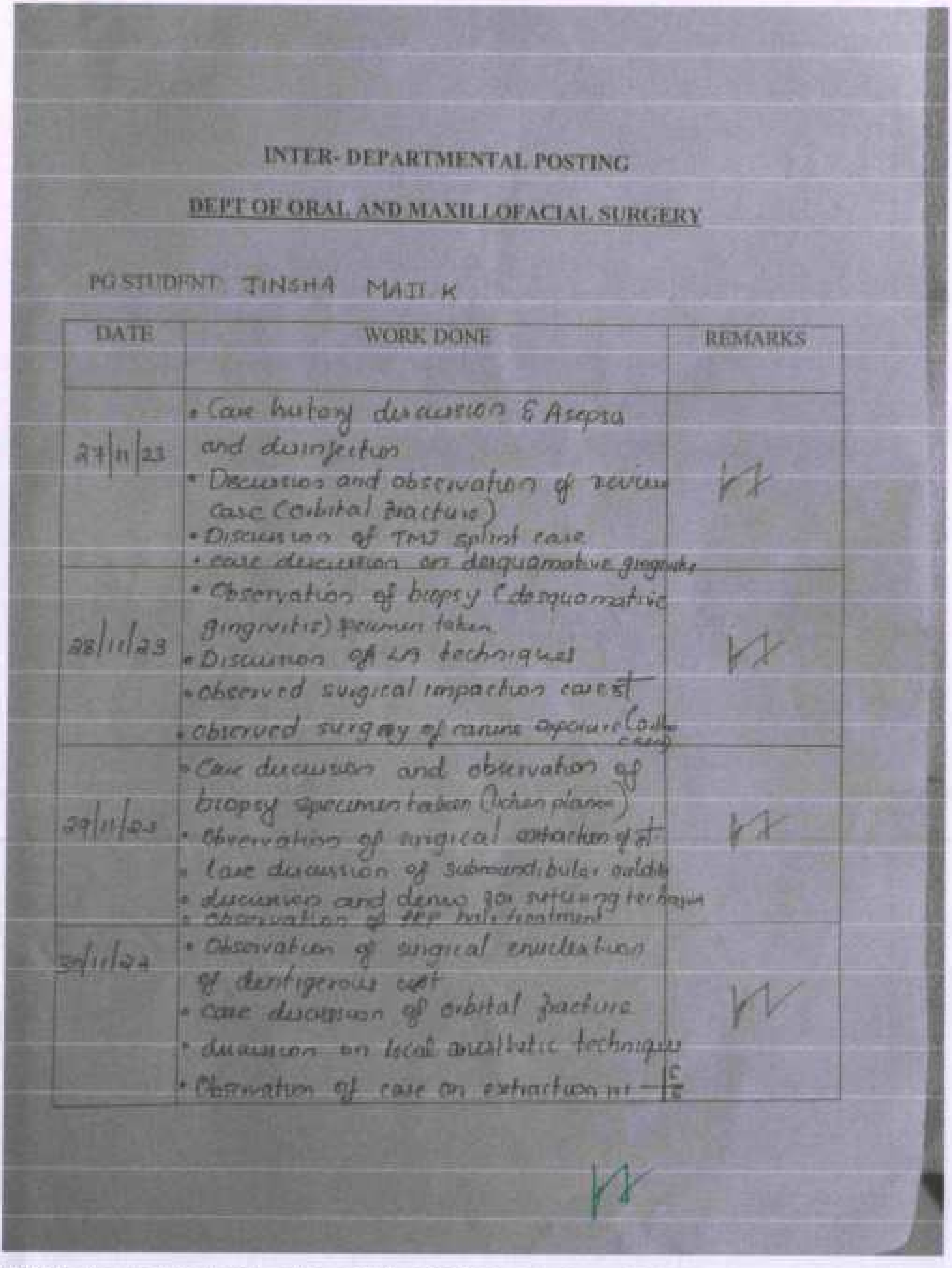
INTER- DEPARTMENTAL POSTING

DEPT OF ORAL AND MAXILLOFACIAL SURGERY

PG STUDENT: Dr Sreya Jyothibas

DATE	WORK DONE	REMARKS
7/11/23	Case observation Impacted lower 3rd molar surgical removal OAF management Case discussion	
8/11/23	Case discussion - Bilateral TMJ ankylosis Case observation, extraction and suturing techniques	
9/11/23	Case observation in O.T 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 (IANB, PSA, MSA, GP, mental, incisive)	
14/11/23	- Demonstration of IANB and PSA nerve block - Suturing techniques	



INTER- DEPARTMENTAL POSTING

DEPT OF ORAL AND MAXILLOFACIAL SURGERY

PG STUDENT: TINSHA MAJI. K

DATE	WORK DONE	REMARKS
27/11/23	• Case history discussion & Asepsis and disinfection • Discussion and observation of review case (Orbital fracture) • Discussion of TMJ splint case • case discussion on desquamative gingivitis	
28/11/23	• Observation of biopsy (desquamative gingivitis) specimen taken • Discussion of LA techniques • observed surgical impaction case 8 • observed surgery of canine exposure (Ortho case)	
29/11/23	• Case discussion and observation of biopsy specimen taken (lichen planus) • Observation of surgical extraction of 8 • Case discussion of submandibular sialolith • discussion and demo for suturing technique • Observation of PRP hair treatment	
30/11/24	• Observation of surgical enucleation of dentigerous cyst • Case discussion of orbital fracture • discussion on local anesthetic techniques • Observation of case on extraction wrt C|	

5/12/23	- Observed immediate placement and PRF bone graft - Transalveolar extraction of $\overline{6|}$ - Case discussion of mandibular fracture with occlusal derangement	
6/12/23	- Attended seminar on the topic - GmJ - by Dr. Afzal. - Extraction done irt $\underline{|57}$ and suturing done.	

DEPARTMENT OF PERIODONTOLOGY

INTEGRATED & INTER-DISCIPLINARY LEARNING

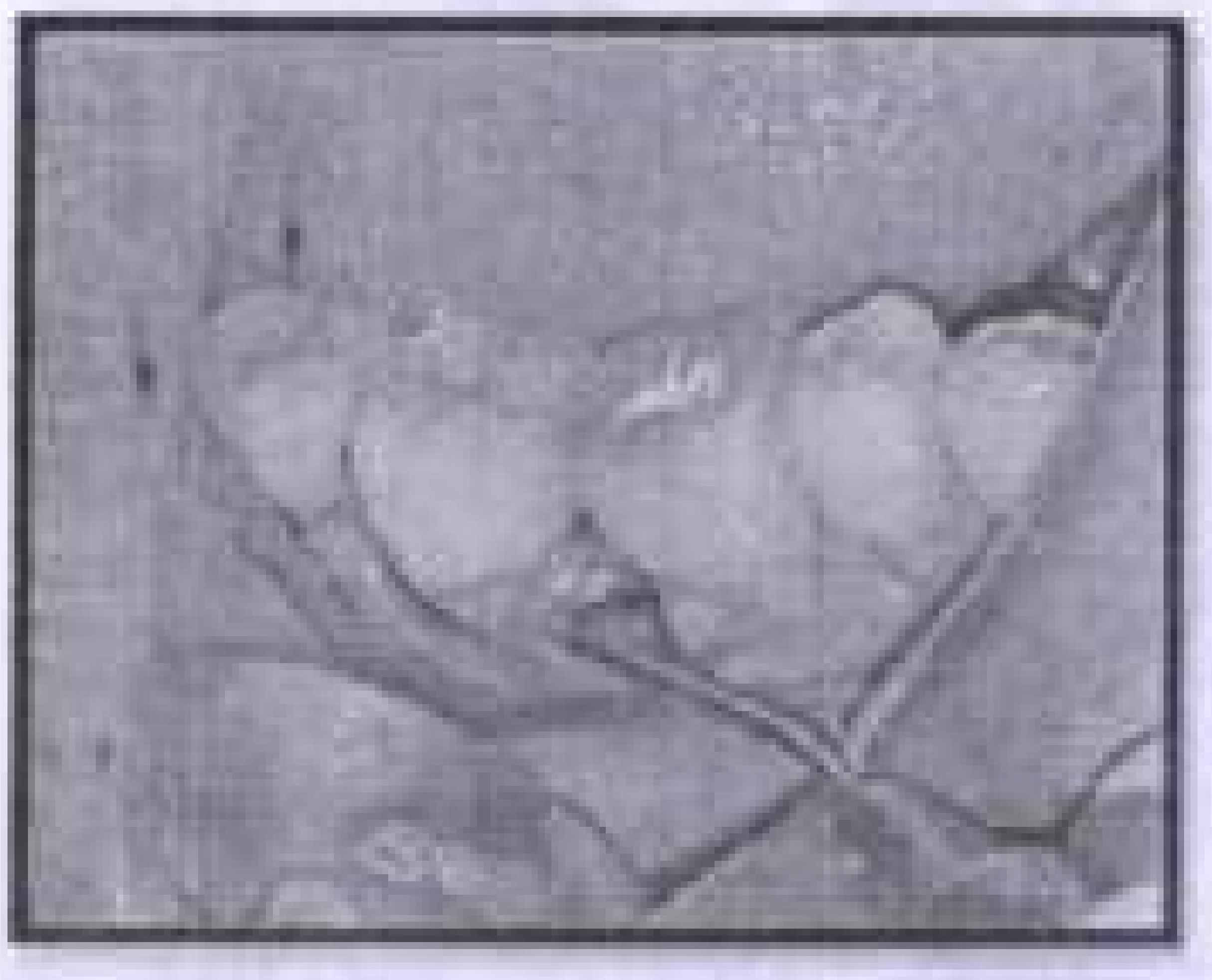
Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam

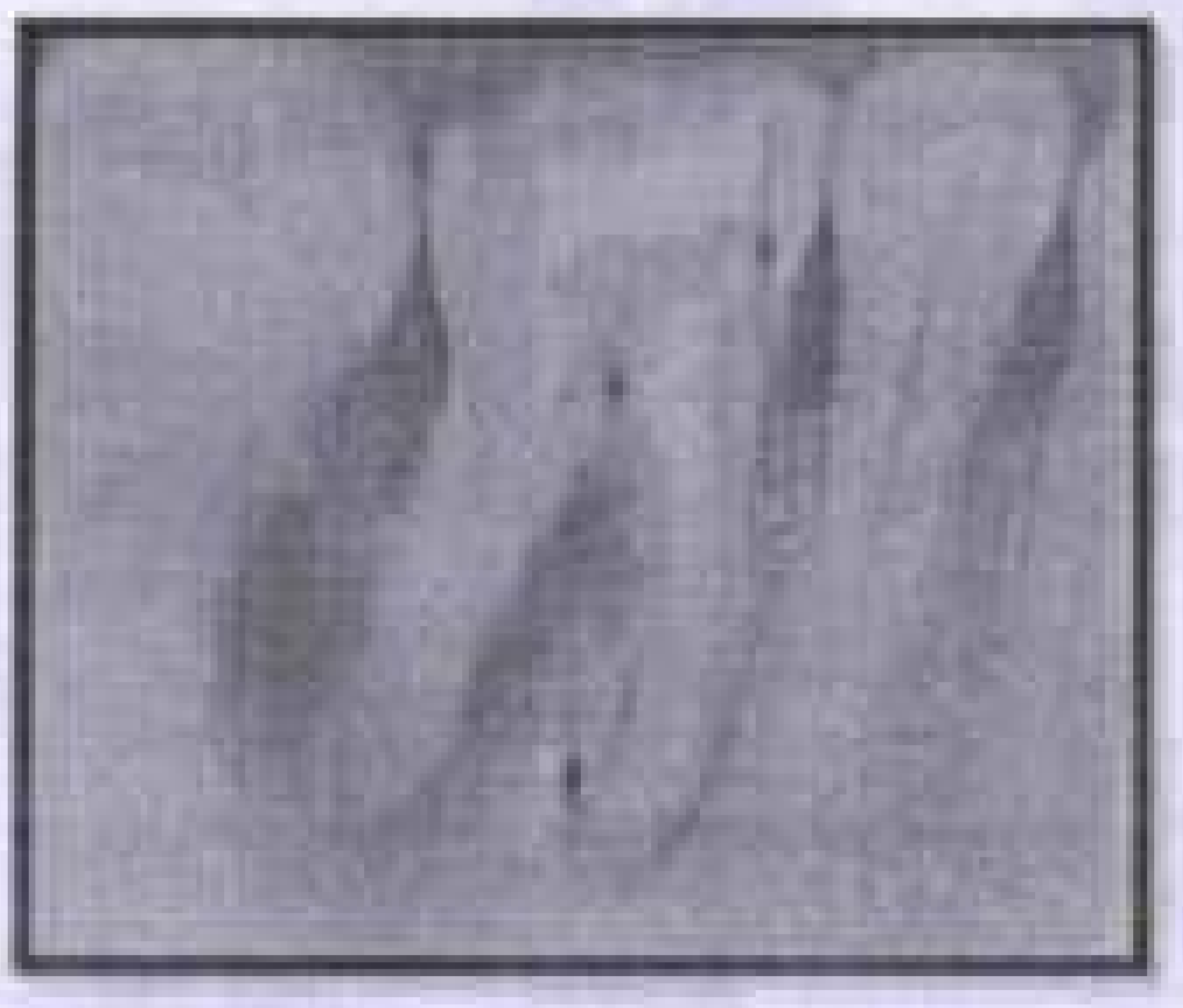
REPORT

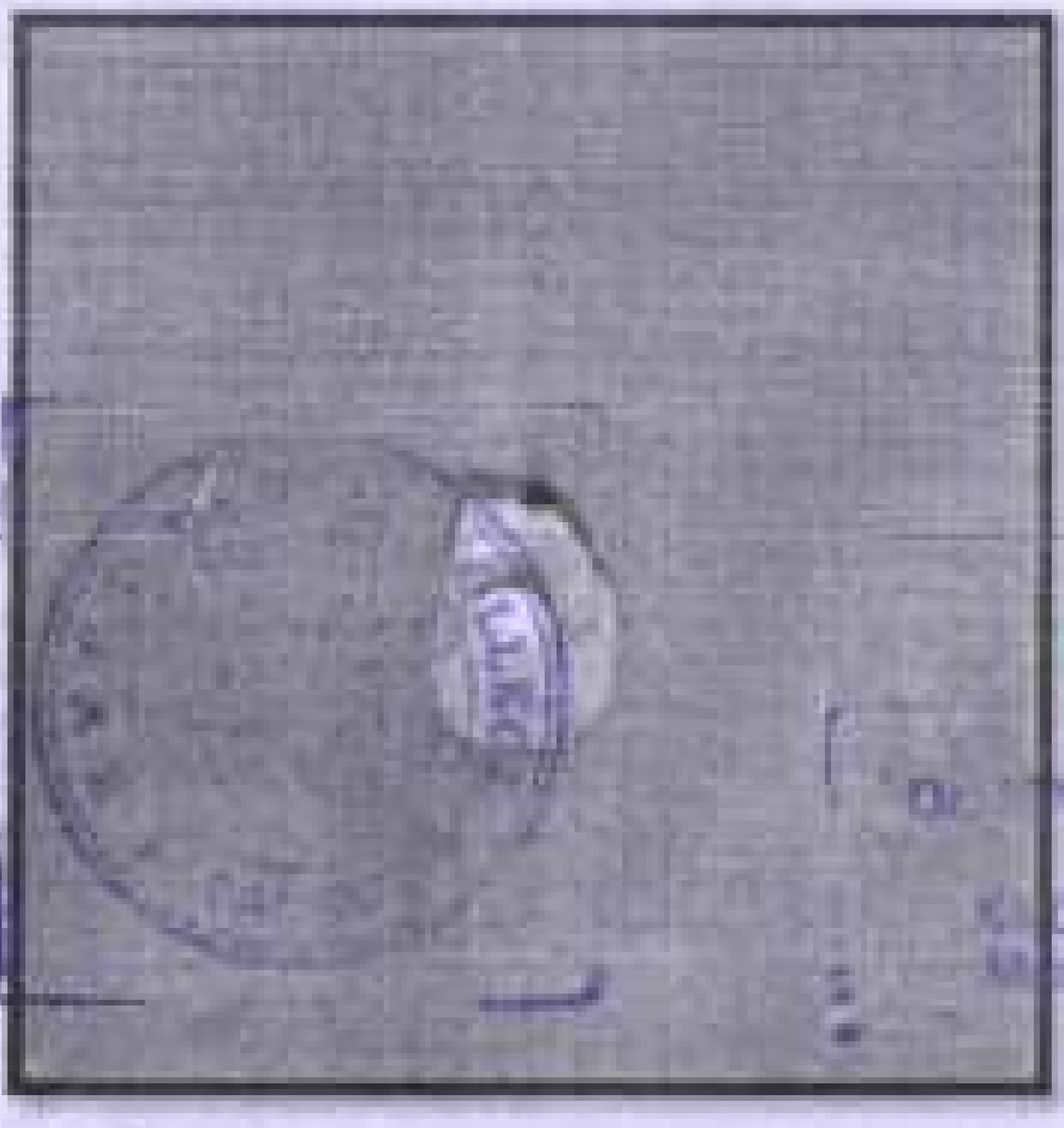
The field of periodontology is multifaceted, which requires a comprehensive understanding of various disciplines. It is mandatory for our post graduate students to engage in the diverse fields to provide optimal care. Collaborative environment enhances

- **Comprehensive understanding**
- **Improved patient outcomes**
- **Enhanced critical thinking**
- **Preparation for real world practice**

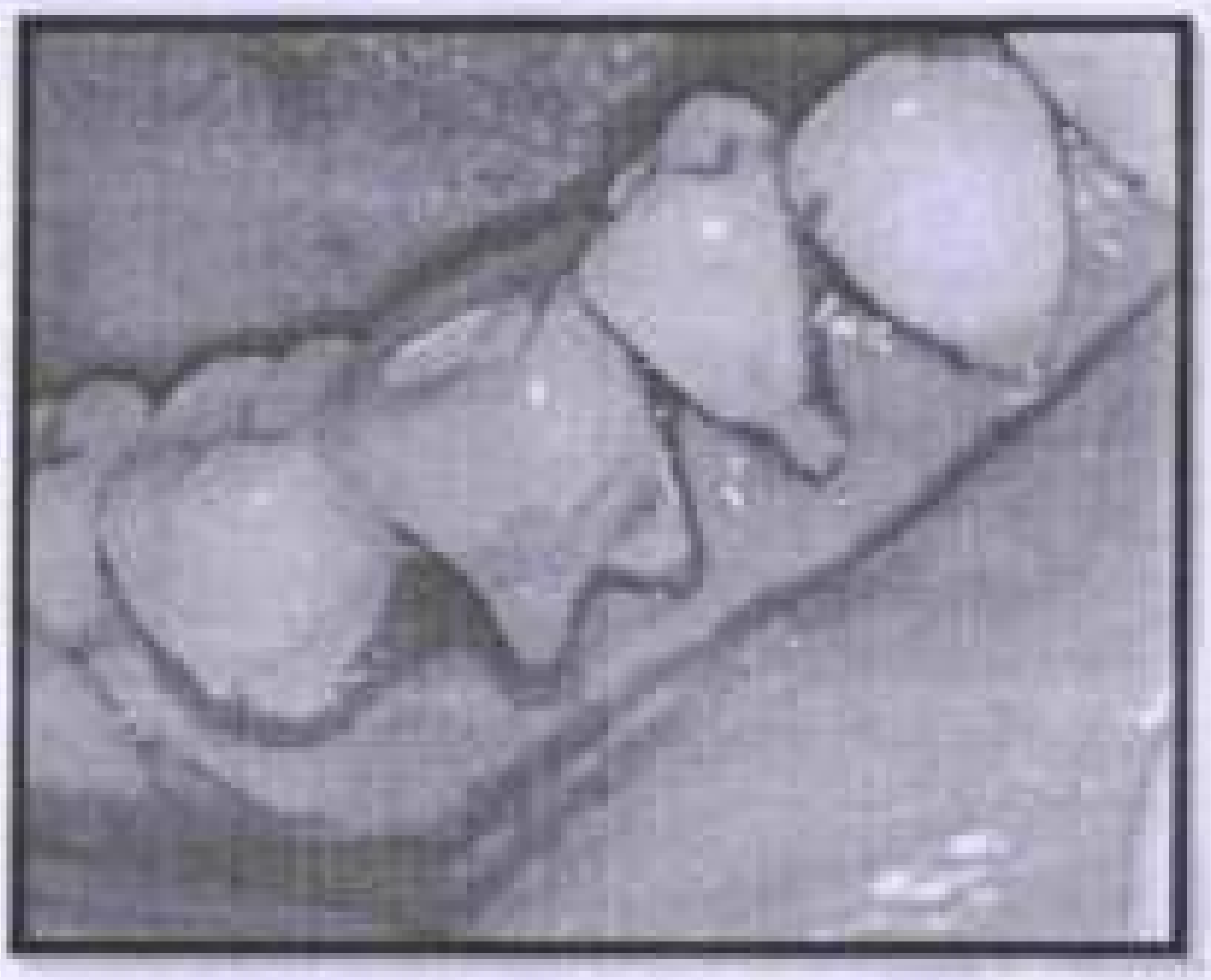
Through this integrated learning model, postgraduate students not only refine their periodontal skills but also develop a well-rounded perspective, preparing them for comprehensive and collaborative patient management in their future practice.

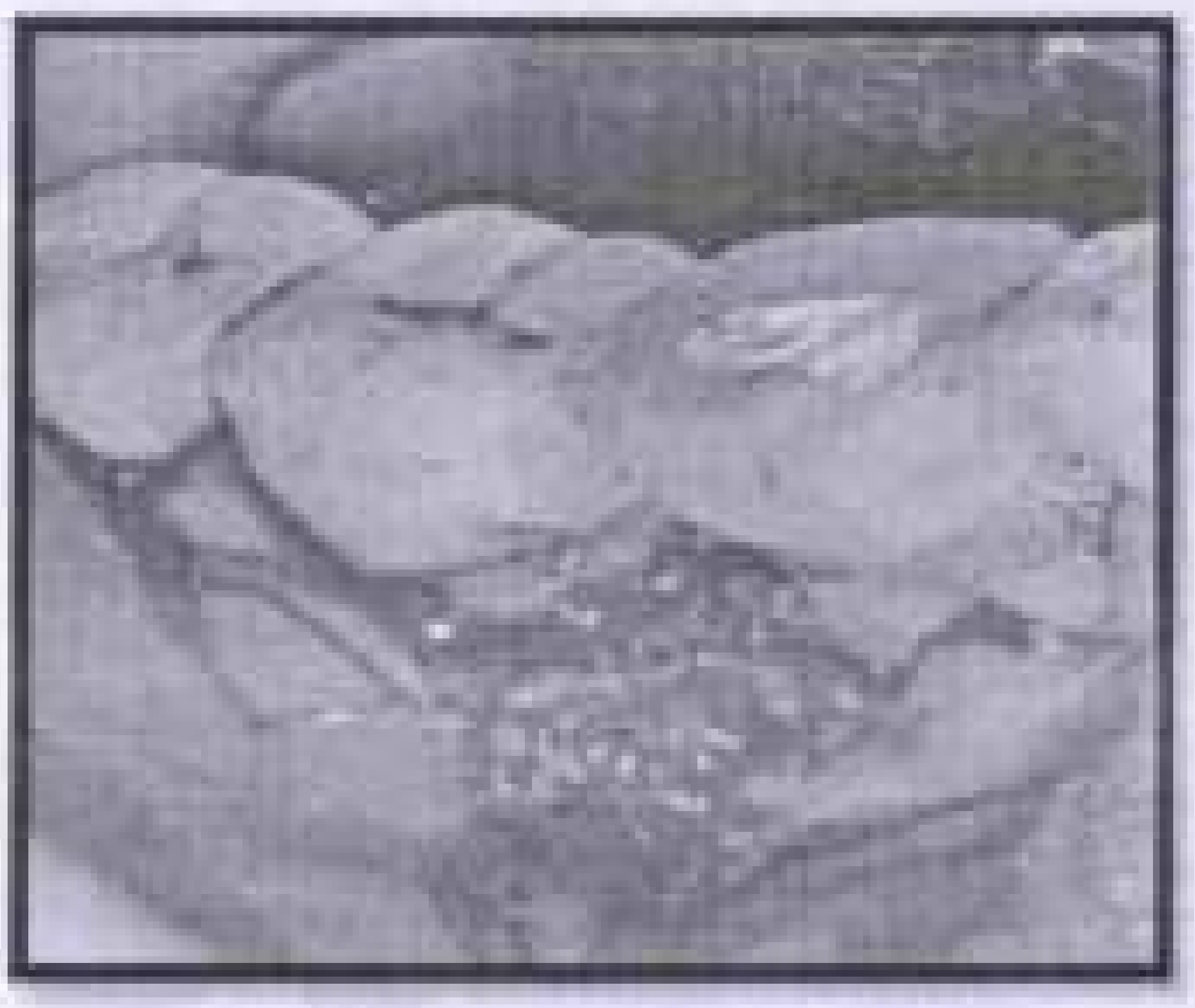


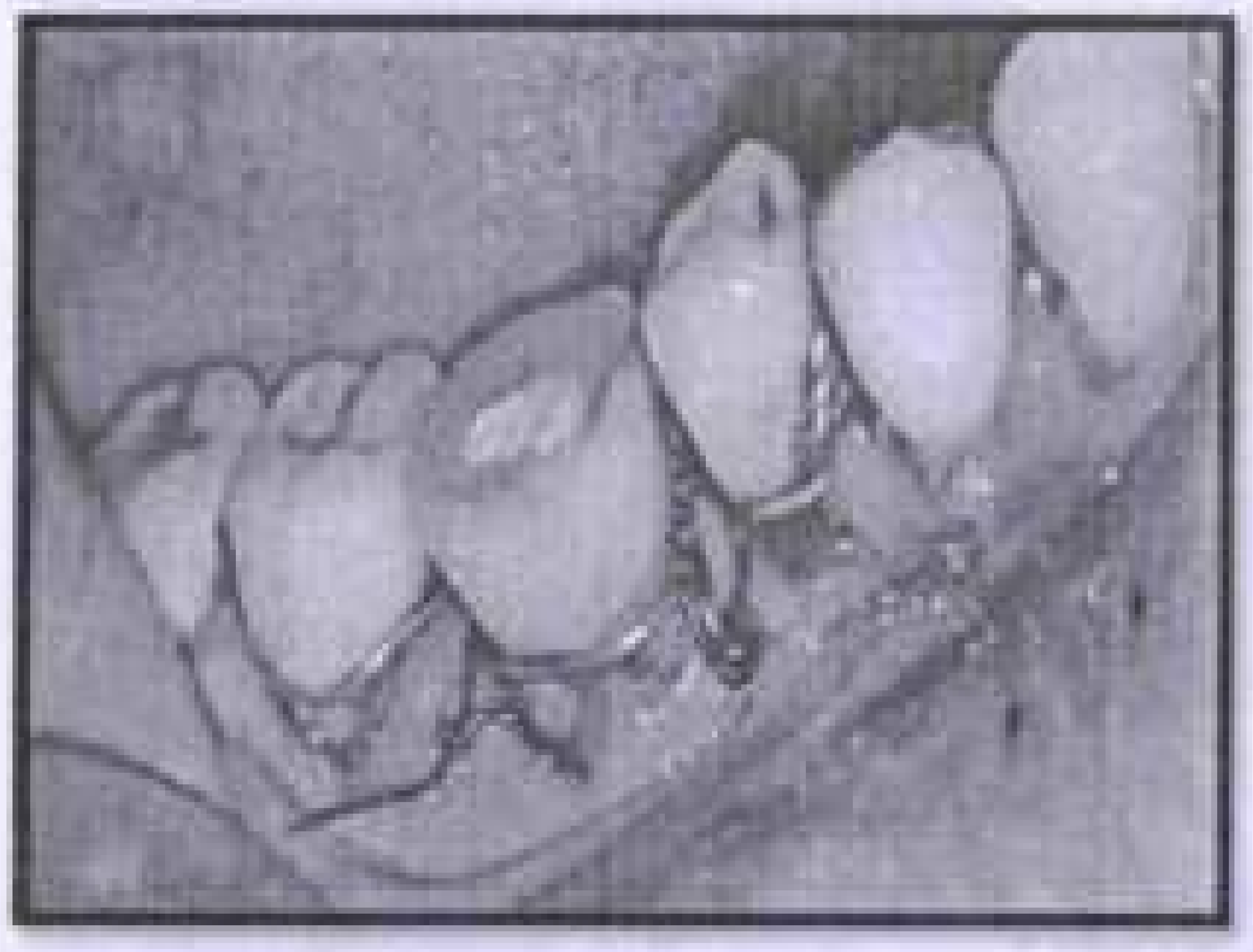


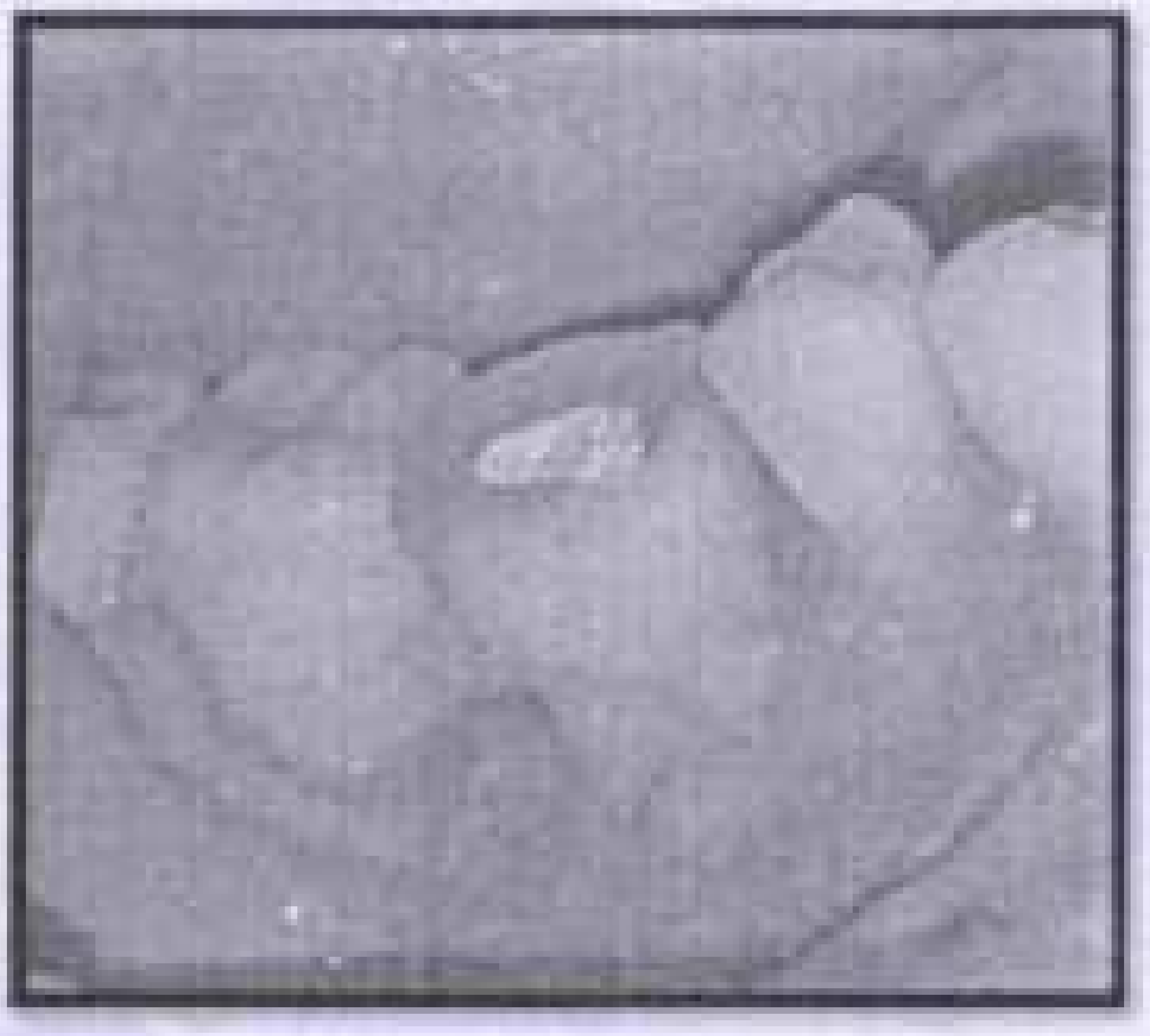


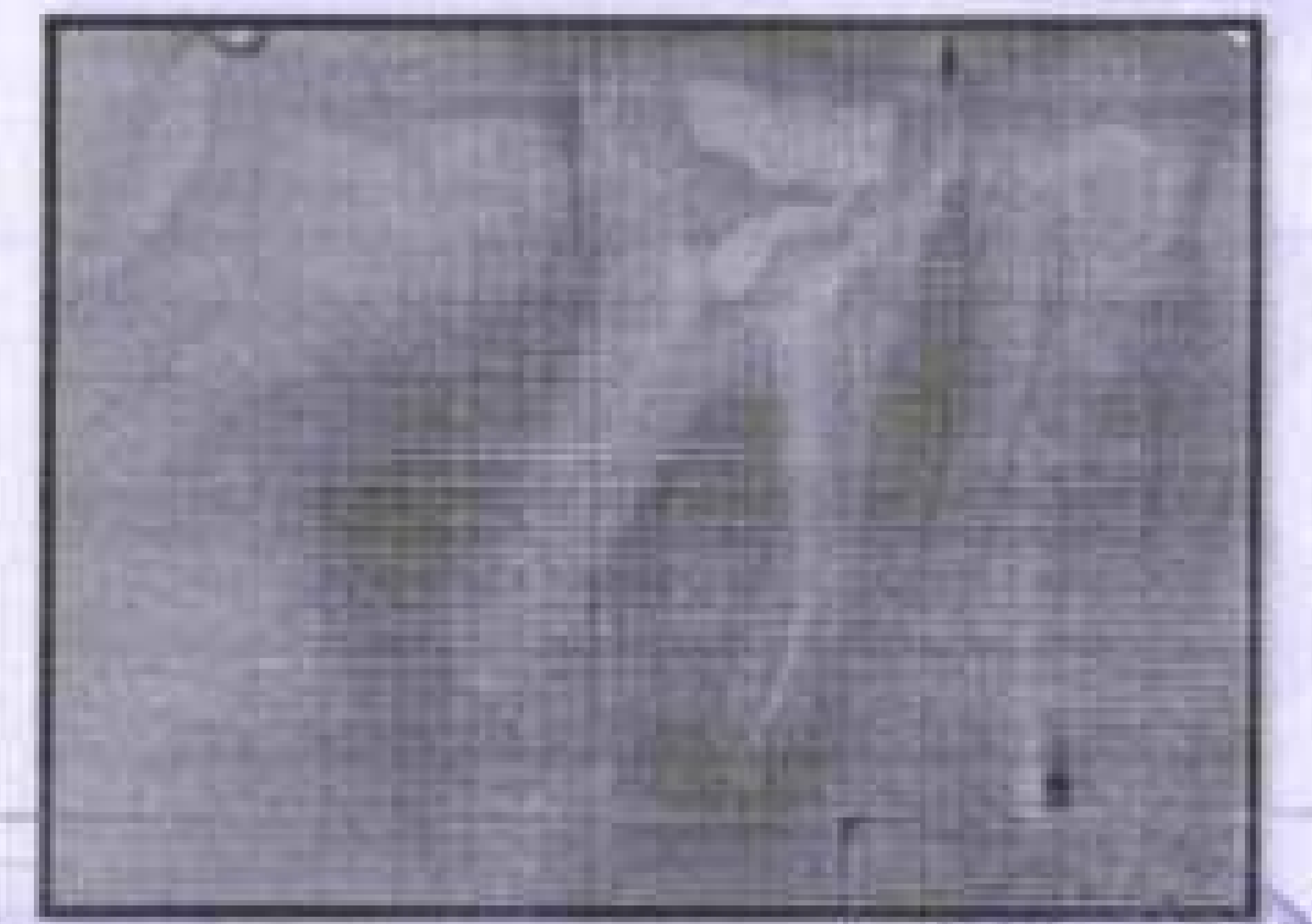
Dr. ANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam











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

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

2.3.2

INTER DISCIPLINARY LEARNING

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

INTERDISCIPLINARY POSTING FOR PG'S

REPORT

As part of its dedication to offering a comprehensive education, KMCT Dental College has continuously placed a high priority on helping students improve their creativity, analytical abilities, and innovation. Our postgraduate students were given the chance to complete peripheral postings in several higher centers as part of our interdisciplinary learning, including :

1.MCC CANCER CENTRE ,THALASERY

1.ELITE MISSION HOSPITAL ,TRISSUR

3.JUBILEE MISSION HOSPITAL ,TRISSUR.

They were also given opportunity to do interdepartmental posting and training from

1.GENERAL SURGERY – KMCT MEDICAL COLLEGE

2.EMERGENCY MEDICINE – KMCT MEDICAL COLLEGE

3.NEUROSURGERY– KMCT MEDICAL COLLEGE

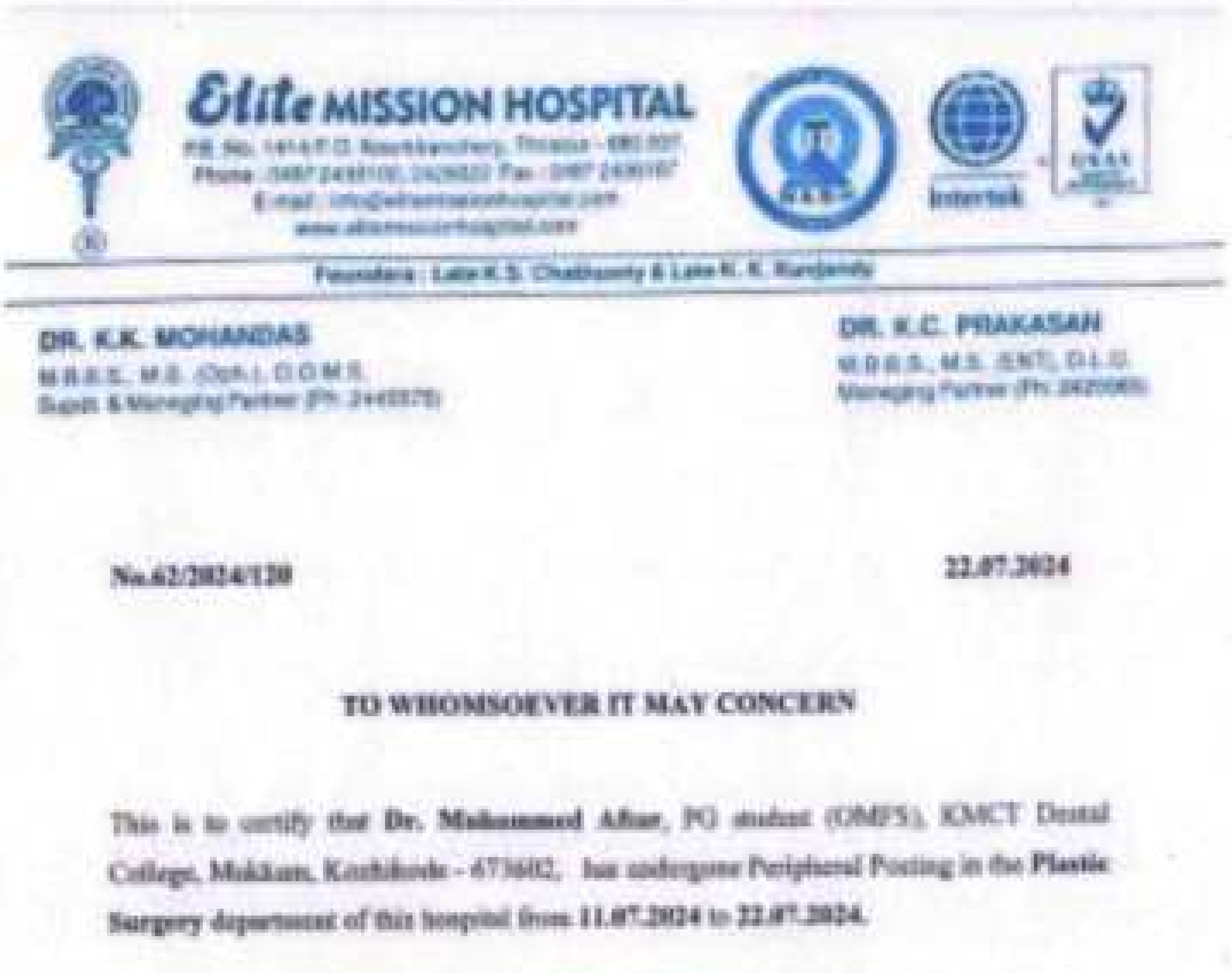
4.OPHTHALMOLOGY – KMCT MEDICAL COLLEGE

5.GENERAL MEDICINE - KMCT MEDICAL COLLEGE

6.ENT - – KMCT MEDICAL COLLEGE

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

KMCT
DENTAL COLLEGE



Elite MISSION HOSPITAL
[illegible]
Phone : [illegible] Fax : [illegible]
E-mail : [illegible]
[illegible]

Founders : Late K.S. [illegible] & Late K. K. [illegible]

DR. K.K. MOHANDAS
M.B.B.S., M.S. (Oph.), D.O.M.S.
Supdt. & Managing Partner (Ph. [illegible])

DR. K.C. PRAKASAN
M.B.B.S., M.S. (ENT), D.L.O.
Managing Partner (Ph. [illegible])

No.62/2024/120 **22.07.2024**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Mohammed Afsar**, PG student (OMFS), KMCT Dental College, Mukkam, Kozhikode - 673602, has undergone Peripheral Posting in the **Plastic Surgery** department of this hospital from **11.07.2024** to **22.07.2024.**

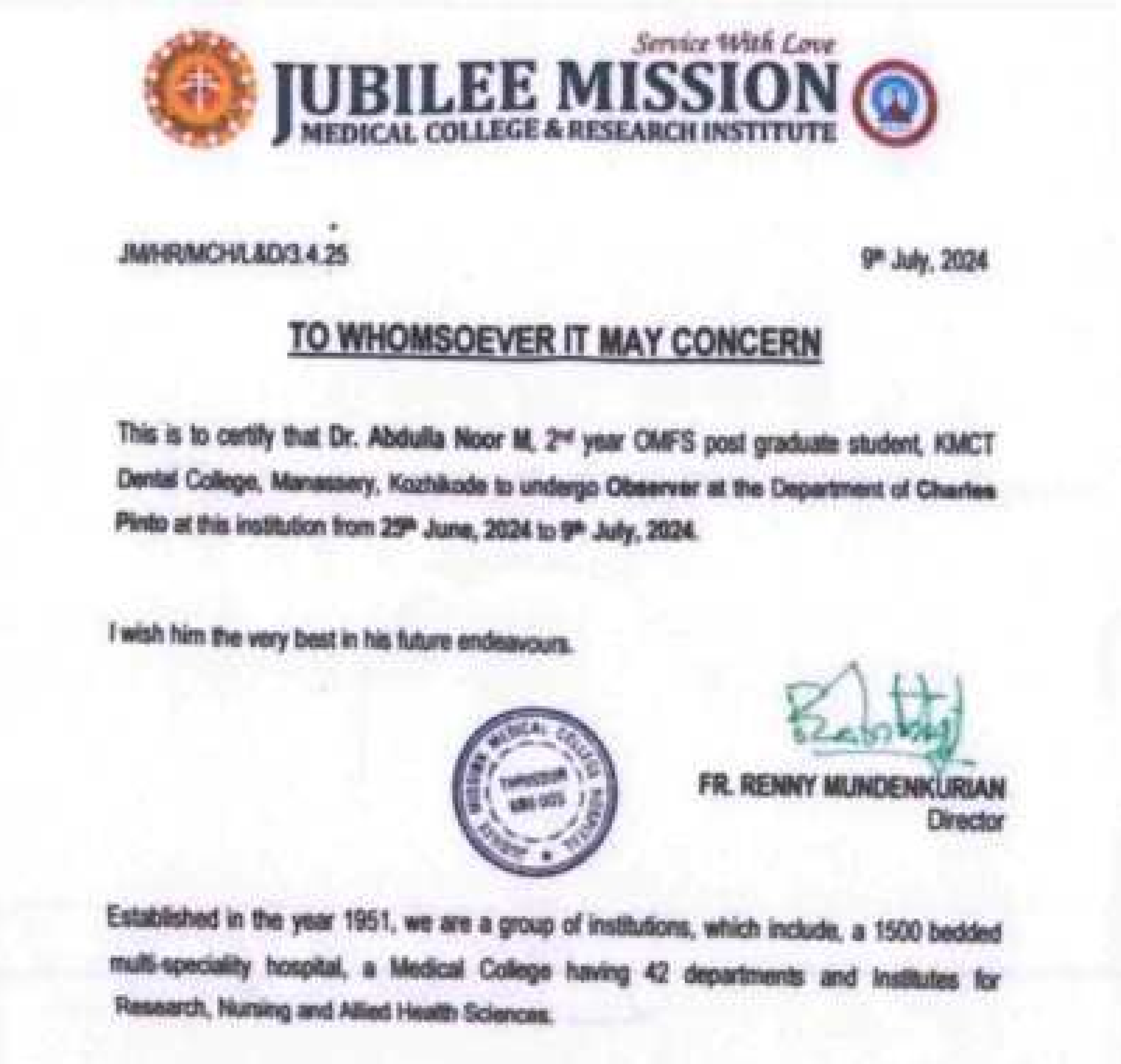
This hospital is a Multi Super Speciality Hospital with NABH and ISO 9001 – 2015 Accreditation having 300 beds.

Dr. K.K. MOHANDAS
Managing Partner

Ensuring Quality Health Care

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

KMCT
DENTAL COLLEGE



Service With Love
JUBILEE MISSION
MEDICAL COLLEGE & RESEARCH INSTITUTE

JMHR/MCH/L&D/3.4.25 9th July, 2024

TO WHOMSOEVER IT MAY CONCERN

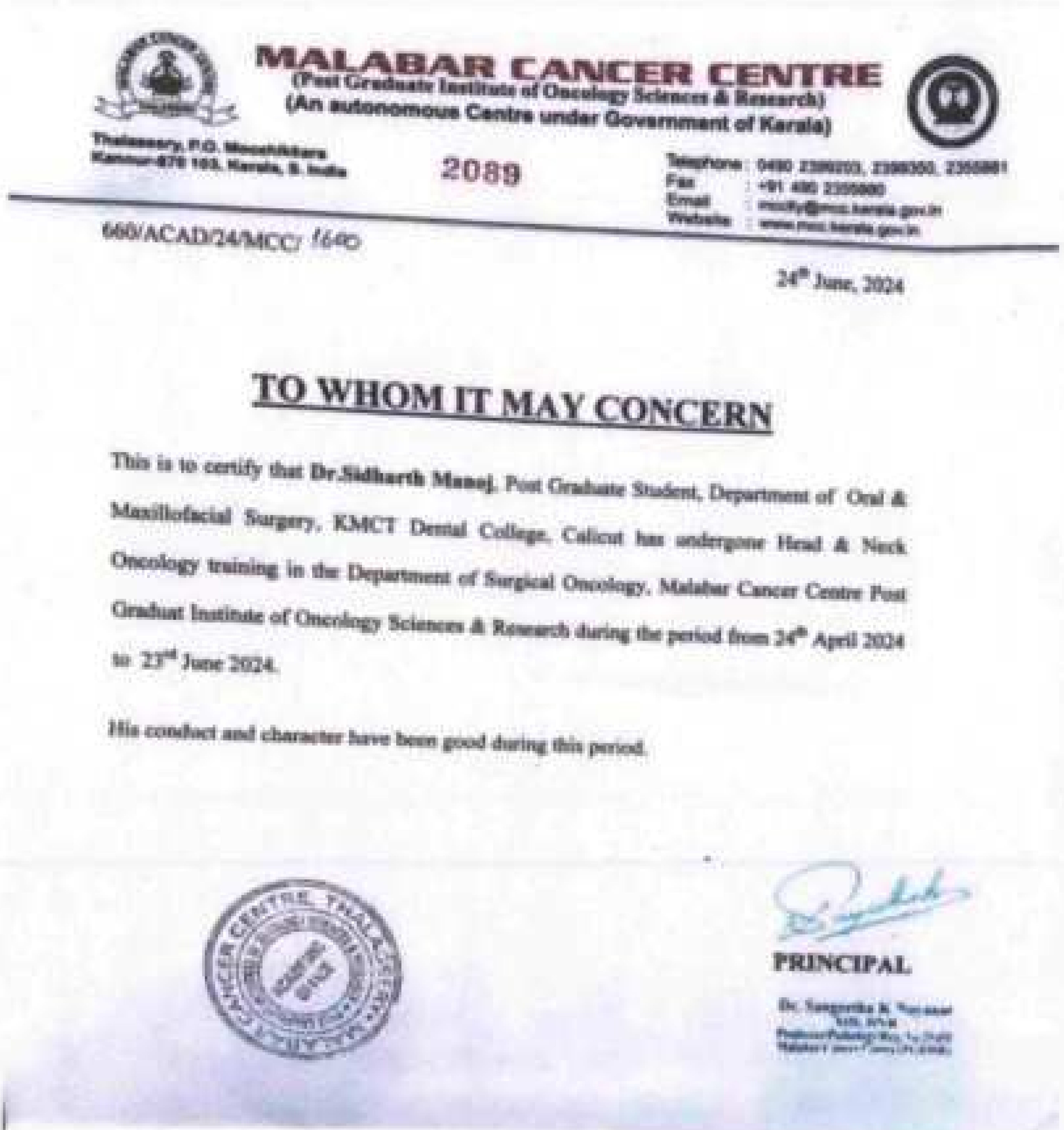
This is to certify that Dr. **Abdulla Noor M**, 2nd year OMFS post graduate student, KMCT Dental College, Manassery, Kozhikode to undergo **Observer** at the Department of **Charles Pinto** at this institution from **25th June, 2024** to **9th July, 2024.**

I wish him the very best in his future endeavours.

FR. RENNY MUNDENKURIAN
Director

Established in the year 1951, we are a group of institutions, which include, a 1500 bedded multi-speciality hospital, a Medical College having 42 departments and Institutes for Research, Nursing and Allied Health Sciences.

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



MALABAR CANCER CENTRE
(Post Graduate Institute of Oncology Sciences & Research)
(An autonomous Centre under Government of Kerala)

Thalassery, P.O. Moozhikkara
Kannur-670 103, Kerala, S. India

Telephone : 0490 2399203, 2399300, 2355881
Fax : +91 490 2355880
Email : mccty@mcc.kerala.gov.in
Website : www.mcc.kerala.gov.in

2089

660/ACAD/24/MCC/ 1640

24th June, 2024

TO WHOM IT MAY CONCERN

This is to certify that **Dr.Sidharth Manoj**, Post Graduate Student, Department of Oral & Maxillofacial Surgery, KMCT Dental College, Calicut has undergone Head & Neck Oncology training in the Department of Surgical Oncology, Malabar Cancer Centre Post Graduat Institute of Oncology Sciences & Research during the period from 24th April 2024 to 23rd June 2024.

His conduct and character have been good during this period.

PRINCIPAL

Dr. Sangeetha K. Nayanar
[illegible]

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

KMCT
DENTAL COLLEGE

Ref No : KMCT/DC/CERT/2024/24

Date: 19/01/2024

From

Dr Manoj Kumar K.P

Principal and Head of The Department

Oral and Maxillofacial Surgery

KMCT Dental College.

To,

The Medical Superintendent

KMCT Medical College.

Sir,

Sub: REQUEST FOR PERIPHERAL POSTING TENURE

As a part of the postgraduate program, hereby request you to allow our below mentioned 2nd year OMFS postgraduate students to be posted in your institute from FEBRUARY (01/02/2024) to APRIL (20/04/2024) and JULY (29/07/2024) to AUGUST (07/8/2024).

POSTING	DR ABDALLA NOOR	DR ANU KALAPPURAKKAL	DR MUHAMMED AFSAR	DR SALSABEEL ABDUL AKBAR	DR SIDHARTH MANOJ
NEURO SURGERY	1/3/24 – 15/3/24	1/4/24 – 15/4/24	17/3/24 – 31/3/24	1/3/24 – 16/3/24	16/2/24 – 1/3/24
ANESTHESIA	16/2/24 – 1/3/24	1/3/24 – 15/3/24	1/4/24 – 15/4/24	17/3/24 – 31/3/24	2/3/24 – 16/3/24
GENERAL SURGERY	2/3/24 – 16/3/24	16/2/24 – 1/3/24	1/2/24 – 15/2/24	1/4/24 – 15/4/24	17/3/24 – 31/3/24
ENT	17/3/24 – 31/3/24	2/3/24 – 16/3/24	16/2/24 – 1/3/24	1/2/24 – 15/2/24	1/4/24 – 15/4/24
EM	1/4/24 – 15/4/24	17/3/24 – 31/3/24	2/3/24 – 16/3/24	16/2/24 – 1/3/24	1/2/24 – 15/2/24
OPHTHALMOLOGY	29/7/24 – 7/8/24	22/4/24 – 1/5/24	29/7/24 – 7/8/24	22/4/24 – 1/5/24	29/7/24 – 7/8/24
RADIOLOGY	16/4/24 – 20/4/24	16/4/24 – 20/4/24	16/4/24 – 20/4/24	16/4/24 – 20/4/24	16/4/24 – 20/4/24

Thanking you

THE PRINCIPAL

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

KMCT DENTAL COLLEGE Recognised by UGC u/s 2(f), Accredited by NAAC with A+ Grade, Approved Research Centre of KUHS

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

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

ORAL AND MAXILLOFACIAL SURGERY

INTERDISCIPLINARY POSTING FOR UG'S

REPORT

As part of its dedication to delivering a comprehensive education, KMCT Dental College has continuously placed a high priority on helping students improve their creativity, analytical abilities, and innovation. Our undergraduate students had the chance to dopost at the Department of Emergency Medicine at KMCT Medical College as part of our interdisciplinary learning.

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

KMCT DENTAL COLLEGE

DEPARTMENT OF OMFS

FROM

HEAD OF THE DEPARTMENT
DEPARTMENT OF OMFS
KMCT DENTAL COLLEGE

TO

HEAD OF THE DEPARTMENT
EMERGENCY MEDICINE

Sir ,

Mandatory posting of following interns in emergency medicine is as follows
13/8/24 – 17/8/24

1.KRISHNANJANA
2.SHABINA
3.AYSHA FITHA
4.N[illegible]HALA
5.BLESSLE ROLAND

for HoD

DR MANOJ KUMAR K P
,HOD &Professor

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

KMCT
DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF OMFS

FROM
HEAD OF THE DEPARTMENT
DEPARTMENT OF OMFS
KMCT DENTAL COLLEGE

TO
HEAD OF THE DEPARTMENT
EMERGENCY MEDICINE

Sir ,

Mandatory posting of following interns in emergency medicine is as follows
02/10/24 – O7/10/24

1.ALINA
2.ANJALY
3.ANUSREE
4.NINSHIDA
5.PROSHOBHA
6.RAMESH

For HOD

DR MANOJ KUMAR K P
HOD &Professor

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

KMCT
DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF OMFS

FROM
HEAD OF THE DEPARTMENT
DEPARTMENT OF OMFS
KMCT DENTAL COLLEGE

TO
HEAD OF THE DEPARTMENT
EMERGENCY MEDICINE

Sir ,

Mandatory posting of following interns in emergency medicine is as follows
08/10/24 – 12/10/24

1.JERRY MOL
2.GRACE
3.NANDANA
4.ATHIRA R
5.DEVIKA B
6.ANJITHA D

DR MANOJ KUMAR K P
HOD &Professor

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

KMCT
DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF OMFS

FROM
HEAD OF THE DEPARTMENT
DEPARTMENT OF OMFS
KMCT DENTAL COLLEGE

TO
HEAD OF THE DEPARTMENT
EMERGENCY MEDICINE

Sir ,

Mandatory posting of following interns in emergency medicine is as follows 26/6/24 – 01/07/24

1.SREENIDHA
2.SAHLA
3.KHADEEJA
4.ZAHRA
5.FATHIMA MUHAMMED NIZAR

fw HOD

DR MANOJ KUMAR K P
HOD &Professor

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

KMCT
DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF OMFS

FROM
HEAD OF THE DEPARTMENT
DEPARTMENT OF OMFS
KMCT DENTAL COLLEGE

TO
HEAD OF THE DEPARTMENT
EMERGENCY MEDICINE

Sir ,

Mandatory posting of following interns in emergency medicine is as follows
20/6/24 – 26/6/24

1.AKHIL THOMAS
2. JAHZA
3.JEENA
4.AALIYA
5.ALFIYA

For HoD

DR MANOJ KUMAR K P
HOD &Professor

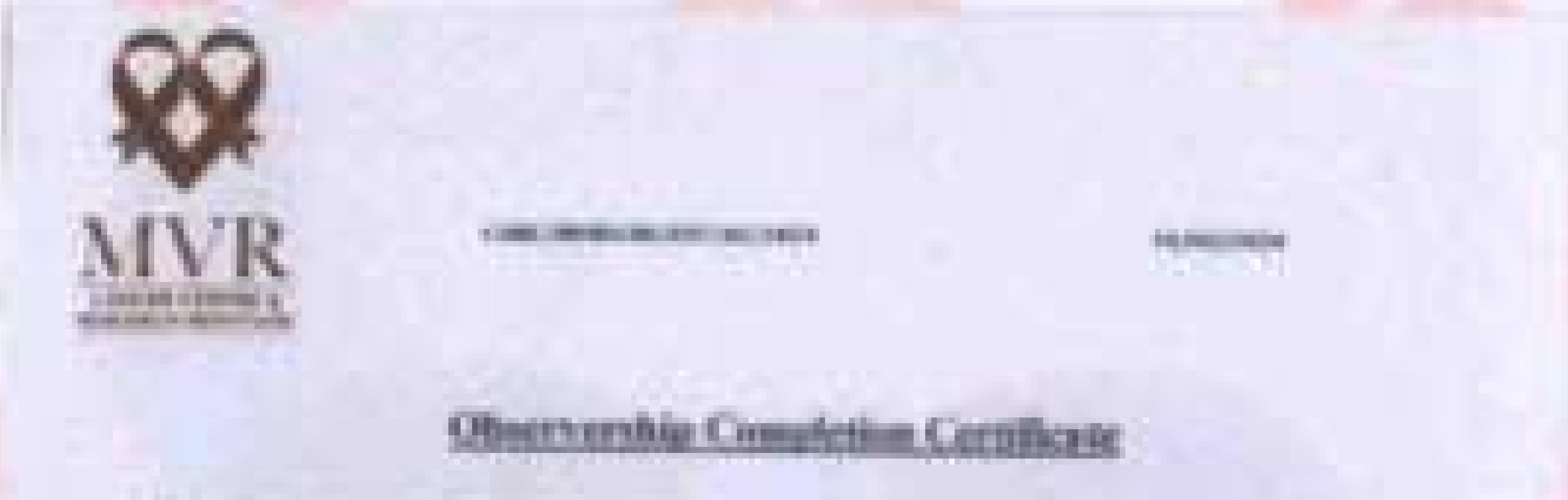
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

II. INTEGRATED/INTERDESCIPLINARY LEARNING

1. Observership:

REPORT

3rd year Post graduate students from Department of Oral Pathology and Microbiology, KMCT Dental college are attending observership at Department of Pathology, MVR Cancer centre & Research Institute, Calicut, Kerala; every year. Dr Akhila Stanly, 3rd year Post graduate student has successfully completed observership from 29th January to 12th February 2024.



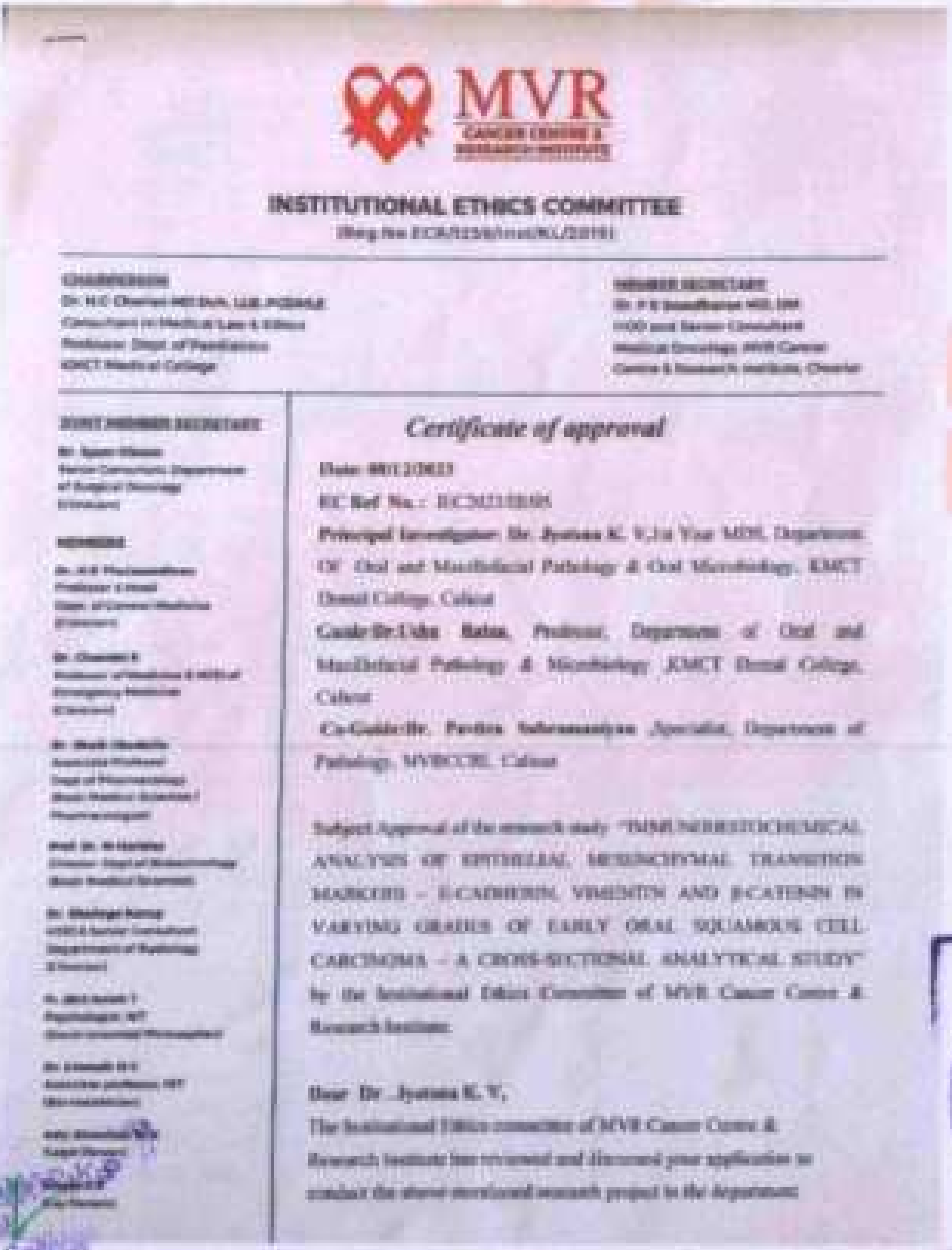
Observership Completion Certificate

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

2. Collaborative Research work:

REPORT

Dr Jyotsna K V, 2nd year Post graduate student from Department of Oral Pathology and Microbiology, KMCT Dental college is collaborating with Department of Pathology, MVR Cancer centre & Research Institute, Calicut, Kerala; for her research work(thesis).



MVR
CANCER CENTRE & RESEARCH INSTITUTE

INSTITUTIONAL ETHICS COMMITTEE

Certificate of approval

Date: [illegible]

EC Ref No.: [illegible]

Principal Investigator: Dr. Jyotsna K. V, 1st Year MDS, Department Of Oral and Maxillofacial Pathology & Oral Microbiology, KMCT Dental College, Calicut

Guide: Dr. Usha Babu, Professor, Department of Oral and Maxillofacial Pathology & Microbiology, KMCT Dental College, Calicut

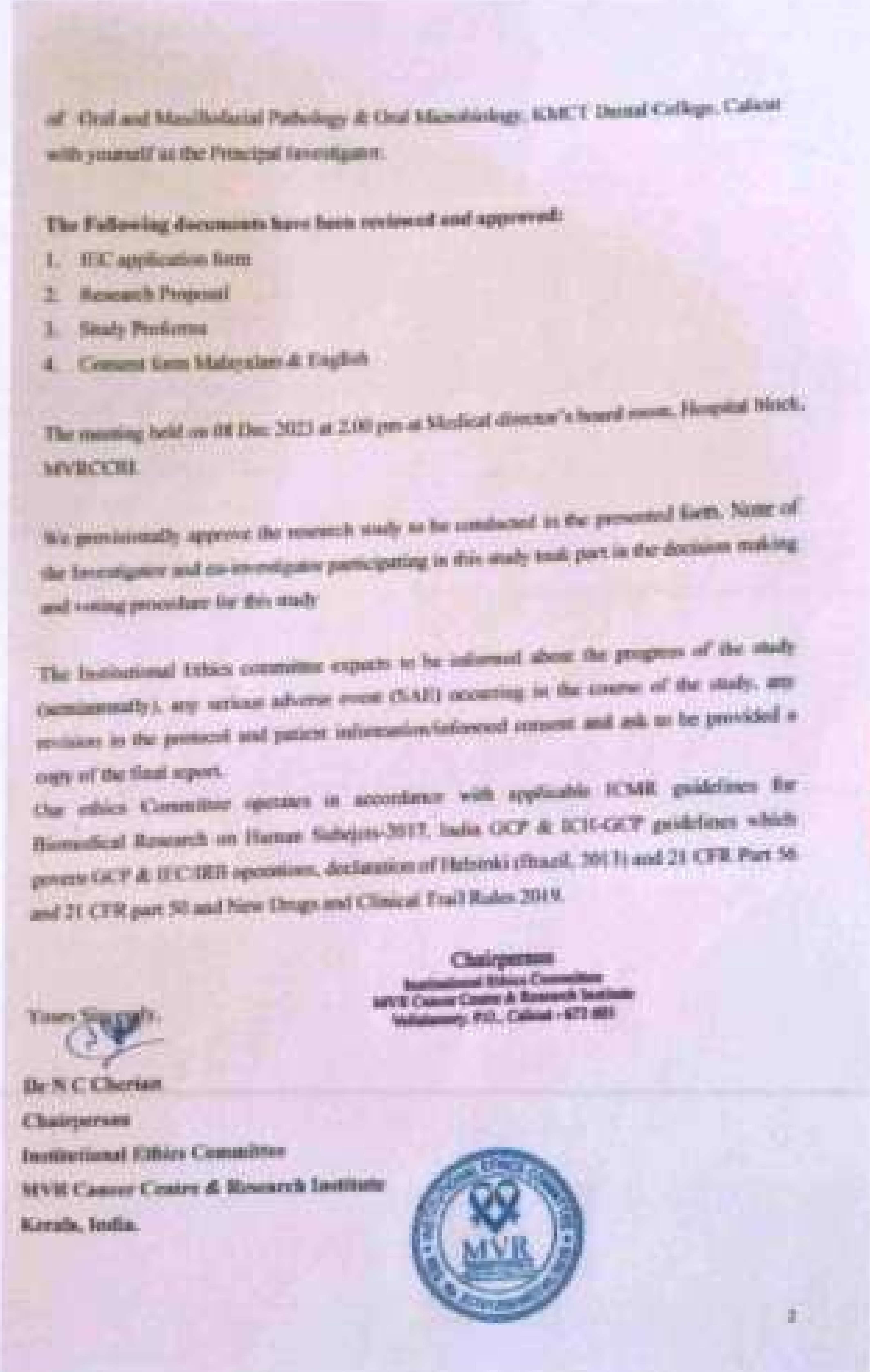
Co-Guide: Dr. Pavitra Subramanyan, Specialist, Department of Pathology, MVRCCRI, Calicut

Subject: Approval of the research study "IMMUNOHISTOCHEMICAL ANALYSIS OF EPITHELIAL MESENCHYMAL TRANSITION MARKERS – E-CADHERIN, VIMENTIN AND β-CATENIN IN VARYING GRADES OF EARLY ORAL SQUAMOUS CELL CARCINOMA – A CROSS-SECTIONAL ANALYTICAL STUDY" by the Institutional Ethics Committee of MVR Cancer Centre & Research Institute.

Dear Dr. Jyotsna K. V,

The Institutional Ethics committee of MVR Cancer Centre & Research Institute has reviewed and discussed your application to conduct the above mentioned research project in the department

Dr. [illegible]
Principal
KMCT Dental College
Manassery, Mukkam



of Oral and Maxillofacial Pathology & Oral Microbiology, KMCT Dental College, Calicut with yourself as the Principal Investigator.

The Following documents have been reviewed and approved:

1. IEC application form
2. Research Proposal
3. Study Proforma
4. Consent form Malayalam & English

The meeting held on 08 Dec 2023 at 2.00 pm at Medical director's board room, Hospital block, MVRCCRI.

We provisionally approve the research study to be conducted in the presented form. None of the Investigator and co-investigator participating in this study took part in the decision making and voting procedure for this study

The Institutional Ethics committee expects to be informed about the progress of the study (semiannually), any serious adverse event (SAE) occurring in the course of the study, any revision in the protocol and patient information/informed consent and ask to be provided a copy of the final report.

Our ethics Committee operates in accordance with applicable ICMR guidelines for Biomedical Research on Human Subjects-2017, India GCP & ICH-GCP guidelines which govern GCP & IEC/IRB operations, declaration of Helsinki (Brazil, 2013) and 21 CFR Part 56 and 21 CFR part 50 and New Drugs and Clinical Trail Rules 2019.

Chairperson
Institutional Ethics Committee
MVR Cancer Centre & Research Institute
Vellalassery, P.O., Calicut - 673 601

Yours Sincerely,

Dr N C Cherian
Chairperson
Institutional Ethics Committee
MVR Cancer Centre & Research Institute
Kerala, India.

MVR

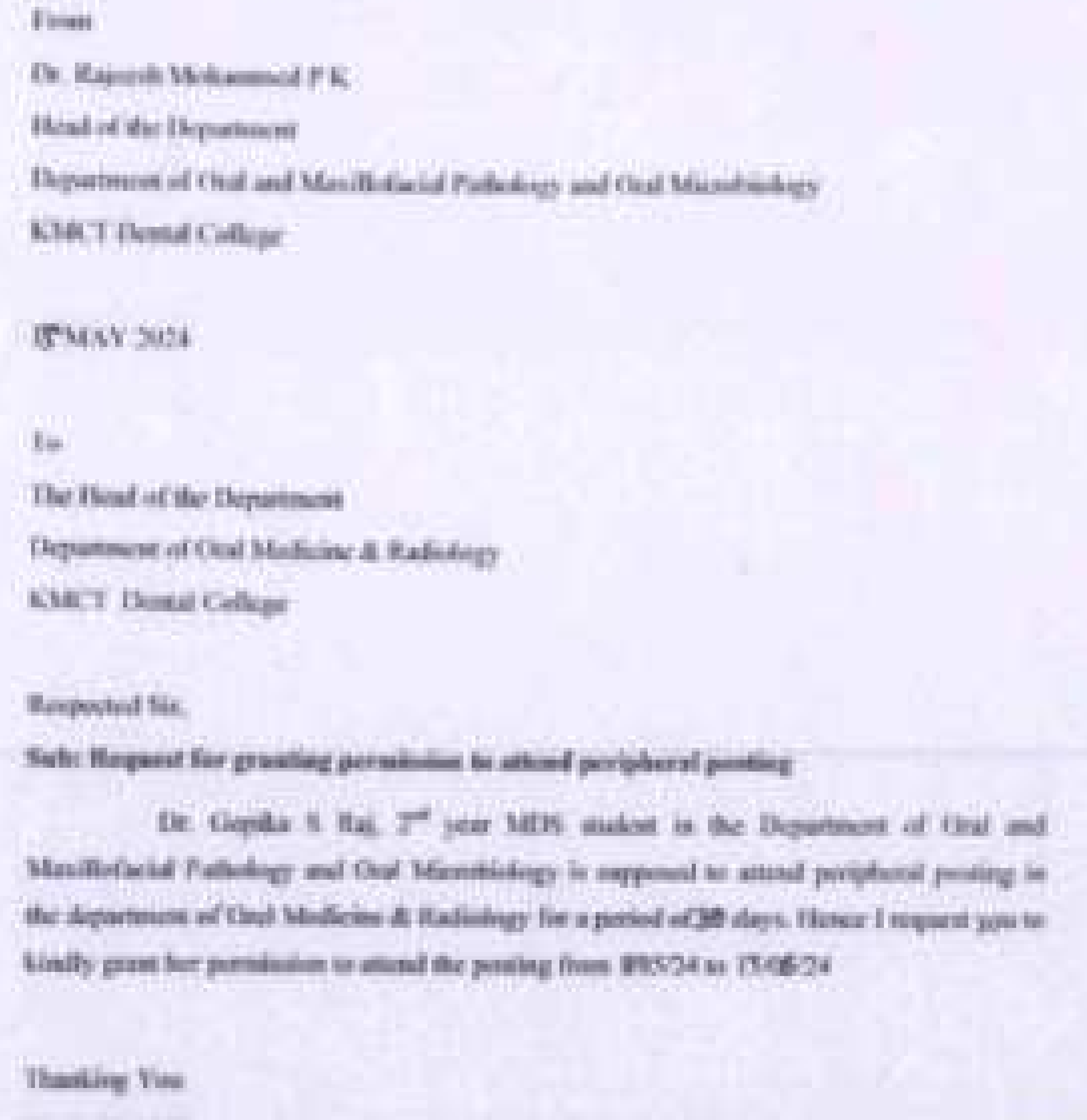
2

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

3. Interdepartmental posting:

REPORT

The post graduate students of Department of Oral Pathology and Microbiology are instructed to attend interdepartmental posting for 30 days at Department of Oral medicine and radiology and 15days posting at Dermatology as part of their PG Curriculum. Students are benefitted by the vast clinical exposure which will help them to improve their knowledge and case diagnosing skills.



From
Dr. Rajeesh Mohammed P K
Head of the Department
Department of Oral and Maxillofacial Pathology and Oral Microbiology
KMCT Dental College

[illegible] MAY 2024

To
The Head of the Department
Department of Oral Medicine & Radiology
KMCT Dental College

Respected Sir,

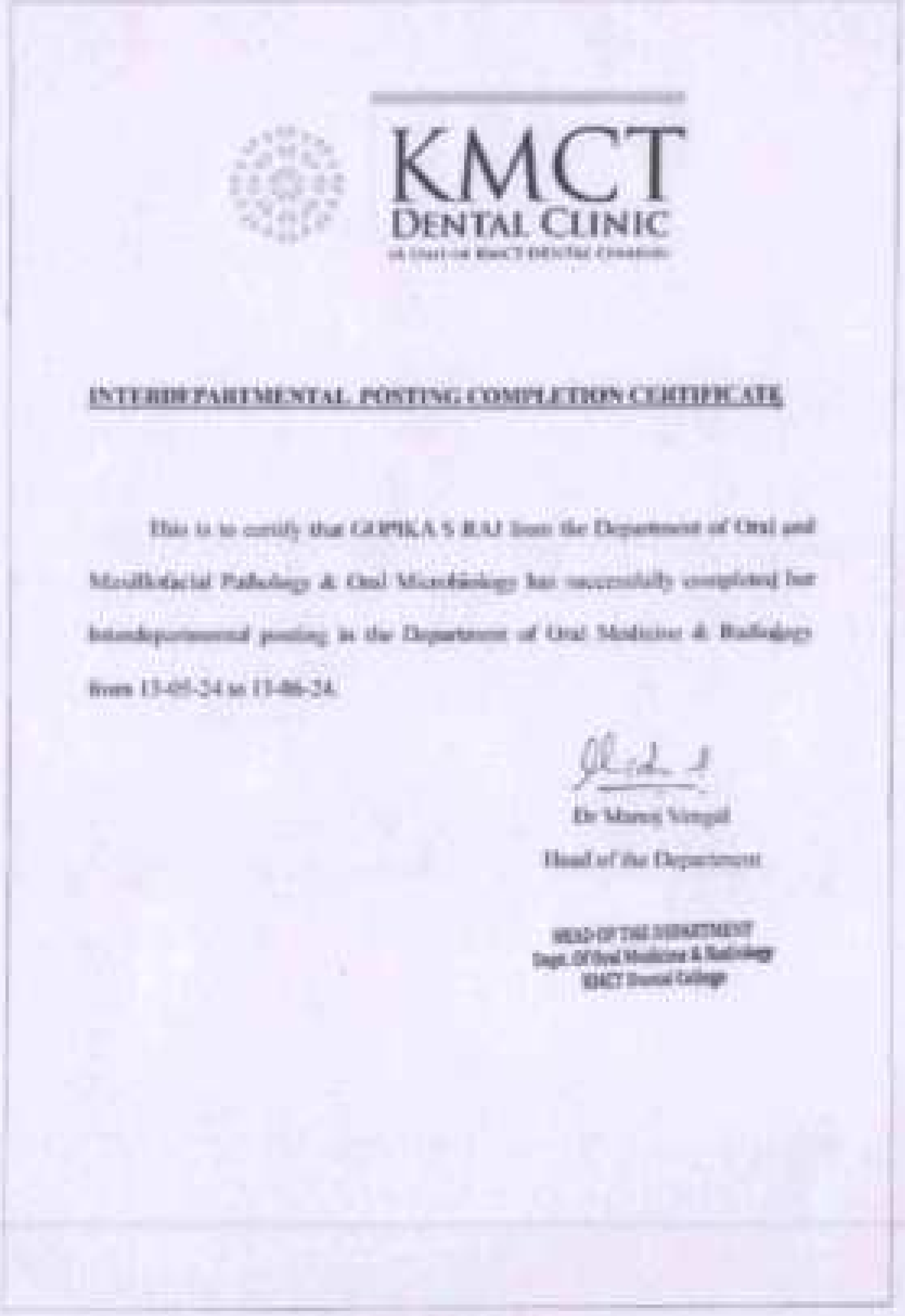
Sub: Request for granting permission to attend peripheral posting

Dr. Gopika S Raj, 2nd year MDS student in the Department of Oral and Maxillofacial Pathology and Oral Microbiology is supposed to attend peripheral posting in the department of Oral Medicine & Radiology for a period of 30 days. Hence I request you to kindly grant her permission to attend the posting from [illegible] to [illegible]

Thanking You
Yours faithfully
Dr Rajeesh Mohammed P K

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

KMCT
DENTAL COLLEGE



KMCT
DENTAL CLINIC

INTERDEPARTMENTAL POSTING COMPLETION CERTIFICATE

This is to certify that GOPIKA S RAJ from the Department of Oral and Maxillofacial Pathology & Oral Microbiology has successfully completed her Interdepartmental posting in the Department of Oral Medicine & Radiology from 13-05-24 to 13-06-24.

Dr Manoj Vengal
Head of the Department

HEAD OF THE DEPARTMENT
Dept. Of Oral Medicine & Radiology
KMCT Dental College

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

KMCT
DENTAL COLLEGE

POSTING LETTER

Dr Rajeesh Mohammed
Head of the department
Department of Oral Pathology & Microbiology
KMCT Dental College

25th March 2024

The Head of Department
Department of Dermatology
KMCT Medical College

Respected Madam,

Subject: Request for granting permission to attend peripheral postings

Dr Lakshmi Priya Reghu IInd year MDS student in the department of Oral Pathology and Microbiology is supposed to attend peripheral posting in the department of Dermatology for a period of 15days. Hence I request you to kindly grant her permission to attend the posting from 25/03/2024 to 10/04/2024.

Thanking you.

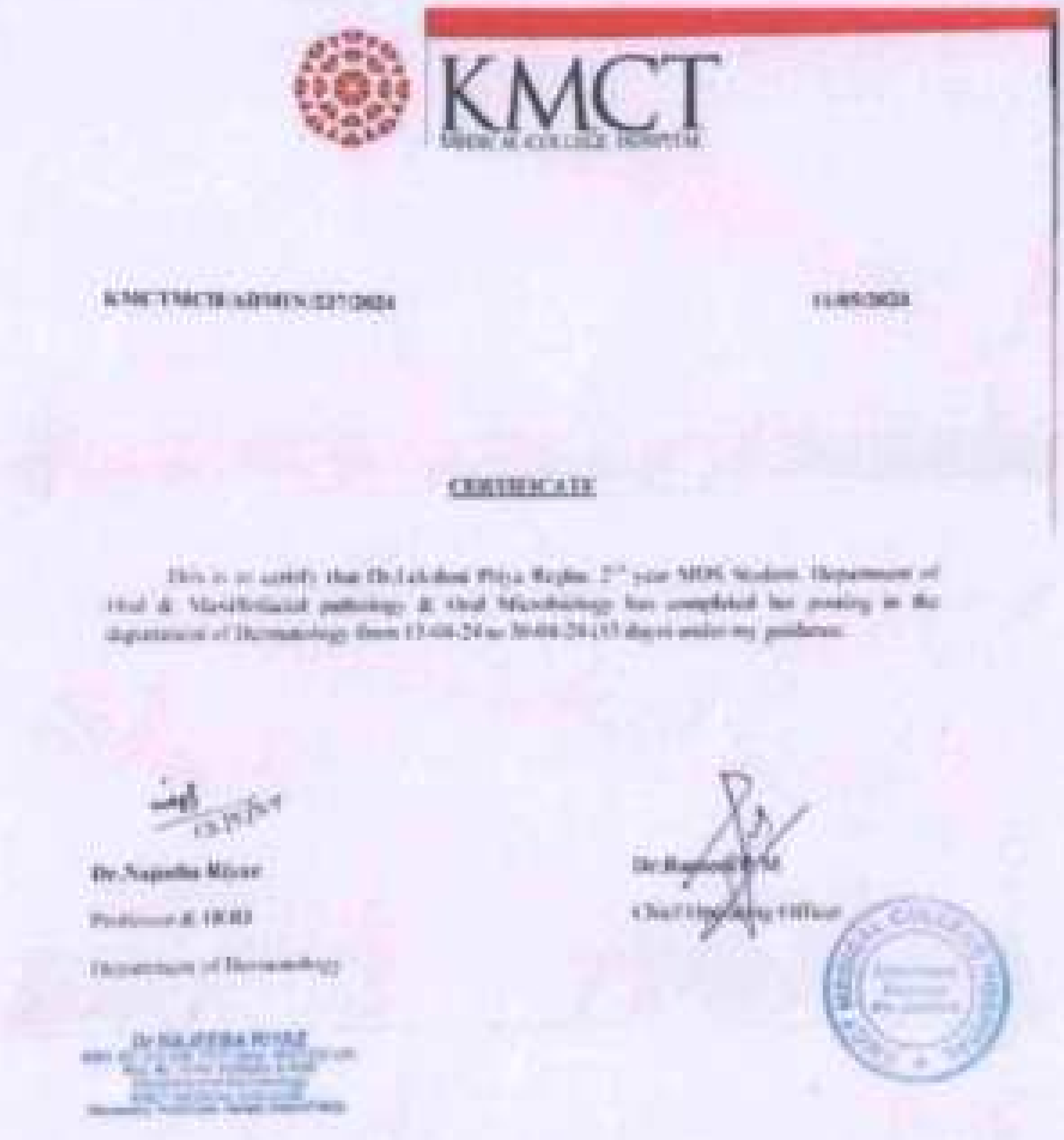
Yours sincerely,

Dr Rajeesh Mohammed

Head of the Department
Oral Pathology & Microbiology
KMCT Dental College, Calicut

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

KMCT
DENTAL COLLEGE



KMCT
MEDICAL COLLEGE HOSPITAL

[illegible]   11/05/2024

CERTIFICATE

This is to certify that Dr.Lakshmi Priya Regha, 2nd year MDS Student, Department of Oral & Maxillofacial pathology & Oral Microbiology has completed her posting in the department of Dermatology from 15-04-24 to 30-04-24 (15 days) under my guidance.

Dr.Najeeba Riyaz
Professor & HOD
Department of Dermatology

Dr NAJEEBA RIYAZ

Dr.Ragesh [illegible]
Chief Operating Officer

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

4. Clinico pathologic club:

REPORT

Clinico-Pathologic Club has been conducted in our institution every month from each department in a rotatory manner by their Post graduate students. Interesting cases and its treatment outcome, rare cases of pathologic interests and review papers also gets presented in the session followed by interesting discussion session by all faculties and students.

Department of Oral Pathology and Microbiology have conducted CPC on 15/12/2023 from 8.30am to 9.30am at Mini auditorium. Dr Lekshmipriya Reghu, 2nd year Post graduate student, Department of Oral Pathology and Microbiology has welcomed the gathering. Two interesting cases were presented by Dr Akhila Stanly S and Dr Sabeenath, 3rd year PG students on the topic "Diagnostic perplexity in histopathology". Dr Manoj Kumar K P, Principal, KMCT Dental college has given the principal address and it was followed by question-and-answer session. All staffs and PG students have actively participated in the same. The session ended with vote of thanks which was delivered by CPC Co-ordinator Dr Swapna Honwad, Reader, Department of Oral Pathology and Microbiology. Total of 88 participants have attended the session.

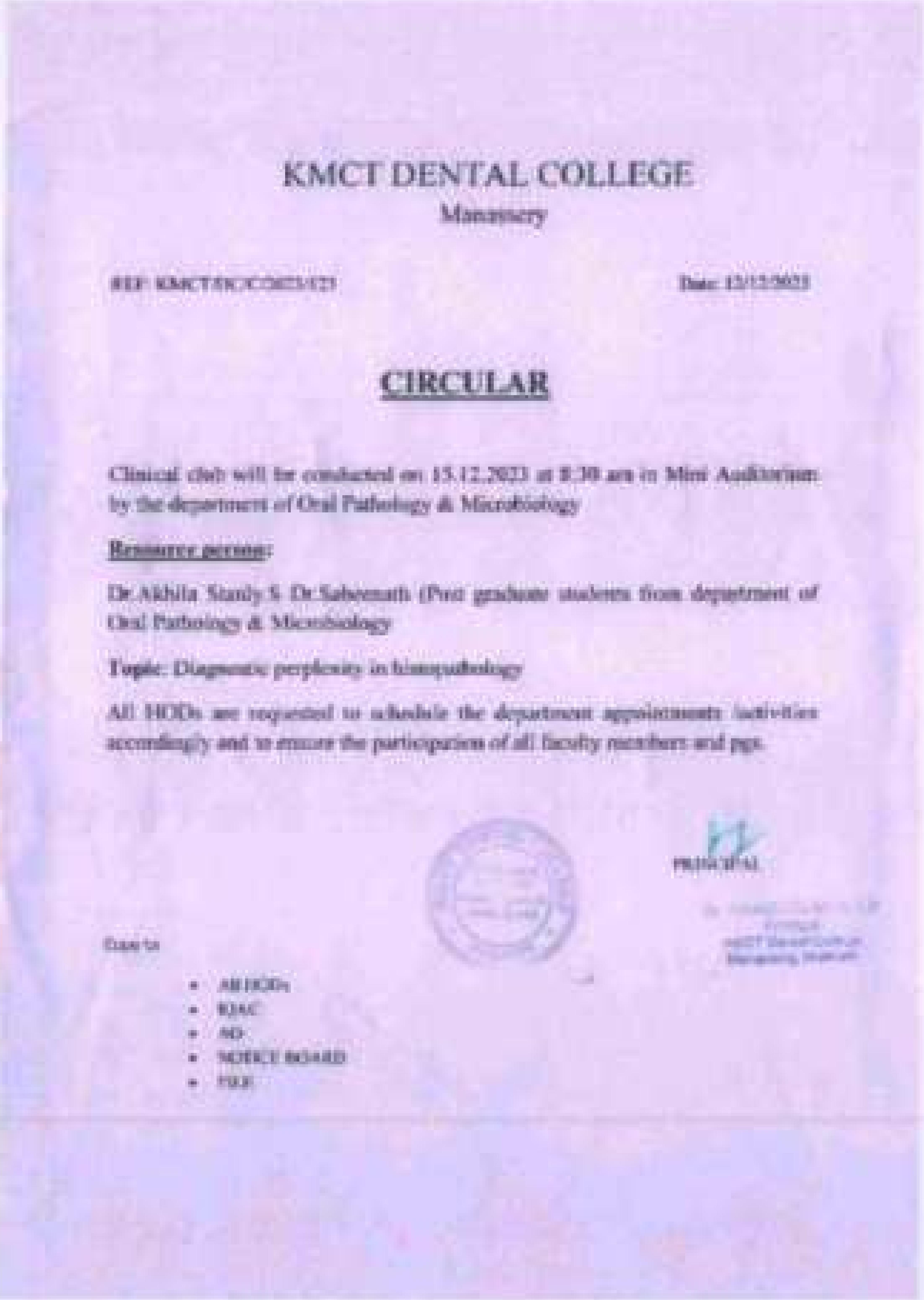
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

Thazhecode,KL,India
Kozhikode, Thazhecode, 673602, KL, India
Lat 11.326464, Long 75.971774
12/15/2023 08:59 AM GMT+05:30
Note : Captured by GPS Map Camera

- Case presentation during Clinic Pathological Club by Dr Sabeenath (3rd year PG student)

- Case presentation during Clinic Pathological Club by Dr Akhila Stanly (3rd year PG student)

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



KMCT DENTAL COLLEGE

Manassery

REF: KMCT/DC/C/2023/[illegible]

Date: 12/12/2023

CIRCULAR

Clinical club will be conducted on 15.12.2023 at 8:30 am in Mini Auditorium by the department of Oral Pathology & Microbiology

Resource persons:

Dr.Akhila Stanly & Dr.Saheenath (Post graduate students from department of Oral Pathology & Microbiology

Topic: Diagnostic perplexity in histopathology

All HODs are requested to schedule the department appointments /activities accordingly and to ensure the participation of all faculty members and pgs.

PRINCIPAL

Copy to

- All HODs
- IQAC
- AO
- NOTICE BOARD
- FILE

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

Attendance list:

Diagnostic perplexity in histopathology.

Dept of oral pathology & microbiology. 15-12-23

	NAME	DEPT	SIGN
1	Dr. Manoj kumar	OMFS.	
2	Dr. Manoj Varma	OMR	
3	Dr. Ashik KR	OMR	
4	Dr [illegible]	OMR	
5	Dr. HAREESH K	ORAL PATHOLOGY	
6	Dr HARISH KUMAR V.V	PERIO	
7	Dr. ANITHA VARKEY	Perio	
8	Dr Aparna TK	Perio	
9	Dr Neena George	Perio	
10	Dr. Sitha Balan	Oral Path	
11	Dr. Ranjith H	Prostho	
12	Dr. [illegible]	Cons/Endo	
13	Dr George [illegible]	Pedo	
14	Dr SREESH K	Cons/Endo	
15	Dr. Rohit Mathew	Cons/Endo	
16	Dr [illegible] G	Oral medicine	
17	Dr Swapna V.K	Cons & Endo	
18	Dr. Kavya Balaram	Cons & Endo	
19	Dr. [illegible]	Cons & Endo	
20	[illegible] P	Prosthodontics	
21	Chandana CN	Prosthodontics	
22	[illegible] T Sathyan	Prosthodontics	
23	Gopika Jayachandran	Prosthodontics	
24	Dr. Rithu	Periodontics	
25	Dr. Aswathi	"	
26	Dr. Ahad [illegible]	"	
27	Dr. Athira	"	
28	Dr. Vidhu	"	
29	Dr. [illegible]	"	
30	Dr. [illegible]	"	
31	Dr. Rakhi	"	
32	Dr. [illegible]	"	

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

Page:
Date:

33	Dr Farsila	OMR	
34	Dr Athulya	OMR	
35	Dr Hema	OMR	
36	Dr Shabla	OMR	
37	Akhil Thomas	[illegible]	
38	Dr Haji Ulagam	Cons & Endo	
39	Dr Shaitha Fasla M.	OMR	
40	Dr MALLIKA K.T.	OMR	
41	Dr AFRIN A.R.	PEDO	
42	Dr HARSHANA		
43	Dr [illegible] ANANDITA		
44	Dr Nimmy	[illegible]	
45	Dr Hijaz		
46	Dr Khadeeja		
47	Dr Muhd Mukthar	Ortho	
48	Dr Rashida	Ortho	
49	Dr Fasila		
50	Dr Anila Ashik		
[illegible]	~~George~~		
51	Dr Aleena	Pedo	
52	Dr Anju L		
53	Dr Anjana T.K.		
54	Dr Naija		
55	Dr Geethu		
56	Dr Shamna		
57	Dr Ramya		
58	Dr Aleena		
59	Dr Aiswarya		
60	Dr Aleena		
61	Dr Hamna		
62	Dr Bini K.K	Ortho	
63	Dr Hijas	Ortho	
64	Dr Vinduda	Ortho	

Cont

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

65 Dr. [illegible]	[illegible]	
66 Dr. [illegible]	OMFS	
67 Dr. Vipin		
68 Dr. Sabin		
69 Dr. [illegible]		
70 Dr Nikitha R	Cons & Endo	
71 Dr. Vibin V K.	"	
72 Dr Sneha C.	"	
73 Dr Arun Paul	PHD	
74 Dr. Sreejina. C	PROSTHO	
75 Dr [illegible] H	op	
76 DR SAJIL	OMFS	
77 DR. NICHOLAS	[illegible]	
78 Rajesh	OP	
79 Dr. Sonny GM	ⓞ	
80 Dr. Deepthi	OP	
81 Dr. Athira K	OP	
82 Dr. Rahmi A	Oral path	
83 Dr Gopika S Raj	OP	
84 Dr Lakshmi Priya Raju	OP	
85 Dr Jyothsna K V	OP	
86 Dr Sabarinath	OP	
87 Dr Nikitha Stanly	OP	
88 Dr Shamla	OP	

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

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

INTERDISCIPLINARY LEARNING

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY
CLINICOPATHOLOGICAL CLUB REPORT

DATE:09/07/2023
VENUE: MINI AUDITORIUM

Clinico pathological club was conducted on the topic 'KNOT THE SNORT- [illegible] Clinicopathological club began with a welcome speech given by Department Professor, Dr. Marium Raheema. The presentations were done by final year post graduate students of department of pediatric and preventive dentistry. Introduction to Sleep Apnoea and Health implications was covered by Dr.Shemna, Screening, Diagnosis and Role of dentist in identifying sleep apnoea was covered by Dr.Laya, Management of sleep apnoea and conclusion [illegible] The programme was conducted from 8:30 to 9:30 [illegible] mini auditorium, KMCT Dental college, Manassery [illegible] participants including HODs, PGs and [illegible] of all departments attended the programme [illegible] sleep apnoea and its health implications.

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

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

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

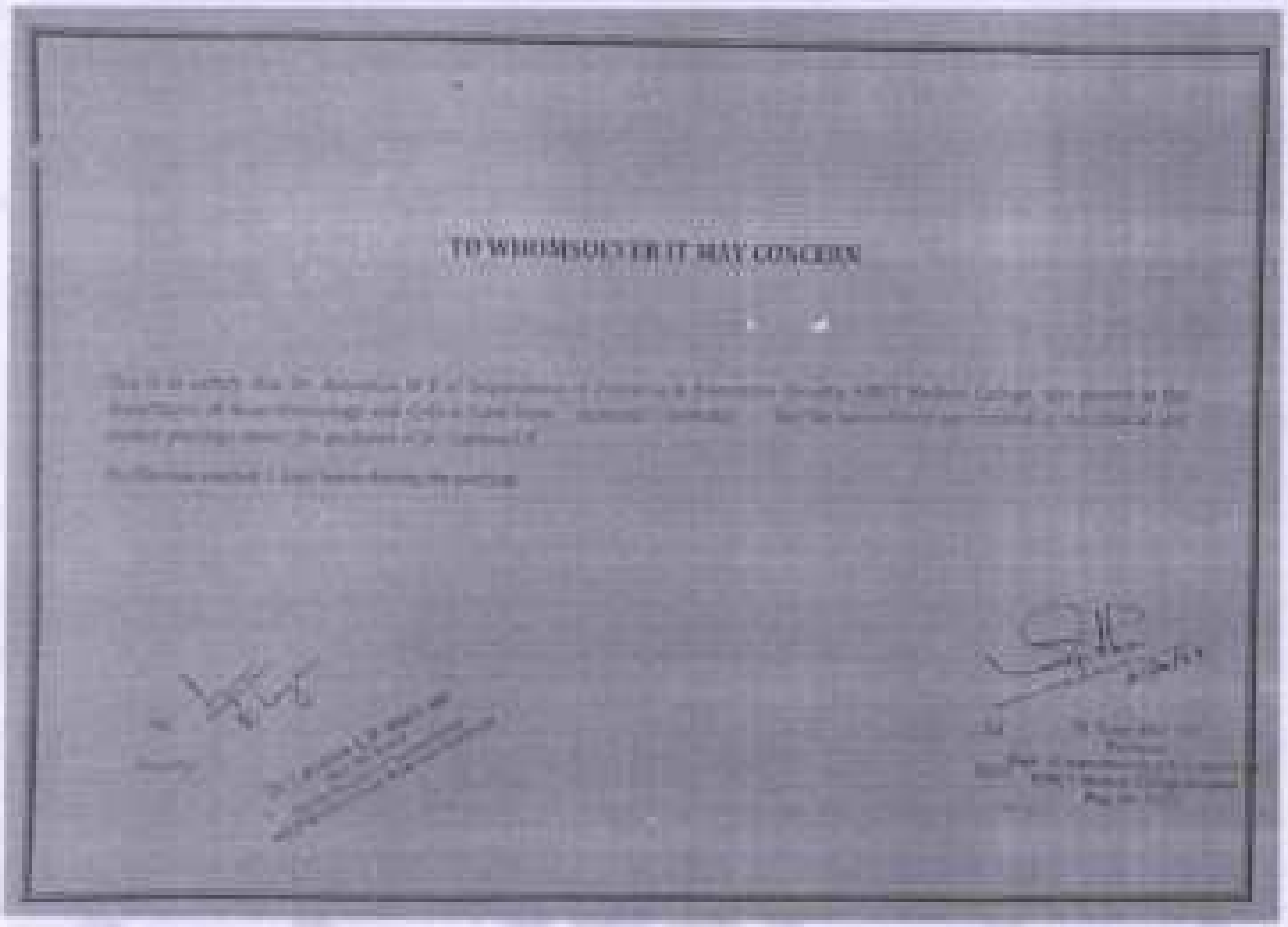
DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

INTERDEPARTMENT POSTINGS FOR POST GRADUATES IN THE DEPT OF PEDIATRICS AND DEPT OF ANESTHESIA

As part of postgraduate curriculum, PG students had the opportunity to undergo interdepartmental postings in the Department of Pediatrics and Anesthesia department, KMCT Medical college and Hospital. These postings provided an invaluable platform to gain comprehensive knowledge and experience in Pediatric medical conditions and Anesthesia. The interdisciplinary collaboration helped in understanding the unique challenges and approaches in pediatric patient care and perioperative anesthesia management.

DEPT OF ANESTHESIA

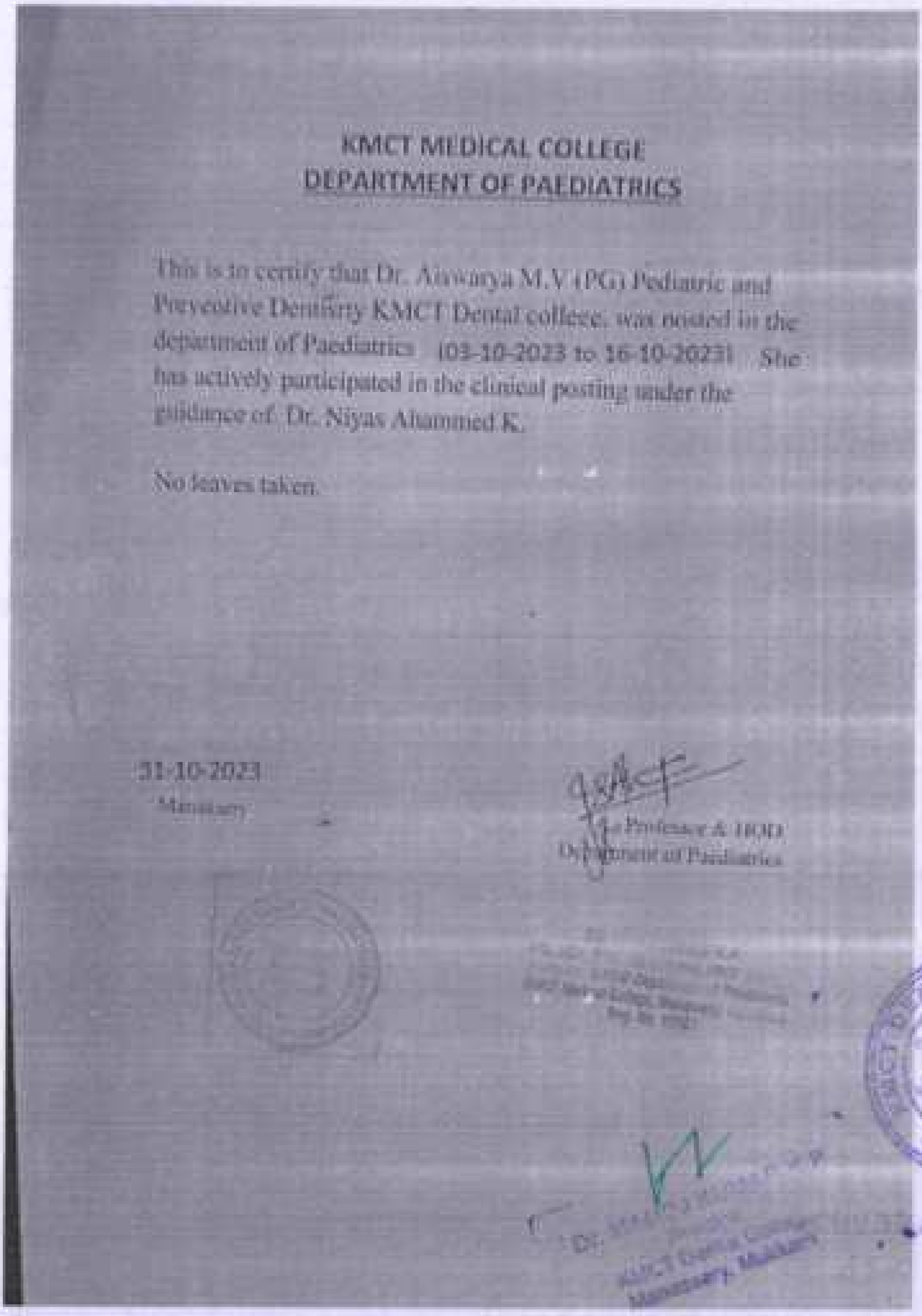
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



TO WHOMSOEVER IT MAY CONCERN

DEPT OF PEDIATRICS

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



KMCT MEDICAL COLLEGE
DEPARTMENT OF PAEDIATRICS

This is to certify that Dr. Aiswarya M.V (PG) Pediatric and Preventive Dentistry KMCT Dental college, was posted in the department of Paediatrics (03-10-2023 to 16-10-2023) She has actively participated in the clinical posting under the guidance of Dr. Niyas Ahammed K.

No leaves taken.

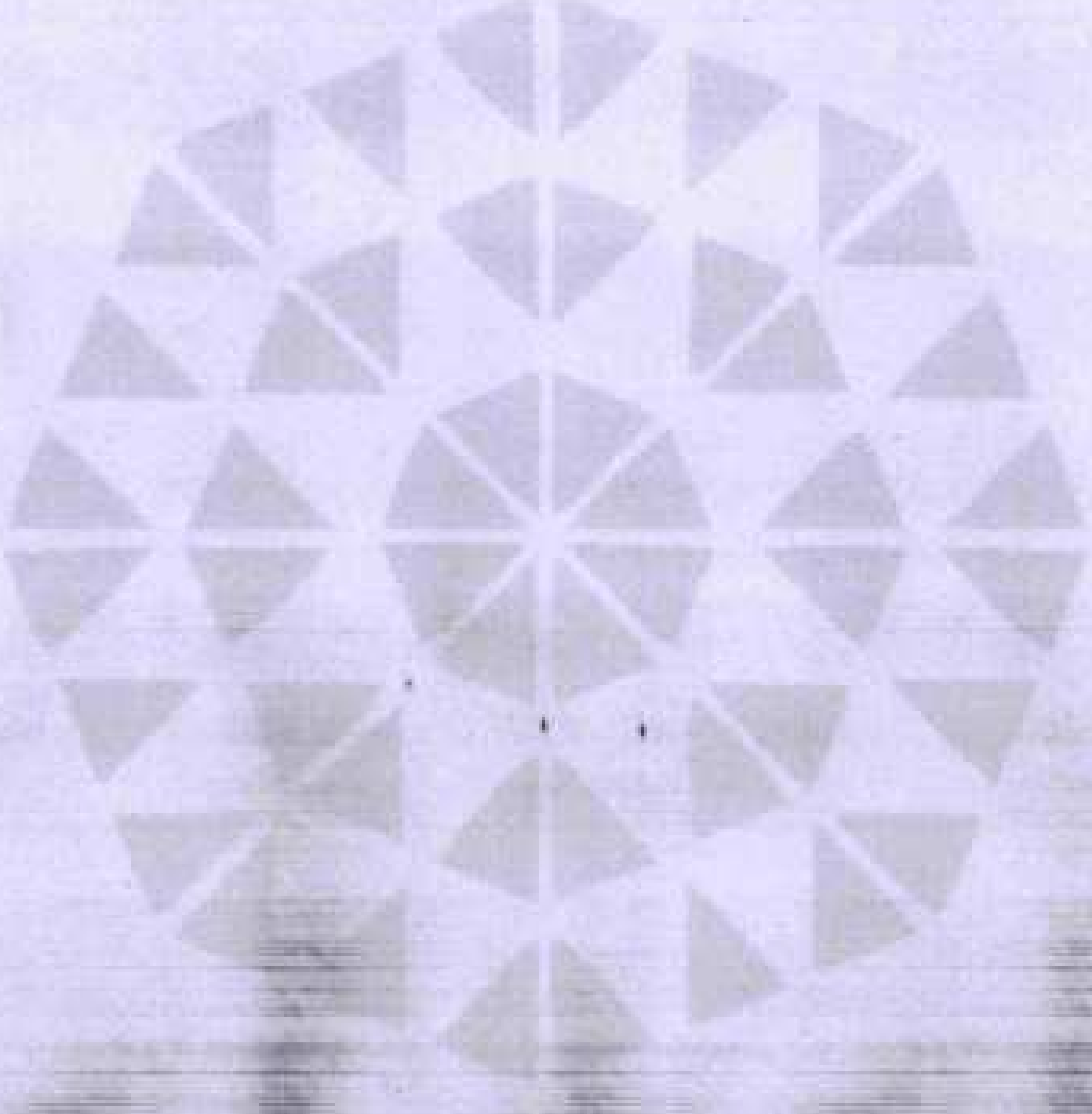
31-10-2023
Manassery

Professor & HOD
Department of Paediatrics

Dr. [illegible]
[illegible]
KMCT Dental College
Manassery, Mukkam

DEPARTMENT OF PROSTHODONTICS

INTEGRATED/INTERDISCIPLINARY LEARNING



INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

MOU WITH OTHER INSTITUTION

YEAR OF COLLABORATION	TITLE OF RESEARCH WORKDONE	COLLABORATING AGENCY	PARTICIPANTS	SOURCE OF FINANCIAL SUPPORT	DURATION
2023-2024	The effect -an in vitro study.	NIT	DR ARIF	SELF	10 MONTHS
2023-2024	Comparative evaluation of impact strength and hydrophilicity in conventional PMMA and bacterial cellulose reinforced PMMA An invitrostudy	NIT SAVEETHA DENTAL COLLEGE (WHITE LAB), DEPARTMENT OF NANO SCIENCE, KOTTAYAM	DR MELISA CHERIYAN	SELF	10 MONTHS
2023-2024	Comparative evaluation of hardness propertyand surface roughness of conventional PMMA and bacterial cellulose reinforced PMMA- An invitro study	NIT SAVEETHA DENTAL COLLEGE (WHITE LAB), DEPARTMENTOF NANO SCIENCE,	DR MELISA CHERIYAN	SELF	2 MONTHS

NATIONAL INSTITUTE OF TECHNOLOGY CALICUT

DEPARTMENT OF MATERIALS SCIENCE & ENGINEERING

[illegible]

To whomsoever it may concern

This is to certify that Dr. [illegible] Final Year Post Graduate Student, Department of Prosthodontics in KMCT Dental College, Manassery, Calicut has conducted the experiments on Contact Angle Meter, in connection with her dissertation work, In Department Of Materials Science And Engineering on 19.02.21

Officers Name

Mr AKSHAY VENU

HEAD OF THE DEPARTMENT

Dr SIBIO THOMAS

National Institute of Technology Calicut
(An institute of national importance under the Ministry of Human Resource Development, Government of India)
Department of Mechanical Engineering
N.I.T Campus Post, Calicut, Kerala-673601, Phone: 0495 2286400
Email: hodmed@nitc.ac.in, Web: www.nitc.ac.in

03/05/2024

To whomsoever it may concern

This is to certify that Dr. Arif Jalal, Final year post graduate student, Department of Prosthodontics in KMCT Dental College, Manassery, Calicut, has conducted an experimental study with Variable Temperature bath and Infrared Thermometer, in connection with his dissertation work titled **"The effect of different temperatures and volumes of saline irrigant on heat generation during implant Osteotomy"**, at Metrology lab on 19/04/2024.

3/5/24

3/5/24
Faculty in Charge
Dr. Dhanish PB

3/5/24
Head of the Department
Dr. M.L Joy

Professor & Head
Dept. of Mechanical Engineering
National Institute of Technology

From,
Melisa Cheriyan
3rd Yr PG, Dept of Prosthodontics
KMCT Dental College,
Kozhikode.

12/4/24.

To,
The HOD
Dept of Nanoscience
School of Pure & Applied physics
MG University, Kottayam.

Subject: Certificate of Attendance

Respected Sir,

I am writing this letter to request for a certificate of attendance for my visit at the MG University from 4/4/24 - 12/4/24. During this period, with your guidance & help I was able to extract & treat Bacterial cellulose which is a main component of my thesis study. I humbly ask you to provide me with a Certificate of Attendance which is needed to be submitted at my college to document my engagement in the activity.

Thanking you,
Yours faithfully,
Melisa Cheriyan
[3rd yr Postgraduate (MDS)]

12/04/2024

National Institute of Technology Calicut
(An institute of national importance under the Ministry of Human Resource Development, Government of India)
Department of Mechanical Engineering
N.I.T Campus Post, Calicut, Kerala-673601, Phone: 0495 2286400
Email: hodmed@nitc.ac.in, Web: www.nitc.ac.in

03/05/2024

To whomsoever it may concern

This is to certify that Dr. Arif Jalal, Final year post graduate student, Department of Prosthodontics in KMCT Dental College, Manassery, Calicut, has conducted an experimental study with Variable Temperature bath and Infrared Thermometer, in connection with his dissertation work titled **"The effect of different temperatures and volumes of saline irrigant on heat generation during implant Osteotomy"**, at Metrology lab on 19/04/2024.

3/5/24

3/5/24
Faculty in Charge
Dr. Dhanish PB

Head of the Department
Dr. M.L Joy

Professor & Head
Dept. of Mechanical Engineering
National Institute of Technology C

WHITE LAB
Material Research Centre
SAVEETHA DENTAL COLLEGE AND HOSPITAL
Post Bag No. 6 # 162, Poonamallee High Road, Chennai - 600 077.
Phone: +91-44-2680 1580-85 (Extension - 9849) Fax: +91-44-2680 0892
e-mail: whitelab.sdc@saveetha.com Website: whitelab.sdc.saveetha.com

DATE: 11.05.2024

To whomsoever it may concern

This is to certify that, **Dr.Melisa Cheriyan** Postgraduate student, **Department of Prosthodontics**, KMCT Dental College, Mukkam Kozhikode, Kerala had Come to White lab-Material Research Centre, Saveetha Dental College, SIMATS ,Chennai, for utilizing the **IZOD Impact Tester** facility as a part of completion of her thesis entitled "**A Comparative Evaluation Of Efficacy Of Impact Strength and Hydrophilicity in Conventional PMMA and Bacterial Cellulose Reinforced PMMA -An In-Vitro Study**" on 11.05.2024

Thank you

WHITE LAB
MATERIAL RESEARCH CENTRE
SAVEETHA DENTAL COLLEGE

11/5/24

Ultimate Destination for All Your Research Needs

Memorandum of Understanding

between

UL CARE NAYANAR SADANAM , Eranhipaalam, Kozhikode

&

KMCT Dental College (KMCTDC), Manassery, Kozhikode

भारतीय गैर न्यायिक

एक सौ रुपये Rs. 100

रु. 100 ONE HUNDRED RUPEES

भारत INDIA

INDIA NON JUDICIAL

കേരളം केरल KERALA DA 232195

Memorandum of Understanding

THE MEMORANDUM OF UNDERSTANDING is entered on the 13th day of November 2021

Between

UL CARE NAYANAR SADANAM , Eranhipaalam, Kozhikode,
Kerala- 673 020 represented by its Principal Mrs. Thankamani P

And

KMCT Dental College, Manassery P.O, Mukkam, Kozhikode - 673602. (here in after referred to as KMCTDC), represented by the Principal Dr Manoj Kumar, KMCTDC.

(Both UL CARE NAYANAR SADANAM and KMCTDC are also jointly referred to herein as ' Parties' and individually as ' Party')

In consideration of the mutual promises made herein and of good and valuable consideration, the receipt and sufficiency of which both UL CARE NAYANAR SADANAM and KMCTDC hereby acknowledge (UL CARE NAYANAR SADANAM and KMCTDC hereby agree to the following protocols governing their collaboration and to sign this Memorandum of Understanding (MoU).

THANKAMANI. P

Principal
NAYANAR SADANAM

No..20859 ... Rs.:100.. കോഴിക്കോട് മണാശ്ശേരി
Name.. പ്രിൻസിപ്പാൾ.. KMCT ഡെന്റൽ കോളേജ്
Date.......10.11.2021......
MUKKAM SRO VENDOR
M K FATHIMA ALI P

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

ARTICLE-I: SCOPE

The Scope of collaboration on academic activities in this Memorandum of Understanding includes the following:

1.Inclusive wocking environment to the differently abled to bring them to the main stream by providing a better livelihood.
2. Oral health awareness sessions.
3. Dental health screening and treatment camps for students, caretakers and staffs.
4. Vocational training and job placements.
5. Faculty training on management of intellectually challenged group.
6. Training to the students to deal with the differently abled person to associate with taking them along.

ARTICLE-II: TERMS OF INTERACTIONS

The two parties agree to take part in the joint initiatives as mentioned above in Article I.

ARTICLE-III: RESPONSIBILITIES OF EACH PARTY

Responsibilities of KMCTDC

1. KMCTDC will absorb the vocationally trained blessed persons in an appropriate area best suitable to the concerned and they will be entitled to get an emolument equality to the normal person in that service area.
2. KMCTDC will conduct oral health awareness sessions for students and staffs of UL CARE NAYANAR SADANAM
3. KMCTDC will conduct dental health screening and treatment camps for students and staffs of UL CARE NAYANAR SADANAM.
4. KMCTDC will provide all necessary facilities including venue for conducting training programmes regarding management of intellectually challenged group by eminent resource personals from UL CARE NAYANAR SADANAM.

Responsibilities of UL CARE NAYANAR SADANAM

1. UL CARE NAYANAR SADANAM will facilitate visits of faculty in KMCTDC to UL CARE NAYANAR SADANAM for oral health awareness sessions.
2. UL CARE NAYANAR SADANAM will also facilitate visits of faculty and students in KMCTDC to UL CARE NAYANAR SADANAM for dental health screening and treatment camps.
3. UL CARE NAYANAR SADANAM will also provide resource person for conducting training programmes regarding management of intellectually challenged group.

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

THANKAMANI.P Thankamani

Principal
UL CARE - NAYANAR SADANAM
INSTITUTE OF VOCATIONAL TRAINING & PLACEMENT FOR
ADULTS WITH INTELLECTUAL CHALLENGES
CIVIL STATION, P. O., KOZHIKODE-673 020, KERALA

ARTICLE-IV: EFFECTIVE DATE AND DURATION OF MoU

A. This MoU shall be effective from the date of its approval by competent authorities at both ends.

B. The duration of the MoU shall be for a period of 5 years from the effective date.

C. This MoU may be extended or terminated by a prior notice of not less than three months by either party. However, termination of the MoU will not in any manner affect the interests of the students/faculty/scientists who have been admitted to pursue a programme under this MoU, and the same shall be subjected to the final decision of the heads of the respective institutions.

D. The progress of the research will be reviewed periodically and necessary measures will be taken to address the challenges and to take it forward.

E. If any of the partner institution wishes to terminate the MoU at the end of the stipulated period (5 years) it must notify the other institution not less than three months prior to the expiry of the MoU. In the event of Termination, both parties have to discharge their obligations.

ARTICLE-V: CONFIDENTIALITY

Both UL CARE NAYANAR SADANAM and KMCTDC shall bind their respective personnel who come into possession or knowledge of any confidential information not to disclose the same to third parties without written approval of the disclosing party or use such confidential information for any use other than intended under this agreement or projects.

Further, both UL CARE NAYANAR SADANAM and KMCTDC shall put in place adequate and reasonable measures to keep and store confidential information secure so as to prevent any unauthorized use. This clause shall survive the termination or expiry of this MoU.

ARTICLE- VI: AMENDMENTS

Any Article or clause of the MoU may be modified or amended by mutual agreement of KMCTDC and UL CARE NAYANAR SADANAM . Any amendment or modification to this MoU shall be in writing and signed by both the parties hereto and shall only after such execution be deemed to form part of the MoU.

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

THANKAMANI. P

Principal
UL CARE-NAYANAR SADANAM
INSTITUTE OF VOCATIONAL TRAINING & PLACEMENT FOR
ADULTS WITH INTELLECTUAL CHALLENGES
CIVIL STATION, P. O., KOZHIKODE-673 020, KERALA

ARTICLE-VII: RESOLUTION OF DISPUTES

This agreement shall take effect and be construed in accordance with the Laws of India.

If a dispute or difference whatsoever arises between the Parties in relation to or in connection with this MoU, both the parties shall first try to resolve the dispute/difference amicably between themselves failing which the matter shall be resolved through arbitration and the place of arbitration shall be Calicut.

IN WITNESS WHERE OF PARTIES HERE TO HAVE ENTERED INTO THIS AGREEMENT EFFECTIVE AS ON THIS DATE, 13th day of November 2021.

For KMCT DENTAL COLLEGE	**For UL CARE NAYANAR SADANAM , Eranhipaalam, KOZHIKODE,KERALA-673 020**
Signature ______________	Signature ______________
Name: **Dr. MANOJ KUMAR K.P.**	Name: **Mrs.THANKAMANI .P**
DESIGNATION: **PRINCIPAL**	Designation : **PRINCIPAL**

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

Principal
UL CARE - NAYANAR SADANAM
INSTITUTE OF VOCATIONAL TRAINING & PLACEMENT FOR
ADULTS WITH INTELLECTUAL CHALLENGES
CIVIL STATION, P. O., KOZHIKODE-673

IN THE PRESENCE OF THE FOLLOWING WITNESSES

1.
Dr Navia George

2.
Ms.Athira.

भारतीय गैर न्यायिक

एक सौ रुपये Rs. 100

रु. 100 ONE HUNDRED RUPEES

भारत INDIA

INDIA NON JUDICIAL

കേരളം केरल KERALA DG 042506

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding for research collaboration is made on the 06th day of October 2020-21 at **MVR Cancer Centre and Research Institute** ,of Kozhikode.

Between

KMCT Dental College, Kozhikode, Kerala (Hereinafter referred to as **"KMCT"**) of the First Part represented by the Principal. KMCT Dental College, Kozhikode, Kerala, 673602

And

MVR Cancer Centre and Research Institute, an initiative of Cancer and Allied Ailments Research (CARE) Foundation, a non-profitable charity organization initiated by the Calicut City Service Co-operative Bank in 2011 and registered under the Kerala Societies Registration Act of 1860, having its head office at Poolacode, Kozhikode (Hereinafter referred to as the **"MVRCCRI"**) of the Other Part represented by the Medical Director, MVR Cancer Centre and Research Institute, Kozhikode, Kerala, India

I. INTRODUCTION

WHEREAS, **"KMCT"** is a private dental college in Kozhikode is interested in developing collaboration with **"MVRCCRI"** for the purpose of research for Cancer Research programme.

WHEREAS, **"MVRCCRI"**, is a Tertiary Cancer hospital and Research Centre interested in collaborating with **KMCT** in Cancer research.

No. 1230

Name [illegible]

Date [illegible]

CHATHAMANGALAM
S R O VENDER
V. PUSHPANGATHAN

5-10-2021

DR. MANOJ KUMAR. K.P

04 OCT 2021

WHEREAS, **"KMCT"** and **"MVRCCRI"** recognize that research collaboration would be of mutual benefit and would help in strengthening research in one another's research areas.

WHEREAS, this Memorandum of Understanding ("MOU") will establish a mechanism for the **"KMCT"** and **"MVRCCRI"**, here after collectively referred as "Institutions" to plan collaborative research activities; and

WHEREAS, each Party to this MOU recognizes the unique expertise of the other; and

NOW THEREFORE, the Institutions agree as follows:

II. AUTHORITIES

"KMCT" and **"MVRCCRI"** represent that they are each authorized under the laws of the constitution of India to enter into an MOU where such MOU promotes their objectives and mission.

III. OBJECTIVES

The objectives of this MOU are:

1. To allow the "Institutions" to plan collaborative research and training activities in the area of Cancer research.
2. To undertake clinical research under the scheme of Department of Science & technology, Government of India.

IV. ACTIVITIES

In furtherance of the above objectives, the "Institutions" agree that each will do the following:

1. The Principal **"KMCT"** will serve as a project coordinator to assist in developing and planning collaborative research projects.
2. The "Institutions" will carry out research activities, as per this Memorandum of Understanding. The activities must be carried out in accordance with appropriate laws and regulations existing in the country and in the institutions.
3. This MOU is specifically for KMCT Dental College, Kozhikode, whereas the parent institute will be KMCT and the required budget for academic activities such as student observerships/internships etc at **"MVRCCRI"** will be disbursed by students of KMCT Dental College.

DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
[illegible]

MVR

4. Also the required budget for research activities done at **"MVRCCRI"** will be borne by Principal investigator (Faculty/Post Graduate/Under Graduate) from KMCT Dental College with due financial consideration given to faculty and UG students by **"MVRCCRI"**.

5. The research agreement arising from this MOU will include, provisions setting forth the approved budget, a description of the scope of work to be performed, providing appropriate training for research fellows/investigators.

6. This MOU is specifically for the collaborative research activities of Cancer Research and does not claim any collaboration with other research areas of KMCT Dental College, Calicut

7. This MoU also includes mutual clinical case referrals between the two institutes for further advanced management of cancer patients as well as referral for provision of dental treatments for these patients.

IV. I Role of KMCT

1.Delivering the clinical services for the patients referred from MVRCCRI.

2.Conducting the collaborative research in various fields of Oral oncology.

3.To be responsible for all kinds of academic activities (PhD research, MDS and BDS thesis) carried out by the students from KMCT Dental college

4.Ensuring the co-authorship of coinvestigators of MVRCCRI in the publications of the collaborative academic/ research projects.

5. Guidance in proposal development and data collection of the research projects from **"MVRCCRI"** including the Institute Ethics Committee review and approvals as well as ensuring the payment associated with same for research work done at KMCT Dental College.

6. Provision of dental treatment for staff of **MVRCCRI** at KMCTDC with due consideration of 20% discount for staff of **MVRCCRI**.

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

MVR

IV. II Role of MVRCCRI

1. Guide the entire academic and research proposals from KMCT Dental college to do the Research committee approvals (both institute Review board and Institute Ethics committee)
2. Guidance in proposal development and data collection of academic projects.
3. Ensure the payments associated with project approval (Institute Ethics Committee fees and academic fee) and project implementation.
4. Management and treatment of cancer for patients referred from KMCTDC as well as appropriate referrals to KMCTDC for subsequent dental treatments.

V. CONFIDENTIAL INFORMATION

Confidential information means all oral, written, graphic or physical information, formula, research data, know-how and trade secrets. All such confidential information will be the exclusive property of respective Institutions. Both the Institutions agree that, they will not use such confidential information for any other purpose without the prior written consent of the other party.

VI. NONDISCRIMINATION IN EMPLOYMENT

In connection with the performance of work under this MOU, the "Institutions" agree not to discriminate against any employee, student, or applicant for employment because of sex, race, religion, color or handicap.

VII. AMENDMENTS AND REVIEW

The terms of this MOU may be amended only by written mutual agreement and the amendment will be effective when signed by the "Institutions".

VIII. TERM AND TERMINATION

This MOU shall be in effect from the date of signature and will be valid up to five years or till the end of project whichever is earlier and can be renewed further upon mutual approval by executing a fresh agreement.

Both parties can terminate the agreement after mutual discussion by serving two months prior notice.

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

MVR

IX. DISPUTE REDRESSAL

MVRCCRI will not be made responsible fully or in partial to any financial compensation or damages that may arise out of this association.

Any dispute or differences or claims arising out of this agreement shall be settled between the Institutions through mutual discussion and in the absence of an amicable settlement will be referred to mutually agreed arbitrator appointed by the Institutions jointly. The venue of arbitration will be Kozhikode, Kerala.

IN WITNESS WHEREOF, the Institutions have executed this Memorandum of Understanding as of the day and year of the last signature indicated below.

i. By: The Principal, KMCT Dental College, Kozhikode, Kerala

Date: ______________

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

Witness:

ii. By: **Medical Director,** MVR Cancer Centre and Research Institute, Kozhikode

Date: ______________

Witness: ______________

Jayendran. K
Secretary
Care Foundation

PARTICIPATORY LEARNING METHODOLOGY

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 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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

PARTICIPATORY LEARNING

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

iii) PARTICIPATORY LEARNING

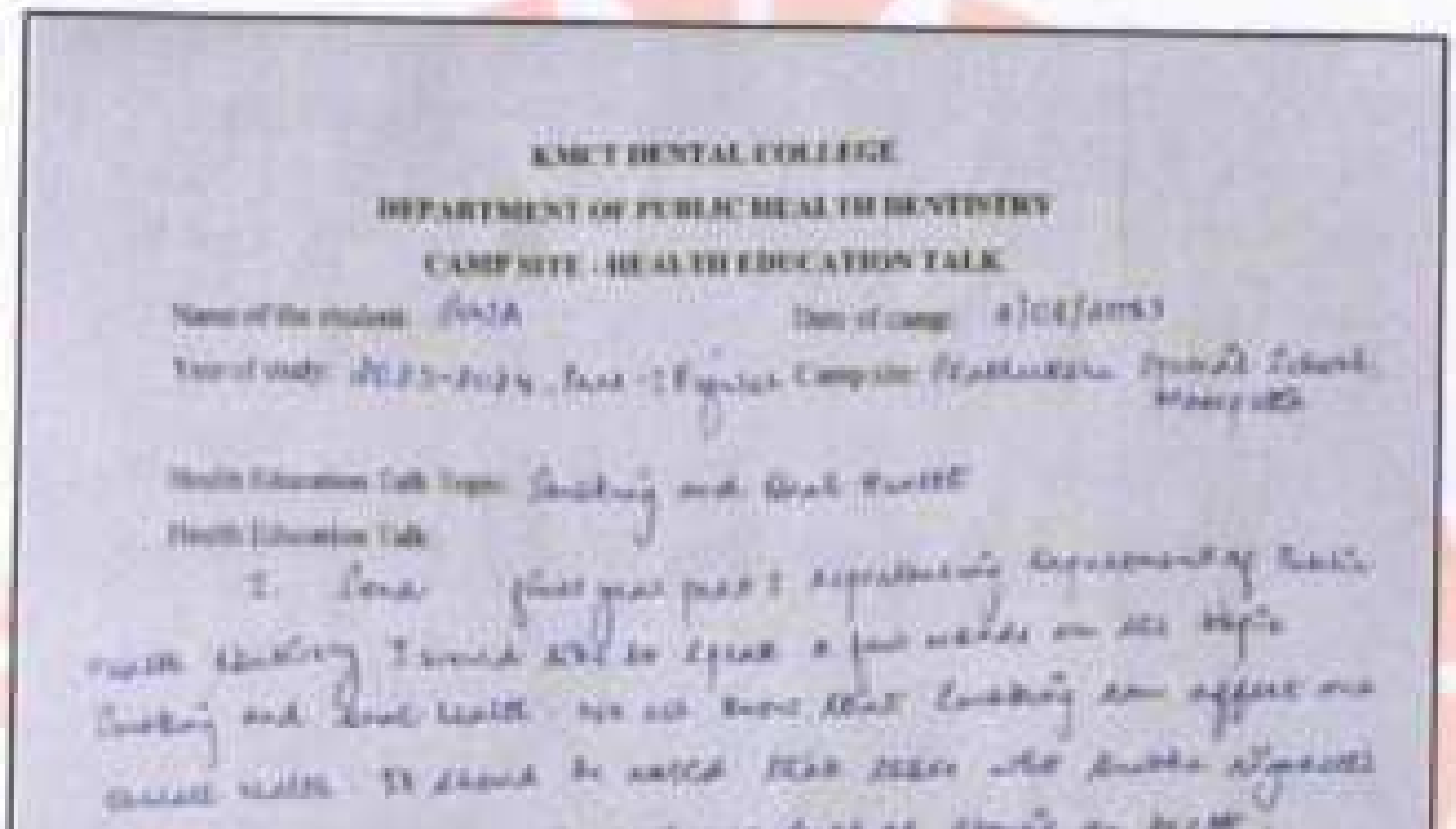
The students of final year batch are allotted various seminar topics to present to an interactive learning for all the students. Topics will be allotted a week priorly to the students and they are asked to prepare a power point presentation. The seminars are conducted along with a faculty to monitor and evaluate the performance of the student.

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

Various topic group discussions are conducted along with the faculty , to improve concept learning and understanding and also to clarify doubts regarding the topic. A better look towards the theoretical and practical aspect is gained during group discussions.

The students are assigned various health talk topics during their clinical postings at the Department of Public Health Dentistry such that, students when posted at camp sites, conduct health talk awareness session to the general public to create knowledge among the general population to maintain good oral hygiene.

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



KMCT DENTAL COLLEGE
DEPARTMENT OF PUBLIC HEALTH DENTISTRY
CAMP SITE : HEALTH EDUCATION TALK

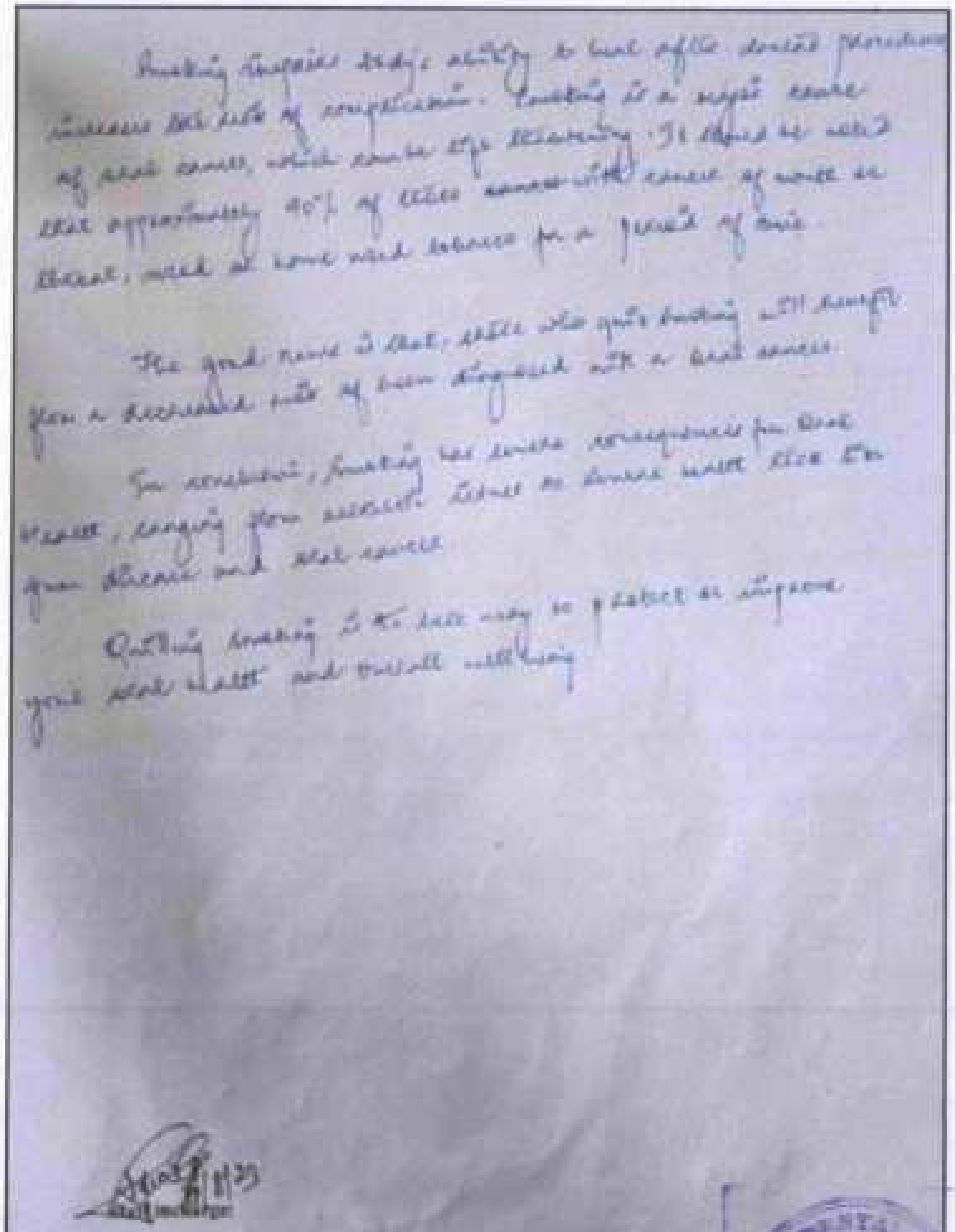
Name of the student: Sona
Date of camp: 8/08/2023
Year of study: 2023-2024, Part-I [illegible]
Camp site: [illegible] Special School, Manassery

Health Education Talk Topic: Smoking and Oral Health
Health Education Talk:

I, Sona, first year part I representing department of Public health dentistry I would like to speak a few words on the topic Smoking and oral health. We all know that smoking can affect our overall health. It should be noted that those who smoke cigarettes are more prone for dental problems such as stains on teeth, gum disease, bad breath, loss of teeth. [illegible] increase [illegible] the building the amount of [illegible] and the plaque and [illegible] turn our teeth into yellow stains, as smoking leads [illegible] [illegible] yellowing and staining of teeth which are usually [illegible] discolouration of teeth which can affect our smile and overall appearance.

People who smoke have large amount of [illegible] and tar build up which leads to tooth decay. Smoking is a significant risk factor for gum disease. It weakens the immune system making it harder for the body to fight against infections including in gums.

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



Smoking impairs body's ability to heal after dental procedures increases the risk of complications. Smoking is a major cause of oral cancer, which cause life threatening. It should be noted that approximately 90% of those cancer with cancer of mouth or throat, used at some kind tobacco for a period of time.

The good news is that, those who quit smoking will benefit from a decreasing rate of been diagnosed with a oral cancer.

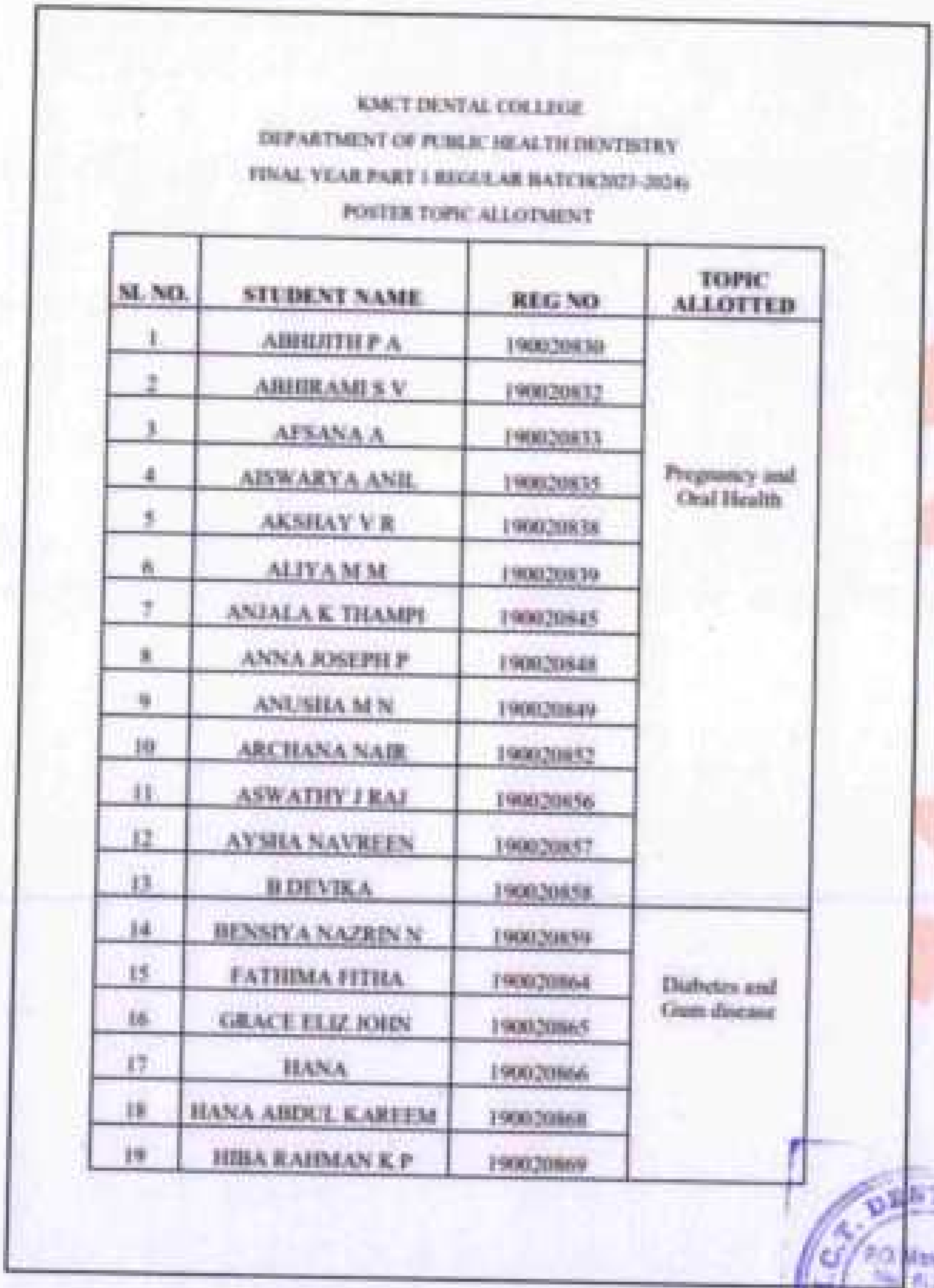
In conclusion, smoking has severe consequences for oral health, ranging from aesthetic issues to severe health risk like gum disease and oral cancer.

Quitting smoking is the best way to protect or improve your oral health and overall wellbeing.

1/11/23
Staff incharge

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

As a part of participatory learning, students of final year batch are divided into groups to make health education posters. The students initially get their poster topics approved from their respective faculty incharge and everyone participate together to design their poster. This type of participatory learning promote students to learn the subject with enthusiasm.



KMCT DENTAL COLLEGE
DEPARTMENT OF PUBLIC HEALTH DENTISTRY
FINAL YEAR PART I REGULAR BATCH(2023-2024)
POSTER TOPIC ALLOTMENT

SL NO.	STUDENT NAME	REG NO	TOPIC ALLOTTED
1	ABHIJITH P A	190020830	Pregnancy and Oral Health
2	ABHIRAMI S V	190020832	
3	AFSANA A	190020833	
4	AISWARYA ANIL	190020835	
5	AKSHAY V R	190020838	
6	ALIYA M M	190020839	
7	ANJALA K THAMPI	190020845	
8	ANNA JOSEPH P	190020848	
9	ANUSHA M N	190020849	
10	ARCHANA NAIR	190020852	
11	ASWATHY J RAJ	190020856	
12	AYSHA NAVREEN	190020857	
13	B DEVIKA	190020858	
14	BENSIYA NAZRIN N	190020859	Diabetes and Gum disease
15	FATHIMA FITHA	190020864	
16	GRACE ELIZ JOHN	190020865	
17	HANA	190020866	
18	HANA ABDUL KAREEM	190020868	
19	HIBA RAHMAN K P	190020869	

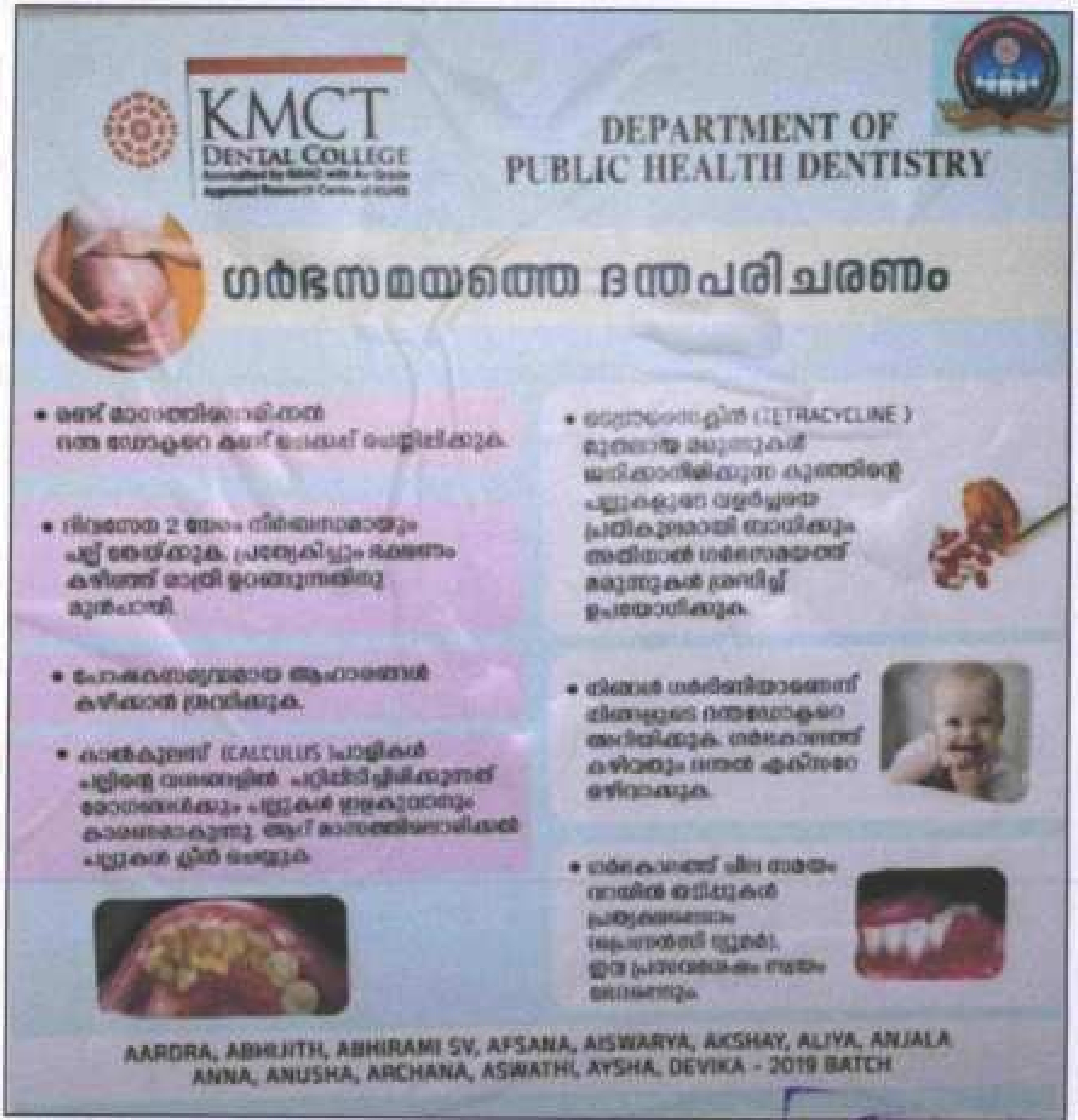
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

20	JOMOL ANN JOSEPH	190020873	Diabetes and Gum disease
21	LAZIN FATHIMA	190020877	
22	MAJIDHA	190020879	
23	MALAVIKA N	190020881	
24	MALAVIKA P A	190020882	
25	MERIN MATHEW	190020885	
26	MIRSHANA M ASHRAF	190020887	
27	MOHAMMED ANAS U	190020889	
28	MUSFIRA M K	190020892	Mobile Dental Clinic
29	NADHA NADEER K	190020893	
30	NAHNA NILOFAR	190020894	
31	NAJI MUHAMMAD N	190020895	
32	NAJIYA FATHIMMA P A	190020896	
33	NAJUMA	190020897	
34	NANDANA VINOD	190020898	
35	NEHA SHEZIN M T	190020900	
36	NIFSHA P	190020901	
37	RINSHA RAJ U K	190020905	
38	RISHIKA P	190020906	
39	SANAH BASHEER	190020908	
40	SANDRA K	190020909	
41	SANJITH SANTHOSH	190020910	
42	SHIBINI P	190020913	Dental Fluorosis

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

43	SHIJAS AHAMMED M C C	190020914	Dental Fluorosis
44	SHONIMA P	190020915	
45	SONA	190020916	
46	SREELAKSHMI P S	190020918	
47	SREYA SURESH	190020919	
48	ZEBA NASAR	190020927	
49	DHANYA RADHAKRISHNAN	180020441	
50	POOJA SHANAVAS	180020482	
51	SARATHLAL T	180020498	
52	ABILA J SOMAN	170020531	
53	ANANTHA PADMANABHAN R S	150021388	

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



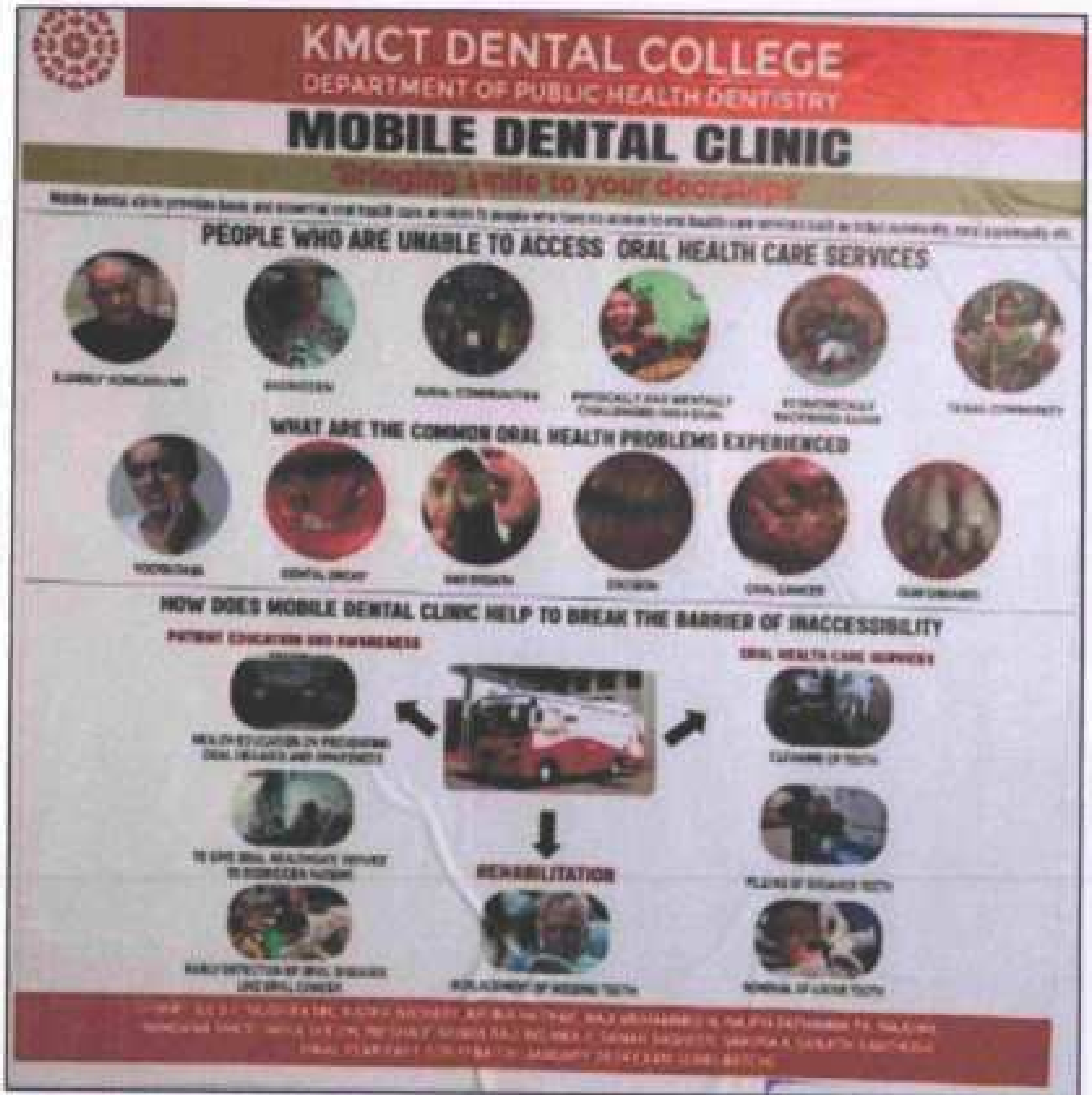
KMCT
DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

ഗർഭസമയത്തെ ദന്തപരിചരണം

AARDRA, ABHIJITH, ABHIRAMI SV, AFSANA, AISWARYA, AKSHAY, ALIYA, ANJALA
ANNA, ANUSHA, ARCHANA, ASWATHI, AYSHA, DEVIKA - 2019 BATCH

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



KMCT DENTAL COLLEGE
DEPARTMENT OF PUBLIC HEALTH DENTISTRY

MOBILE DENTAL CLINIC

'Bringing smile to your doorsteps'

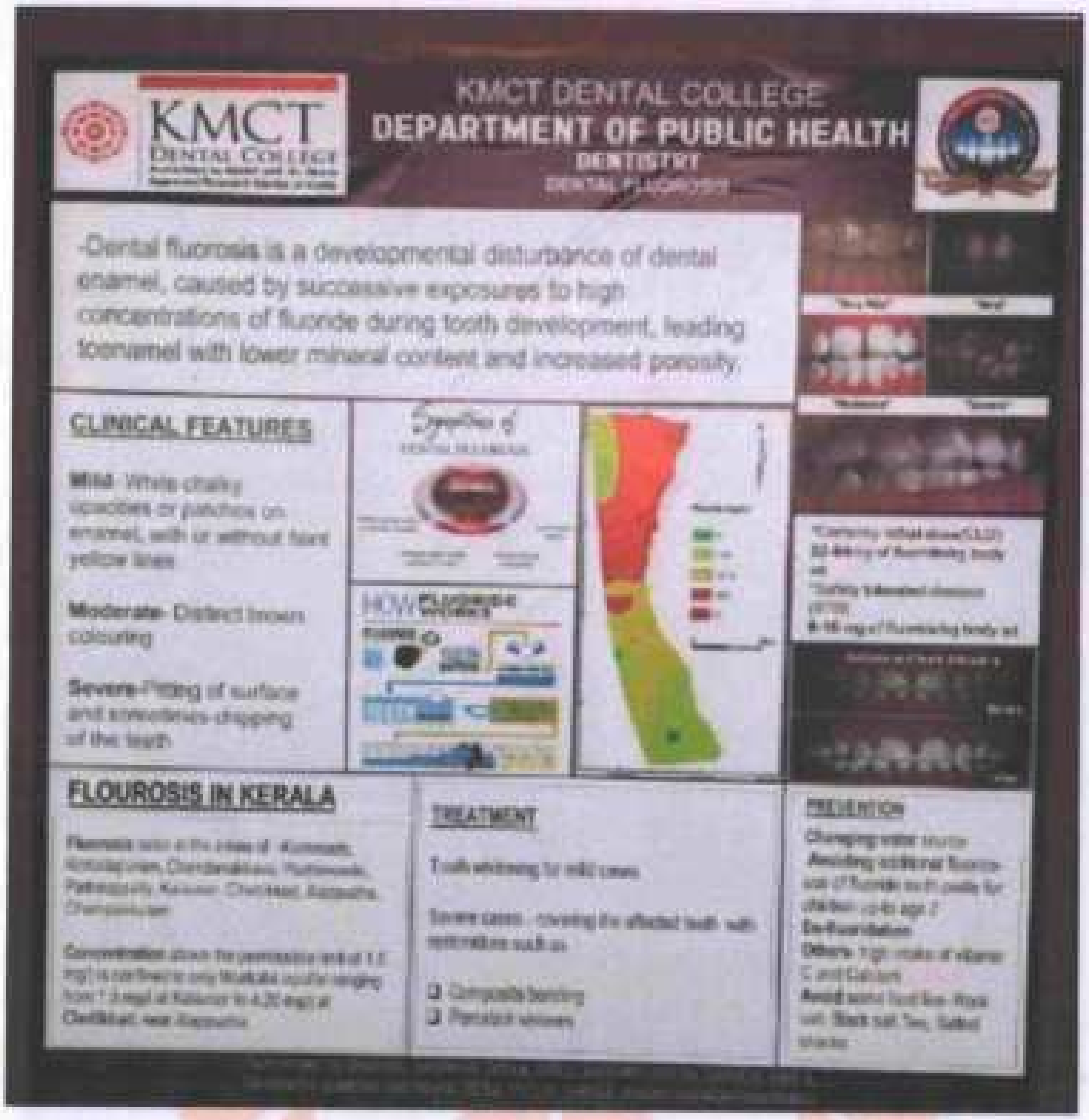
PEOPLE WHO ARE UNABLE TO ACCESS ORAL HEALTH CARE SERVICES

WHAT ARE THE COMMON ORAL HEALTH PROBLEMS EXPERIENCED

HOW DOES MOBILE DENTAL CLINIC HELP TO BREAK THE BARRIER OF INACCESSIBILITY

REHABILITATION

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



KMCT DENTAL COLLEGE
DEPARTMENT OF PUBLIC HEALTH
DENTISTRY
DENTAL FLUOROSIS

-Dental fluorosis is a developmental disturbance of dental enamel, caused by successive exposures to high concentrations of fluoride during tooth development, leading toenamel with lower mineral content and increased porosity.

CLINICAL FEATURES

Mild- White chalky opacities or patches on enamel, with or without faint yellow lines

Moderate- Distinct brown colouring

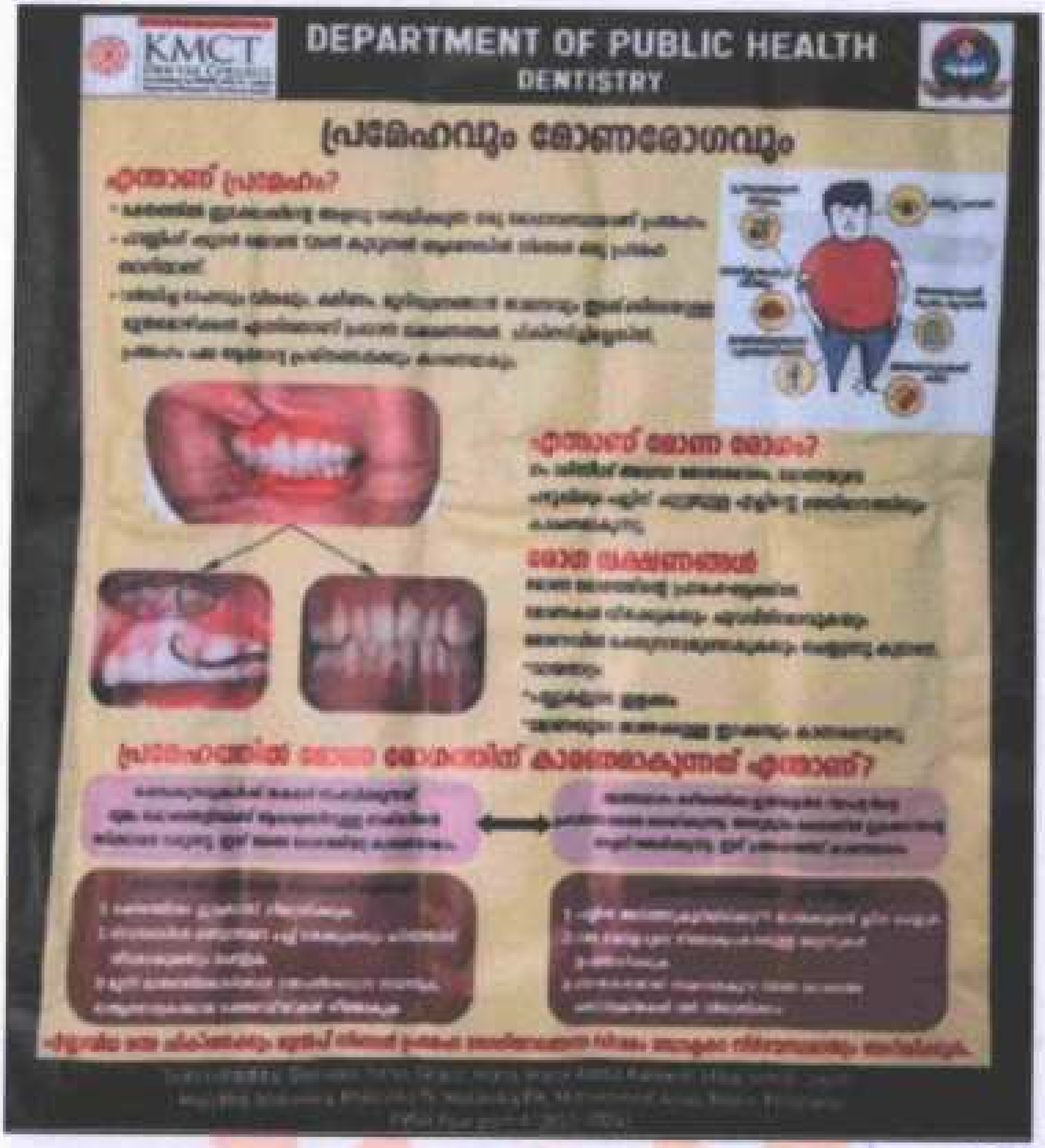
Severe-Pitting of surface and sometimes chipping of the teeth

FLOUROSIS IN KERALA

TREATMENT

Tooth whitening for mild cases

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



DEPARTMENT OF PUBLIC HEALTH
DENTISTRY

പ്രമേഹവും മോണരോഗവും

എന്താണ് പ്രമേഹം?

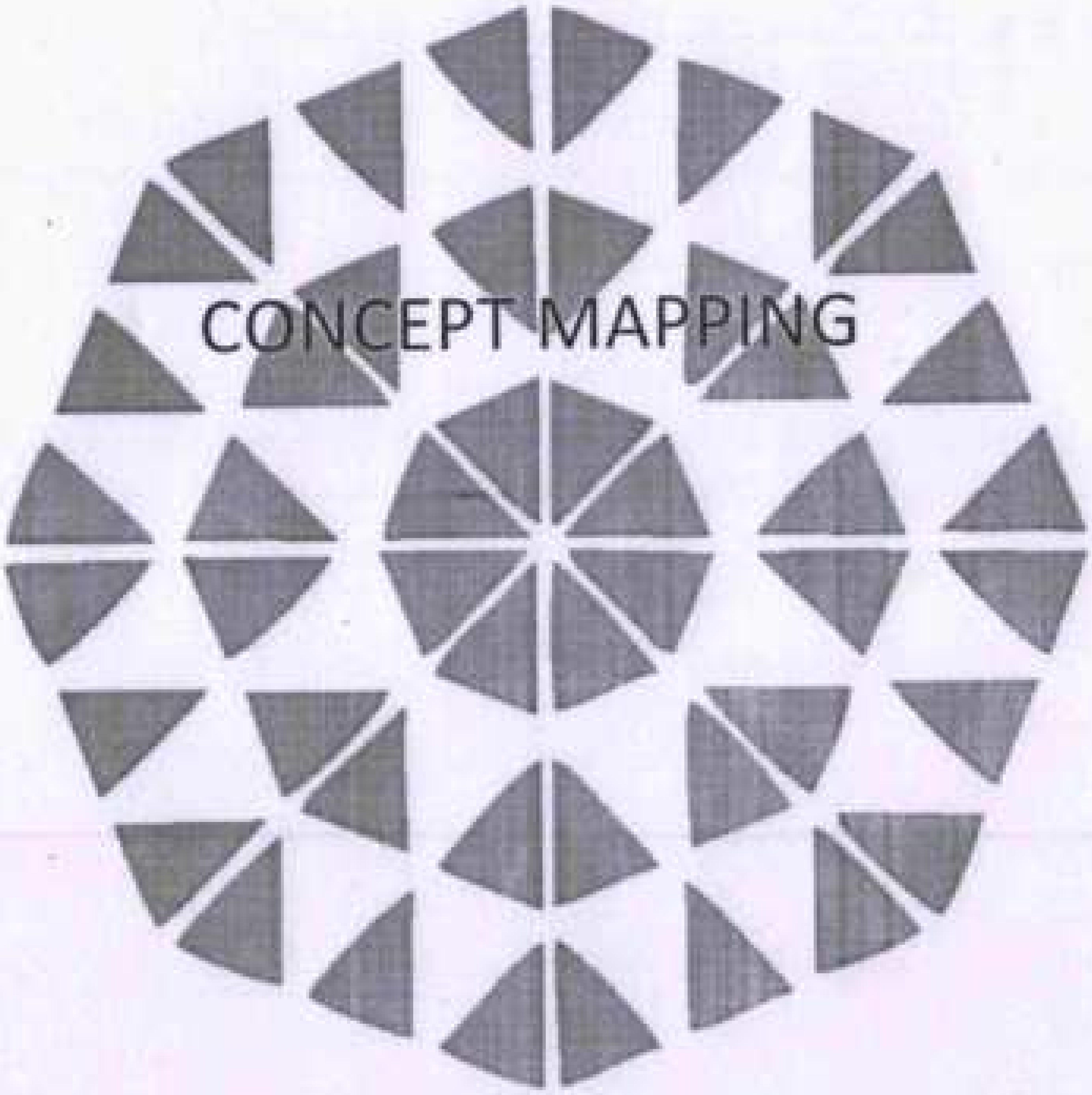
എന്താണ് മോണ രോഗം?

രോഗ ലക്ഷണങ്ങൾ

പ്രമേഹത്തിൽ മോണ രോഗത്തിന് കാരണമാകുന്നത് എന്താണ്?

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

CONCEPT MAPPING



1.RESIDUAL RIDGE RESORPTION

REPORT

Concept mapping of residual ridge resorption involves organizing the key concepts related to the phenomenon, its causes, effects, and management. This ia structured outline for a concept map: and simple flow chart outlining the process and factors involved in residual ridge resorption:

Flow Chart of Residual Ridge Resorption

1. Tooth Extraction
   - Loss of periodontal support
   - Immediate changes in bone

2. Factors Influencing Resorption
   - Biological Factors
     - Age
     - Hormonal levels
   - Mechanical Factors
     - Absence of occlusal forces
     - Inadequate prosthetic support
   - Systemic Factors
     - Osteoporosis
     - Other health conditions

3. Changes in Residual Ridge
   - Short-Term Changes
   - Bone remodeling
   - Initial resorption at the extraction site
   - Long-Term Changes
     - Continued resorption over time
     - Alteration in ridge shape and volume

4. Consequences
   - Functional Issues
     - Difficulty chewing
     - Speech problems
   - Aesthetic Concerns
     - Changes in facial structure
     - Issues with denture fit
   - Psychosocial Impact
     - Reduced self-esteem

- Social withdrawal

5. Management Strategies
  - Preventive Measures
    - Timely prosthetic rehabilitation
    - Patient education
  - Surgical Interventions
    - Bone grafting
    - Ridge augmentation
  - Prosthetic Solutions
    - Implant-supported dentures
    - Custom-designed prostheses
6. Monitoring and Follow-up
  - Regular evaluations
  - Adjustments in prosthetic devices

This flow chart can help visualize the sequence of events and factors involved in residual ridge resorption, making it easier to understand the process and its implications.

2: TOOTH PREPARATION for Fixed Partial Dentures (FPD)

REPORT

Concept map provides a comprehensive overview of the key aspects involved in tooth preparation for fixed partial dentures, highlighting the principles, objectives, and processes essential for successful outcomes.

1. Tooth Preparation
   - Definition: The process of shaping teeth to receive a fixed partial denture.
2. Objectives of Tooth Preparation
   - Achieve Retention
   - Provide Resistance
   - Ensure Proper Occlusion
   - Maintain Aesthetics
3. Assessment and Diagnosis
   - Clinical Examination
   - Radiographic Evaluation
   - Evaluate Tooth and Periodontal Health
4. Preparation Design
   - Types of Preparations
     - Abutment Preparation
     - Pontic Preparation
   - Preparation Features
     - Shoulder, Chamfer, or Bevel Margin Design
     - Adequate Reduction (axial and occlusal)
5. Principles of Preparation
   - Conservation of Tooth Structure
     - Preserve healthy tooth structure
   - Retention and Resistance Form
     - Design to resist dislodgment
   - Outline Form
     - Define margins based on restoration type
   - Adequate Depth
     - Ensure sufficient space for material
   - Smoothness of Walls
     - Create smooth internal surfaces
6. Material Considerations
   - Choice of Restoration Material (e.g., ceramic, metal)
   - Compatibility with Preparation Design
7. Temporary Restoration
   - Importance of interim restoration for protection and aesthetics
   - Methods for fabrication (e.g., direct vs. indirect)
8. Final Restoration
   - Fit and Adjustments
   - Cementation Process
   - Post-Operative Care
9. Follow-Up and Maintenance
   - Regular evaluations

REPORT:

Abutment selection for fixed partial dentures (FPD) is crucial for ensuring the success and longevity of the restoration. Here are key factors and considerations in the abutment selection process:

1. Tooth Health

- Periodontal Health: Evaluate the health of the supporting periodontal tissues. Abutments should have healthy gums and bone support.
- Caries and Restorations: Assess for existing caries or restorations. Teeth with extensive caries may not be suitable.

2. Tooth Position and Alignment

- Axial Inclination: Consider the alignment of the abutment teeth. Ideally, abutments should be aligned parallel to one another.
- Angulation: Evaluate the angulation of the abutment teeth; teeth with severe tipping may require additional support or modifications.

3. Tooth Structure

- Remaining Tooth Structure: Ensure sufficient sound tooth structure is available for preparation. Abutments should have adequate height and width.
- Root Form: The shape and length of the root can influence the stability and retention of the FPD.

4. Occlusal Considerations

- Occlusal Forces: Assess the occlusal loading on the abutment teeth. They should be able to withstand the forces generated during function.
- Bite Relationships: Consider the patient's occlusion and how it may affect the placement of the FPD.

5. Material Selection

- Restoration Material: Select abutments based on the type of material planned for the FPD (e.g., metal, porcelain-fused-to-metal, all-ceramic).
- Compatibility: Ensure that the abutment tooth material is compatible with the selected restorative material.

6. Retention and Resistance

- Preparation Design: The design should facilitate adequate retention and resistance forms for the restoration.
- Surface Area: Consider the surface area available for retention; wider, flatter surfaces provide better retention.

7. Functional Considerations

- Functional Load Distribution: Ensure that the selected abutments can effectively distribute occlusal forces without risk of fracture or failure.
- Adjacent Teeth: Evaluate the health and stability of adjacent teeth that may affect the overall function of the FPD.

8. Aesthetic Considerations

- Visible Areas: For anterior FPDs, select abutments that allow for optimal aesthetic results. This may influence the choice of material and design.
- Shade Matching: Consider the color and translucency of the abutment teeth for aesthetic harmony.

9. Patient Factors

- Patient Preferences: Take into account the patient's desires regarding aesthetics and functionality.
- Oral Hygiene: Consider the patient's ability to maintain good oral hygiene, which affects the longevity of the restoration.

10. Long-term Prognosis

- Prognosis of Abutments: Evaluate the long-term prognosis of selected abutments based on existing conditions and potential for future problems.

By carefully considering these factors, dental professionals can select the most suitable abutments for fixed partial dentures, enhancing the likelihood of successful outcomes and patient satisfaction.

KMCT
DENTAL COLLEGE

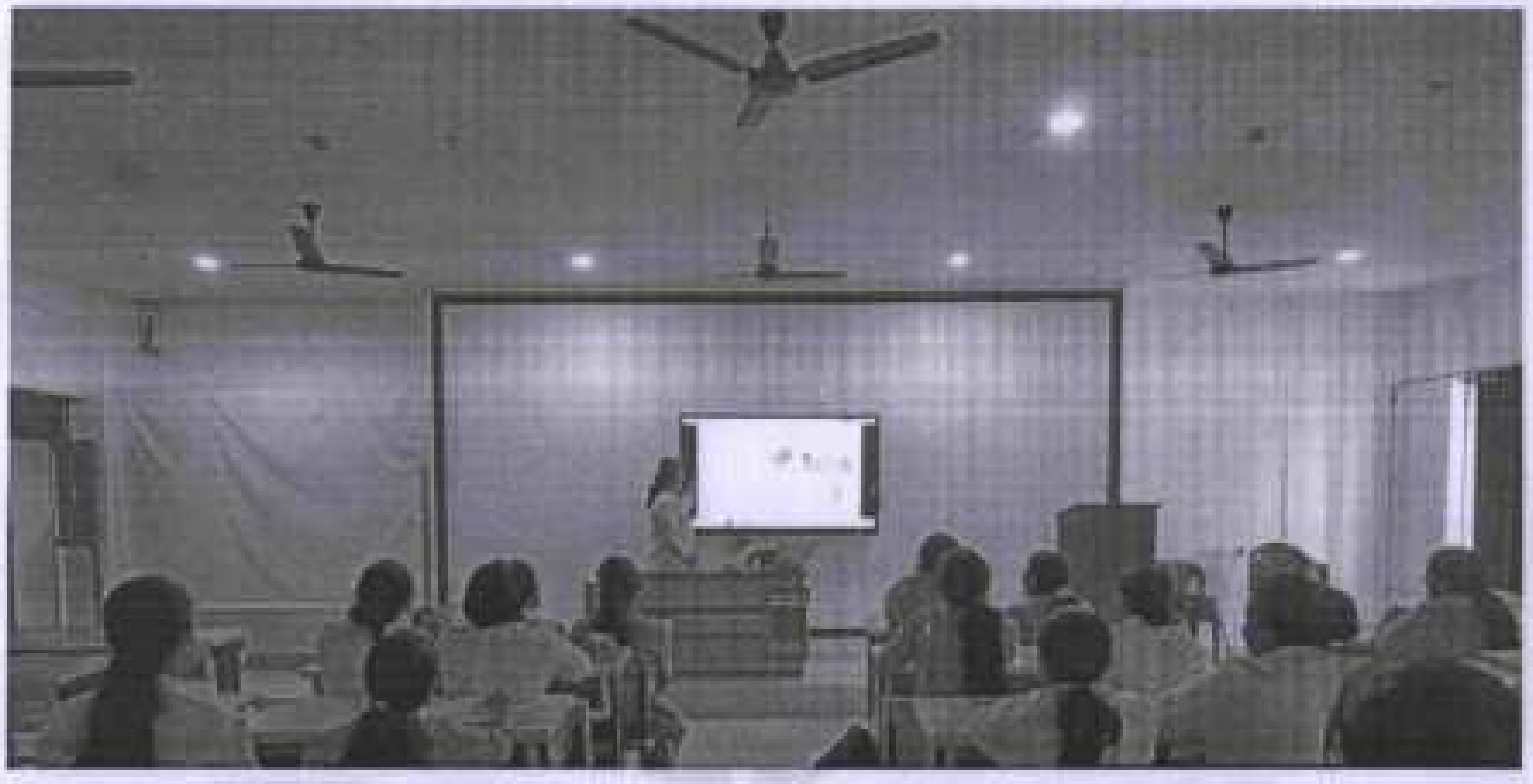
DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PARTICIPATORY LEARNING METHODOLOGY

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

SEMINARS

A seminar presentation is a structured session in which an individual or group shares knowledge, research findings, or ideas on a specific topic with an audience. It typically takes place in an academic or professional setting, where participants engage in discussions, ask questions, and exchange ideas.



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

SEMINAR LIST(JUNE 2023-MAY 2024)

SI NO	DATE	TOPIC	STUDENT NAME
1	02/06/23	DENTIN	RISHANA
2	06/06/23	ENDODONTIC PERIODONTIC LESION	KAVYA
3	07/06/23	REGENERATIVE ENDODONTICS	DIVYA
4	13/06/23	NSAIDS IN DENTISTRY	PARVATHY
5	21/06/23	REGENERATIVE ENDODONTICS	DIVYA
6	22/06/23	REGENERATIVE ENDODONTICS	DIVYA
7	23/06/23	PAIN	NIKITHA
8	28/06/23	PERIAPICAL PATHOLOGY	SWAPNA
9	04/07/23	PAIN	NIKITHA
10	05/07/23	ESTHETICS IN DENTISTRY	KAVYA
11	11/07/23	ESTHETICS IN DENTISTRY	KAVYA
12	14/07/23	ETIOLOGY, HISTOPATHOLOGY AND CLINICAL FEATURES OF DENTAL CARIES	SNEHA
13	18/07/23	ETIOLOGY, HISTOPATHOLOGY AND CLINICAL FEATURES OF DENTAL CARIES	SNEHA
14	26/07/23	WORKING LENGTH AND WORKING WIDTH DETERMINATION	DIVYA
15	28/07/23	WORKING LENGTH AND WORKING WIDTH DETERMINATION	DIVYA
16	04/08/23	MED TECH INNOVATION	NIKITHA PARVATHY
17	08/08/23	DENTAL AMALGAM	VIBIN
18	10/08/23	DENTAL AMALGAM	VIBIN
19	16/08/23	DFG	SWAPNA
20	17/08/23	AMALGAM	VIBIN
21	18/08/23	INFECTION CONTROL IN DENTISTRY	RISHANA
22	23/08/23	ISOLATION IN DENTISTRY	KAVYA
23	05/09/23	ISOLATION IN DENTISTRY	KAVYA
24	06/09/23	DFG	SWAPNA
25	07/09/23	INFECTION CONTROL IN DENTISTRY	RISHANA
26	12/09/23	CARIES PREVENTIVE MEASURES	PARVATHY
27	13/09/23	CARIES PREVENTIVE MEASURES	PARVATHY

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

28	06/10/23	TRIGEMINAL NERVE	NIKITHA
29	17/10/24	CARIES RISK ASSESSMENT AND DIAGNOSIS OF DENTAL CARIES	SNEHA
30	18/10/23	CARIES RISK ASSESSMENT AND DIAGNOSIS OF DENTAL CARIES	SNEHA
31	19/10/23	DENTAL CASTING ALLOYS	DIVYA
32	26/10/23	IMAGING TECHNIQUES IN ENDODONTICS	KAVYA
33	01/11/23	DEVELOPMENTAL DISTURBANCE OF TEETH	VIBIN
34	03/11/23	DEVELOPMENTAL DISTURBANCE OF TEETH	VIBIN
35	07/11/23	ENDODONTIC DIAGNOSIS	KAVYA
36	17/11/23	ANTIBIOTICS IN ENDODONTICS	RISHANA
37	29/11/23	BIOMIMETIC RESTORATIVE DENTISTRY	SWAPNA
38	01/12/23	BIOMIMETIC RESTORATIVE DENTISTRY	SWAPNA
39	05/12/23	BIOMIMETIC RESTORATIVE DENTISTRY	SWAPNA
40	13/12/23	ANTIBIOTICS IN ENDODONTICS	RISHANA
41	21/12/23	TOOTH PREPARATION FOR CAST RESTORATION	DIVYA
45	02/01/24	TOOTH PREPARATION FOR CAST RESTORATION	DIVYA
46	07/01/24	TOOTH PREPARATION FOR CAST RESTORATION	DIVYA
47	10/01/24	BIOMIMETIC MATERIALS IN ENDODONTICS	SWAPNA
48	11/01/24	DENTAL WAXES	ATHIRA
49	12/01/24	BIOMIMETIC MATERIALS IN ENDODONTICS	SWAPNA
50	13/01/24	DENTAL INVESTMENT MATERIAL	ALEENA
51	17/01/24	DENTAL INVESTMENT MATERIAL	ALEENA
52	18/01/24	CASTING FABRICATION	KAVYA
53	23/01/24	CASTING FABRICATION	KAVYA
54	29/01/24	DENTIN-PULP INTER RELATIONSHIP	SHEHIN
55	01/02/24	MTA	SWAPNA
56	02/02/24	DENTIN HYPERSENSITIVITY	PARVATHY
57	14/02/24	BIOMIMETIC MATERIALS IN ENDODONTICS	SWAPNA
58	26/02/24	IMPRESSION MATERIAL	ROSE MARIA
59	04/03/24	IMPRESSION MATERIAL	ROSE MARIA
60	05/03/24	IMPRESSION TECHNIQUE FOR CAST RESTORATION	DIVYA

Dr. MANOJ KUMAR K.P
KMCT Dental College
Manassery, Mukkam

61	11/03/24	DENTIN PULP INTER RELATIONSHIP	SHEHIN
62	14/03/24	IMPRESSION TECHNIQUE FOR CAST RESTORATION	DIVYA
63	18/03/24	IMPRESSION TECHNIQUE FOR CAST RESTORATION	DIVYA
64	21/03/24	SURGICAL ENDODONTICS	KAVYA
65	22/03/24	RECENT ADVANCES OF COMPOSITE	NIKITHA
66	27/03/24	COMPOSITE RESTORATION	ATHIRA S
67	01/04/24	HAND INSTRUMENTS IN OPERATIVE DENTISTRY	ATHIRA R
68	04/04/24	HAND INSTRUMENTS IN OPERATIVE DENTISTRY	ATHIRA R
69	05/04/24	RECENT ADVANCES IN COMPOSITE	NIKITHA
70	08/04/24	MUSCLES OF MASTICATION	ALEENA
71	15/04/24	MUSCLES OF FACIAL EXPRESSION	SHEHIN
72	22/04/24	LOCAL ANESTHESIA	ROSE MARIA
73	01/05/24	ROOT CANAL MORPHOLOGY	SNEHA
74	2/05/24	LOCAL ANESTHESIA	ROSE MARIA
75	10/05/24	RECENT ADVANCES IN COMPOSITE	NIKITHA
76	15/05/24	HEMOSTASIS &COAGULATION DISORDER	ATHIRA S
77	17/05/24	ROOT CANAL MORPHOLOGY	SNEHA
78	21/05/24	INFECTION CONTROL IN DENTISTRY	ATHIRA R
79	24/05/24	INFECTION CONTROL IN DENTISTRY	ATHIRA R
80	27/05/24	RESEARCH METHODOLOGY	ALEENA
81	29/05/24	CLEANING &SHAPING	VIBIN

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

SEMINAR LIST-FINAL YEAR PART 2

ROLL NO	NAME	CONSERVATIVE	ENDODONTICS	DATE
1.	ABHIJITH P A	OCCLUSION IN OPERATIVE DENTISTRY	AGE RELATED CHANGES OF THE DENTAL PULP	5/3/24-30/3/24
2.	ABHIRAMI S V	OCCLUSAL CONSIDERATION IN OPERATIVE DENTISTRY	PULP ANATOMY AND HISTOLOGY	
3.	AFSANA A	BIOLOGICAL CONSIDERATIONS FOR OPERATIVE PROCEDURES	DIAGNOSTIC AID S IN ENDODONTICS	
4.	AISWARYA ANIL	BIOLOGICAL RESPONSE TO DENTAL PROCEDURES	ENDODONTIC RADIOGRAPHS	
5.	AKSHAY V R	PULP PROTECTIVE MECHANISM	ENDODONTIC MICROBIOLOGY	
6.	ALIYA M M	CONTACT & CONTOUR	DIAGNOSTIC TESTING PROCEDURES IN ENDODONTICS	
7.	ANJALA K THAMPI	EFFECT OF DENTAL PROCEDURES TO PULP	RADIOGRAPHS IN ENDODONTICS	
8.	ANNA JOSEPH	RADIATION SAFETY IN OPERATORY	CASE HISTORY AND TREATMENT PLANNING IN ENDODONTICS	
9.	ANUSHA M N	DEVELOPMENT OF DENTAL STRUCTURES	PULPAL PATHOSIS	
10.	ARCHANA NAIR	ISOLATION OF THE OPERATING FIELD	PERIAPICAL PATHOSIS	
11.	ASWATHY J RAJ	RUBBER DAM	OROFACIAL PAIN	
12.	AYSHA NAVREEN	INFECTION CONTROL IN OPERATIVE DENTISTRY	ANTIBIOTICS IN ENDODONTICS	5/3/24-30/3/24
13.	B DEVIKA	STERILIZATION & DISINFECTION	STERILIZATION AND DISINFECTION IN ENDODONTICS	

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

14.	BENSIYA NAZRIN N	OCCUPATIONAL HAZARDS IN OPERATIVE DENTISTRY	MICROBIOLOGY OF ENDODDONTIC DISEASES	
15.	FATHIMA FITHA	VIRAL INFECTIONS IN THE DENTAL OPERATORY	RATIONALE OF ENDODONTICS	11/4/24-10/5/24
16.	GRACE ELICE JOHN	ASEPSIS IN OPERATIVE DENTISTRY	PULP ANATOMY AND HISTOLOGY	
17.	HANA	STERILIZATION PROTOCOL IN OPERATIVE DENTISTRY	ANATOMY OF DENTAL PULP	
18.	HANA ABDUL KAREEM	PRELIMINARY CONSIDERATIONS IN OPERATIVE DENTISTRY	ANATOMY OF ROOT APEX	
19.	HIBA RAHMAN	GRASP, FINGER REST & CHAIR POSITION	BIOLOGICAL CONSIDERATIONS IN ENDODONTICS	
20.	JOMOL ANN JOSEPH	HAND CUTTING INSTRUMENTS USED IN OPERATIVE DENTISTRY	RADIOGRAPHS IN ENDODONTICS	
21.	LAZIN FATHIMA	FINISHING AND POLISHING INSTRUMENTS	UNIVERSAL PRECAUTIONS	
22.	MAJIDHA	OPERATIVE HAND INSTRUMENTS	1. ROOT RESORPTION	
23.	MALAVIKA N	OPERATIVE ROTARY INSTRUMENTS	1. MANAGEMENT OF TRAUMATIC INJURIES	
24.	MALAVIKA P A	OPERATIVE INSTRUMENTS	1. AVULSION AND IT MANAGEMENT	
25.	MERIN MATHEW	POWERED DENTAL CUTTING TOOLS	CRACKED TOOTH SYNDROME	
26.	MIRSHANA M ASHRAF	OPERATIVE CONSIDERATIONS IN A MEDICALLY COMPROMISED	TRAUMATIC INJURIES TO TOOTH	11/4/24-10/5/24
27.	MOHAMMED	EVALUATION AND	RADIOGRAPHIC	

Dr. MANOJ KU
Principal
KMCT Dental College
Manassery, Mukkam

	ANAS	TREATMENT PLANNING IN CONSERVATIVE DENTISTRY	TECHNIQUES IN ENDODONTICS	
28.	MUSFIRA M K	DEEP CARIOUS ETIOLOGY OF DENTAL CARIES	PATHOPHYSIOLOGY OF ODODNTOGENIC AND NON-ODODNTOGENIC PAIN	
29.	NADHA NADEER K	ETIOLOGY OF DENTAL CARIES	CANAL CONFIGURATION AND VARIATIONS	
30.	NAHNA NILOFER	CARIES ACTIVITY TESTS	RELEVANCE OF MICROBIAL CULTURE IN ENDODONTICS	
31.	NAJI MUHAMMAD	CARIES DAIGNOSIS	EXAMINATION AND HISTORY TAKING I.	11/5/24-21/6/24
32.	NAJIYA FATHIMMA P A	CATEGORIZATION OF CARIES & CAVITIES FLUORIDES AND ITS DENTAL EFFECTS	SURGICAL ENDODONTICS	
33.	NAJUMA	DEVELOPMENT OF DENTAL CARIES	PERFORATIONS AND ITS MANAGEMENT	
34.	NANDANA VINOD	ISOLATION	ENDODONTIC FAILURES	
35.	NEHA SHEZIN M T	DIAGNOSIS OF DENTAL CARIES	FLAP DESIGNS FOR ENDODONTIC SURGERY	
36.	NIFSHA P	PREVENTIVE MEASURES FOR DENTAL CARIES	ROOT END FILLING MATERIALS	
37.	RINSHA RAJU K	MANAGEMENT OF DEEP CARIOUS LESIONS	BLEACHING OF TOOTH	
38.	RISHIKA P	ETIOLOGY OF DENTAL CARIES	MANAGEMENT OF ENDODONTIC EMERGANCIES	

Principal
KMCT Dental College
Manassery, Mukkam

39.	SANAH BASHEER	COMPLEX AMALGAM RESTORATIONS	CLASSIFICATIONS OF TRAUMATIC INJURIES	
40.	SANDRA K	IMPRESSIONS FOR CAST RESTORATIONS	ENDODONTIC DAIGNOSIS	
41.	SANJITH SANTHOSH	AESTHETIC CONSIDERATIONS IN CONSERVATIVE DENTISTRY	BIOMECHANICAL PREPARATION	
42.	SHIBINI P	ADHESION IN OPERATIVE DENTISTRY	OBTURATION	
43.	SHIJAS AHAMMED M C C	RUBBER DAM	SINGLE VISIT ENDODONTICS	22/1/24-4/3/24
44.	SHONIMA P	PATHOGENESIS OF DENTAL CARIES	INTRA RADICULAR POSTS	
45.	SONA	THEORIES OF DENTAL CARIES AND HISTOPATHOLOGY	RECENTS ADVANCES IN ENDODONTICS	
46.	SREELAKSHMI P S	CARIES DIAGNOSIS AND HISTOPATHOLOGY	ENDODONTIC MICROSURGERY	
47.	SREYA SURESH	PIN RETAINED RESTORATIONS	RETROGRADE MATERIALS	
48.	ZEBA NASAR	INDIRECT TOOTH COLORED RESTORATIONS	ENDODONTIC MISHAPS	
49.	DHANYA R	TOOTH PREPARATION FOR COMPOSITES	ENDODONTIC RE-TREATMENT	
50.	SARATHLAL	CAST RESTORATIONS	ENDODONTIC MANAGEMENT OF IMMATURE TEETH	

Dr. [illegible]
Principal
KMCT Dental College
Manassery, Mukkam

51.	ABILA J SOMAN	BEVELS AND FLARES	PERIO-ENDODONTIC INTER RELATIONSHIPS	
52.	KADEEJA	INLAYS AND ONLAYS	POST ENDODONTIC RESTORASTIONS	
53.	SANIDA	INTRA CORONAL CAST METAL RESTORATIONS	MANAGEMENT OF DISCOLORED TEETH	
54.	SABHIKA V	GINGIVAL TISSUE MANAGEMENT	SINGLE VISIT ENDODONTICS	22/1/24-4/3/24
55.	POOJA	INDIRECT RESTORATIONS	HEALING AFTER ENDODONTICS	

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

JOURNAL CLUB

Journal club provide a platform for meaningful interaction with peers, enhance one's scholarly visibility, and contribute significantly to the academic community. It is essential for disseminating new knowledge, fostering discussions, and enhancing one's communication skills.

JOURNAL PRESENTATION TOPIC LIST

SI NO	DATE	TOPIC	STUDENT NAME
1	02/08/23	Retreatability of bioceramic sealer and AH plus root canal sealer using new supplementary instrumentation protocol during non surgical endodontics	KAVYA
2	22/08/23	In vitro pulpal temperature increase when photo curing bulk fill resin based composite using laser or light emitting diode light curing units	DIVYA
3	03/10/23	The Efficiency of the BTR-pen system in removing different types of broken instruments from root canals and different on fracture resistance of root	DIVYA
4	04/10/23	An arithmetic crown down dynamic tactile instrumentation technique:A case report of an S shaped root canal	KAVYA
5	10/10/23	Influence of cross section &pitch on the mechanical response of NiTi Endodontic files under bending torsional conditions :A finite element analysis.	SWAPNA
6	24/10/23	Evaluation of dentin structure loss after separated file retrieval by three different techniques: An Exvivo study.	SWAPNA
7	14/11/23	In vitro study comparing retention of custom post& core fabricated using conventional,CAD/CAM Milling&3D printing techniques.	DIVYA
8	15/11/23	Removal of fractured endodontic instruments using an ND_YAG Laser.	PARVATHY
9	16/11/23	Canal transportation &Centering ratio preparation in severely curved canals:Analysis by micro CT and double digital radiography.	SWAPNA
10	28/11/23	Evaluation of the proximal contact tightness in Class II resin composites restoration using different contact forming instruments:a 1 year randomized controlled clinical trial	DIV
11	30/11/23	Real time guided endodontics with a miniaturized dynamic navigation system versus conventional free	KAVYA

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

		hand Endodontic access cavity preparation: Substance loss &procedure time.	
12	12/12/23	Advances in diastema closure & tooth shape change using direct composite restoration: The front wing technique	
13	13/12/23	Ceramic laminate veneers: Effect of preparation design &ceramic thickness on fracture resistance and marginal integrity.	NIKITHA
14	19/12/23	Fracture resistance,failure mode & stress concentration in a modified endocrown design	SWAPNA
15	09/01/24	Investigation of the efficacy of different Niti system on acrylic blocks for correcting ledge formation	KAVYA
16	24/01/24	Selective root retreatment: A randomised clinical trial.	SNEHA
17	25/01/24	Efficiency of the new reciprocating & rotary systems with or without ultrasonics in removing root canals Filling with calcium silicate based sealer.	NIKITHA
18	30/01/24	Effect of two artificial aging protocols on color and gloss of single shade Versus multi shade resin composites	VIBIN
19	13/02/24	Comparative analysis of bonding strength between enamel overlay of varying thicknesses following an aging test	KAVYA
20	15/02/24	Dentinal tubule penetration and dislocation resistance of a new bioactive root canal sealer following root canal medicaments removal using sonic agitation or laser activated irrigation	PARVATHY
21	16/02/24	Morphological and chemical analysis of a different types of Calcium silicate Based cement.	NIKITHA
22	20/02/24	A novel modified obturation technique using biosealers:An ex vivo study.	SNEHA
23	22/02/24	A modified partial platform technique to retrieve instrument fragments from curved and narrow canals: A report of 2 cases.	VIBIN
24	01/03/24	An invitro evaluation of different irrigation protocols on intracanal smear layer removal in teeth with or without pre-endodontic proxim[illegible]	PARVATHY
25	08/03/24	Effect of intra coronal depth of teeth restored with endo crowns on fracture resistance. In vitro [illegible]	VIBIN

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

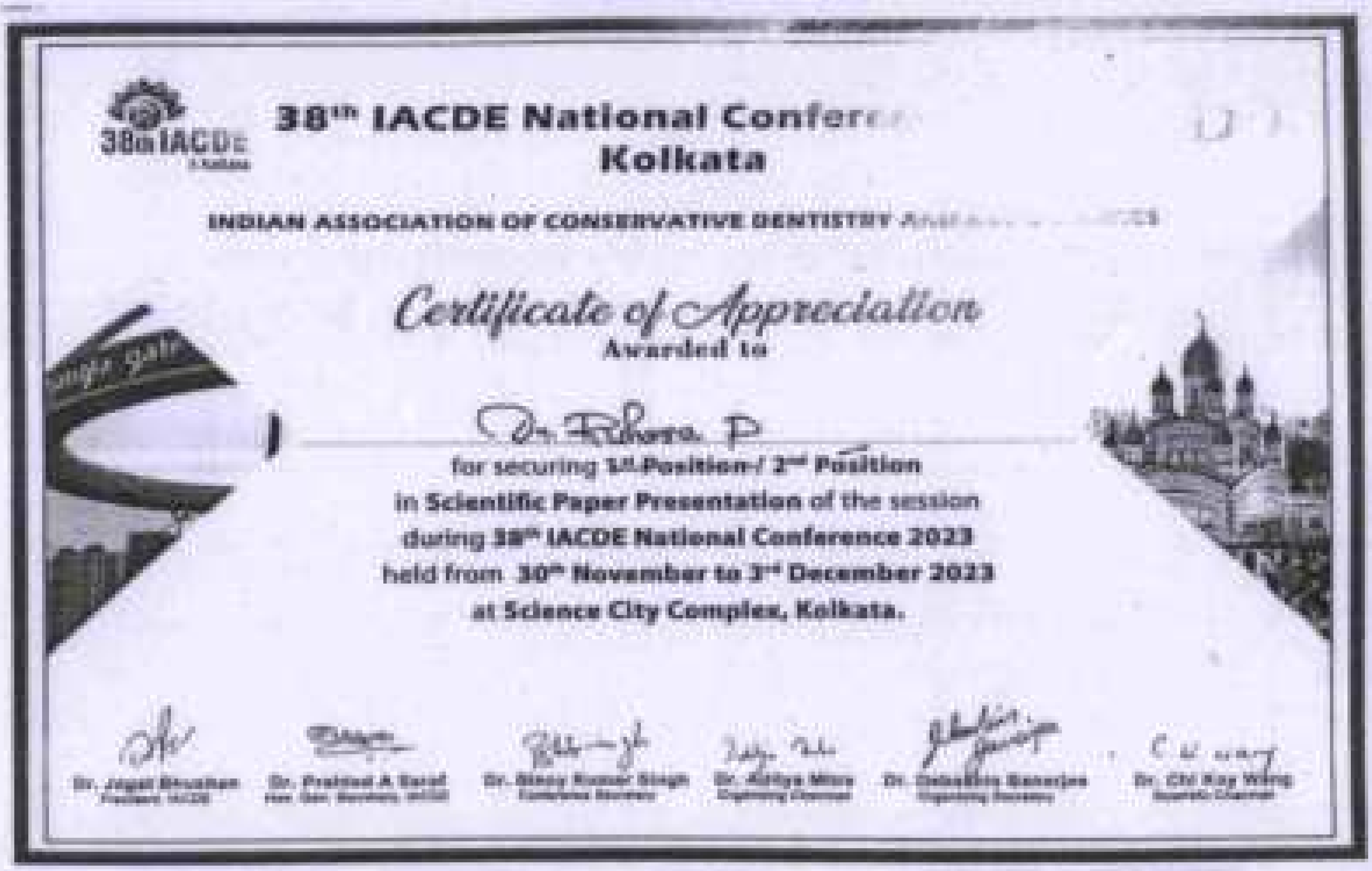
		finite element analysis.	
26	13/03/24	A novel endodontic approach in removing smear layer using nano submicron diamonds with intracanal oscillation.	SNEHA
27	26/03/24	Impact of type 2 Diabetis mellitus on the occurrence of vertical Root fracture:A case control study.	PARVATHY
28	28/03/24	Patient specific finite element analysis of fiber post and ferrule design.	NIKITHA
29	02/04/24	Stress distribution in internal resorption cavities restored with different materials at different root levels:A finite element analysis study	VIBIN
30	03/04/24	Guided endodontics: Use of a sleeveless guide system on an upper premolar with pulp canal obliteration of apical periodontitis.	SNEHA
31	16/04/24	Color masking white fluorotic spots by resin infiltration and its quantitation by computerized photometric analysis:A 12 month follow up study.	VIBIN
32	17/04/24	Root canal configuration and its relation with endodontic technical errors in premolar teeth: A CBCT Analysis.	ATHIRA S
33	24/04/24	Evaluation of pulp responses to novel bioactive glass pulp capping materials.	NIKITHA
34	25/04/24	Incidence & Intensity of pain following endodontic treatment by different instrumentation techniques in teeth with periapical lesion.	ALEENA
41	14/05/24	Direct composite restoration of maxillary central incisors using a 3D printed template:2 Clinical cases	NIKITHA
42	22/05/24	Deep margin elevation with Resin modified GIC in posterior adhesive indirect restorations based on Biomimetic principles:A Case report	RISHANA
43	23/05/24	Evaluation of cytotoxicity &Adaptability of a novel bioceramic root canal sealer:An in vitro scanning electron microscope study	ATHIRA S
44	28/05/24	Methods for determination of root canal curvature: A brief review	SNEHA
45	31/05/24	Prevalence and characteristics of root resorption identified in cone beam computed tomography scans	ROSE

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

PARTICIPATION IN CONFERENCES AND CONVENTIONS:

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

ACHEIVEMENTS



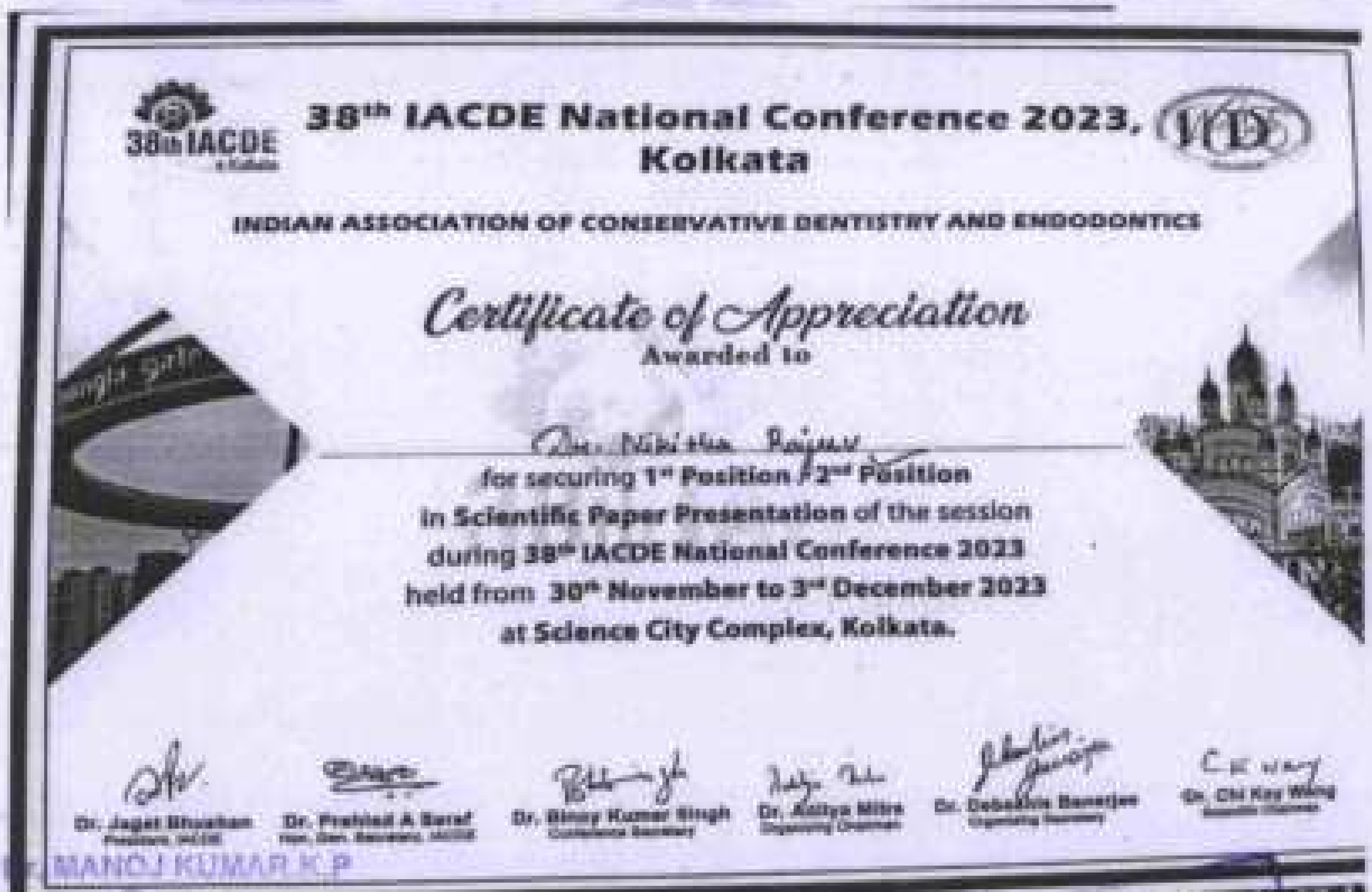
38th IACDE National Confer
Kolkata

INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY

Certificate of Appreciation
Awarded to

Dr. Rihana P
for securing ~~1st Position~~/ 2nd Position
in **Scientific Paper Presentation** of the session
during 38th IACDE National Conference 2023
held from 30th November to 3rd December 2023
at Science City Complex, Kolkata.

Dr. Jagat Bhushan, President, IACDE
Dr. Prahlad A Saraf, Hon. Gen. Secretary, IACDE
Dr. Binoy Kumar Singh, Conference Secretary
Dr. Aditya Mitra, Organising Chairman
Dr. Debashis Banerjee, Organising Secretary
Dr. Chi Kay Wong, Scientific Chairman



38th IACDE National Conference 2023,
Kolkata

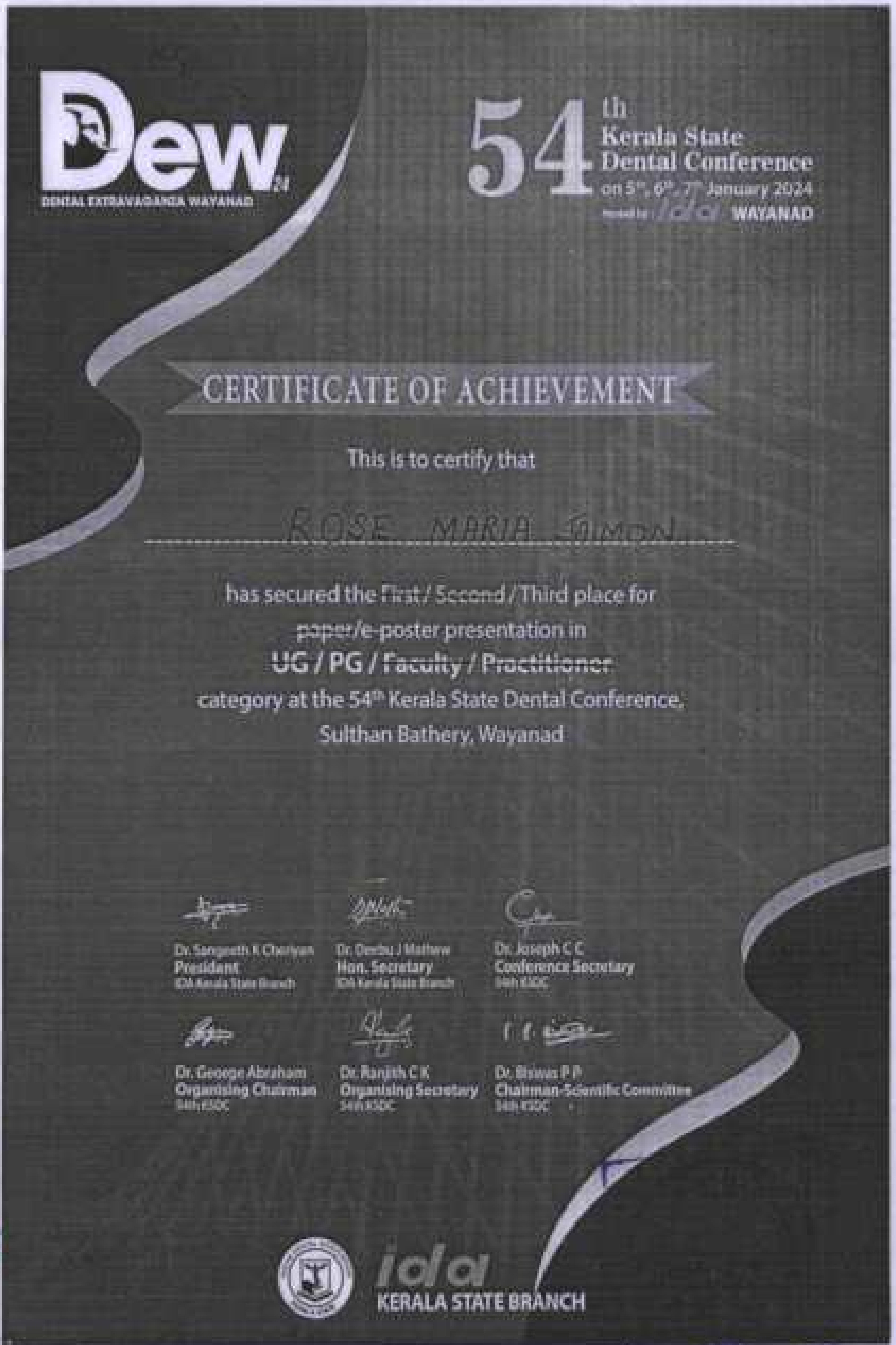
INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Certificate of Appreciation
Awarded to

Dr. Nikitha Rajeev
for securing 1st Position / 2nd Position
in **Scientific Paper Presentation** of the session
during 38th IACDE National Conference 2023
held from 30th November to 3rd December 2023
at Science City Complex, Kolkata.

Dr. Jagat Bhushan, President, IACDE
Dr. Prahlad A Saraf, Hon. Gen. Secretary, IACDE
Dr. Binoy Kumar Singh, Conference Secretary
Dr. Aditya Mitra, Organising Chairman
Dr. Debashis Banerjee, Organising Secretary
Dr. Chi Kay Wong, Scientific Chairman

Dr. MANOJ KUMAR K.P
KMCT Dental College
Manassery, Mukkam



Dew
DENTAL EXTRAVAGANZA WAYANAD

54th
Kerala State
Dental Conference
on 5th, 6th, 7th January 2024
hosted by ida WAYANAD

CERTIFICATE OF ACHIEVEMENT

This is to certify that

ROSE MARIA SIMON

has secured the ~~First / Second~~ / Third place for
~~paper~~/e-poster presentation in
UG / PG / ~~Faculty / Practitioner~~
category at the 54th Kerala State Dental Conference,
Sulthan Bathery, Wayanad

Dr. Sangeeth K Cheriyan
President
IDA Kerala State Branch

Dr. Deebu J Mathew
Hon. Secretary
IDA Kerala State Branch

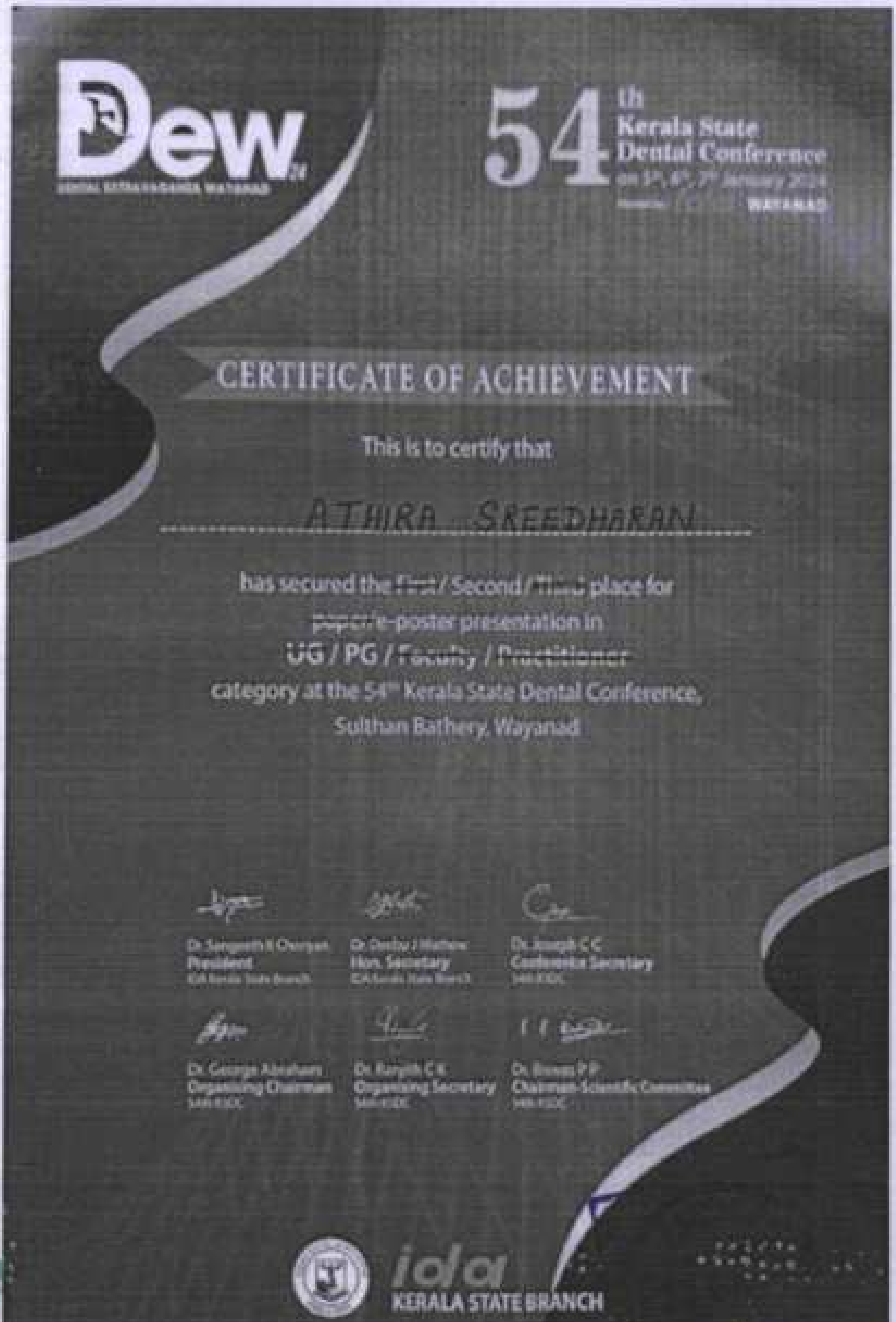
Dr. Joseph C C
Conference Secretary
54th KSDC

Dr. George Abraham
Organising Chairman
54th KSDC

Dr. Ranjith C K
Organising Secretary
54th KSDC

Dr. Biswas P P
Chairman-Scientific Committee
54th KSDC

ida
KERALA STATE BRANCH



Dew24
DENTAL EXTRAVAGANZA, WAYANAD

54th Kerala State Dental Conference
on 5th, 6th, 7th January 2024
WAYANAD

CERTIFICATE OF ACHIEVEMENT

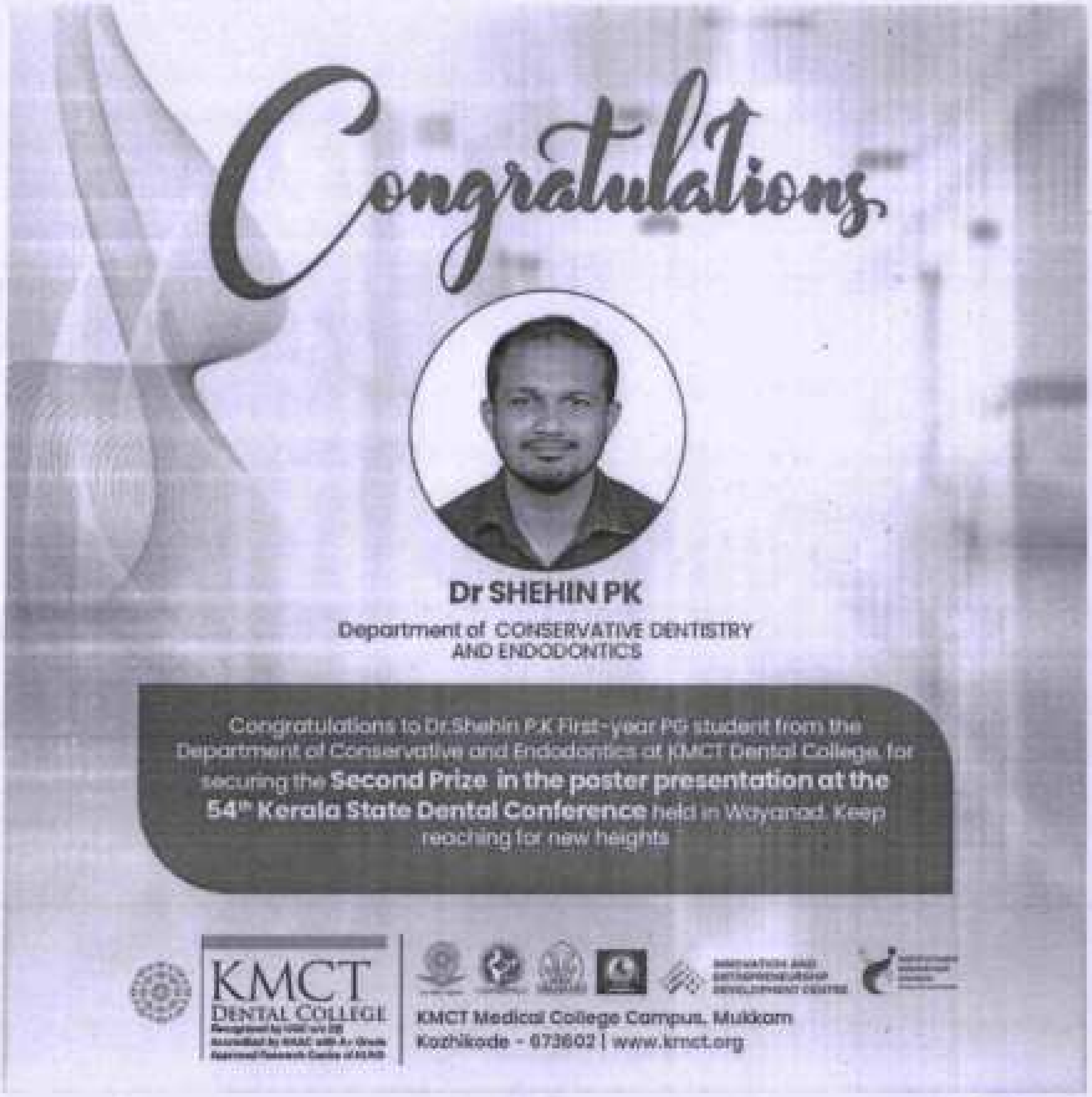
This is to certify that

ATHIRA SREEDHARAN

has secured the ~~First~~/ Second / ~~Third~~ place for
~~paper/~~e-poster presentation in
UG / PG / ~~Faculty~~ / ~~Practitioner~~
category at the 54th Kerala State Dental Conference,
Sulthan Bathery, Wayanad

Dr. Sangeeth K Cheriyan **President** IDA Kerala State Branch	Dr. Deebu J Mathew **Hon. Secretary** IDA Kerala State Branch	Dr. Joseph C C **Conference Secretary** 54th KSDC
Dr. George Abraham **Organising Chairman** 54th KSDC	Dr. Ranjith C K **Organising Secretary** 54th KSDC	Dr. Binesh P P **Chairman-Scientific Committee** 54th KSDC

ida
KERALA STATE BRANCH



Congratulations

Dr SHEHIN PK

Department of CONSERVATIVE DENTISTRY
AND ENDODONTICS

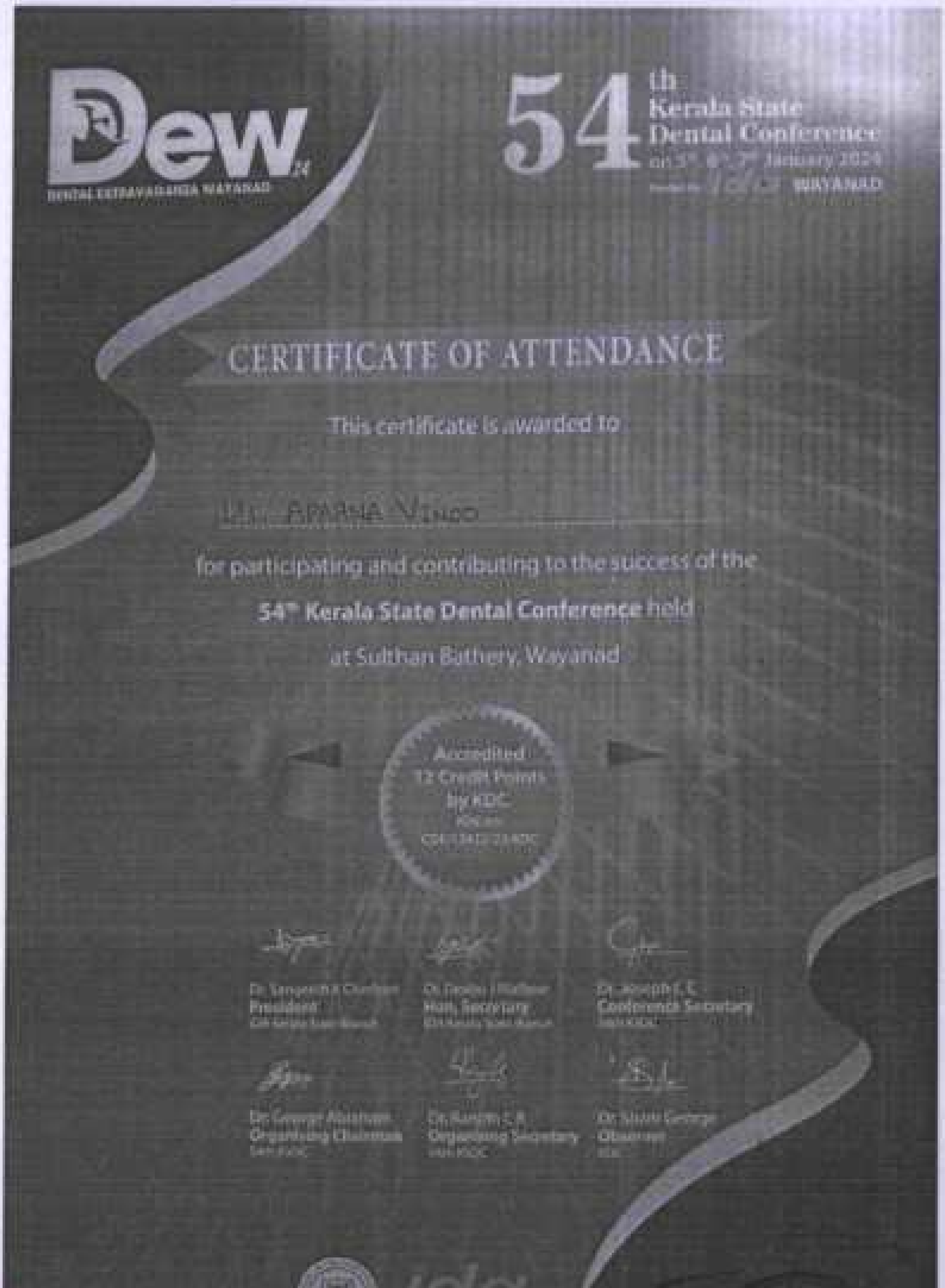
Congratulations to Dr.Shehin P.K First-year PG student from the Department of Conservative and Endodontics at KMCT Dental College, for securing the **Second Prize in the poster presentation at the 54th Kerala State Dental Conference** held in Wayanad. Keep reaching for new heights

KMCT
DENTAL COLLEGE

KMCT Medical College Campus, Mukkam
Kozhikode - 673602 | www.kmct.org

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

CONFERENCE PARTICIPATION CERTIFICATE



Dew24
DENTAL EXTRAVAGANZA WAYANAD

54th Kerala State Dental Conference
on 5th, 6th & 7th January 2024
WAYANAD

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Ms. APARNA VINOD

for participating and contributing to the success of the **54th Kerala State Dental Conference** held at Sulthan Bathery, Wayanad

Accredited
12 Credit Points
by KDC

Dr. Sangeeth K Cherian
President
IDA Kerala State Branch

Dr. Deebu J Mathew
Hon. Secretary
IDA Kerala State Branch

Dr. Joseph E. C.
Conference Secretary
54th KSDC

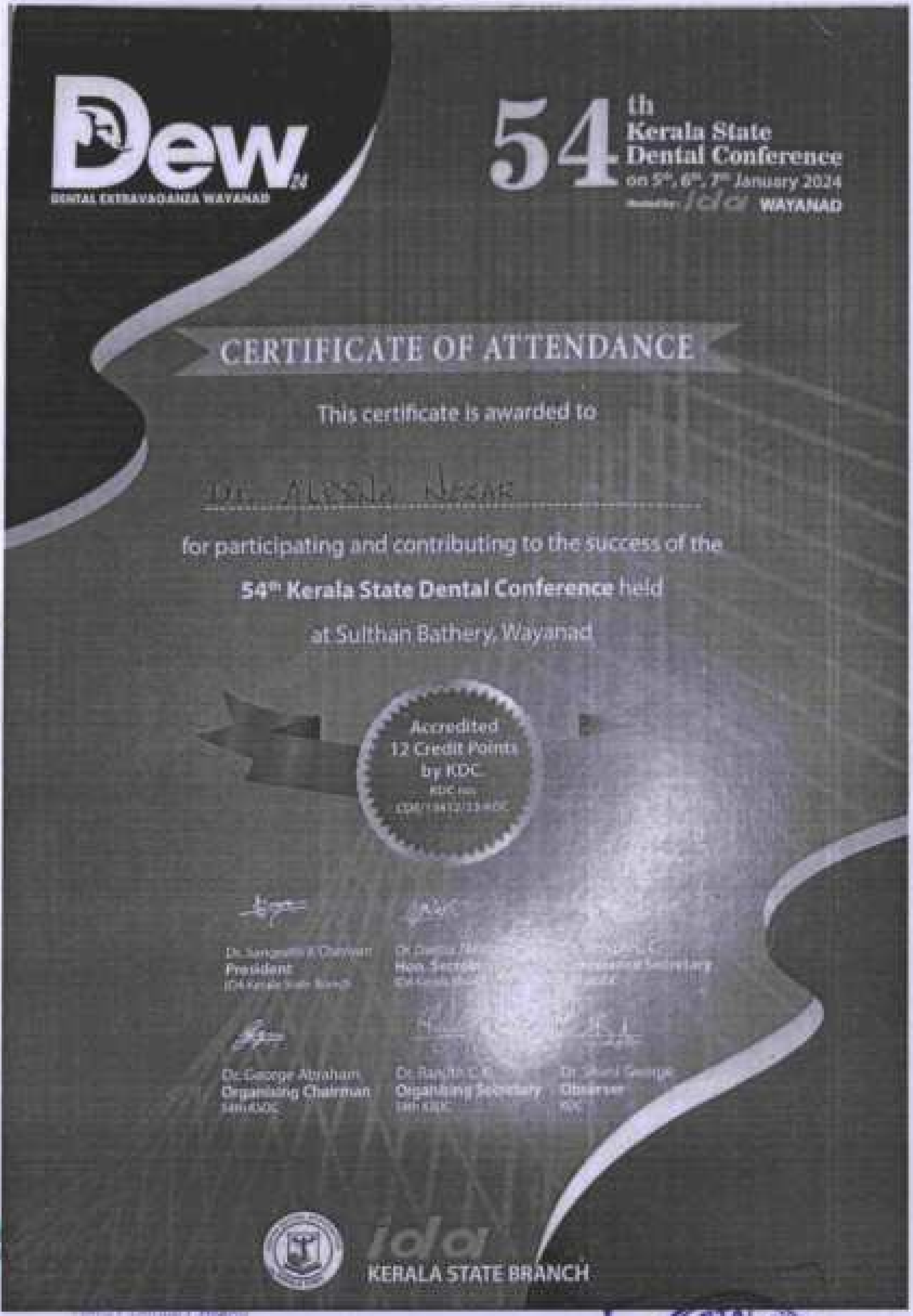
Dr. George Abraham
Organising Chairman
54th KSDC

Dr. Ranjith C.R.
Organising Secretary
54th KSDC

Dr. Sajith George
Observer
KDC

ida
KERALA STATE BRANCH

Principal
KMCT Dental College
Manassery, Mukkam



Dew24
DENTAL EXTRAVAGANZA WAYANAD

54th Kerala State Dental Conference
on 5th, 6th, 7th January 2024
Hosted by: ida WAYANAD

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Dr. Aleena Nazar

for participating and contributing to the success of the **54th Kerala State Dental Conference** held at Sulthan Bathery, Wayanad

Accredited
12 Credit Points
by KDC
KDC no.
[illegible]

Dr. Sangeetha K Cheriyan
President
IDA Kerala State Branch

Dr. [illegible]
Hon. Secretary
IDA Kerala State Branch

[illegible]
[illegible] Secretary
[illegible]

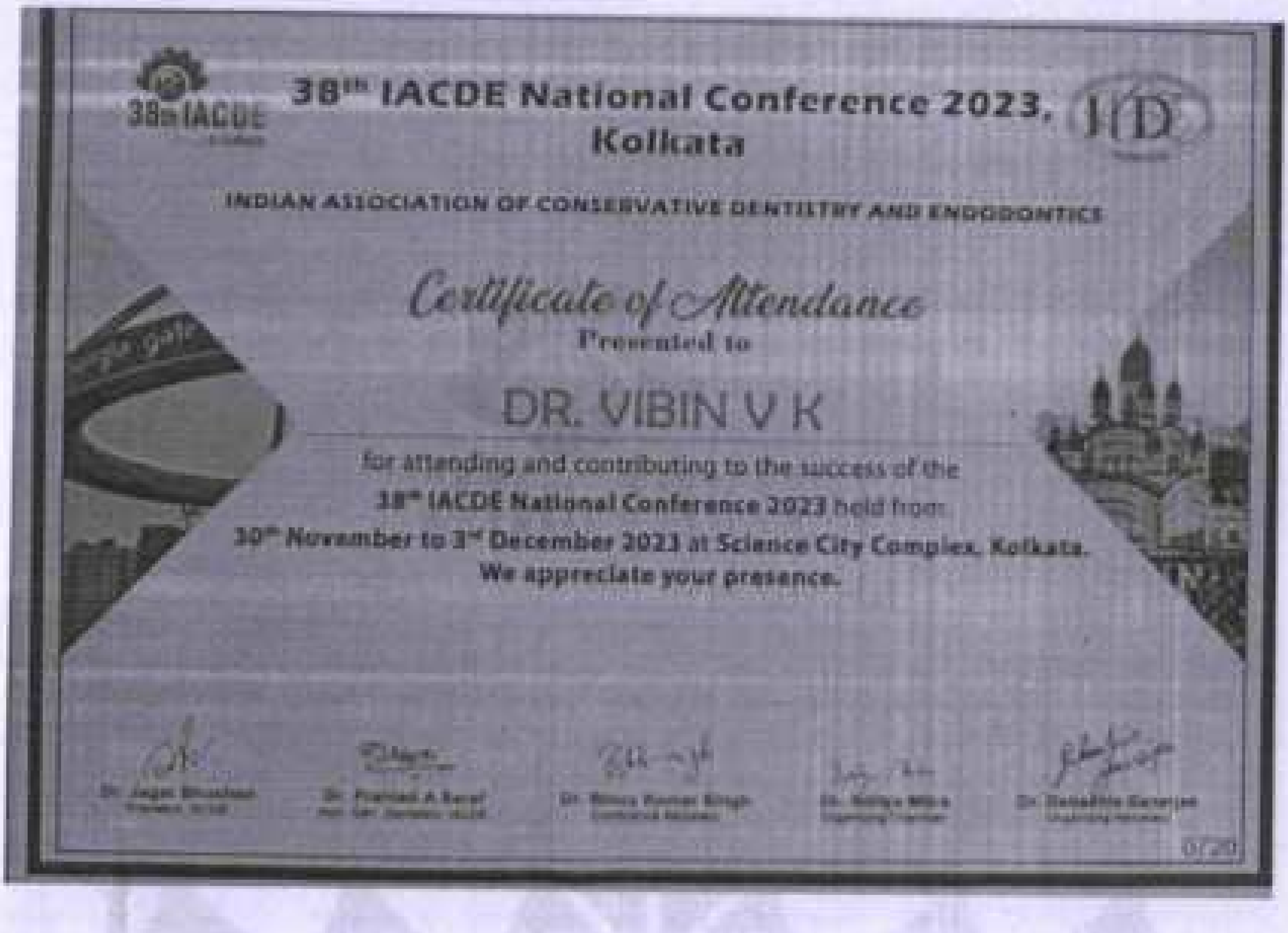
Dr. George Abraham
Organising Chairman
54th KSDC

Dr. Ranjith C K
Organising Secretary
54th KSDC

Dr. [illegible] George
Observer
KDC

ida
KERALA STATE BRANCH

KMCT Dental College
Manassery, Mukkam



38th IACDE National Conference 2023, Kolkata

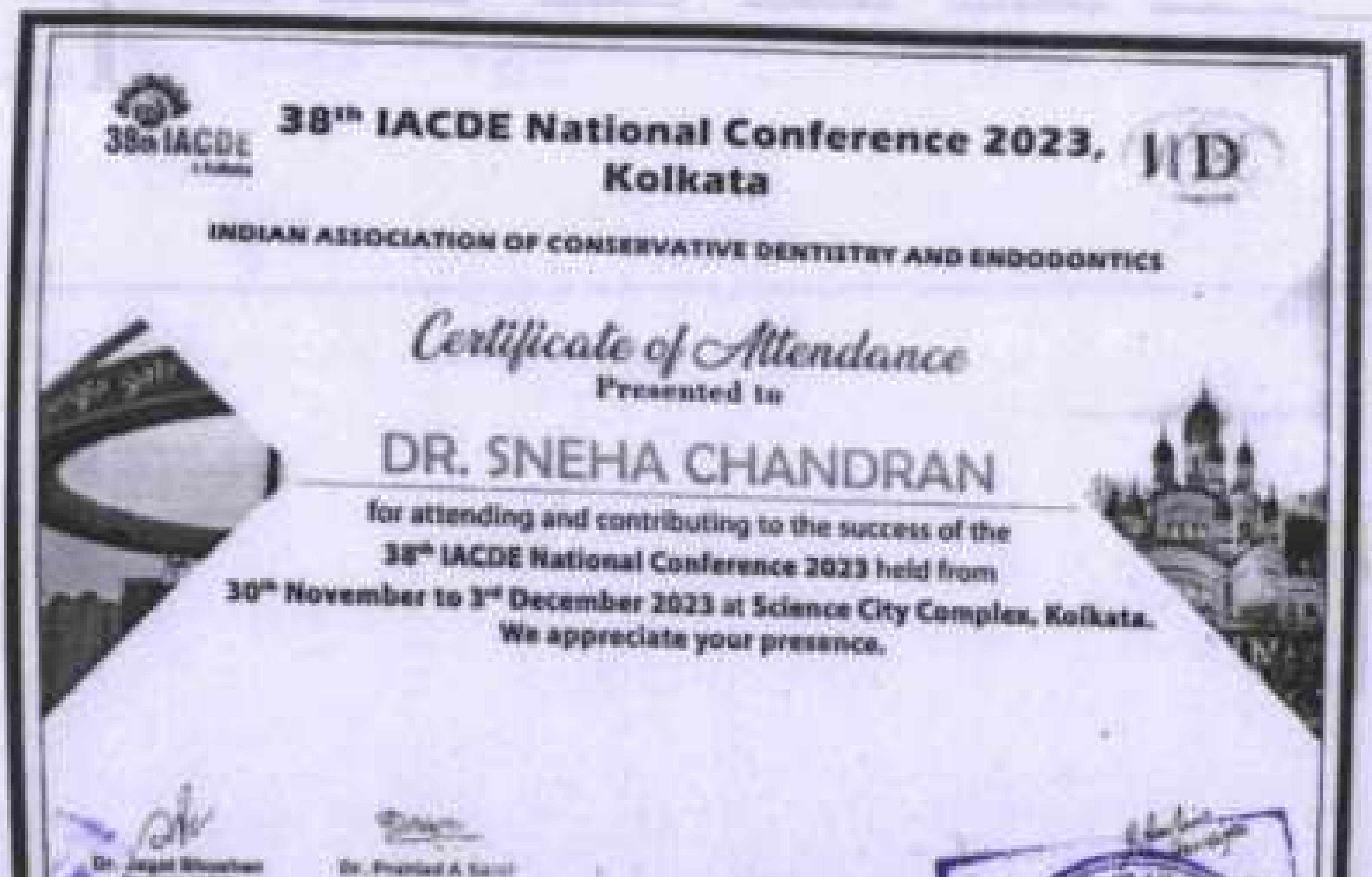
INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Certificate of Attendance

Presented to

DR. VIBIN V K

for attending and contributing to the success of the 38th IACDE National Conference 2023 held from 30th November to 3rd December 2023 at Science City Complex, Kolkata. We appreciate your presence.



38th IACDE National Conference 2023, Kolkata

INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Certificate of Attendance

Presented to

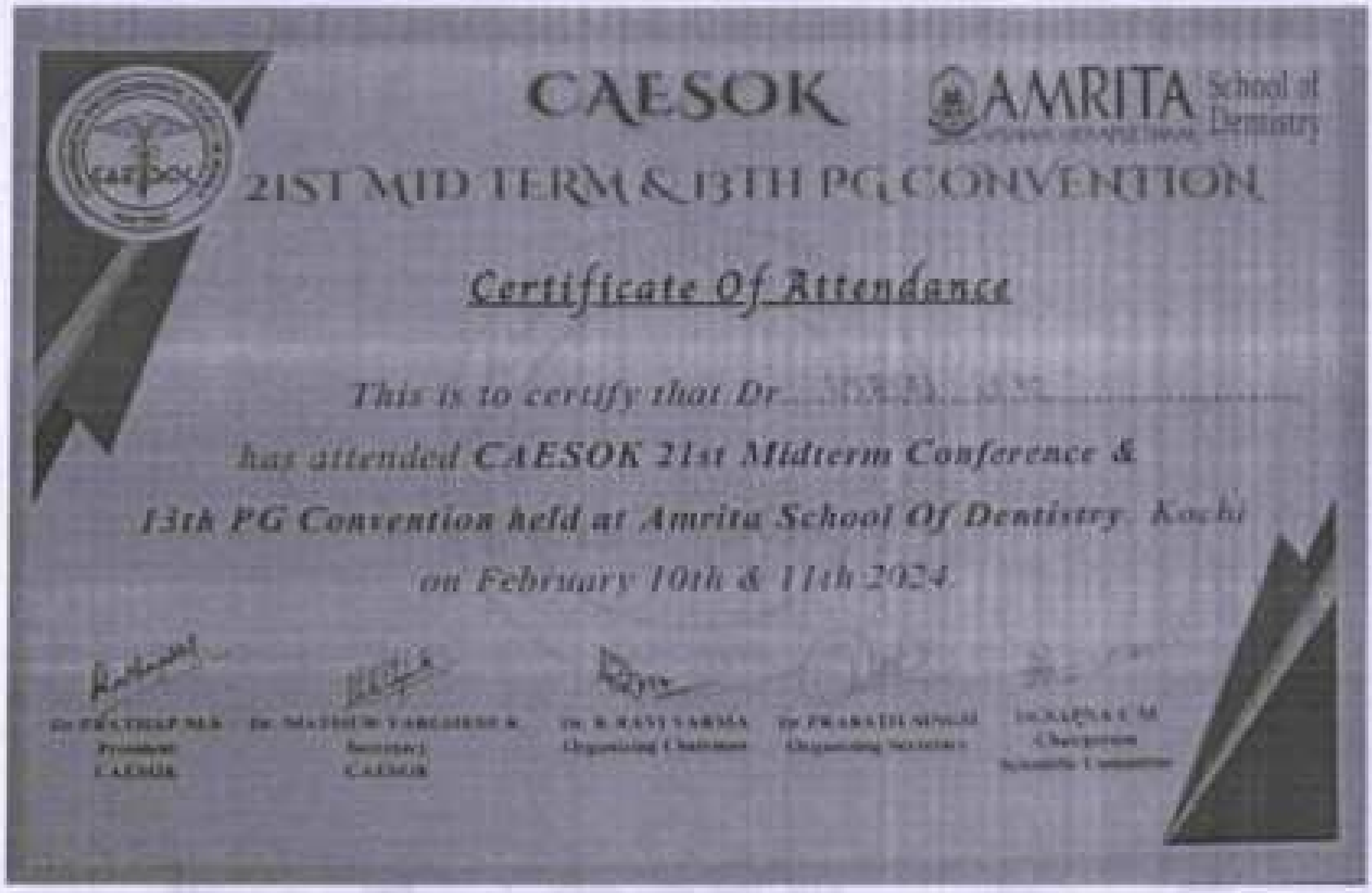
DR. SNEHA CHANDRAN

for attending and contributing to the success of the 38th IACDE National Conference 2023 held from 30th November to 3rd December 2023 at Science City Complex, Kolkata. We appreciate your presence.

Dr. Jagat Bhushan

Dr. Pralhad A Saraf

Principal
KMCT Dental College



CAESOK AMRITA School of Dentistry

21ST MID TERM & 13TH PG CONVENTION

Certificate Of Attendance

This is to certify that Dr [illegible]

has attended **CAESOK 21st Midterm Conference &**

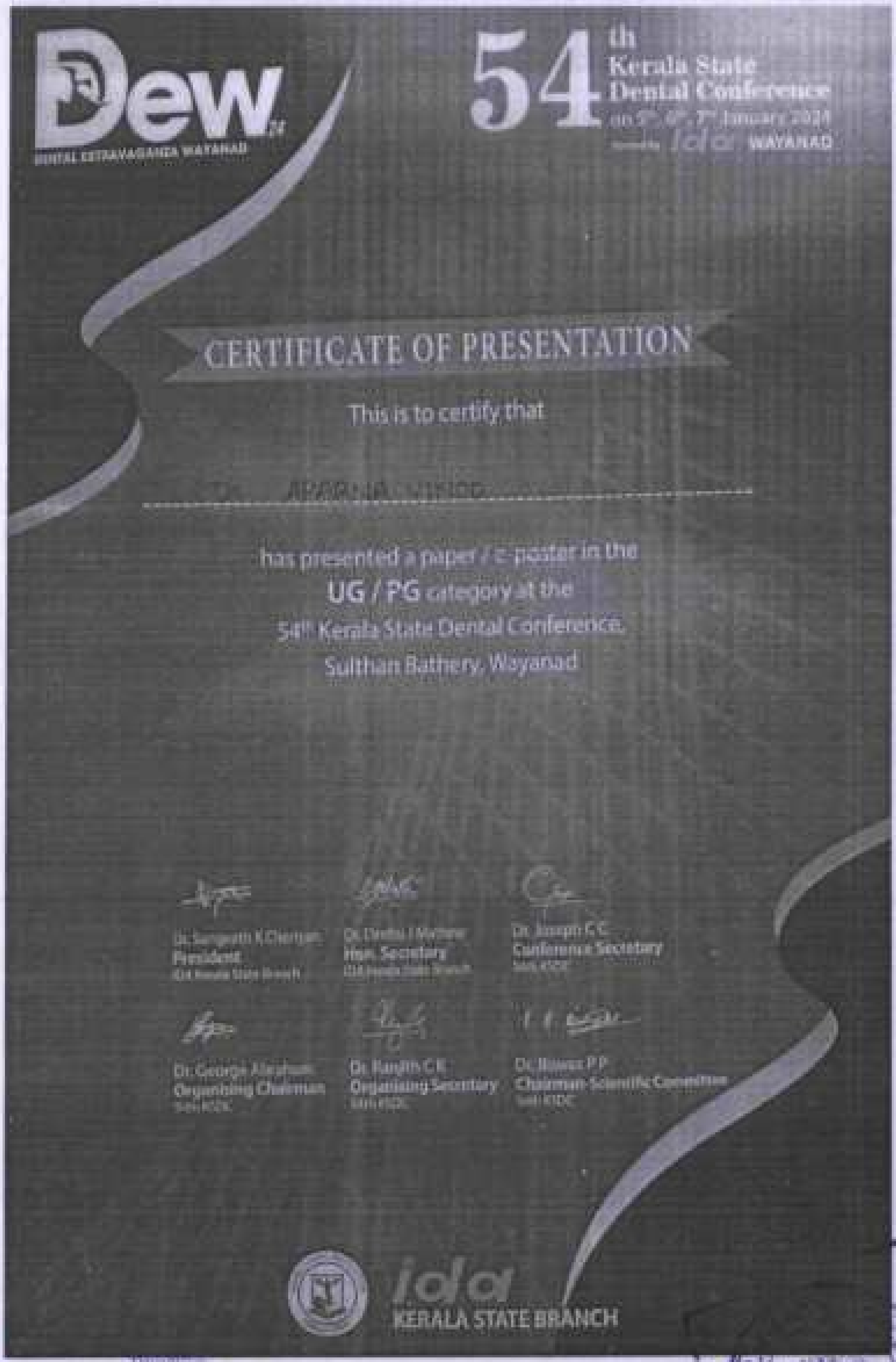
13th PG Convention held at Amrita School Of Dentistry, Kochi

on February 10th & 11th 2024.

Dr PRATHAP M.S President CAESOK	Dr. MATHEW VARGHESE K Secretary CAESOK	Dr. K RAVI VARMA Organizing Chairman	Dr PRABATH SINGH Organizing Secretary	Dr SAPNA C.M Chairperson Scientific Committee

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

CERTIFICATE OF PRESENTATION



Dew 24
DENTAL EXTRAVAGANZA WAYANAD

54th
Kerala State
Dental Conference
on 5th, 6th, 7th January 2024
Hosted by ida WAYANAD

CERTIFICATE OF PRESENTATION

This is to certify that

Dr. APARNA VINOD

has presented a paper / e-poster in the
UG / PG category at the
54th Kerala State Dental Conference,
Sulthan Bathery, Wayanad

Dr. Sangeeth K Cherian
President
IDA Kerala State Branch

Dr. Deebu J Mathew
Hon. Secretary
IDA Kerala State Branch

Dr. Joseph C C
Conference Secretary
54th KSDC

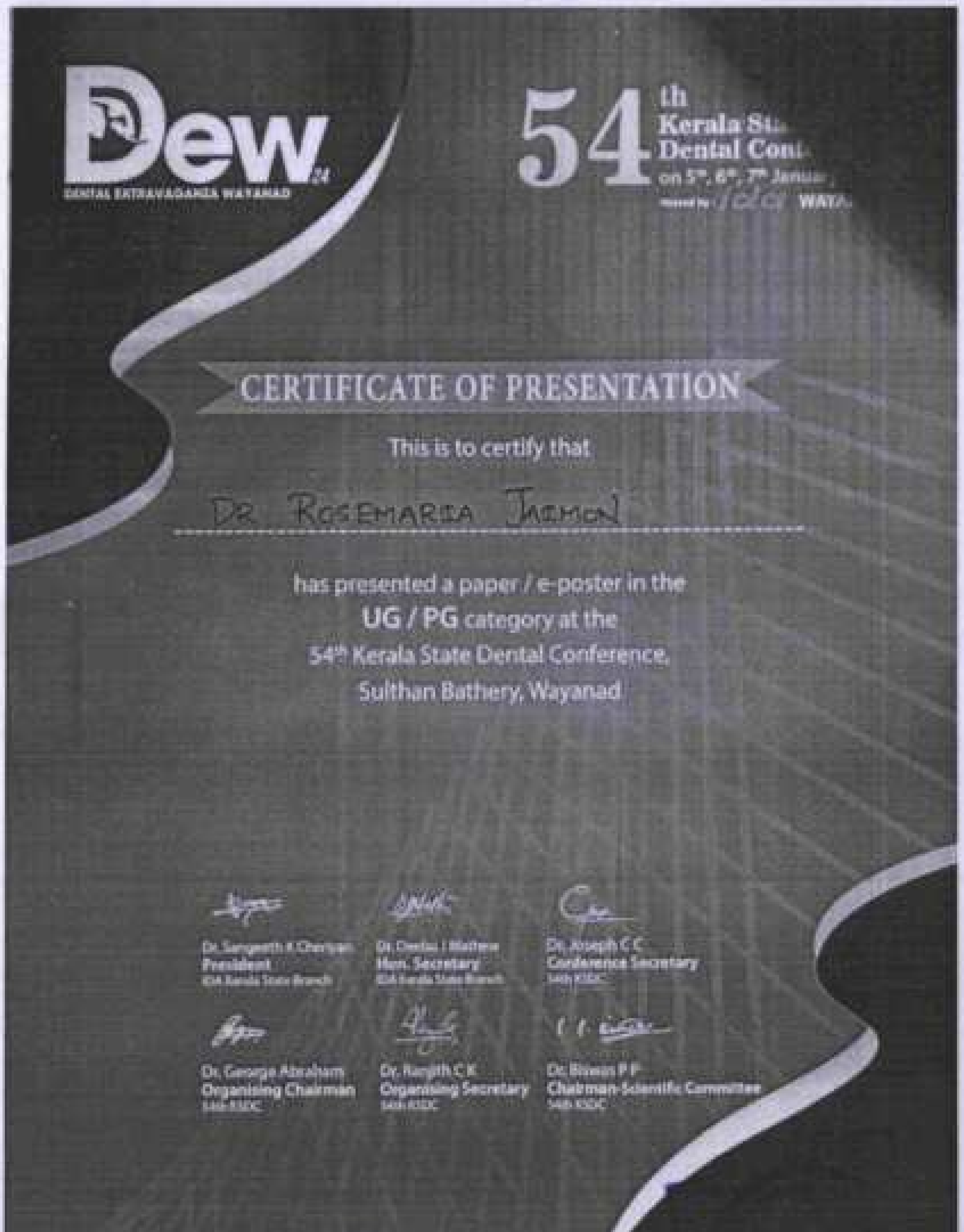
Dr. George Abraham
Organising Chairman
54th KSDC

Dr. Ranjith C R
Organising Secretary
54th KSDC

Dr. Biswas P P
Chairman-Scientific Committee
54th KSDC

ida
KERALA STATE BRANCH

Principal
KMCT Dental College
Manassery, Mukkam



Dew
DENTAL EXTRAVAGANZA WAYANAD
24

54th
Kerala Sta
Dental Con
on 5th, 6th, 7th Januar
hosted by ida WAYA

CERTIFICATE OF PRESENTATION

This is to certify that

DR ROSEMARIA JAIMON

has presented a paper / e-poster in the
UG / PG category at the
54th Kerala State Dental Conference,
Sulthan Bathery, Wayanad

Dr. Sangeeth K Cheriyan
President
IDA Kerala State Branch

Dr. Deebu J Mathew
Hon. Secretary
IDA Kerala State Branch

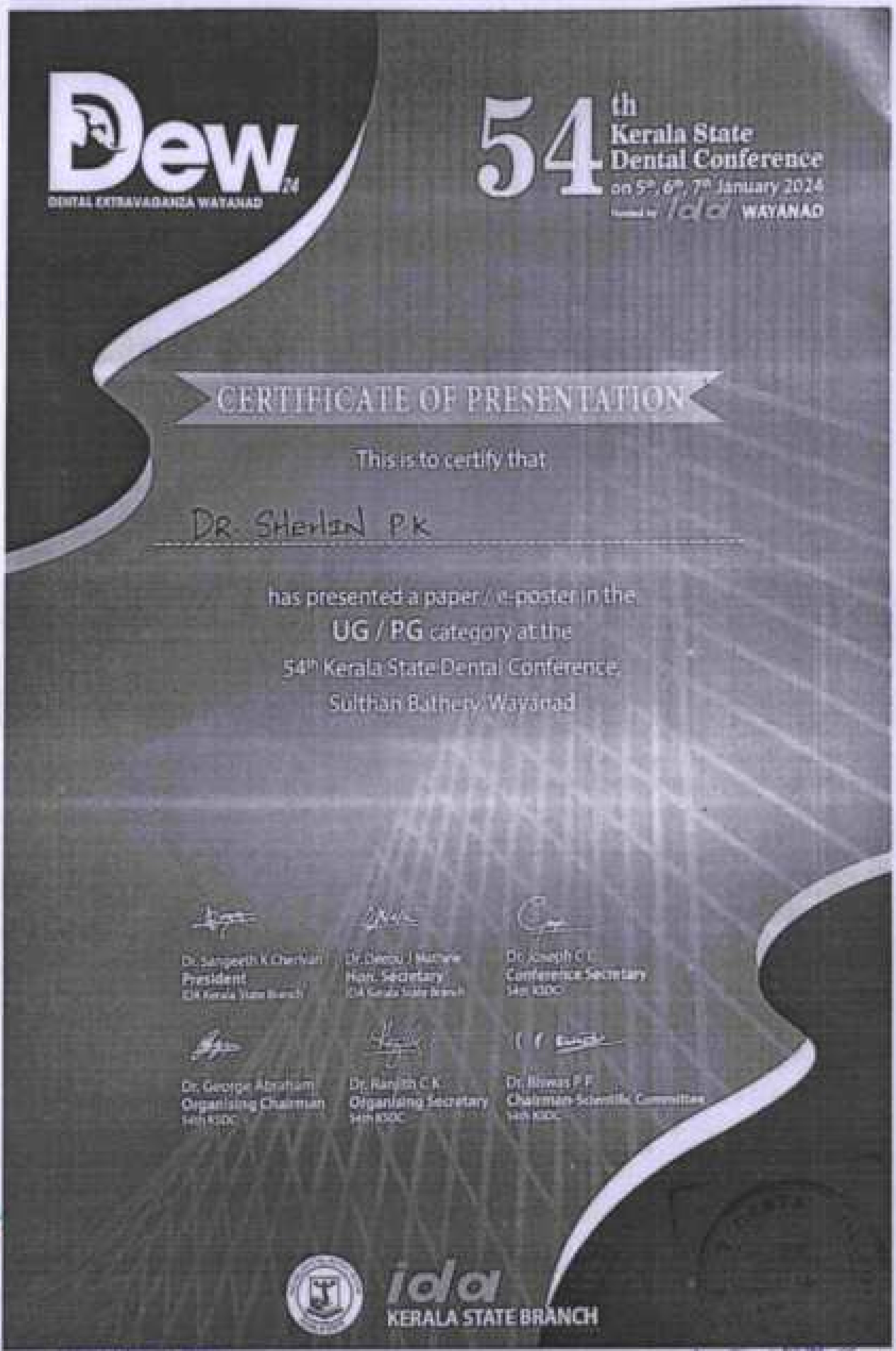
Dr. Joseph C C
Conference Secretary
54th KSDC

Dr. George Abraham
Organising Chairman
54th KSDC

Dr. Ranjith C K
Organising Secretary
54th KSDC

Dr. Biswas P P
Chairman-Scientific Committee
54th KSDC

ida
KERALA STATE BRANCH



Dew'24
DENTAL EXTRAVAGANZA WAYANAD

54th Kerala State Dental Conference
on 5th, 6th, 7th January 2024
Hosted by ida WAYANAD

CERTIFICATE OF PRESENTATION

This is to certify that

DR SHERLIN P.K

has presented a paper / e-poster in the
UG / PG category at the
54th Kerala State Dental Conference
Sulthan Bathery, Wayanad

Dr. Sangeeth K Cherian
President
IDA Kerala State Branch

Dr. Deepu J Mathew
Hon. Secretary
IDA Kerala State Branch

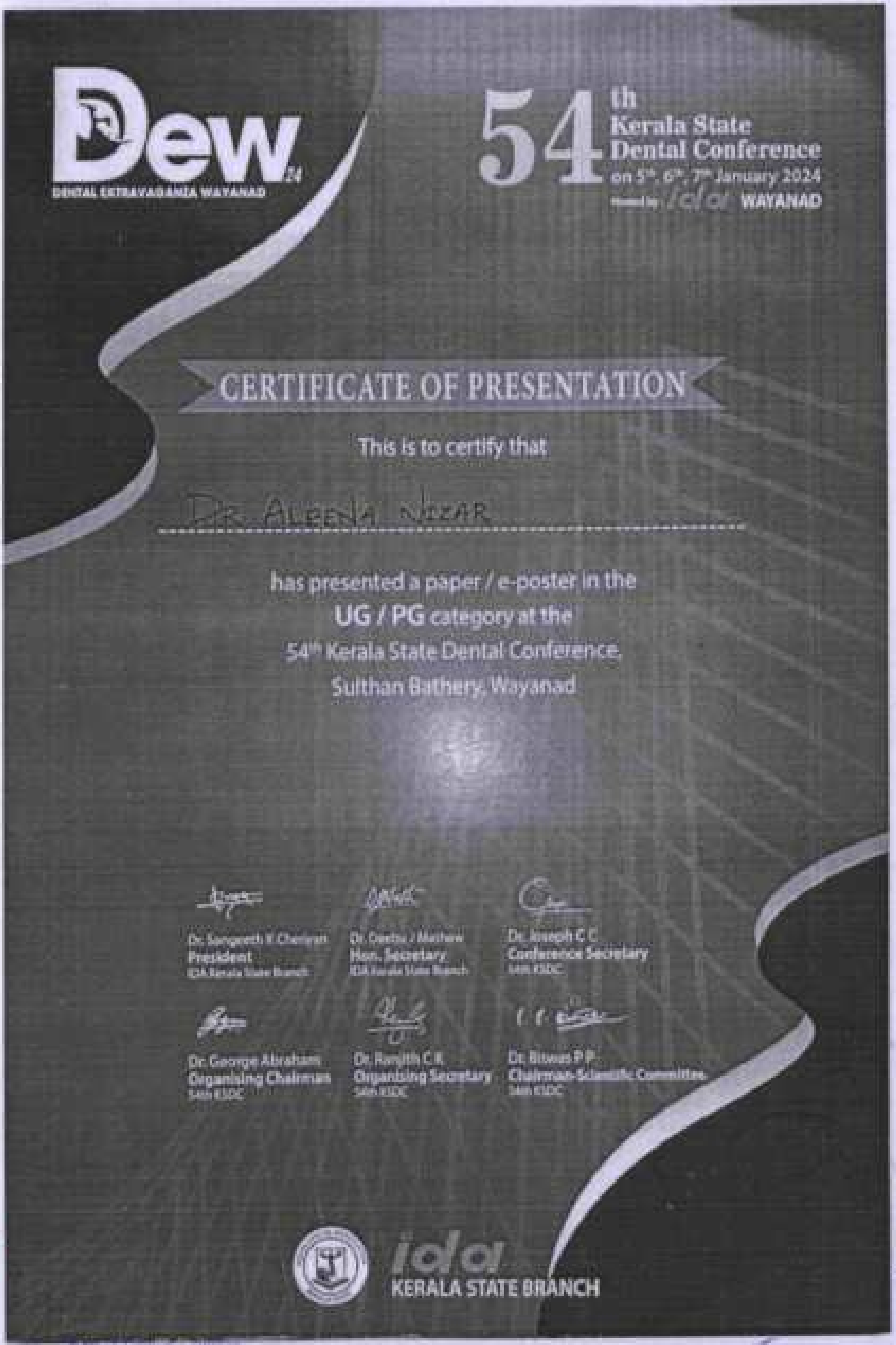
Dr. Joseph C C
Conference Secretary
54th KSDC

Dr. George Abraham
Organising Chairman
54th KSDC

Dr. Ranjith C K
Organising Secretary
54th KSDC

Dr. Biswas P F
Chairman Scientific Committee
54th KSDC

ida
KERALA STATE BRANCH



Dew
DENTAL EXTRAVAGANZA WAYANAD
24

54th
Kerala State
Dental Conference
on 5th, 6th, 7th January 2024
Hosted by ida WAYANAD

CERTIFICATE OF PRESENTATION

This is to certify that

DR ALEENA NIZAR

has presented a paper / e-poster in the
UG / PG category at the
54th Kerala State Dental Conference,
Sulthan Bathery, Wayanad

Dr. Sangeeth K Cheriyan
President
IDA Kerala State Branch

Dr. Deepu J Mathew
Hon. Secretary
IDA Kerala State Branch

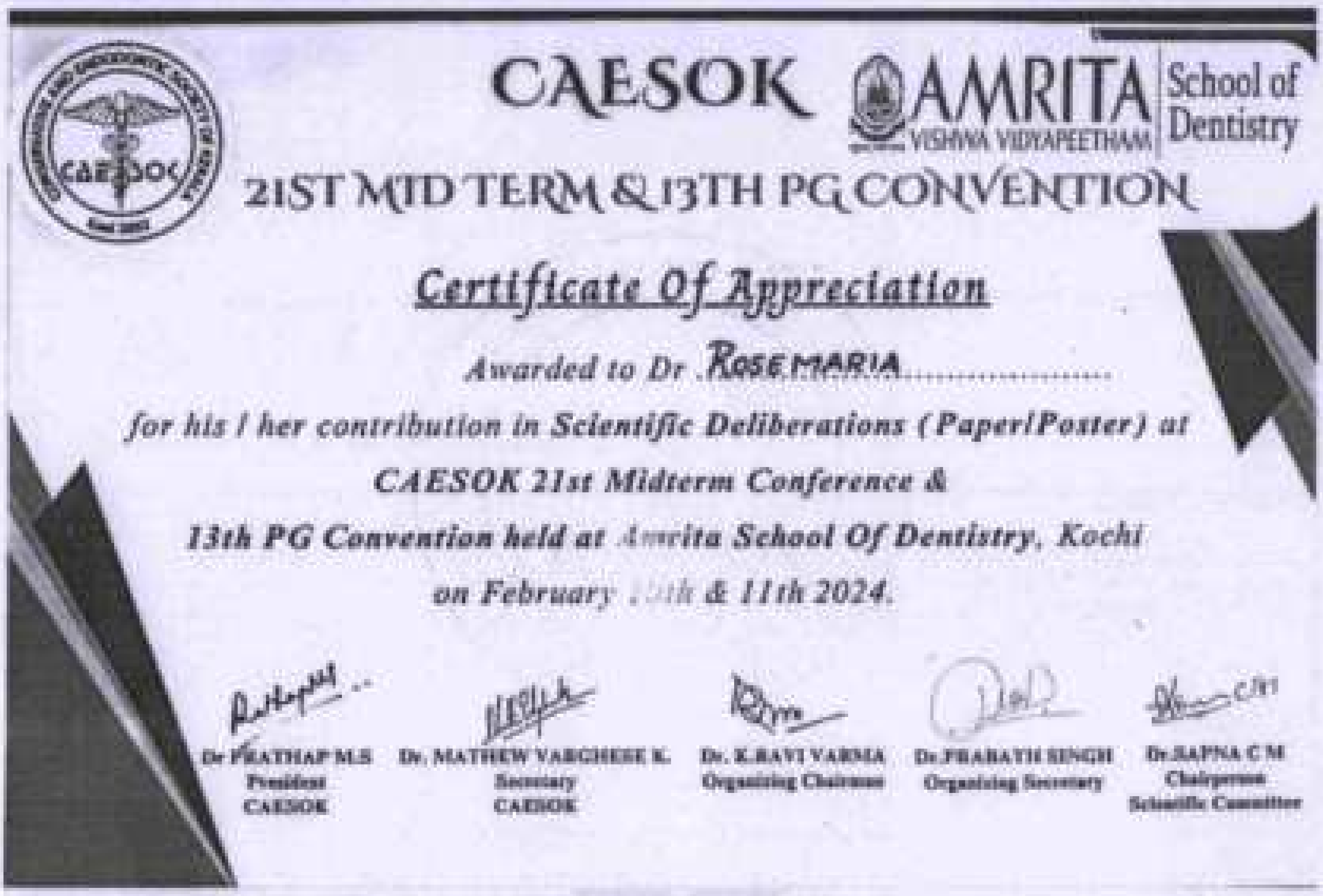
Dr. Joseph C C
Conference Secretary
54th KSDC

Dr. George Abraham
Organising Chairman
54th KSDC

Dr. Ranjith C K
Organising Secretary
54th KSDC

Dr. Biswas P P
Chairman-Scientific Committee
54th KSDC

ida
KERALA STATE BRANCH



CAESOK AMRITA VISHWA VIDYAPEETHAM School of Dentistry

21ST MID TERM & 13TH PG CONVENTION

Certificate Of Appreciation

Awarded to Dr ROSE MARIA

for his / her contribution in **Scientific Deliberations (Paper/Poster)** at

CAESOK 21st Midterm Conference &

13th PG Convention held at Amrita School Of Dentistry, Kochi

on February 10th & 11th 2024.

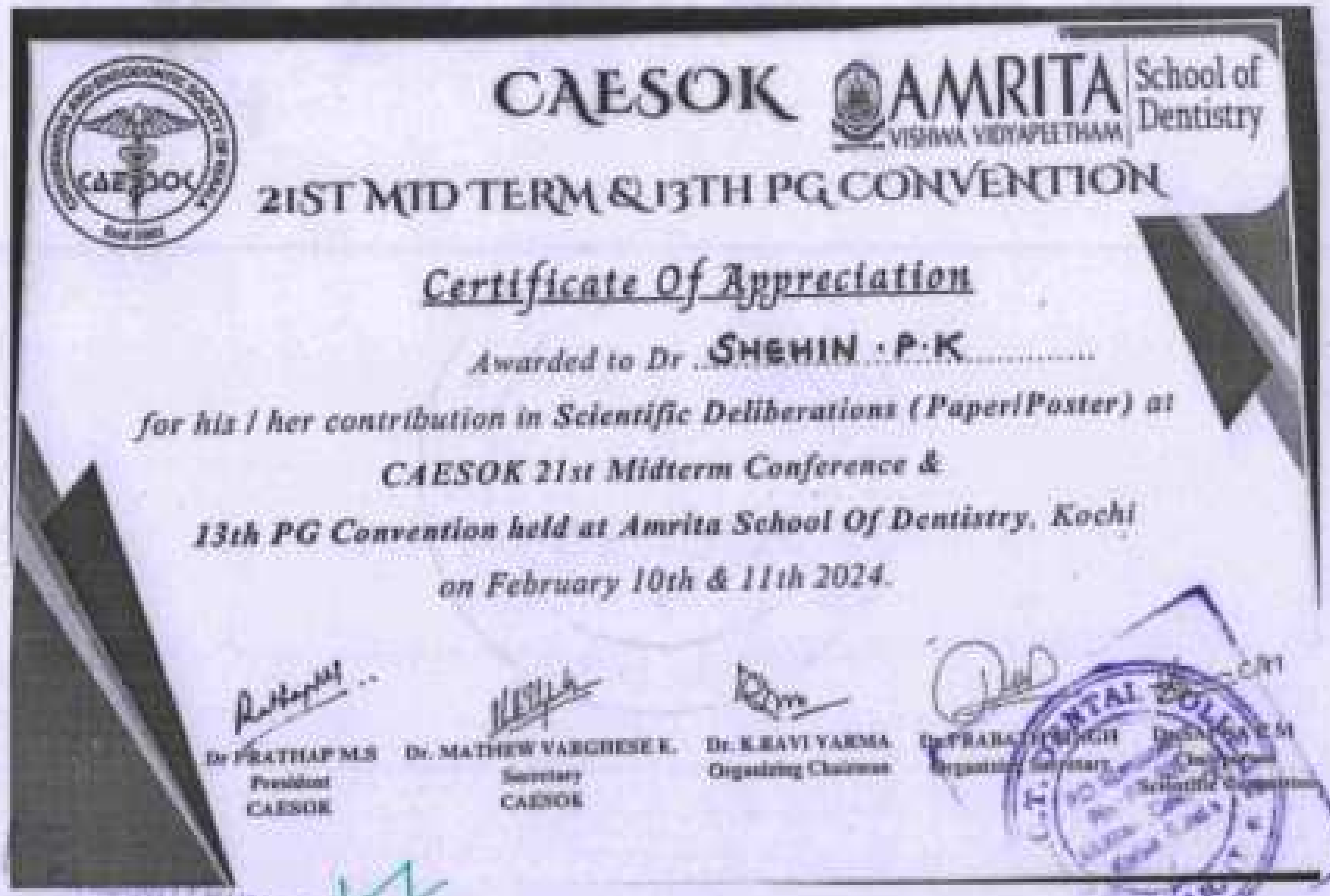
Dr PRATHAP M.S
President
CAESOK

Dr. MATHEW VARGHESE K.
Secretary
CAESOK

Dr. K.RAVI VARMA
Organizing Chairman

Dr.PRABATH SINGH
Organizing Secretary

Dr.SAPNA C M
Chairperson
Scientific Committee



CAESOK AMRITA VISHWA VIDYAPEETHAM School of Dentistry

21ST MID TERM & 13TH PG CONVENTION

Certificate Of Appreciation

Awarded to Dr SHEHIN · P · K

for his / her contribution in **Scientific Deliberations (Paper/Poster)** at

CAESOK 21st Midterm Conference &

13th PG Convention held at Amrita School Of Dentistry, Kochi

on February 10th & 11th 2024.

Dr PRATHAP M.S
President
CAESOK

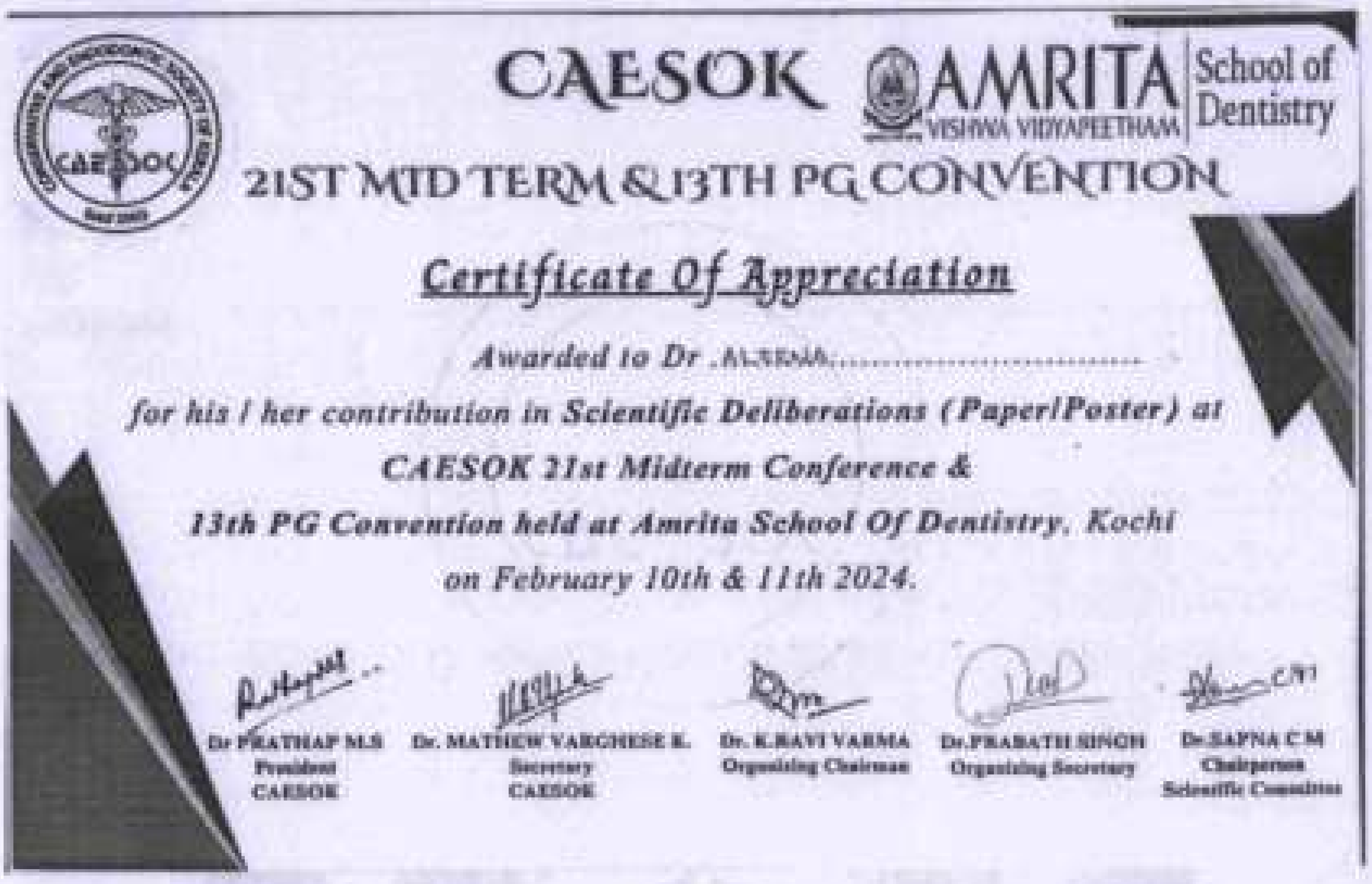
Dr. MATHEW VARGHESE K.
Secretary
CAESOK

Dr. K.RAVI VARMA
Organizing Chairman

Dr.PRABATH SINGH
Organizing Secretary

Dr.SAPNA C M
Chairperson
Scientific Committee

KUMAR K
Principal
KMCT Dental College



CAESOK AMRITA VISHWA VIDYAPEETHAM School of Dentistry

21ST MID TERM & 13TH PG CONVENTION

Certificate Of Appreciation

Awarded to Dr .ALSENA...............................

for his / her contribution in ***Scientific Deliberations (Paper/Poster)*** *at*
CAESOK 21st Midterm Conference &
13th PG Convention held at Amrita School Of Dentistry, Kochi
on February 10th & 11th 2024.

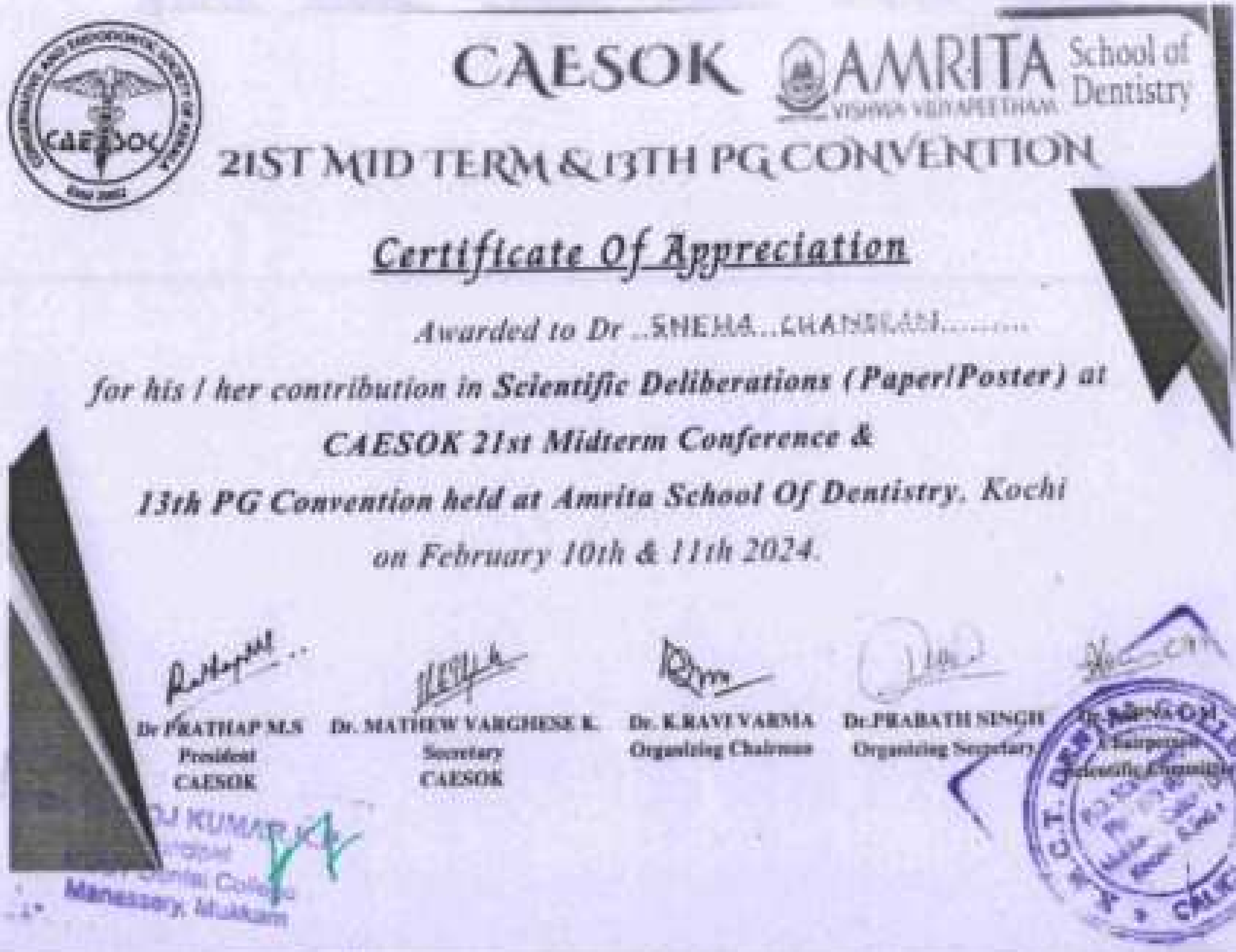
Dr PRATHAP M.S
President
CAESOK

Dr. MATHEW VARGHESE K.
Secretary
CAESOK

Dr. K.RAVI VARMA
Organizing Chairman

Dr.PRABATH SINGH
Organizing Secretary

Dr.SAPNA C M
Chairperson
Scientific Committee



CAESOK AMRITA VISHWA VIDYAPEETHAM School of Dentistry

21ST MID TERM & 13TH PG CONVENTION

Certificate Of Appreciation

Awarded to Dr ..SNEHA..CHANDRAN.........

for his / her contribution in ***Scientific Deliberations (Paper/Poster)*** *at*
CAESOK 21st Midterm Conference &
13th PG Convention held at Amrita School Of Dentistry, Kochi
on February 10th & 11th 2024.

Dr PRATHAP M.S
President
CAESOK

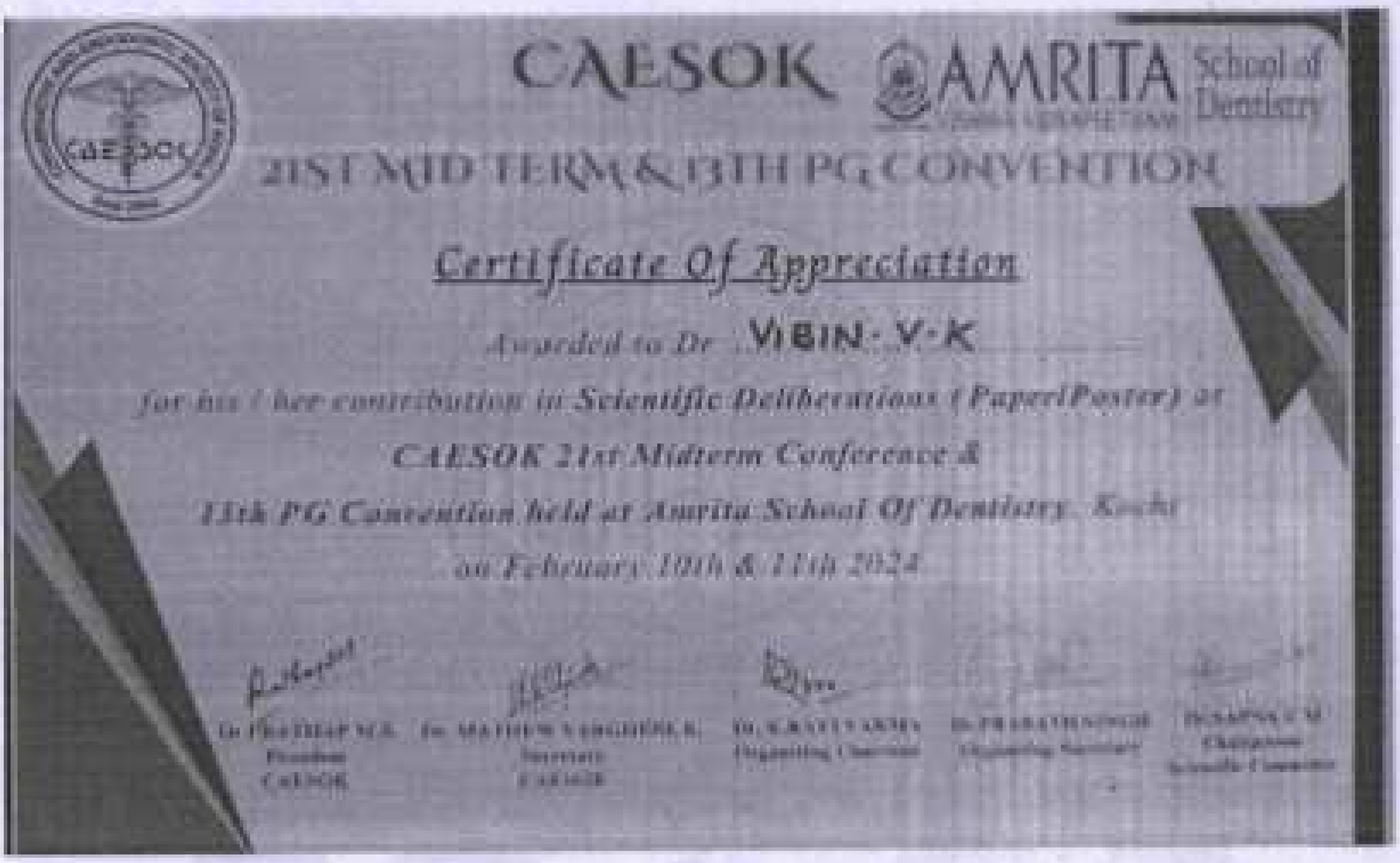
Dr. MATHEW VARGHESE K.
Secretary
CAESOK

Dr. K.RAVI VARMA
Organizing Chairman

Dr.PRABATH SINGH
Organizing Secretary

Dr.SAPNA C M
Chairperson
Scientific Committee

...OJ KUMAR
Principal
...Dental College
Manassery, Mukkam



CAESOK AMRITA School of Dentistry

21ST MID TERM & 13TH PG CONVENTION

Certificate Of Appreciation

Awarded to Dr . VIBIN . V . K

for his / her contribution in **Scientific Deliberations (Paper/Poster)** at

CAESOK 21st Midterm Conference &

13th PG Convention held at Amrita School Of Dentistry, Kochi

on February 10th & 11th 2024

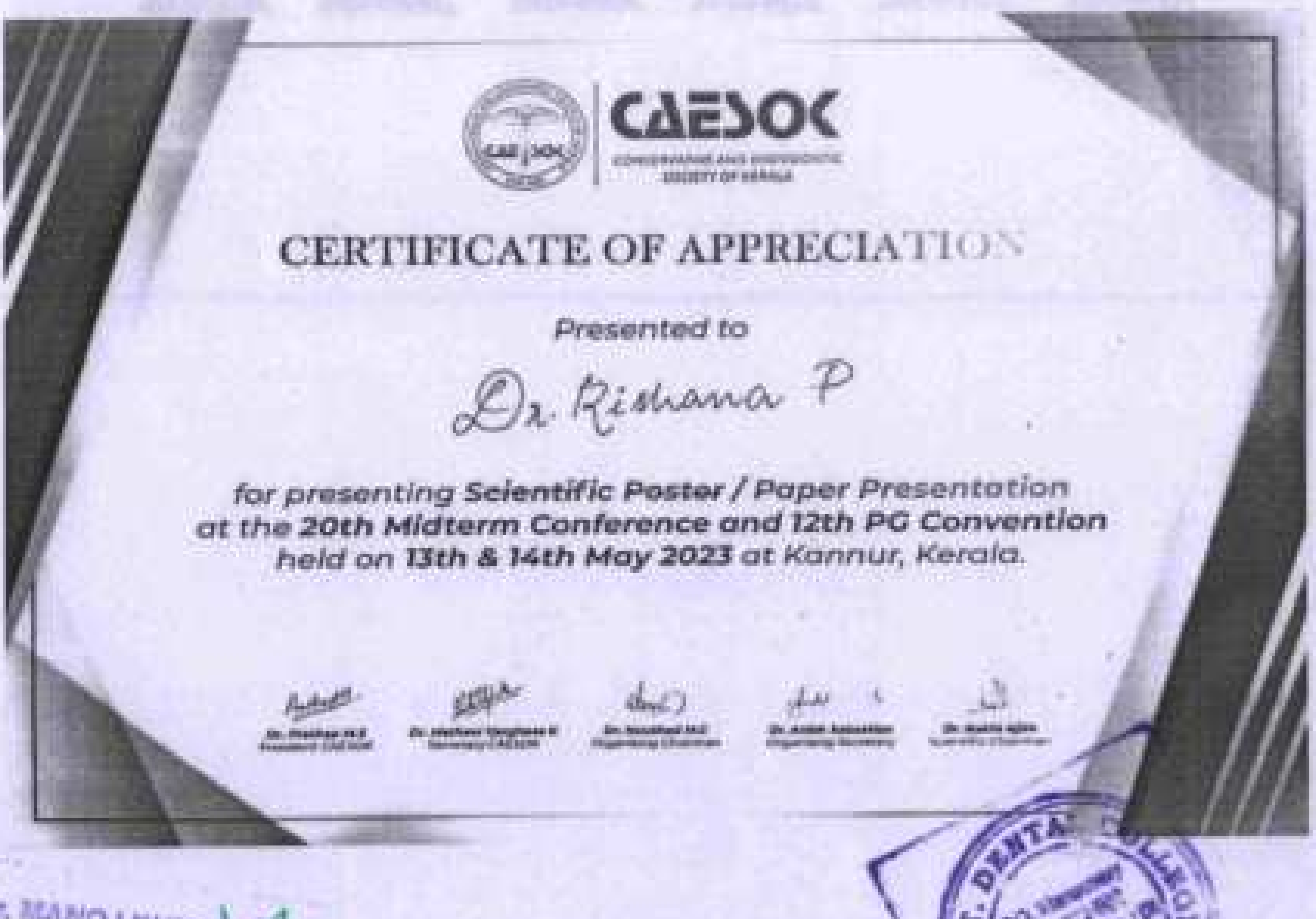
Dr PRADEEP N.S.
President
CAESOK

Dr. MATHEW VARGHESE K.
Secretary
CAESOK

Organizing Chairman

Organizing Secretary

Chairperson
Scientific Committee



CAESOK
CONSERVATIVE AND ENDODONTIC SOCIETY OF KERALA

CERTIFICATE OF APPRECIATION

Presented to

Dr. Rishana P

for presenting **Scientific Poster / Paper Presentation** at the **20th Midterm Conference and 12th PG Convention** held on **13th & 14th May 2023** at Kannur, Kerala.

Dr. Pradeep N.S
President CAESOK

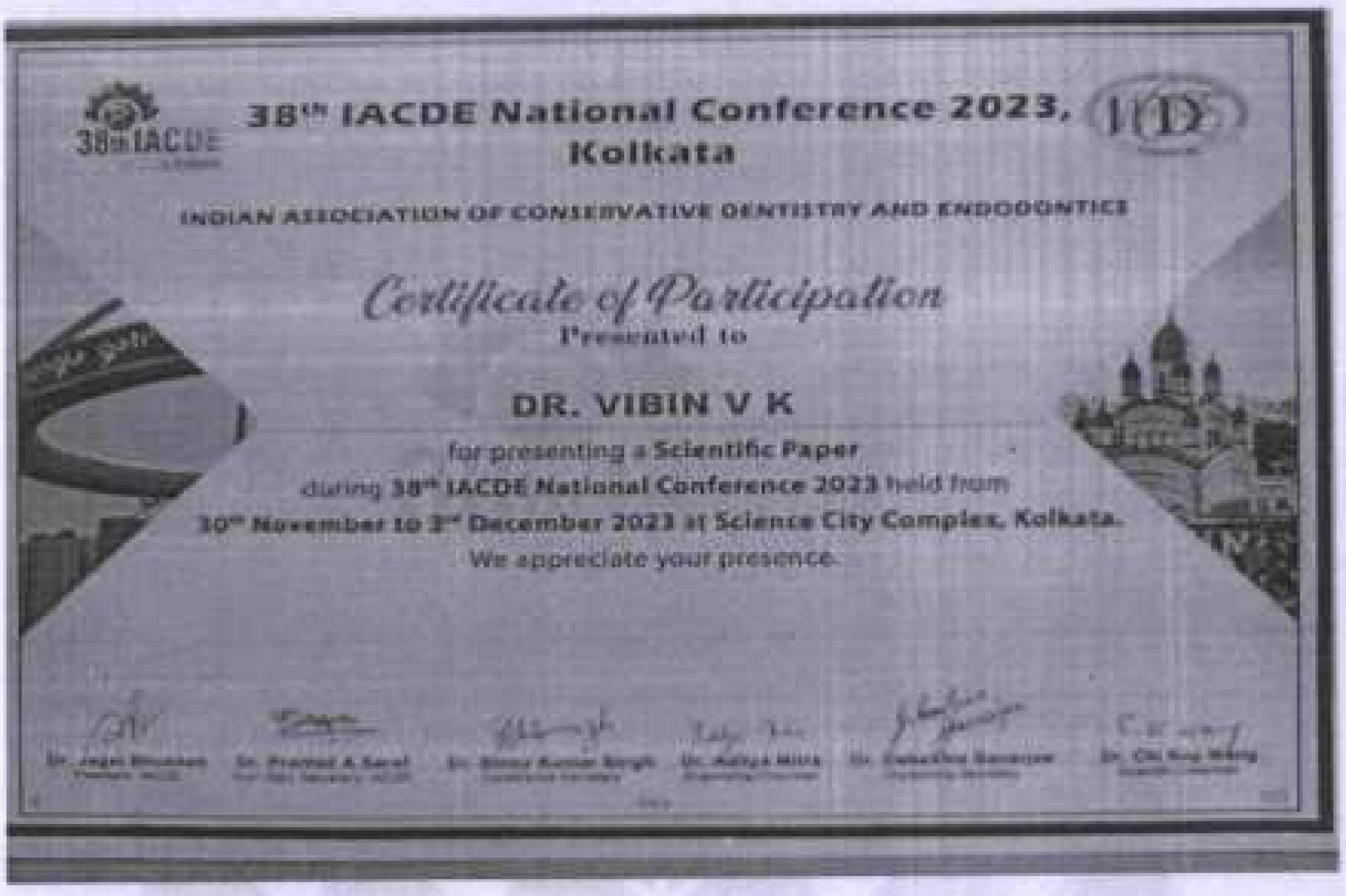
Dr. Mathew Varghese K
Secretary CAESOK

Organizing Chairman

Organizing Secretary

Scientific Chairman

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



38th IACDE National Conference 2023, Kolkata

INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Certificate of Participation

Presented to

DR. VIBIN V K

for presenting a **Scientific Paper** during **38th IACDE National Conference 2023** held from **30th November to 3rd December 2023 at Science City Complex, Kolkata.**

We appreciate your presence.

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

DEPARTMENT OF PERIODONTOLOGY

PARTICIPATORY LEARNING

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

REPORT

Participatory learning is an educational approach that involves active participation of learners in learning process. This encourages students to take an active role in the learning process leading to improved engagement and motivation. Students develop a deeper understanding of complex concepts and principles.

Students do work in small groups to analyse complex case, discussing and debating diagnosis, treatment planning and management. By incorporating case-based learning, problem-based learning, role playing, group discussions, hands on activities, students develop critical thinking, problem solving and collaboration skills essential for effective periodontal practice

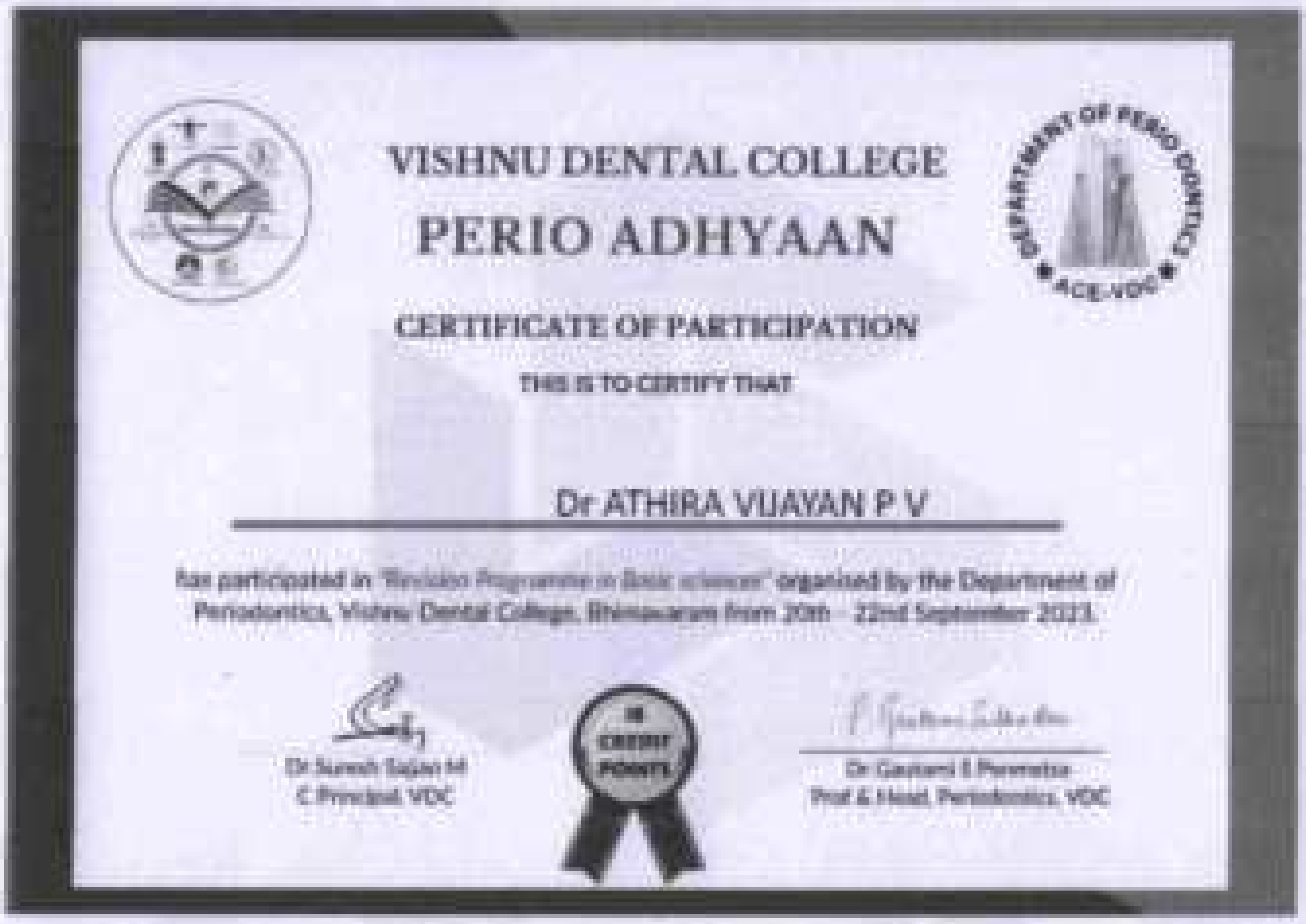
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

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

Sl. No.	YEAR	SEMINARS	JOURNAL CLUBS
1)	FIRST	5	5
2)	SECOND	5	5
3)	THIRD	5	5
TOTAL		15	15

TOTAL NUMBER OF SEMINARS & JOUNAL CLUBS PRESENTED BY PG'S EACH YEAR OF STUDY

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



VISHNU DENTAL COLLEGE

PERIO ADHYAAN

CERTIFICATE OF PARTICIPATION

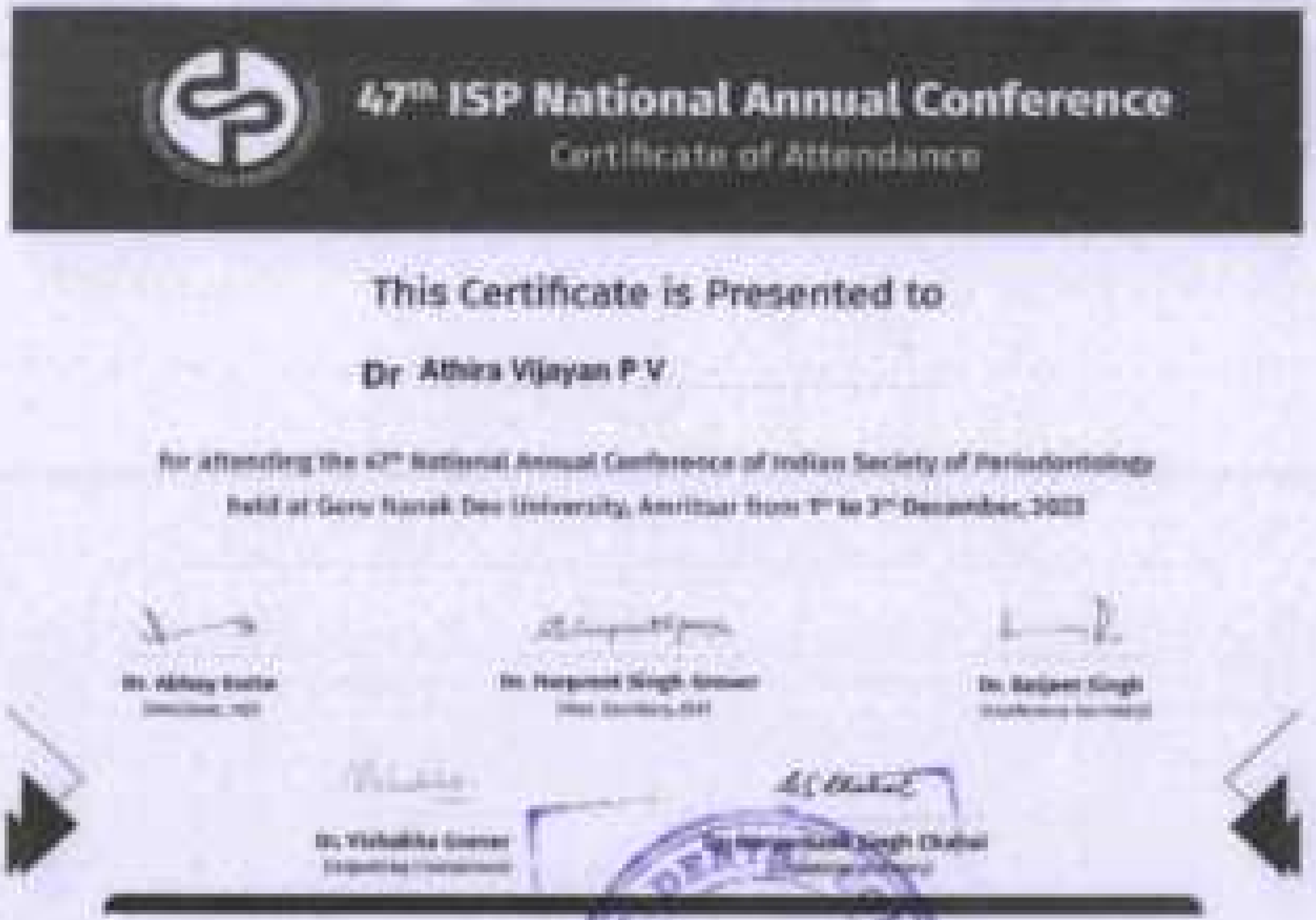
THIS IS TO CERTIFY THAT

Dr ATHIRA VIJAYAN P V

has participated in *"Revision Programme in Basic sciences"* organised by the Department of Periodontics, Vishnu Dental College, Bhimavaram from 20th - 22nd September 2023.

Dr Suresh Sajjan M
C Principal, VDC

Dr Gautami S Penmetsa
Prof & Head, Periodontics, VDC



47th ISP National Annual Conference
Certificate of Attendance

This Certificate is Presented to

Dr Athira Vijayan P V

for attending the 47th National Annual Conference of Indian Society of Periodontology held at Guru Nanak Dev University, Amritsar from 1st to 3rd December, 2023

Dr. Abhay Kolte
[illegible]

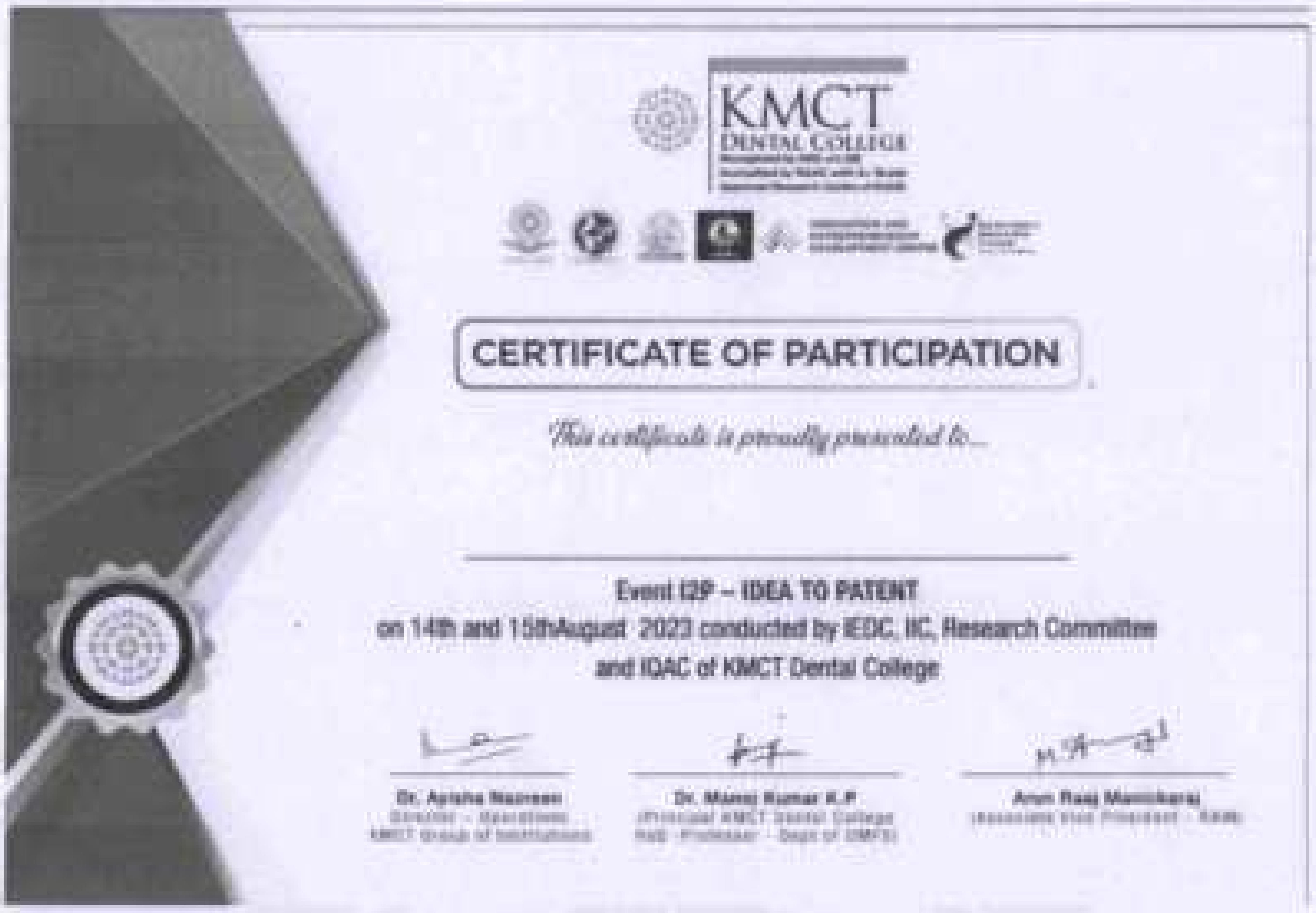
Dr. Harpreet Singh Grover
[illegible]

Dr. [illegible] Singh
[illegible]

Dr. Vishakha Grover
[illegible]

[illegible] Singh Chahal
[illegible]

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



KMCT
DENTAL COLLEGE

CERTIFICATE OF PARTICIPATION

This certificate is proudly presented to...

Event I2P – IDEA TO PATENT
on 14th and 15thAugust 2023 conducted by IEDC, IIC, Research Committee
and IQAC of KMCT Dental College

Dr. Ayisha Nazreen Director - Operations KMCT Group of Institutions	Dr. Manoj Kumar K.P (Principal KMCT Dental College HoD - Professor - Dept of OMFS)	Arun Raaj Manickaraj (Associate Vice President - [illegible])

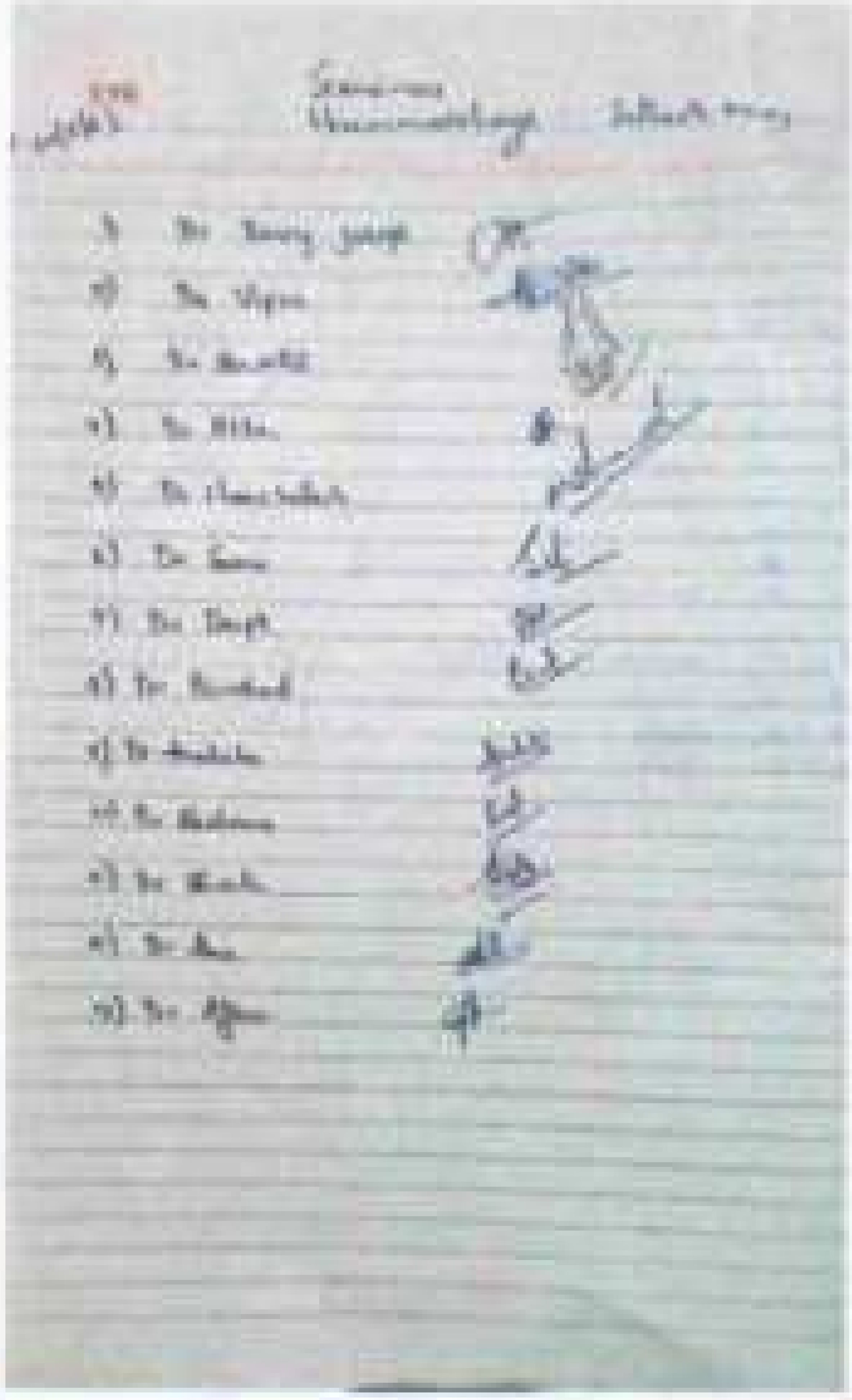
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

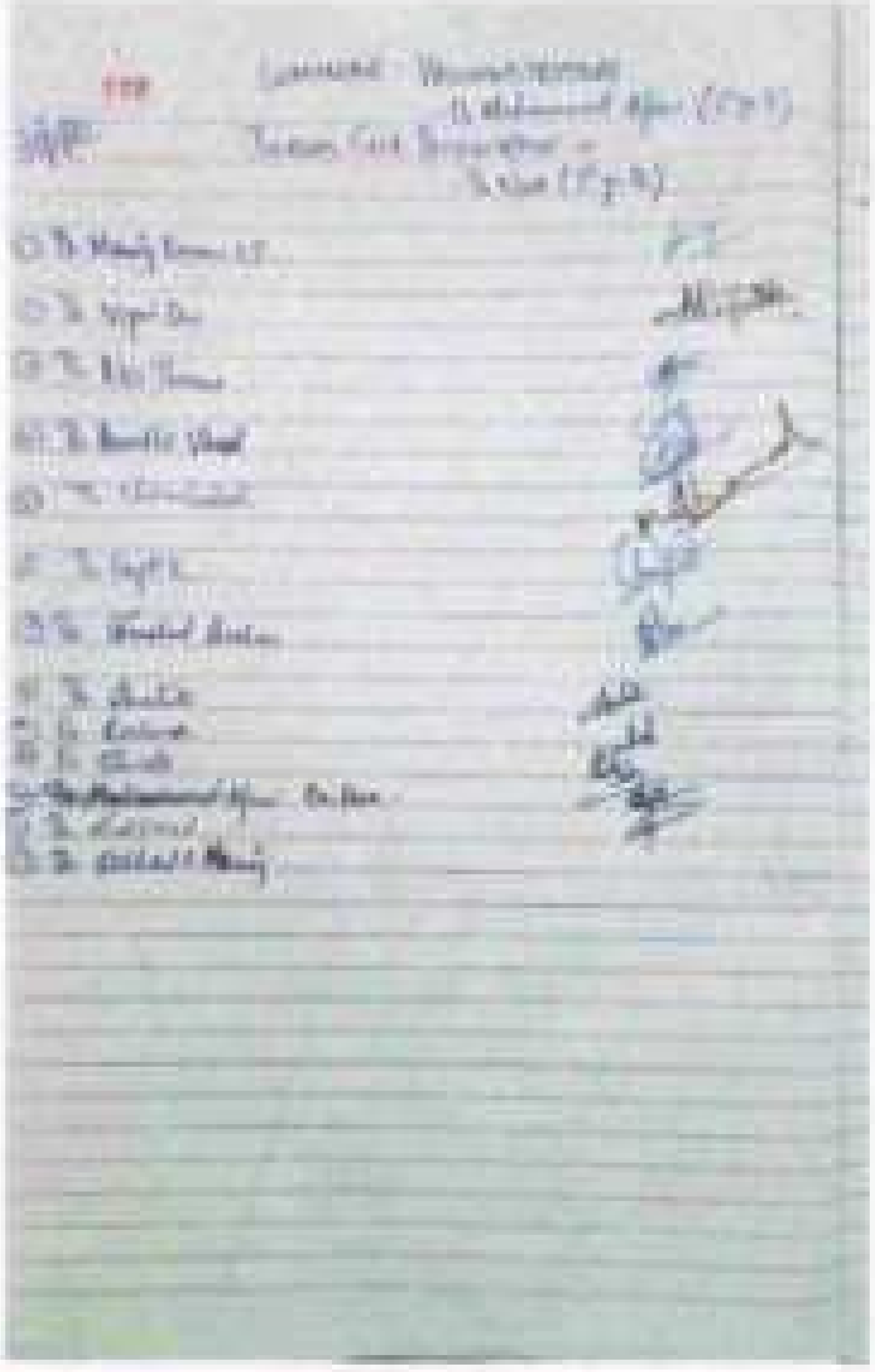
2.3.3 PARTICIPATORY LEARNING

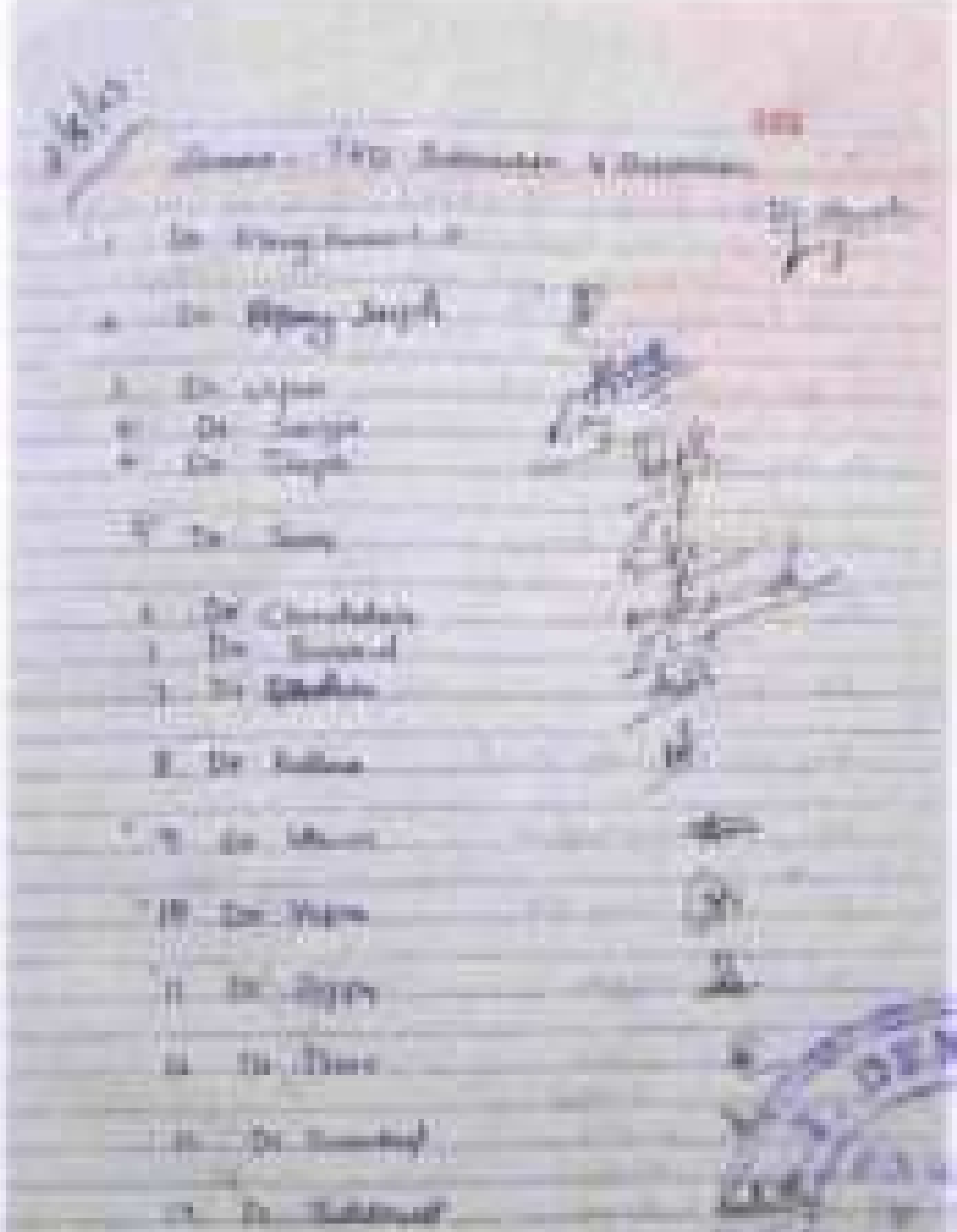
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

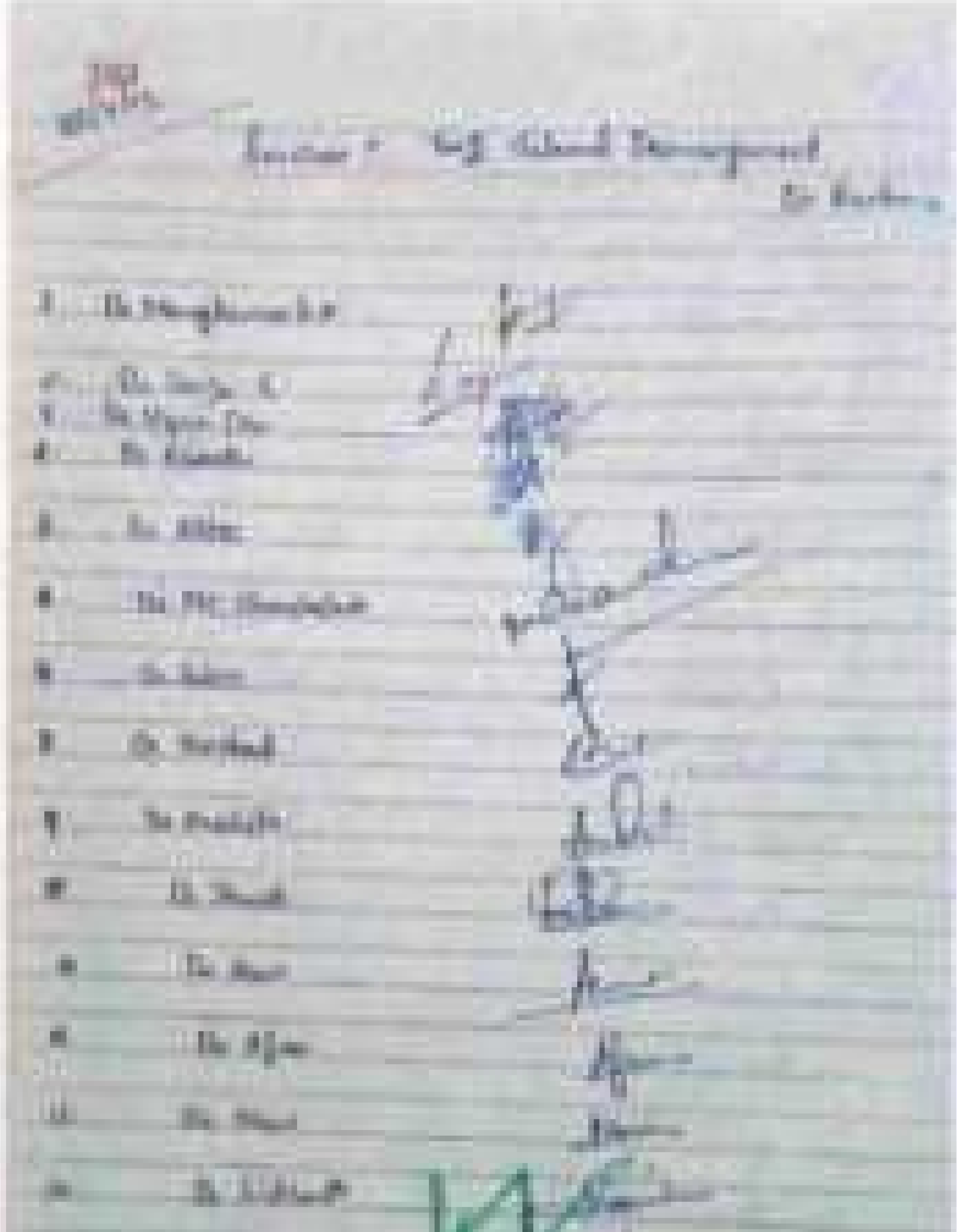
SL NO.	DATE	TOPIC	PRESENTER
1.	14/06/22	Lymphatic Drainage of Head and Neck	Dr Appu Mohan
2.	18/06/22	Impaction II Part	Dr Reshma
3.	22/06/22	Salivary Gland	Dr Aswin SK
4.	29/06/22	Surgical Anatomy of TMJ	Dr Yefna
5.	01/07/22	Odontogenic Cyst	Dr Shweta Sabu
6.	09/07/22	Muscles of Mastication	Dr Appu Mohan
7.	11/07/22	Odontogenic Tumors	Dr Anahita
8.	18/07/22	Primary Space Infections	Dr Reshma
9.	22/7/22	Secondary Space Infections	Dr Shwetha
10.	25/07/22	Medical Emergencies	Dr Aswin SK
11.	27/07/22	Management of Medically compromised patients	Dr Yefna
12.	01/08/22	Osteomyelitis	Dr Anahita
13.	05/08/22	Osteonecrosis and Osteoradionecrosis	Dr Reshma
14.	09/09/22	Primary care in Maxillofacial Trauma	Dr Shwetha
15.	14/09/22	CT and MRI	Dr Appu Mohan
16.	23/09/22	Mandibular Fractures	Dr Anahita
17.	26/09/22	Surgical anatomy of Orbit	Dr Aswin SK
18.	27/09/22	Muscles of facial expression	Dr Yefna
19.	01/10/22	ZMC Fractures	Dr Reshma
20.	2/11/22	Advanced Imaging in OMFS	Dr Appu Mohan
21.	06/12/22	Asepsis and Sterilization	Dr Abdulla Noor
22.	16/12/22	Maxillary Fractures	Dr Shweths Sabu
23.	23/12/22	Exodontia	Dr Anu
24.	07/01/23	Condylar fracture	Dr Anahita
25.	17/01/23	Principles of Surgery	Dr Afsar
26.	24/01/23	NOE fracture	Dr Reshma
27.	26/01/23	Local anesthesia	Dr Salsabeel
28.	31/01/23	Frontal Bone Fracture	Dr Shwetha Babu
29.	03/03/23	Orbital Fractures	Dr Anahita
30.	04/03/23	Complications of LA	Dr Sidharth
31.	10/03/23	Maxillary osteotomies	Dr Shwetha
32.	11/03/23	Diagnosis and Treatment planning in Orthognathic Surgery	Dr Anahita
33.	18/03/23	Rhinoplasty	Dr Reshma
34.	01/04/23	1. Distraction Osteogenesis 2. Maxillary LA Techniques	Dr Anahita Dr Abdulla Noor
35.	05/04/23	Oral squamous cell carcinoma	Dr Reshma
36.	20/04/23	TMJ Ankylosis	Dr Anahita
37.	24/04/23	Mandibular LA Techniques	Dr Anu
38.	27/04/23	TMJ internal derangement	Dr Reshma
39.	02/05/23	TMJ Subluxation and Dislocation	Dr Shwetha
40.	20/05/223	Vasoconstrictors	Dr Afsar
41.	30/05/23	Haemorrhage	Dr Sidharth

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

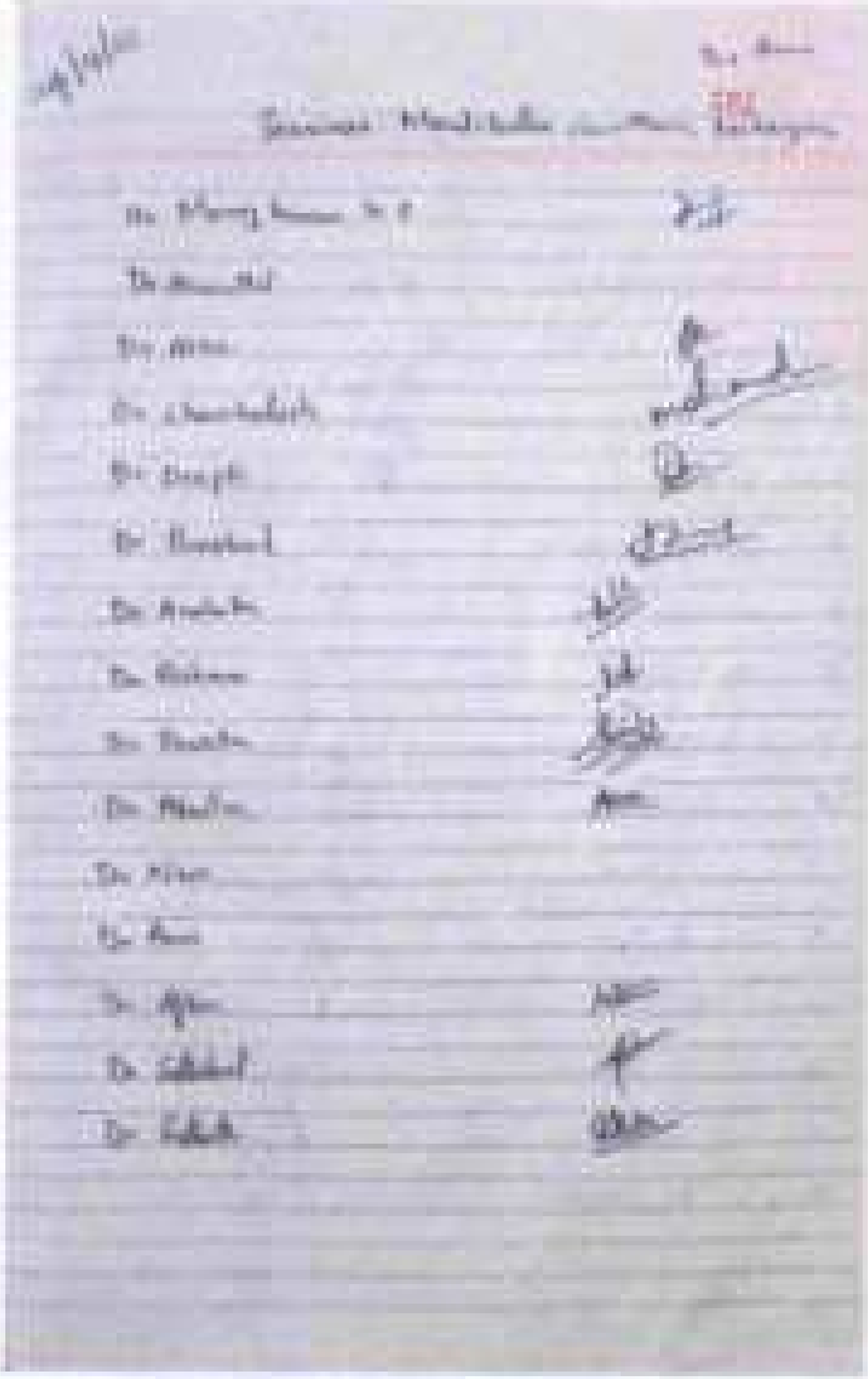








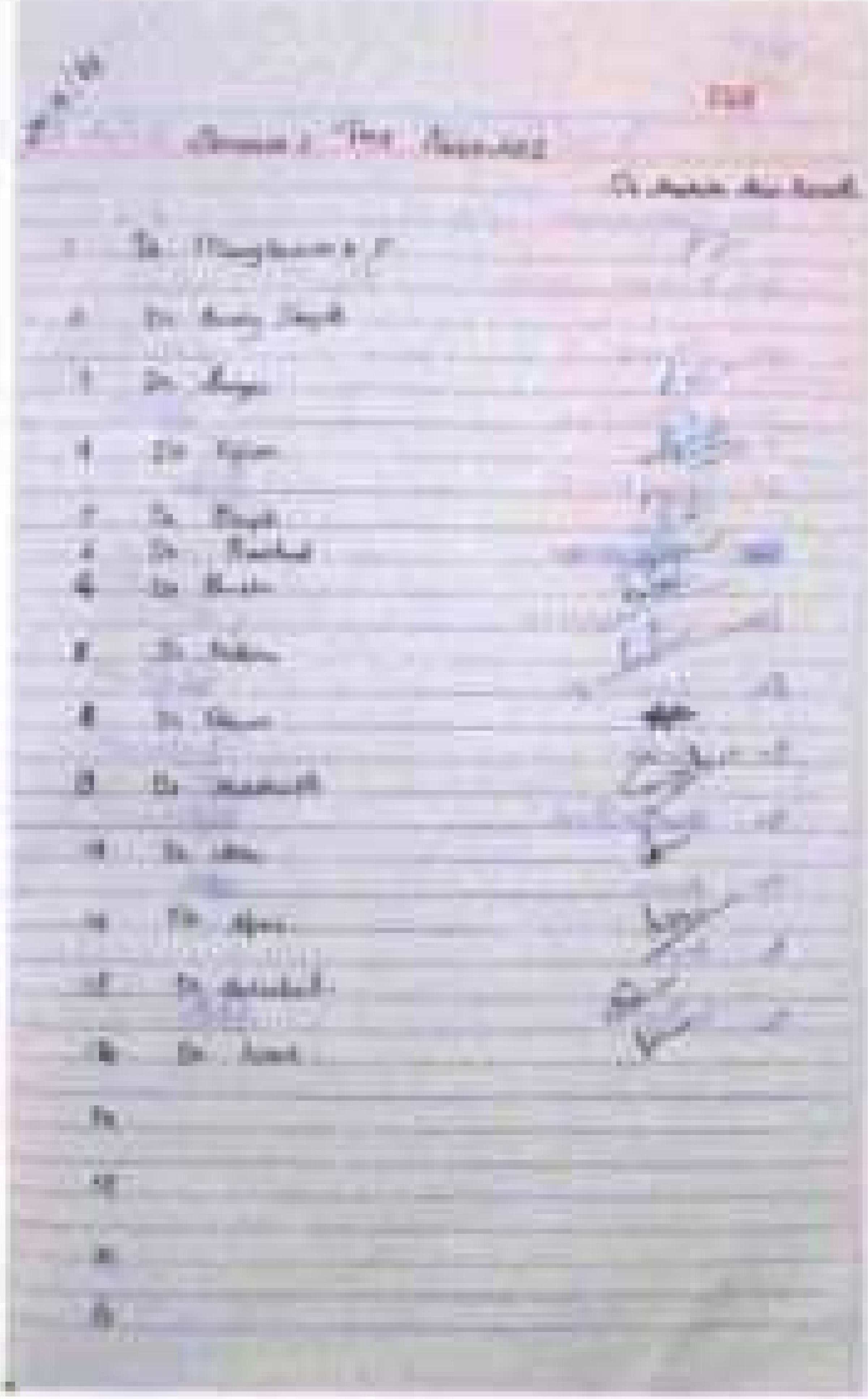
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



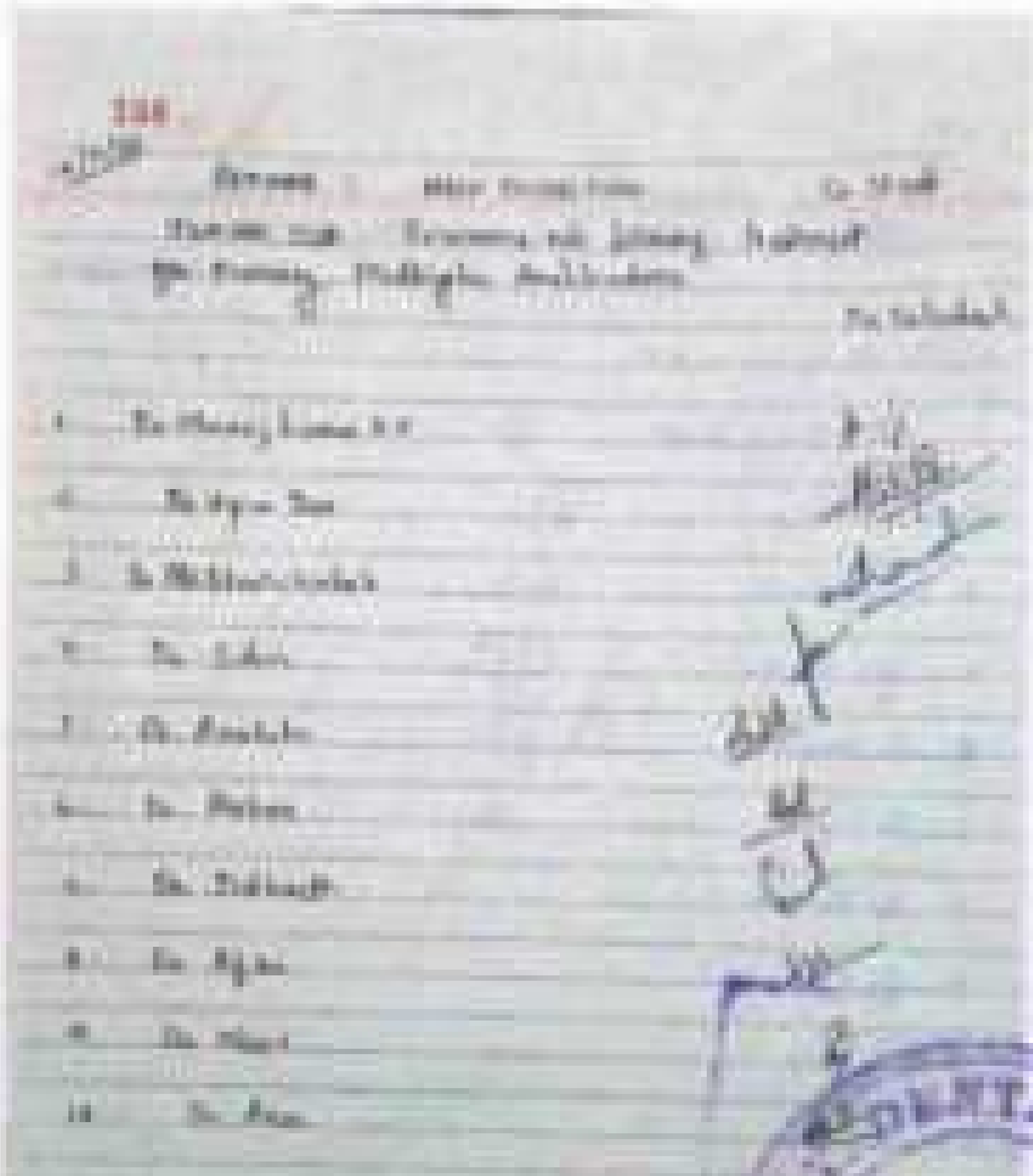
Dr. Manoj Kumar K P

Dr. Deepthi

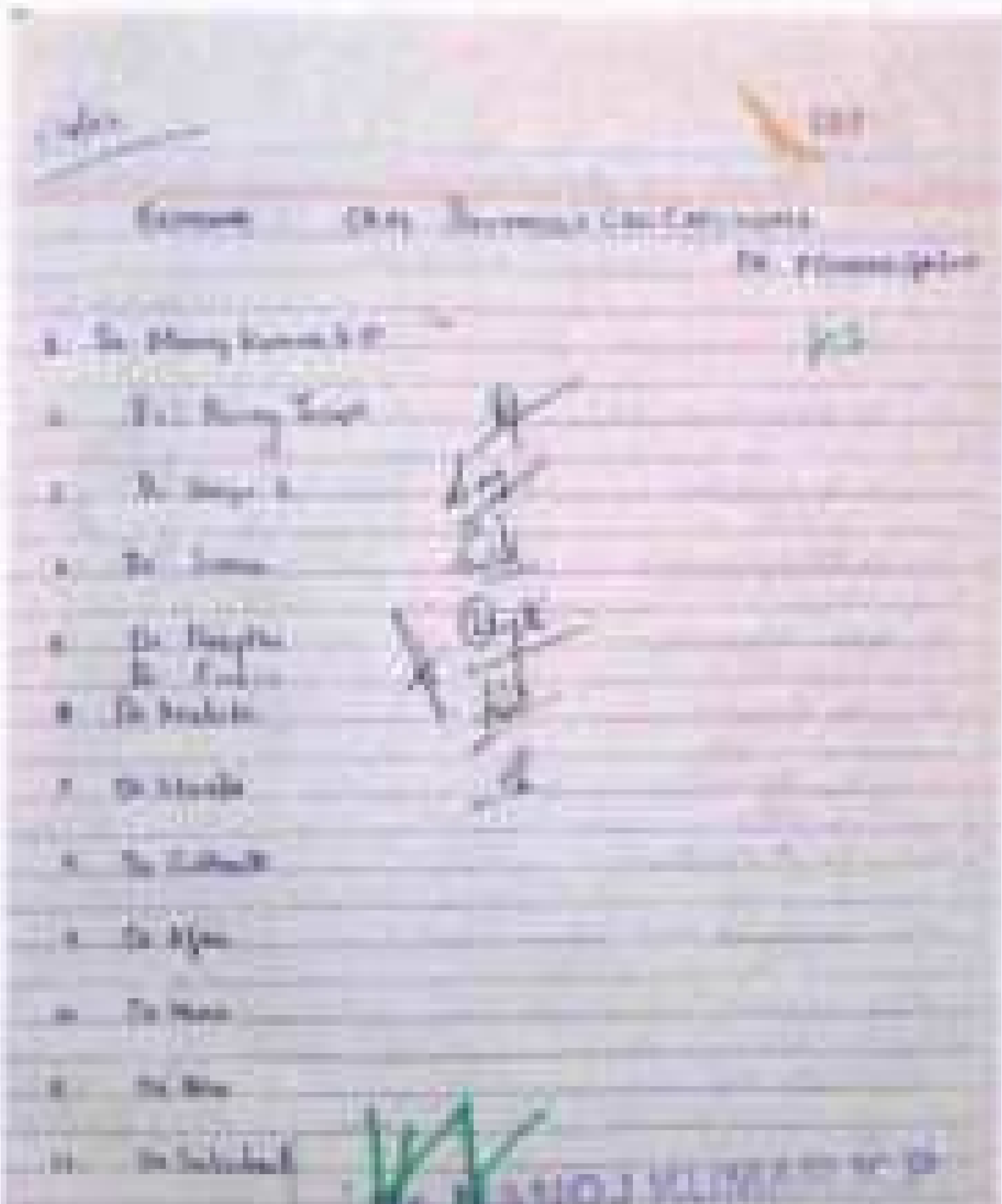
Dr. Rashid



1. Dr. Manoj Kumar K P

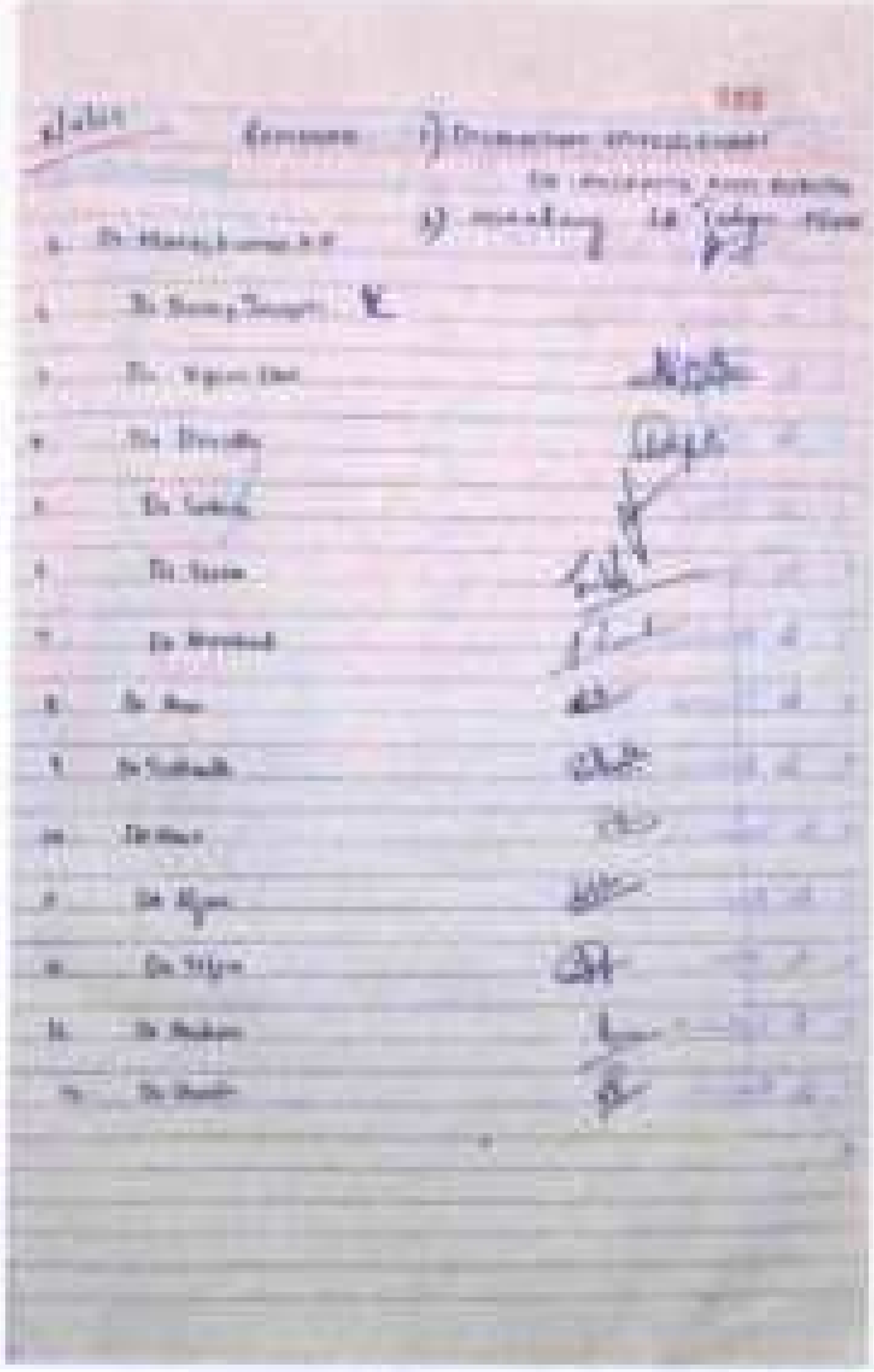


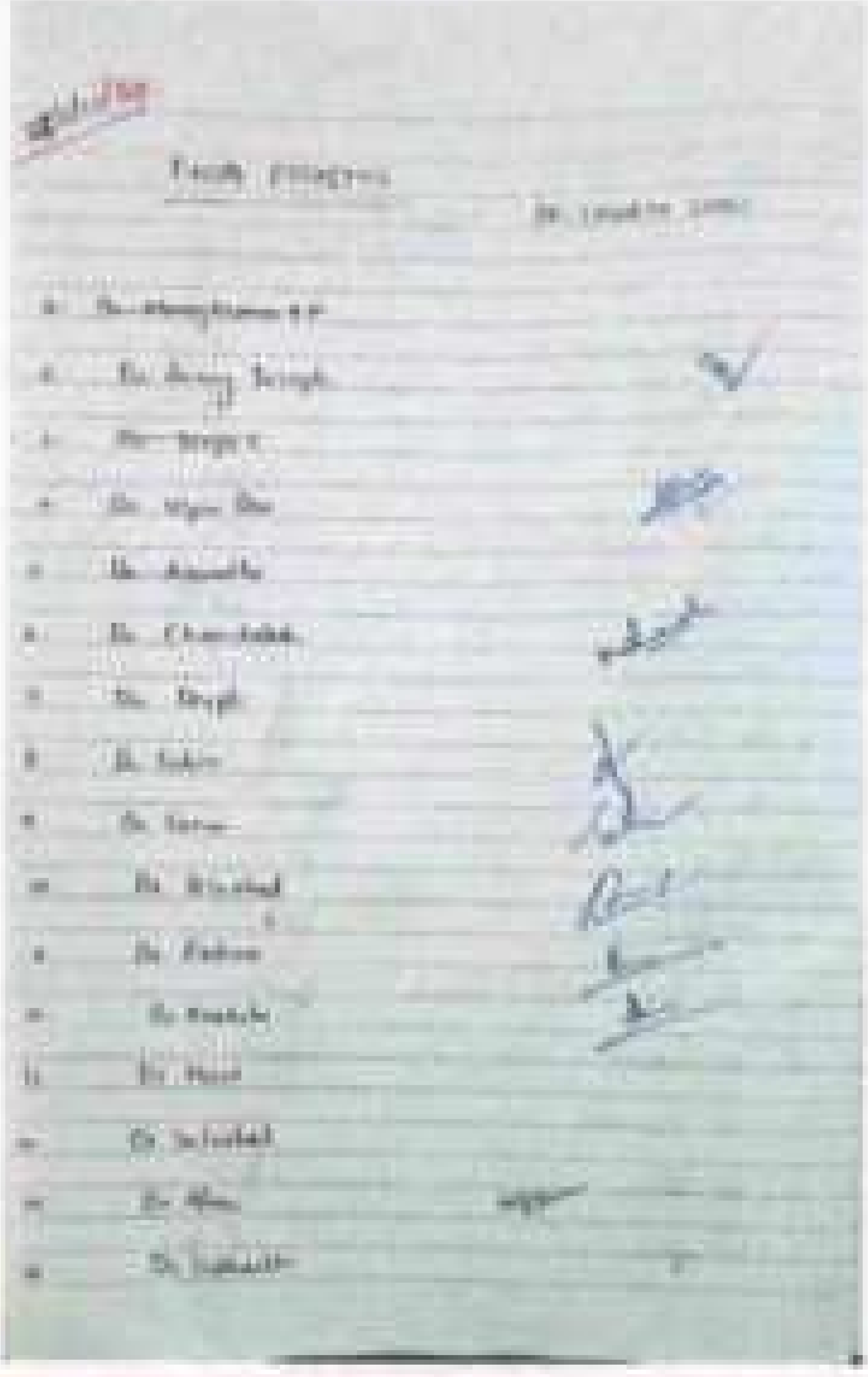
1. Dr. Manoj Kumar K P

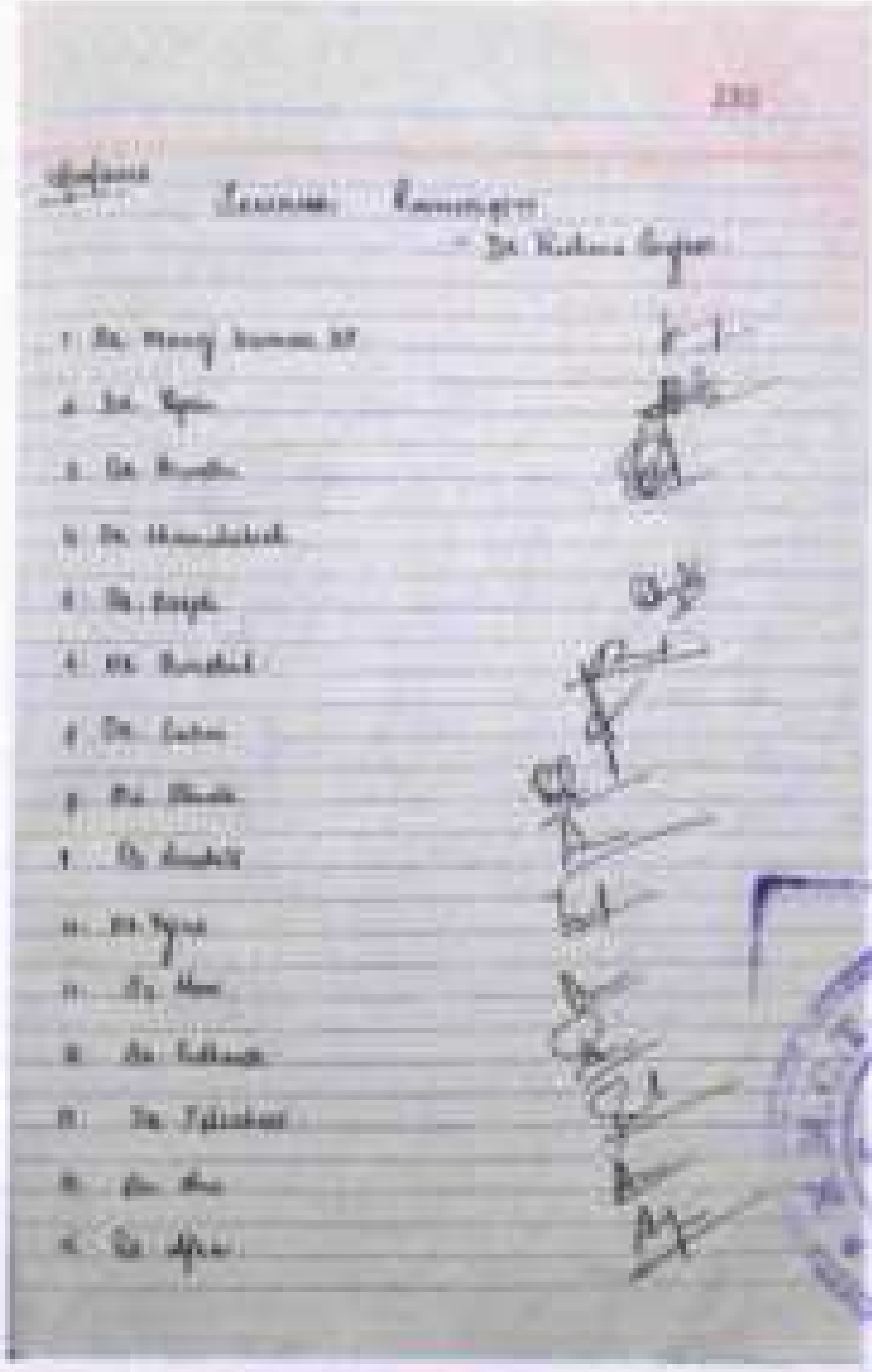


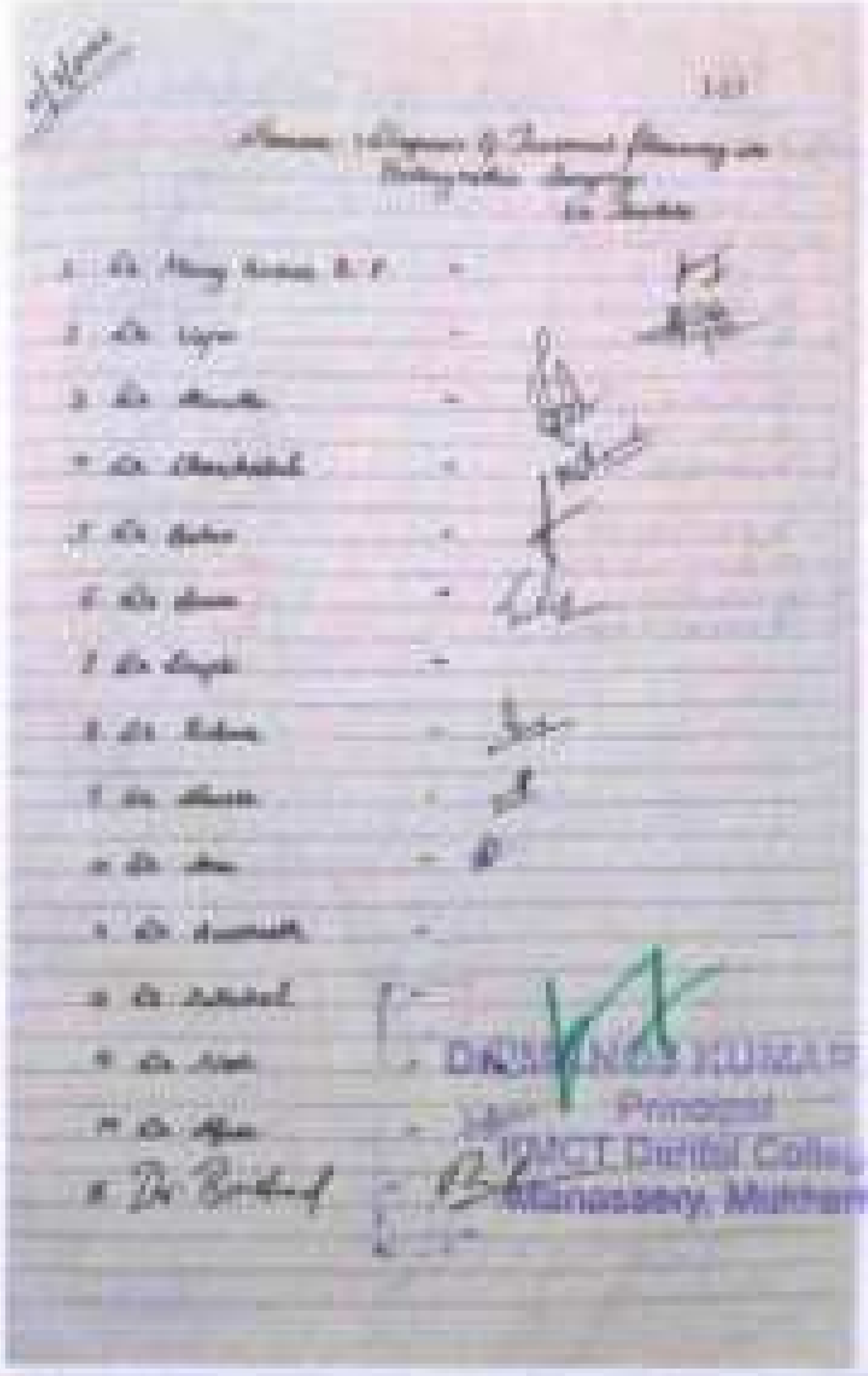
1. Dr. Manoj Kumar K P

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam

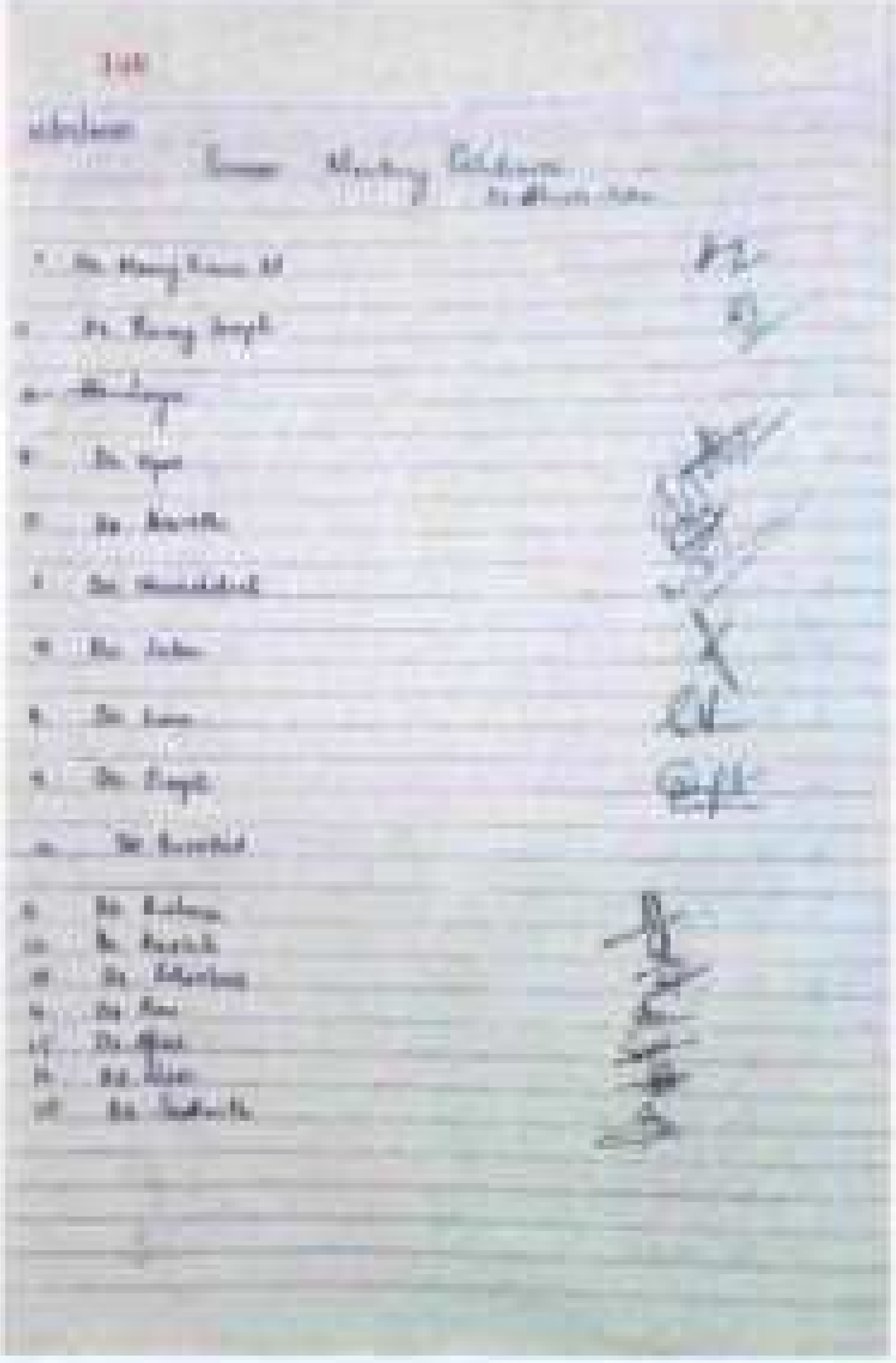








DR. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



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

KMCT
DENTAL COLLEGE

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

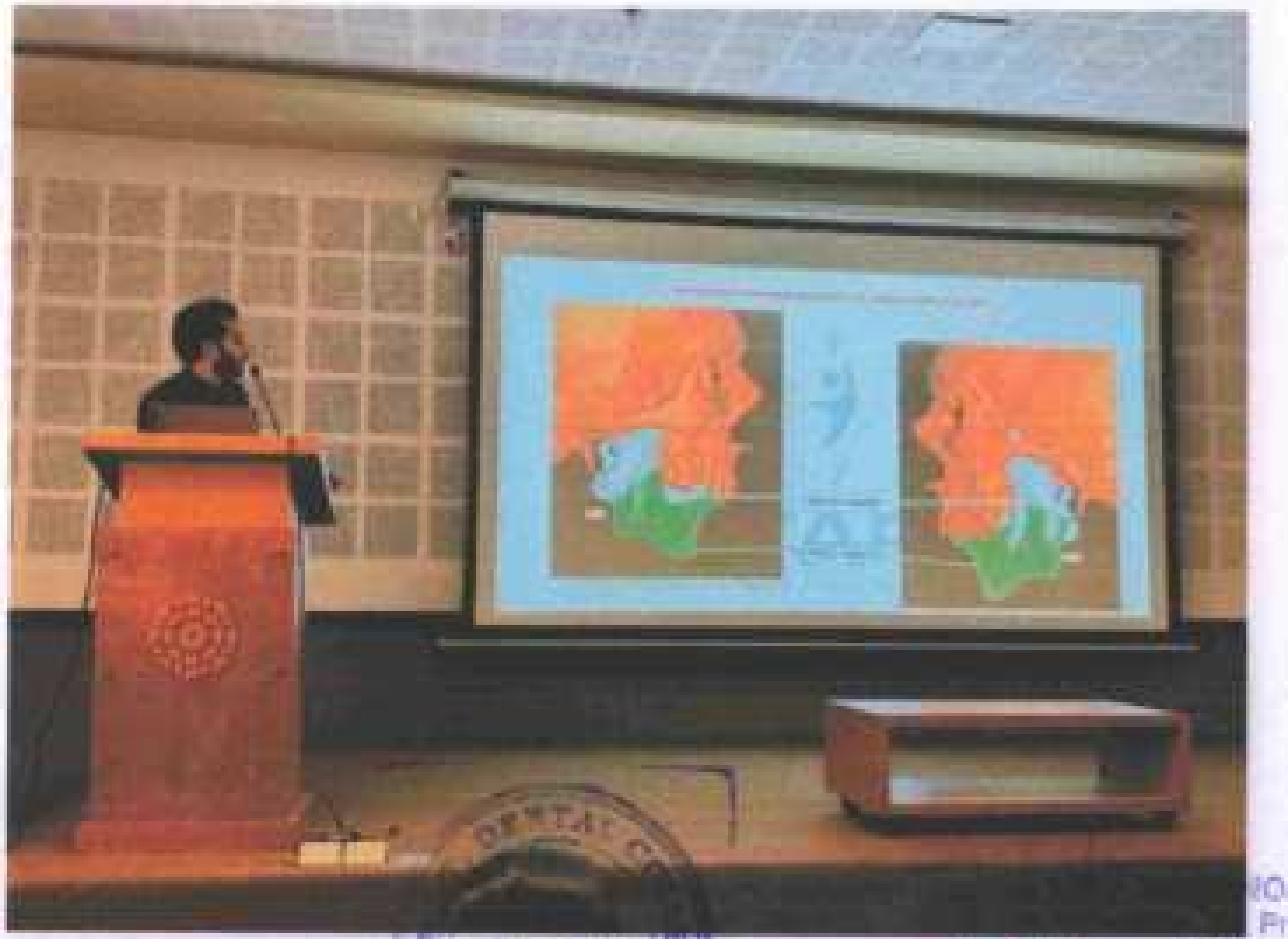
REPORT ON JOURNAL CLUB CONDUCTED BY POST GRADUATES

Journal clubs are held once a week in the OMFS department.The journal club's objective was to critically evaluate and talk about the methodology, conclusions, and implications of the selected article in the context of the study.The postgraduate student gave an introduction at the start of the presentation, explaining the significance and goal of the chosen journal article.One week before the presentation, the PGs submit the shortlisted articles, which are then cross-reviewed and approved by the faculty member in charge.At the conclusion of each session, staff members must sign a checklist.

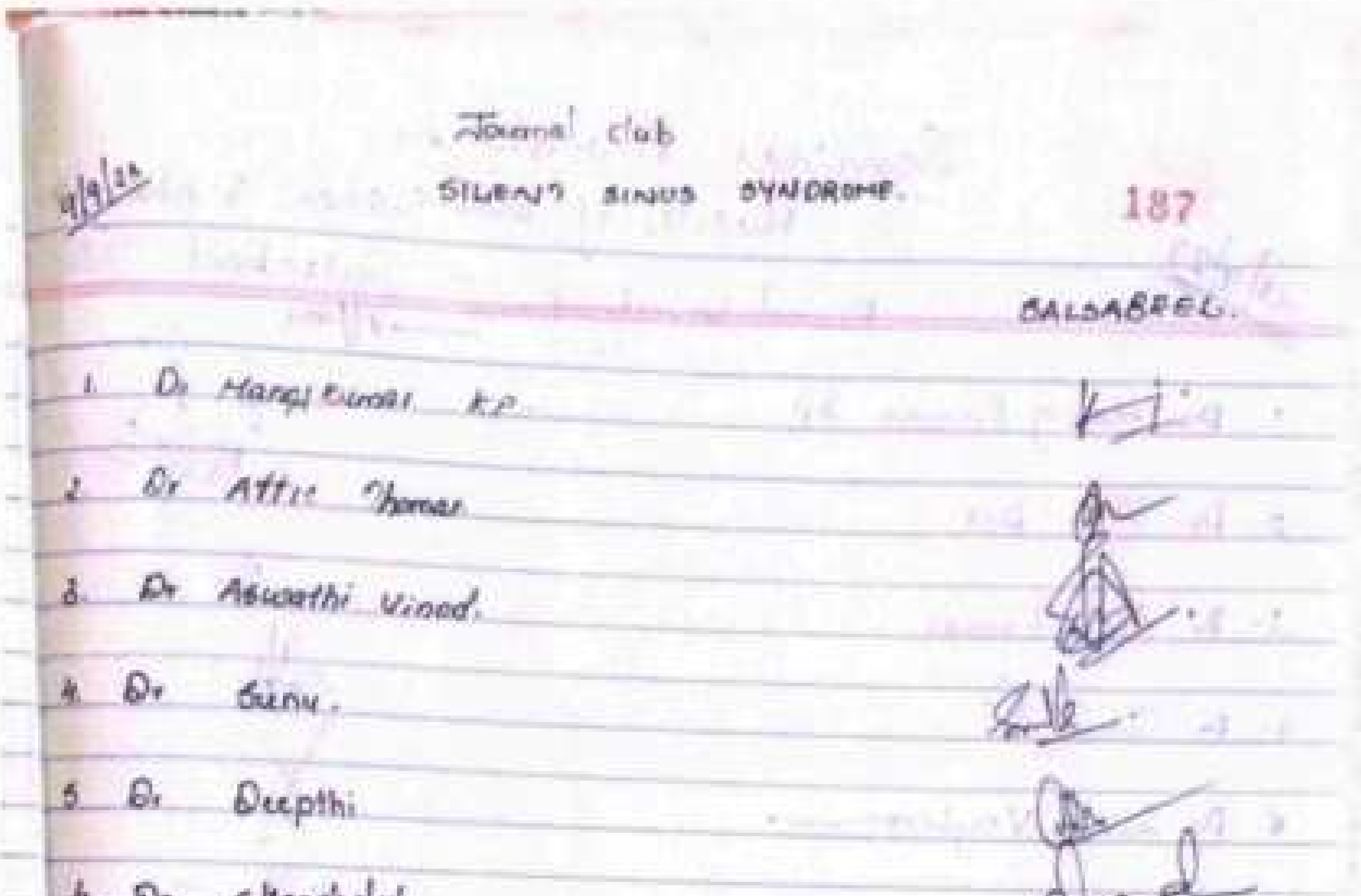
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

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

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



NOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



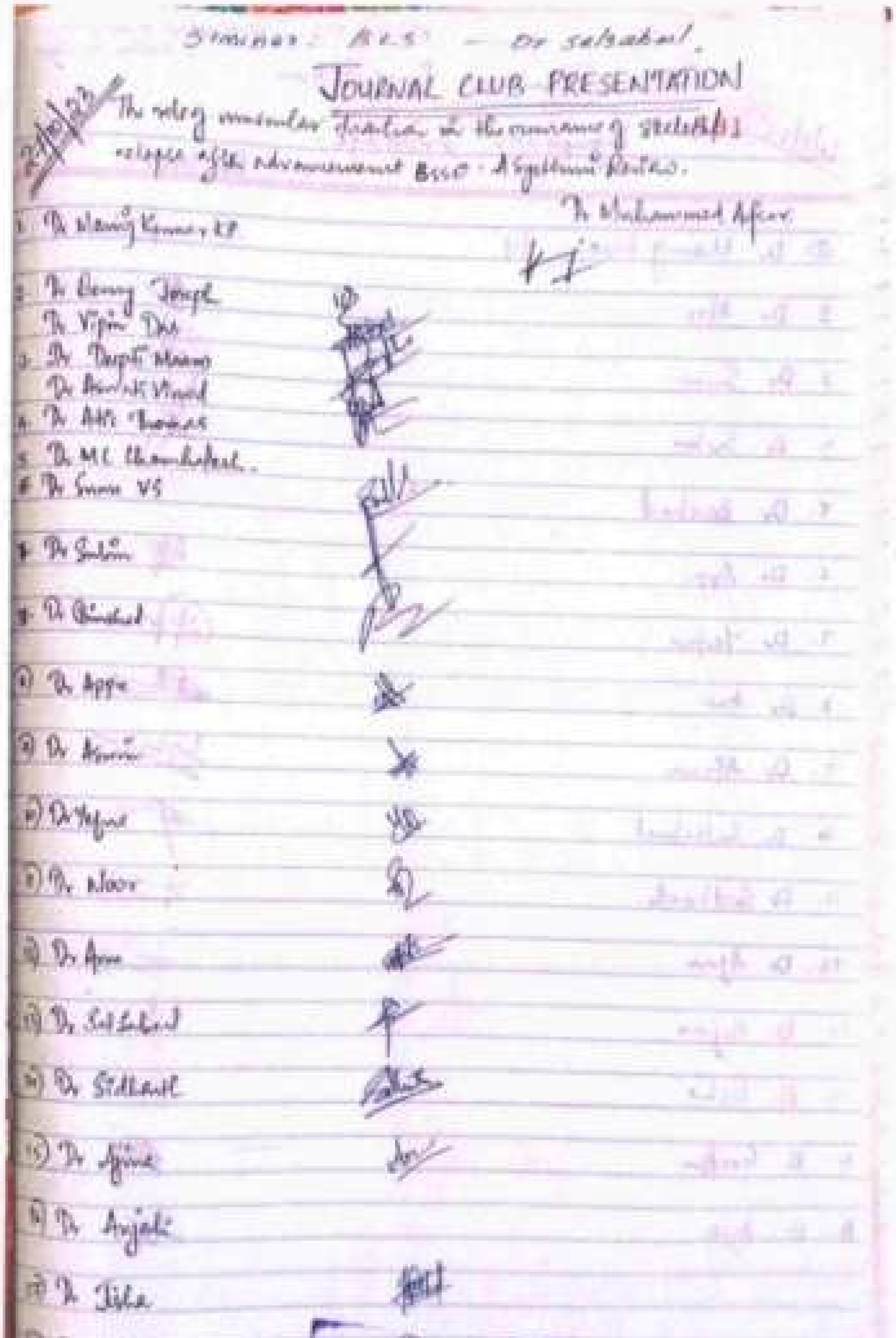
Journal club

4/9/24 SILENT SINUS SYNDROME. 187

SALSABEEL.

1. Dr Manoj Kumar K.P.
2. Dr Attic Thomas
3. Dr Aswathi Vinod.
4. Dr Sinu.
5. Dr Deepthi
6. Dr Chanchalah.
7. Dr Subin.
8. Dr Noor
9. Dr Ajsan.
10. Dr Anu.
11. Dr Siddharth.
12. D

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



Seminar: ALS — Dr Sabahal.

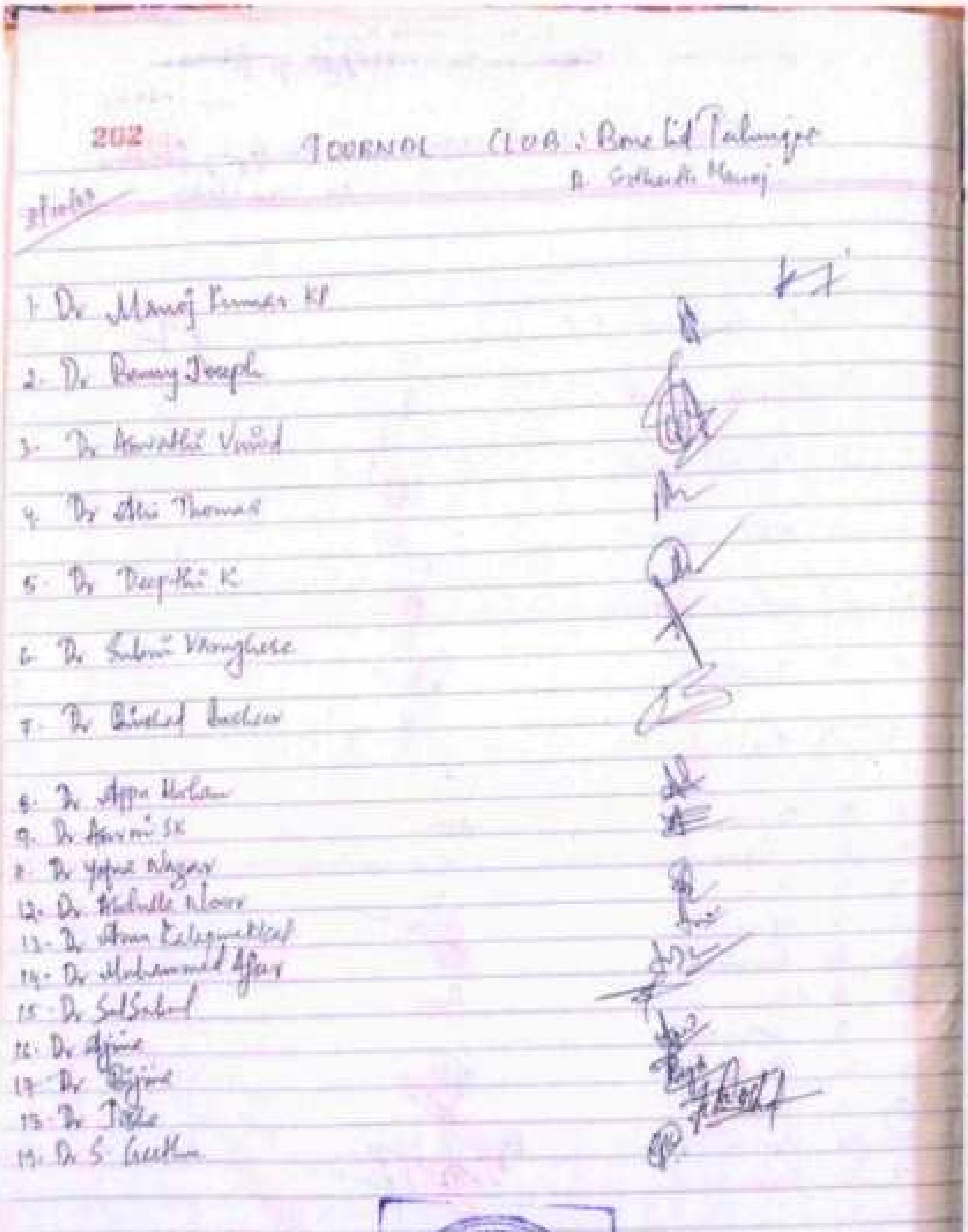
JOURNAL CLUB PRESENTATION

27/10/23 The role of neuromuscular fixation in the recurrence of skeletal [illegible] relapse after the advancement BSSO - A systematic Review.

Dr Muhammed Afsar

1. Dr Manoj Kumar, KP
2. Dr Benny Joseph
   Dr Vipin Das
3. Dr Deepti Mary
   Dr Arun K Vinod
4. Dr Ali Thomas
5. Dr MC Chandrasekhar.
6. Dr Sinu VS
7. Dr Salim
8. Dr Binshad
⑨ Dr Appu
⑩ Dr Aswin
⑪ Dr Nafee
⑫ Dr Noor
⑬ Dr Arun
⑭ Dr Sabahal
⑮ Dr Sidharth
⑯ Dr Ajina
⑰ Dr Anjali
⑱ Dr Jisha
⑲ Dr Geethu

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



202

31/10/23

JOURNAL CLUB : Bone lid Technique
Dr Sidharth Manoj

1. Dr Manoj Kumar KP
2. Dr Renny Joseph
3. Dr Aswathi Vinod
4. Dr Alice Thomas
5. Dr Deepthi K
6. Dr Sabari Varghese
7. Dr Rinshad Basheer
8. Dr Appu Mohan
9. Dr Aswini SK
11. Dr Yafia Nazar
12. Dr Nabeela Naser
13. Dr Arun Kalapurackal
14. Dr Muhammed Afsar
15. Dr Salsabeel
16. Dr Ajina
17. Dr Bijina
18. Dr Tisha
19. Dr S. Geetha

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

Journal Club

08/10/2024

Dr Appu Mohan

Dr MANOJ KUMAR K.P

Dr BENNY JOSEPH

Dr VIPIN DAS

Dr ASWATHY VINOD

Dr ATIL THOMAS

Dr SUBIN VARGHESE

Dr DEEPTI KRISHNANKUTTY

Dr SUNU V.J

Dr BINSHADEE

Dr ARUN J K

Dr NEENA NAIRE

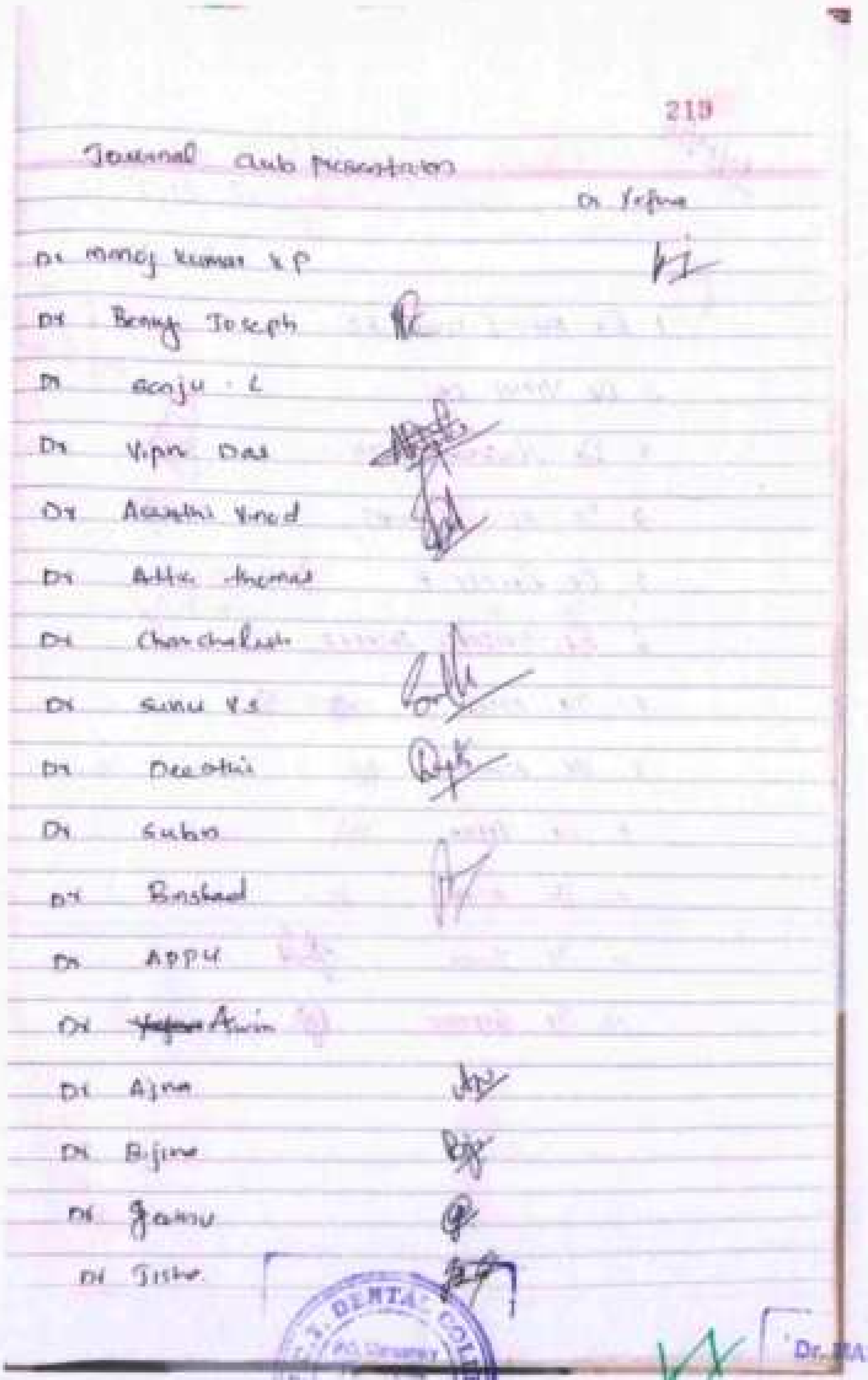
Dr BIJINA

Dr AJNA

Dr JISNA

Dr GEETHU

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



219

Journal club presentation

Dr Sefna

Dr Manoj Kumar K P

Dr Benny Joseph

Dr Sanju L

Dr Vipin Das

Dr Aswathi Vinod

Dr Attu Thomas

Dr Chanchalesh

Dr Sinu K S

Dr Deepthi

Dr Subin

Dr Binshad

Dr Appu

Dr ~~[illegible]~~ Aswin

Dr Ajna

Dr Bijina

Dr Jeenu

Dr Jisha

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

222

Journal Club presentation - Dr. Appu

5/4/24 What is the Optimal reconstructive Option for Oral Submucous Fibrosis? A Systematic review & meta-analysis of buccal pad of fat versus Conventional nasolabial and extended nasolabial flap versus Platysma myocutaneous flap.

1 Dr Manoj Kumar K.P
2 Dr Benny Joseph
3 Dr Vipin Das
4 Dr Abi Thomas
5 Dr Sunu
6 Dr Subin
7 Dr Deepthi
8 Dr Binshad
9 Dr Anwin
10 Dr Yelna
11 Dr Anjali
12 Dr Byme
13 Dr Jisha
14 Dr Ajsa
15 Dr Geethu

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

III. PARTICIPATORY LEARNING

1. GROUP DISCUSSION:

REPORT

First year UG Students have been divided into different groups randomly and were given different topics for discussion among themselves. Initially they were instructed to prepare the topic by themselves and then they were allowed to sit in groups for further discussion. This improves the communication skills, knowledge exchange, problem solving, critical thinking and knowledge base of each student which will eventually improves the learning outcome.

- Group discussion by 1st year UG's on Natural tooth identification during Dental Anatomy and Oral histology practical hour.

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

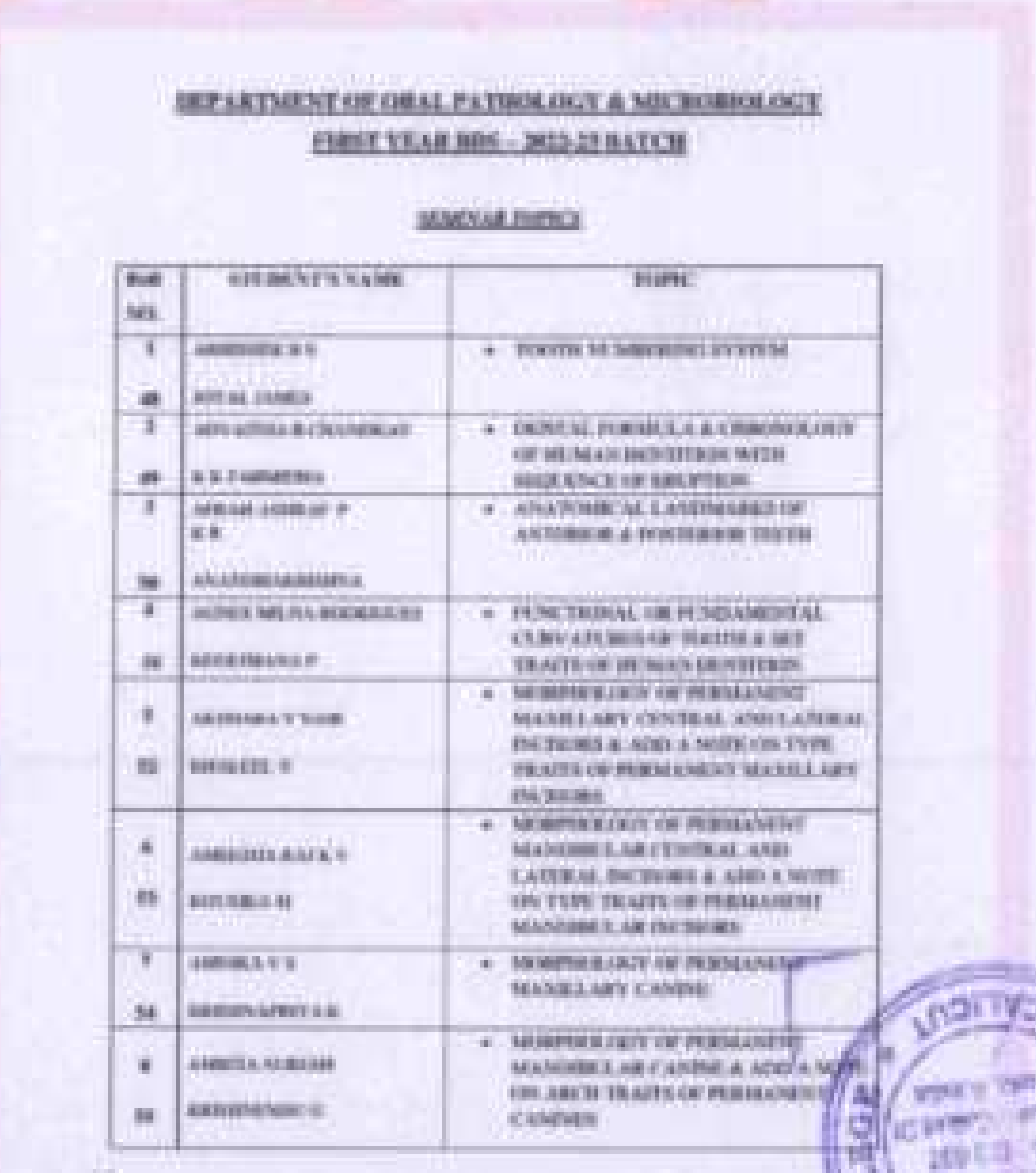
2. SEMINAR:

- **UG SEMINAR:**

REPORT

1st year, 2nd year and 3rd year under graduate students have been asked to present seminar during lecture hours on different topics. Seminar preparation helps the student to read the topic thoroughly and which will improve seminar preparation skills, communication skills and teaching skills. Seminar topics are given prior and taken according to schedule.

- **Schedule:**

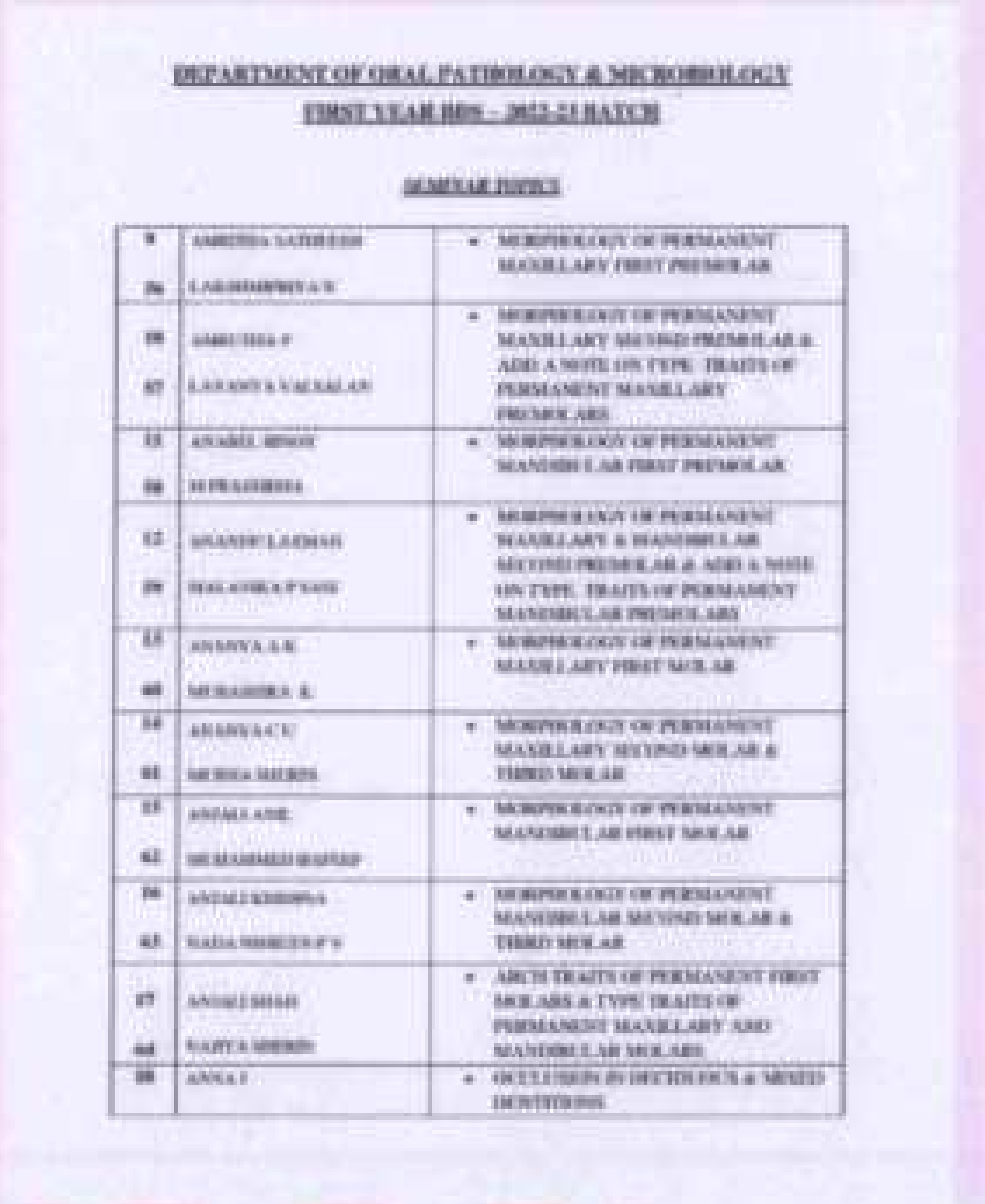


DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY
FIRST YEAR BDS – 2022-23 BATCH

SEMINAR TOPICS

Roll No.	STUDENT'S NAME	TOPIC
1 48	[illegible] JOYAL JAMES	TOOTH NUMBERING SYSTEM
2 49	[illegible] [illegible]	DENTAL FORMULA & CHRONOLOGY OF HUMAN DENTITION WITH SEQUENCE OF ERUPTION
3 50	[illegible] [illegible]	ANATOMICAL LANDMARKS OF ANTERIOR & POSTERIOR TEETH
4 51	[illegible] [illegible]	FUNCTIONAL OR FUNDAMENTAL CURVATURES OF TEETH & SET TRAITS OF HUMAN DENTITION
5 52	[illegible] [illegible]	MORPHOLOGY OF PERMANENT MAXILLARY CENTRAL AND LATERAL INCISORS & ADD A NOTE ON TYPE TRAITS OF PERMANENT MAXILLARY INCISORS
6 53	[illegible] [illegible]	MORPHOLOGY OF PERMANENT MANDIBULAR CENTRAL AND LATERAL INCISORS & ADD A NOTE ON TYPE TRAITS OF PERMANENT MANDIBULAR INCISORS
7 54	[illegible] [illegible]	MORPHOLOGY OF PERMANENT MAXILLARY CANINE
8 55	[illegible] [illegible]	MORPHOLOGY OF PERMANENT MANDIBULAR CANINE & ADD A NOTE ON ARCH TRAITS OF PERMANENT CANINES

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

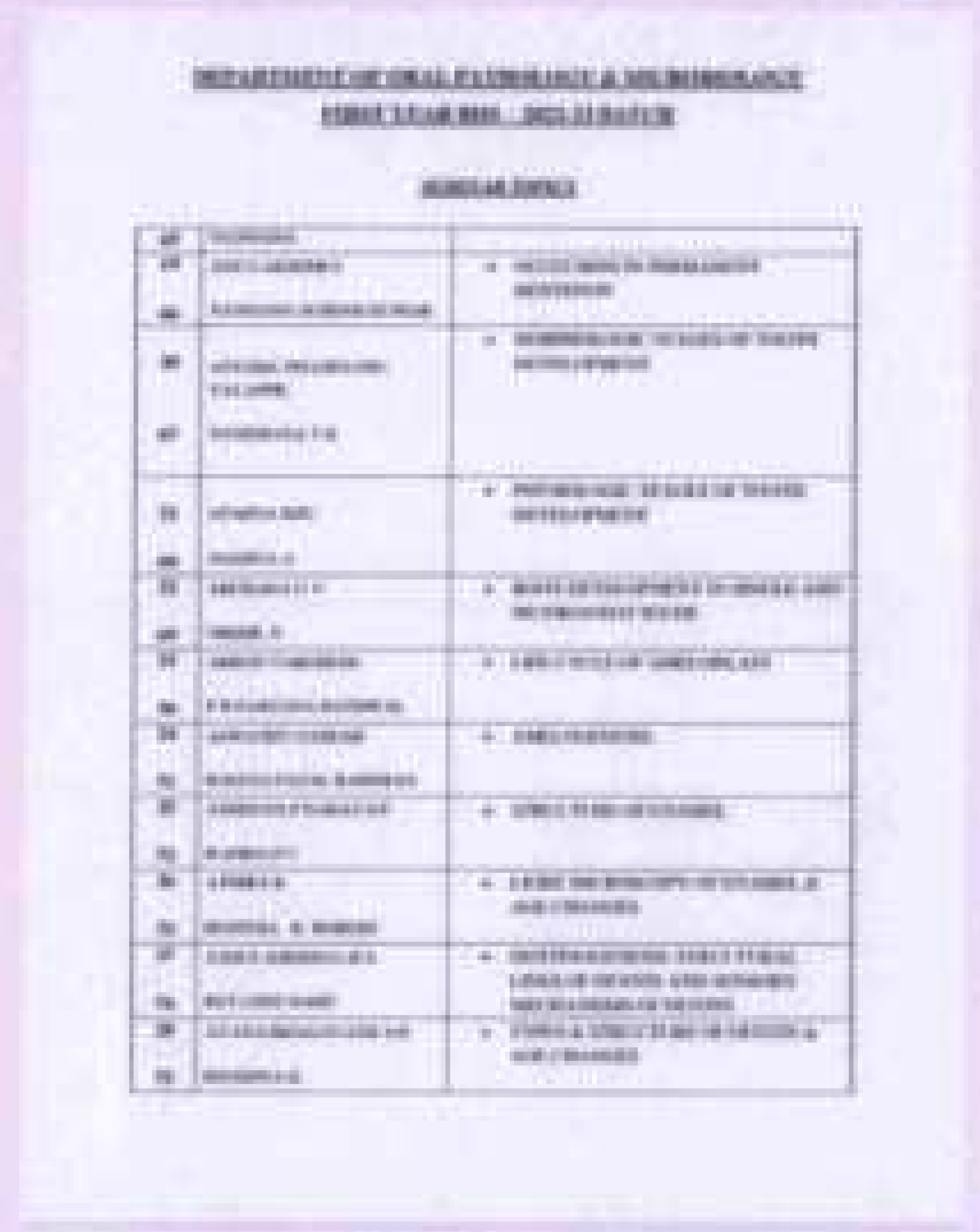


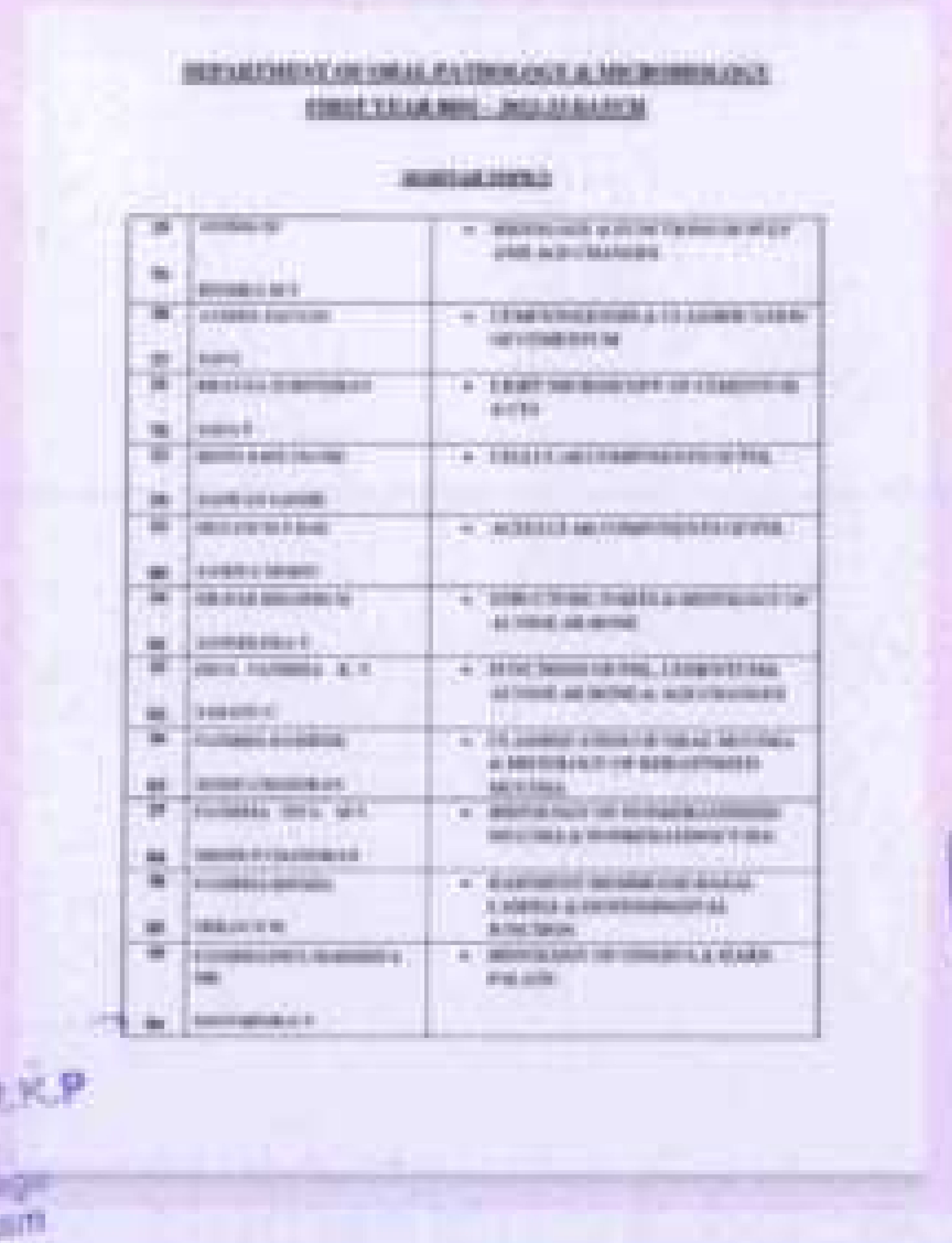
DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY
FIRST YEAR BDS – 2022-23 BATCH

SEMINAR TOPICS

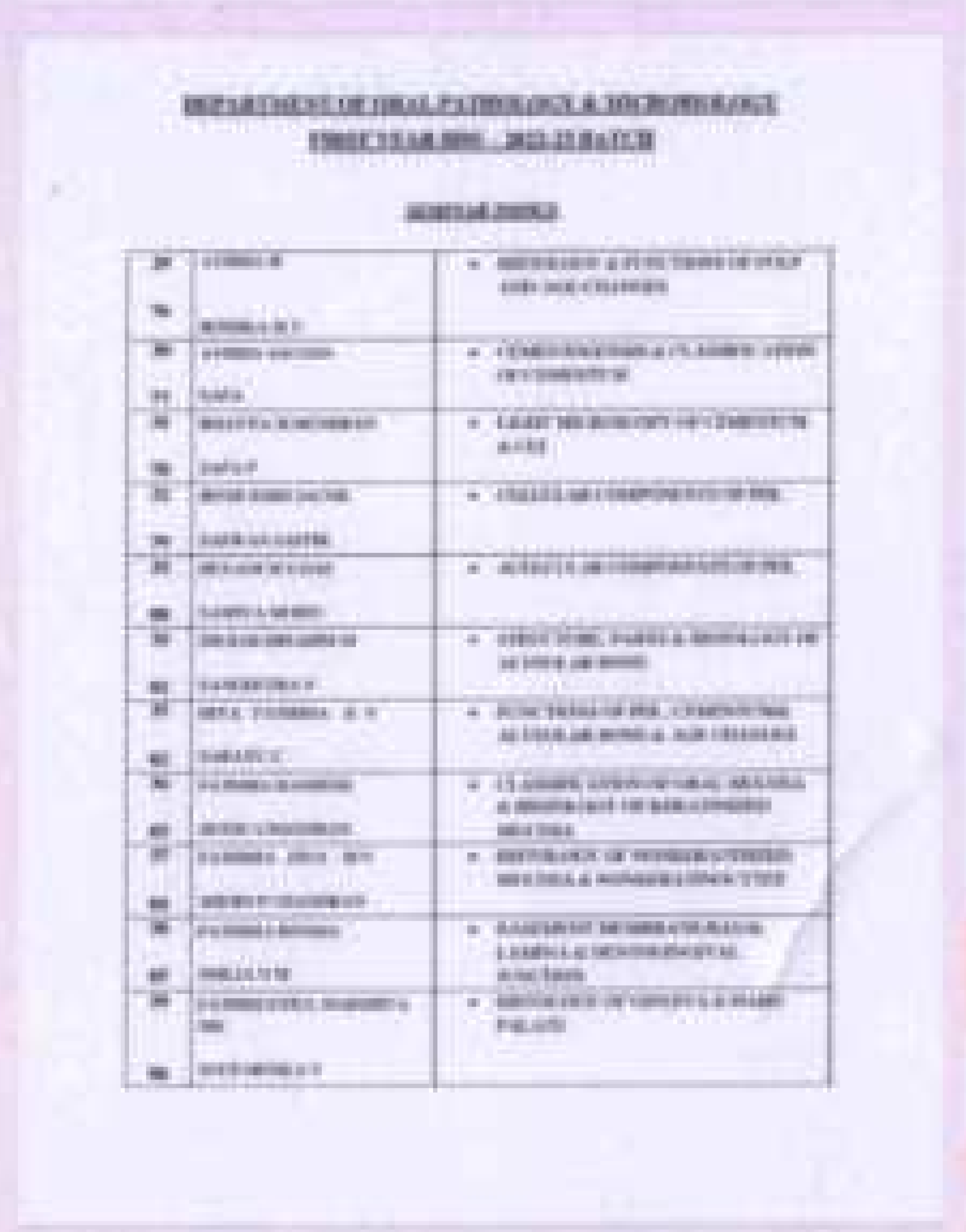
9 36	AMRITHA SATHEESH LAKSHMIPRIYA K	• MORPHOLOGY OF PERMANENT MAXILLARY FIRST PREMOLAR
10 37	AMRUTHA P LAVANYA VALSALAN	• MORPHOLOGY OF PERMANENT MAXILLARY SECOND PREMOLAR & ADD A NOTE ON TYPE TRAITS OF PERMANENT MAXILLARY PREMOLARS
11 38	ANAKHA BINOY M PRASOBHA	• MORPHOLOGY OF PERMANENT MANDIBULAR FIRST PREMOLAR
12 39	ANANDU LAKSHMI MALAVIKA P SANIL	• MORPHOLOGY OF PERMANENT MAXILLARY & MANDIBULAR SECOND PREMOLAR & ADD A NOTE ON TYPE TRAITS OF PERMANENT MANDIBULAR PREMOLARS
13 40	ANANYA A K MUBASHIRA K	• MORPHOLOGY OF PERMANENT MAXILLARY FIRST MOLAR
14 41	ANANYA C U MUHSINA SHERIN	• MORPHOLOGY OF PERMANENT MAXILLARY SECOND MOLAR & THIRD MOLAR
15 42	ANJALI ANIL MUHAMMED HAFEEF	• MORPHOLOGY OF PERMANENT MANDIBULAR FIRST MOLAR
16 43	ANJALI KRISHNA NADA SHIRIN P V	• MORPHOLOGY OF PERMANENT MANDIBULAR SECOND MOLAR & THIRD MOLAR
17 44	ANJALI SHAJI NAJIYA SHERIN	• ARCH TRAITS OF PERMANENT FIRST MOLARS & TYPE TRAITS OF PERMANENT MAXILLARY AND MANDIBULAR MOLARS
18	ANNA J	• OCCLUSION IN DECIDUOUS & MIXED DENTITIONS

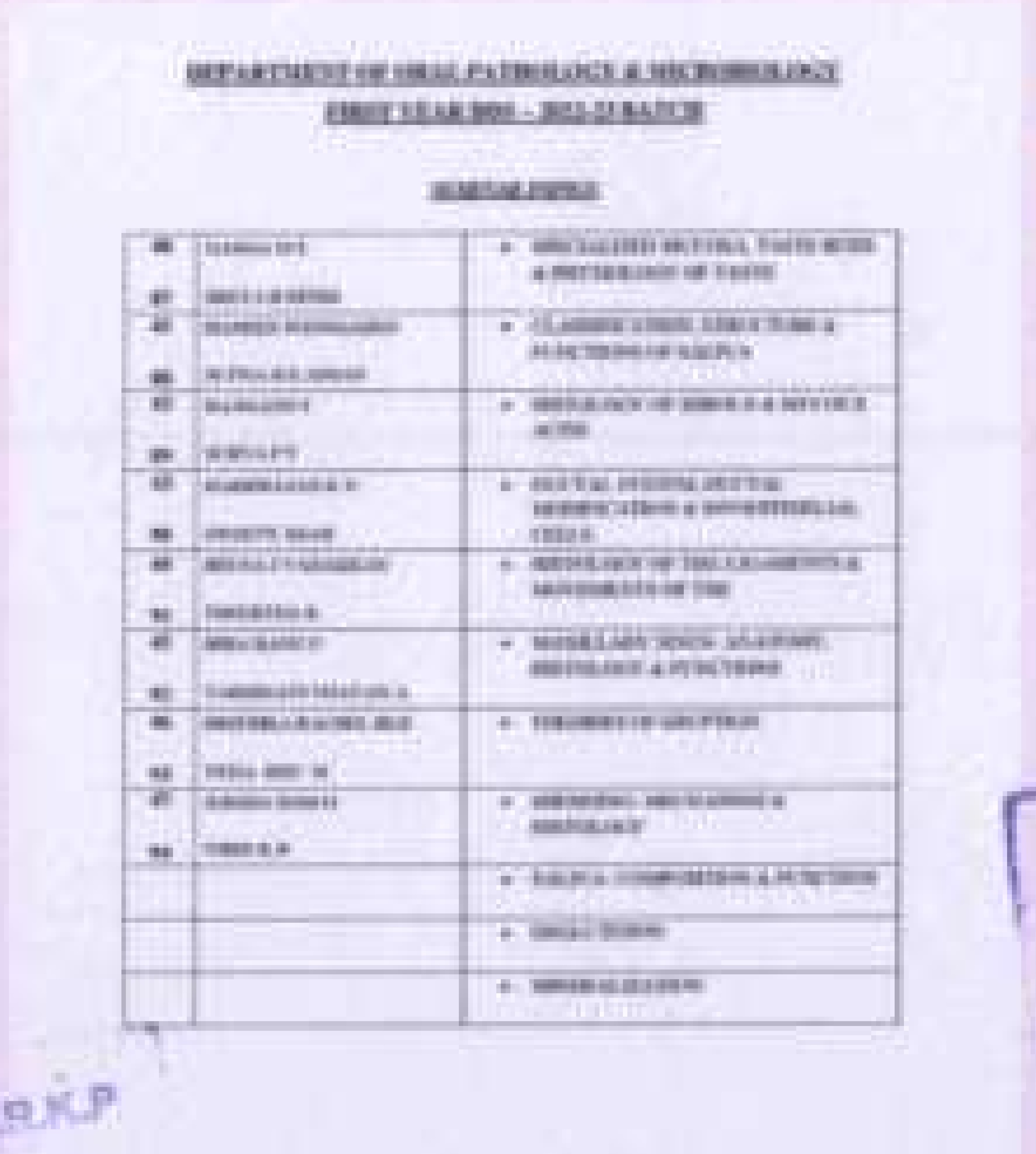
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam





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

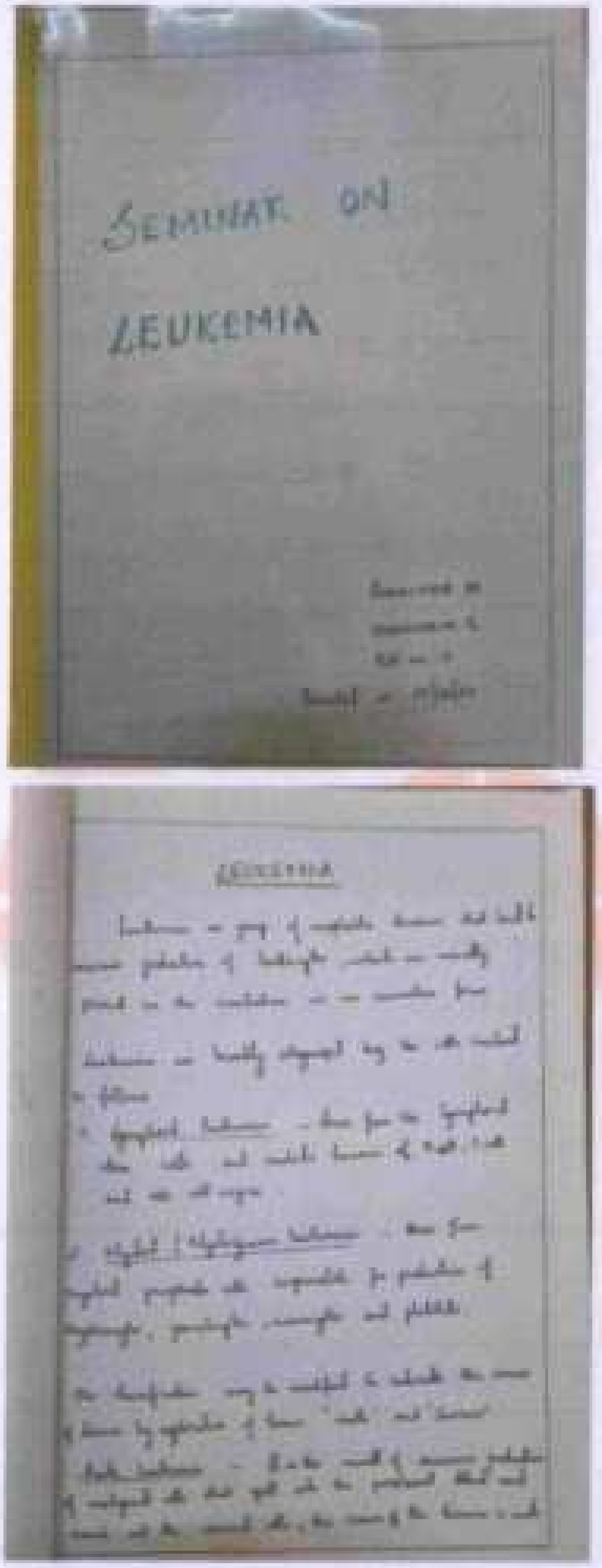




Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam

-Seminar presentation by 2^{nd} year student during 2^{nd} year Oral pathology theory class.

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



SEMINAR ON
LEUKEMIA

LEUKEMIA

-Seminar writeup submitted by 3rd year UG student.

Principal
KMCT Dental College
Manassery, Mukkam

- **PG SEMINAR:**

  - **Schedule (For Seminars and Journal clubs)-**

SEMINARS AND JOURNAL CLUBS (MAY & JUNE)

DATE	SEMINAR	JC
25/04/2023	AKHILA – Clinical tips for a better biopsy specimen	
17/05/2023	JYOTSNA cell structure and functions	
18/05/2023		SABEENATH
23/05/2023	LEKSHMI – Cell nucleus	
25/05/2023		GOPIKA
30/05/2023	GOPIKA – Cell cycle	
1/06/2023		JYOTSNA
6/06/2023	SABEENATH – Amelogenesis	
8/06/2023		AKHILA
13/06/2023	JYOTSNA – Theories of Mineralization	
15/06/2023		LEKSHMI
20/06/2023	GOPIKA – Cytoskeleton	
22/06/2023		JYOTSNA
27/06/2023	LEKSHMI – Cell Junctions	
29/06/2023		GOPIKA
4/07/2023	SABEENATH- Specialized Microscope	
6/07/2023		LEKSHMI

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

SEMINARS AND JOURNAL CLUBS (Aug - Oct)

DATE	SEMINAR	JC
22/08/2023	AKHILA - Light Microscopy	
24/08/2023	AKHILA - Light Microscopy(continuation)	
25/08/2023	AKHILA - Light Microscopy(continuation)	
31/08/2023		SABEENATH Ameloblastic Fibroma
5/09/2023	JYOTSNA Blood 1	
07/09/2023		AKHILA Osteoradionecrosis
12/09/2023	GOPIKA Blood 2	
14/09/2023		JYOTSNA
19/09/2023	SABEENATH Special Stains	
21/09/2023		GOPIKA
26/09/2023	LEKSHMI Blood 3	
28/09/2023		SABEENATH
03/10/2023		
05/10/2023		AKHILA
10/10/2023		
12/10/2023		LEKSHMI

SEMINARS AND JC (MARCH-APRIL 2024)

DATE	SEMINAR	JC
14/03/2024		AKHILA
28/03/2024		JYOTSNA
2/04/2024	LEKSHMI CHRONIC INFLAMMATION	
04/04/2024		GOPIKA
09/04/2024	AKHILA PRINCIPLES OF STAINING	
11/04/2024		SABEENATH
16/04/2024	JYOTSNA CHEMICAL MEDIATORS	
18/04/2024		AKHILA
23/04/2024	JYOTSNA TISSUE PROCESSING	
25/04/2024		LEKSHMI
30/04/2024	SABEENATH SPECIAL STAINS	

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery

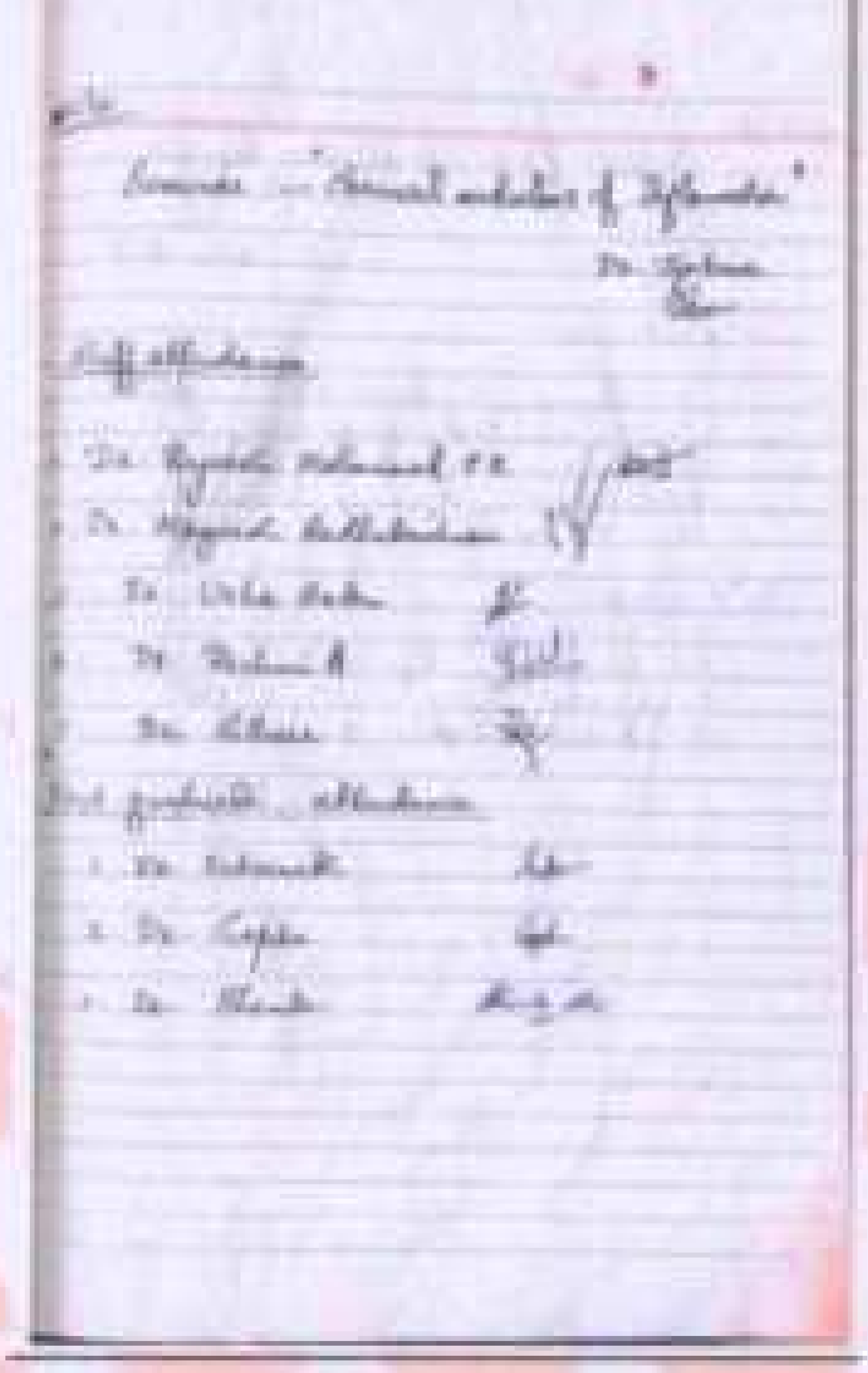
SEMINARS AND JC (MAY 2024)

DATE	SEMINAR	JC
09/05/2024	SHAMLA- CELL: STRUCTURE AND FUNCTIONS	
11/05/2024	JYOTSNA – CHEMICAL MEDIATORS OF INFLAMMATION	
10/05/2024		GOPIKA
14/05/2024		LEKSHMI
21/05/2023		SHAMLA
23/05/2024	SABEENATH- SPECIAL STAINS	

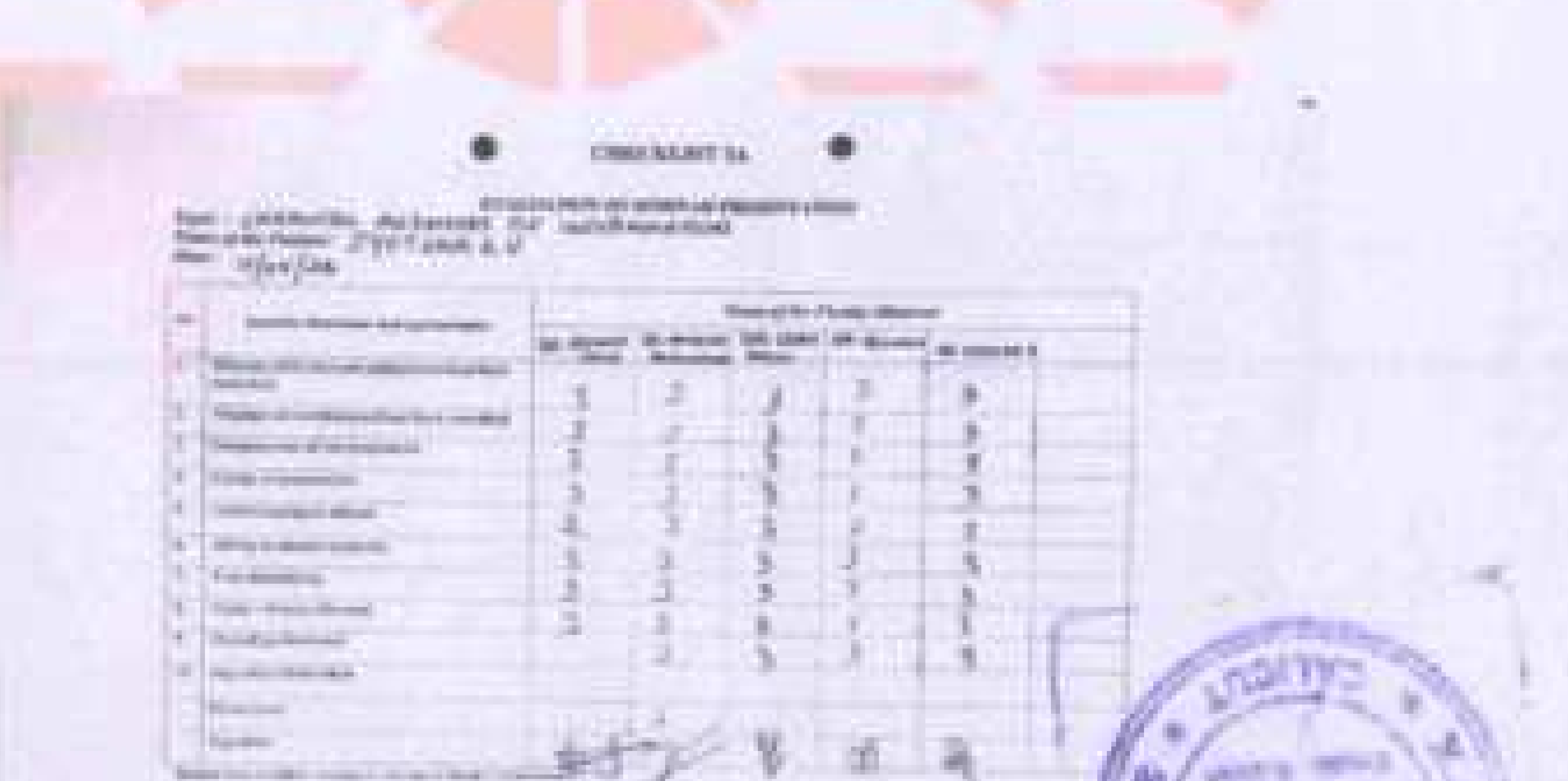
Dr. MANOJ KUMAR K.P

- Seminar presentation by Dr Jyotsna, 2nd year PG student at Oral Pathology department Seminar Hall.

Dr. MANOJ KUMAR K.P



- Seminar attendee list maintained in the department.



Dr. MANOJ KUMAR K.P

- Seminar checklist

3. ATTENDING CONFERENCES & CONVENTIONS:

REPORT

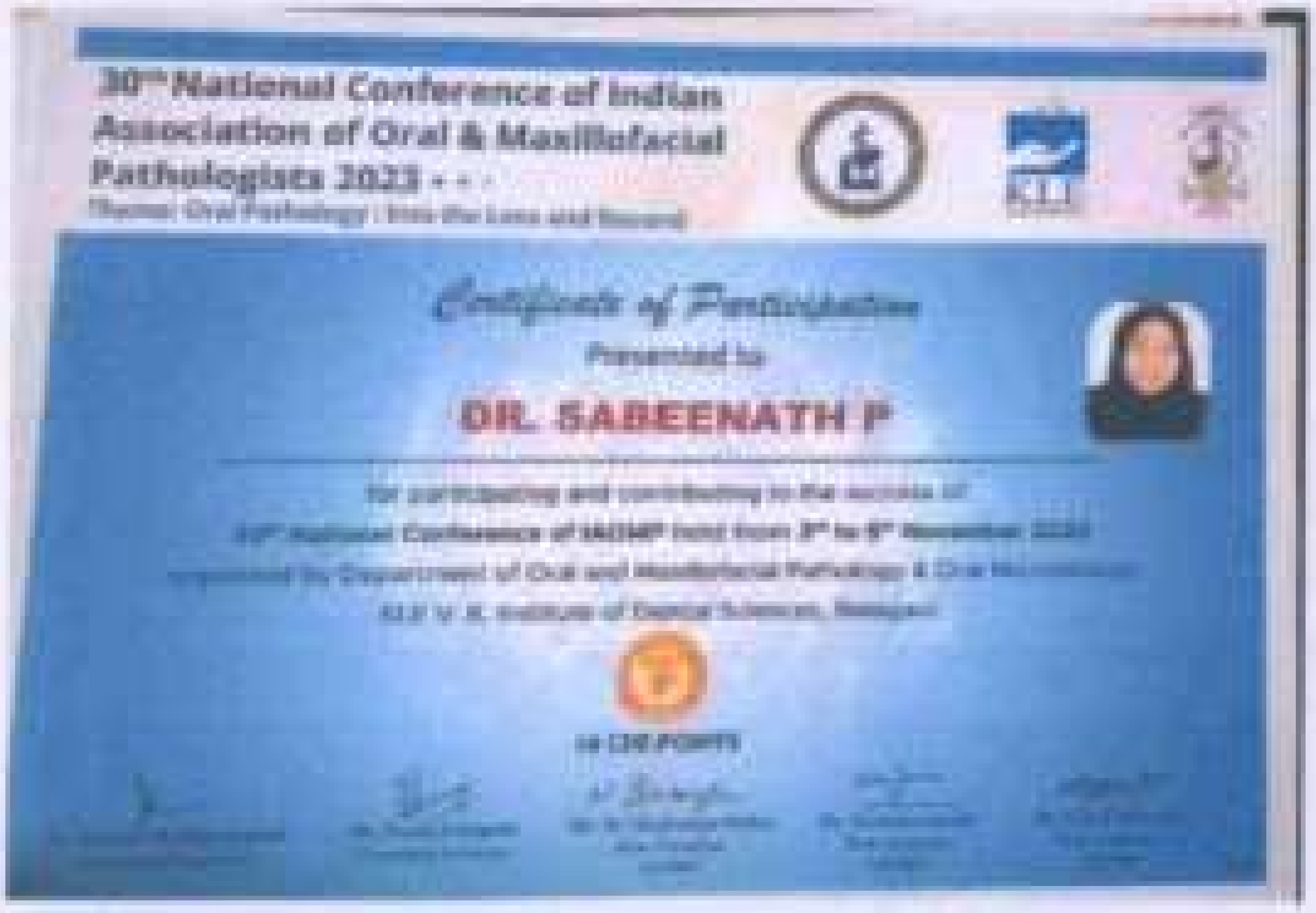
Post graduate students and faculty from the Department of Oral Pathology and Microbiology have attended 30th National conference of IAOMP at KLE VK Institute of Dental sciences, Belagavi from 3/11/2023 to 05/11/2023. Pg's and faculties have actively participated in the same and PG students have done scientific presentations.

- PG students at 30th National conference of IAOMP 2023.

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

- PG students with delegates of IAOMP

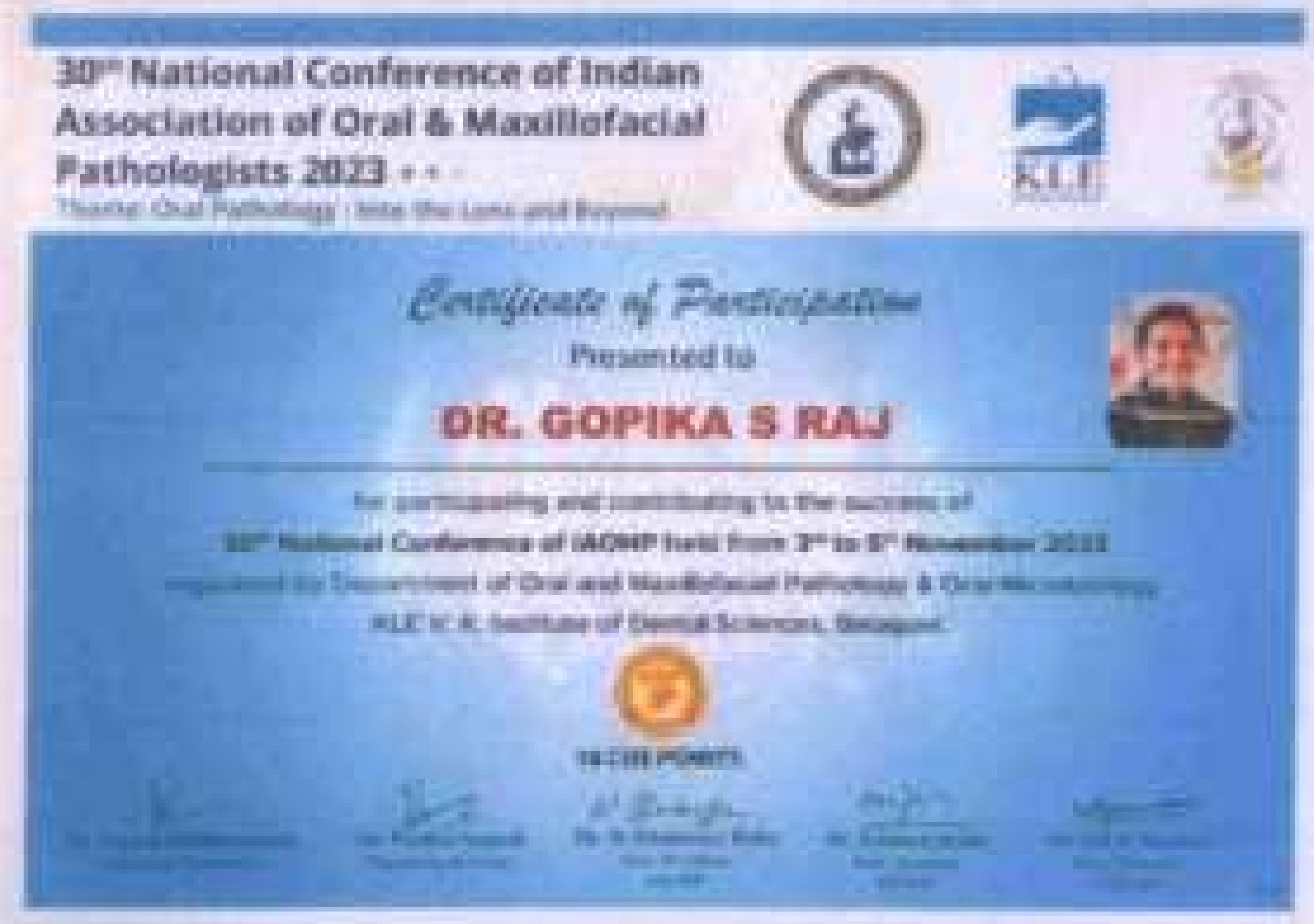
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



30th National Conference of Indian Association of Oral & Maxillofacial Pathologists 2023
Theme: Oral Pathology | Into the Lens and Beyond

Certificate of Participation
Presented to
DR. SABEENATH P

for participating and contributing to the success of
30th National Conference of IAOMP held from 3rd to 5th November 2023
organized by Department of Oral and Maxillofacial Pathology & Oral Microbiology
KLE V. K. Institute of Dental Sciences, Belagavi

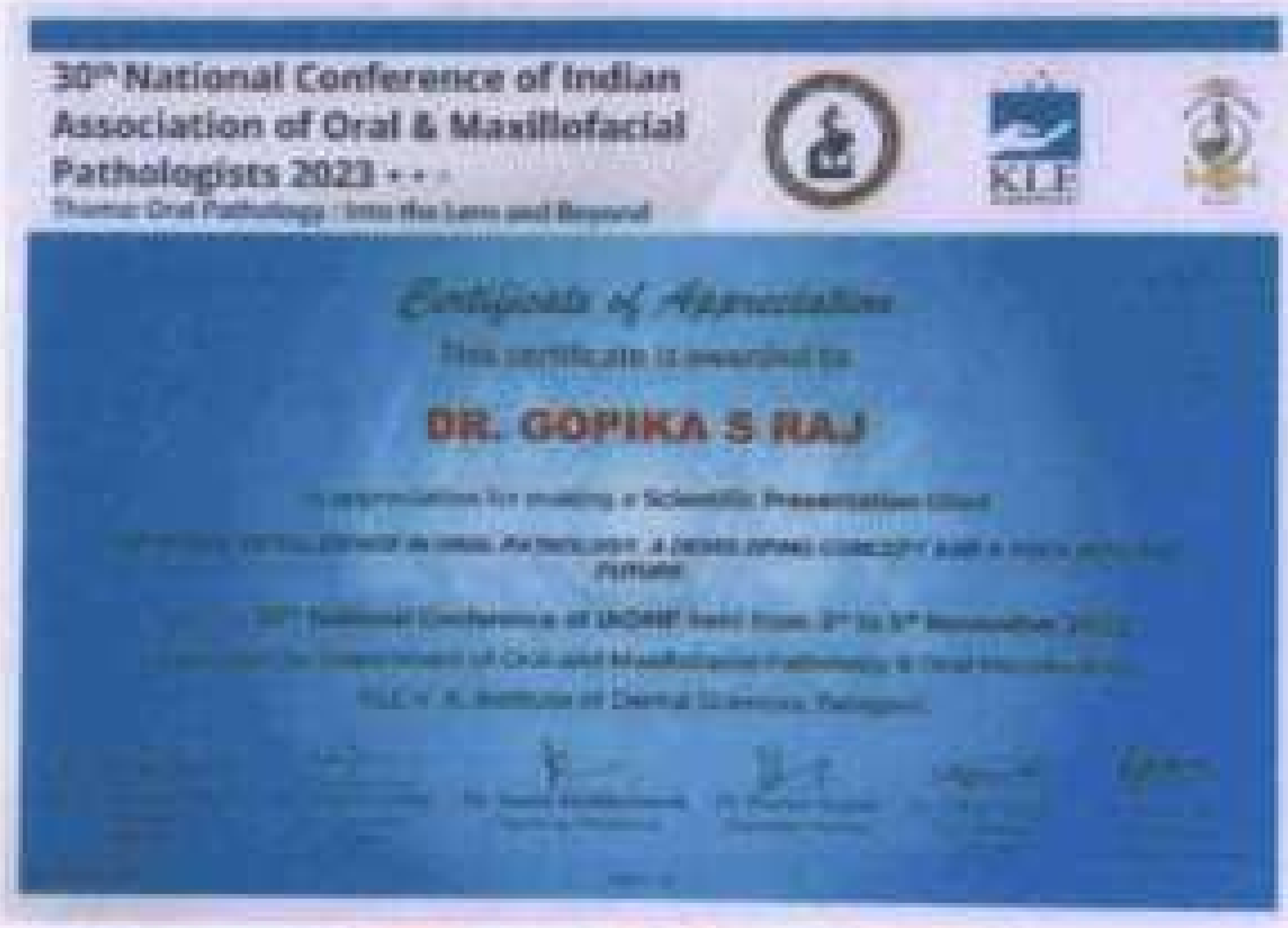


30th National Conference of Indian Association of Oral & Maxillofacial Pathologists 2023
Theme: Oral Pathology | Into the Lens and Beyond

Certificate of Participation
Presented to
DR. GOPIKA S RAJ

for participating and contributing to the success of
30th National Conference of IAOMP held from 3rd to 5th November 2023
organized by Department of Oral and Maxillofacial Pathology & Oral Microbiology
KLE V. K. Institute of Dental Sciences, Belagavi

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



30th National Conference of Indian Association of Oral & Maxillofacial Pathologists 2023

Theme: Oral Pathology : Into the Lens and Beyond

Certificate of Appreciation

This certificate is awarded to

DR. GOPIKA S RAJ

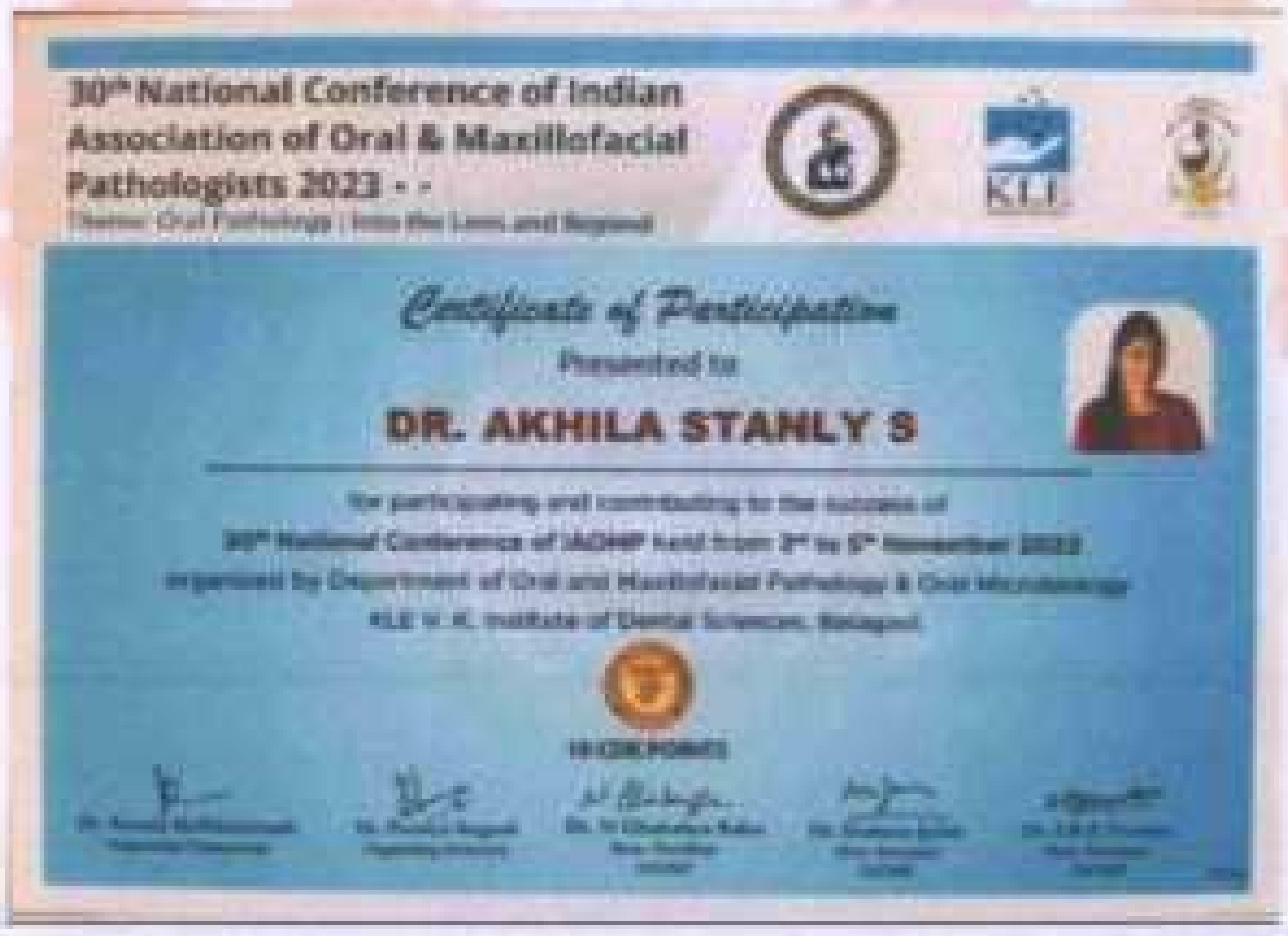
in appreciation for making a Scientific Presentation titled

[illegible]

30th National Conference of IAOMP held from 3rd to 5th November 2023

organised by Department of Oral and Maxillofacial Pathology & Oral Microbiology

KLE V. K. Institute of Dental Sciences, Belagavi



30th National Conference of Indian Association of Oral & Maxillofacial Pathologists 2023

Theme: Oral Pathology : Into the Lens and Beyond

Certificate of Participation

Presented to

DR. AKHILA STANLY S

for participating and contributing to the success of

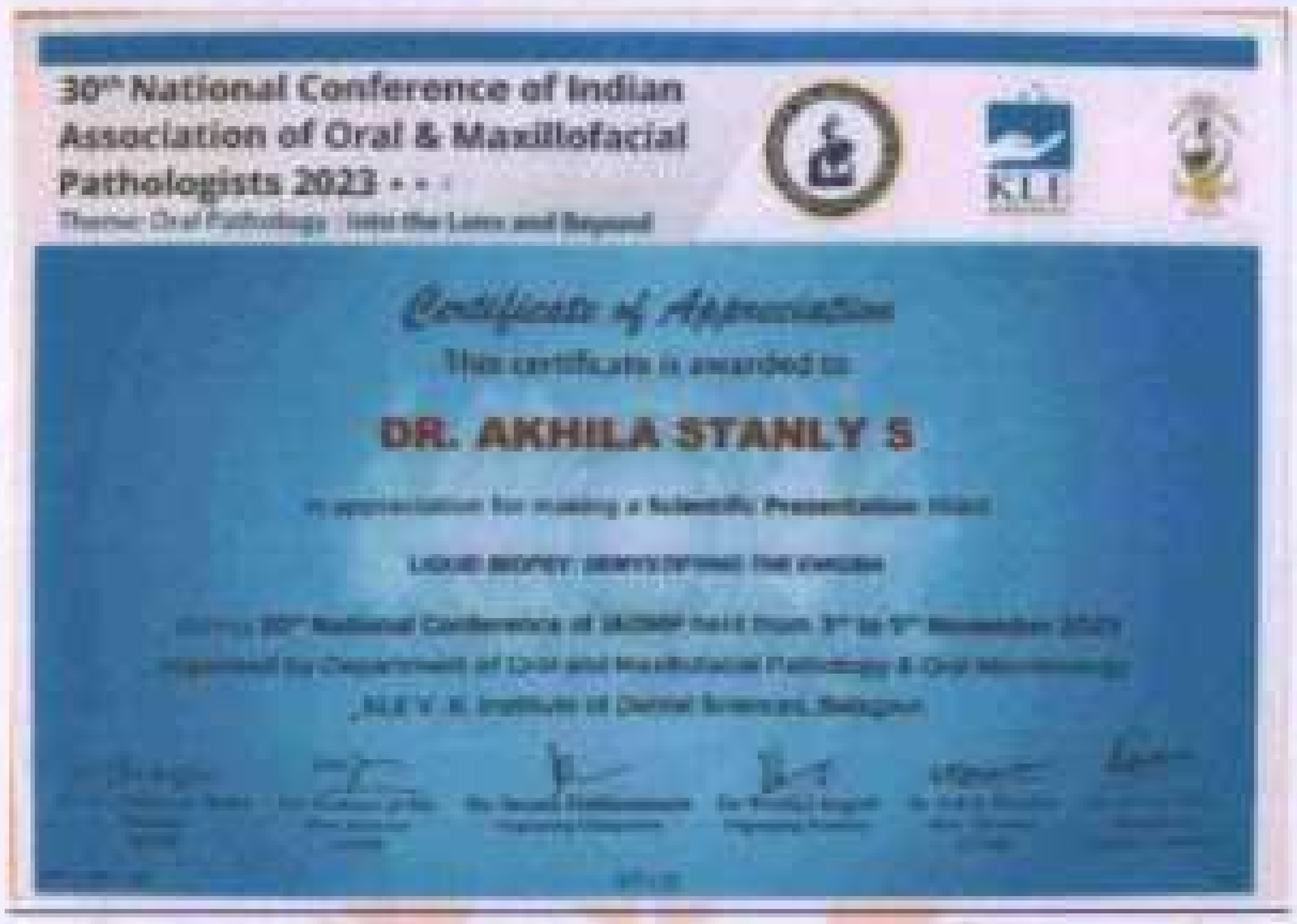
30th National Conference of IAOMP held from 3rd to 5th November 2023

organised by Department of Oral and Maxillofacial Pathology & Oral Microbiology

KLE V. K. Institute of Dental Sciences, Belagavi

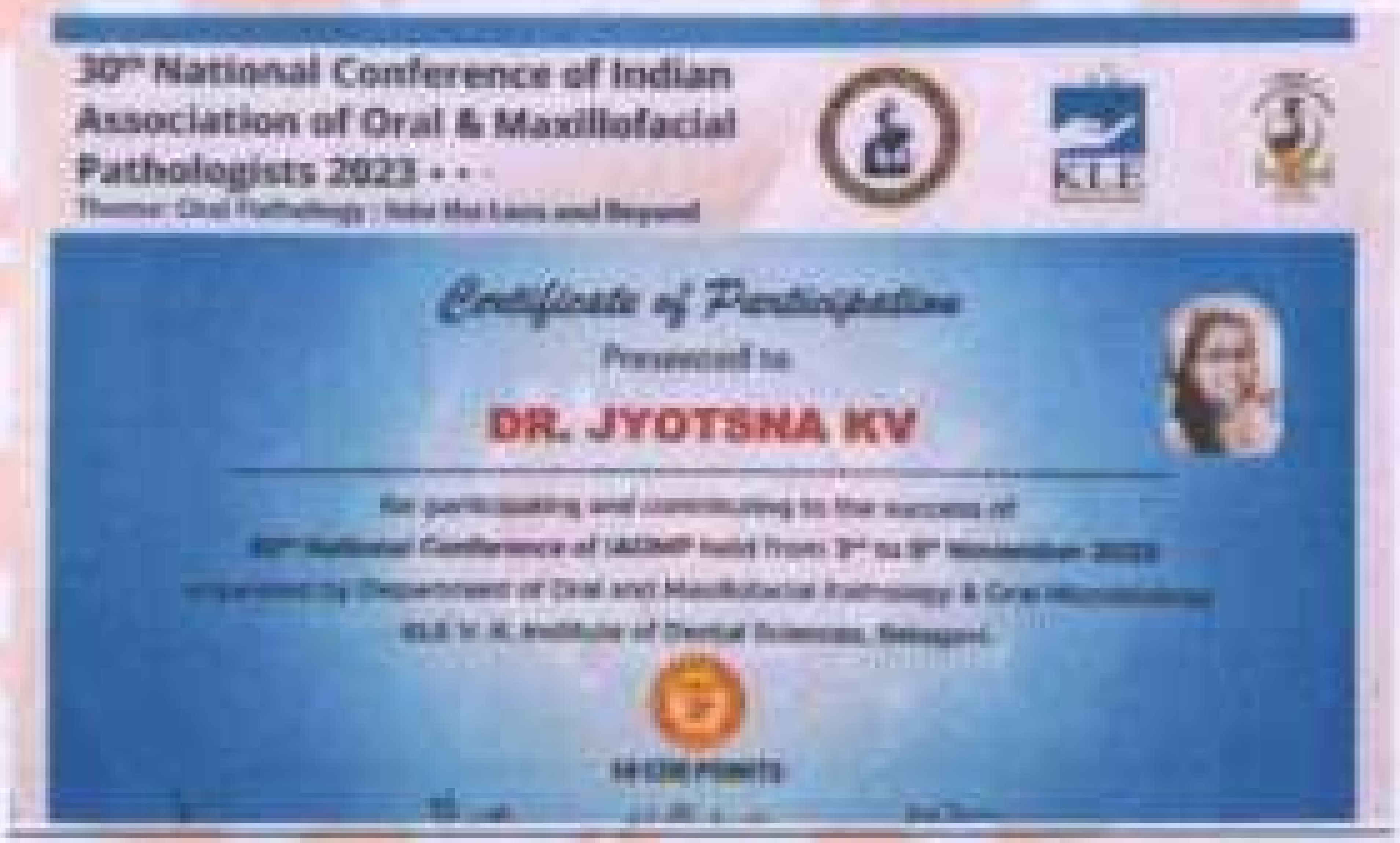
10 CDE POINTS

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



30th National Conference of Indian Association of Oral & Maxillofacial Pathologists 2023
Theme: Oral Pathology : Into the Lens and Beyond

Certificate of Appreciation
This certificate is awarded to
DR. AKHILA STANLY S
in appreciation for making a **Scientific Presentation** titled
LIQUID BIOPSY: DEMYSTIFYING THE ENIGMA
during **30th National Conference of IAOMP** held from **3rd to 5th November 2023**
organised by Department of Oral and Maxillofacial Pathology & Oral Microbiology
KLE V. K. Institute of Dental Sciences, Belagavi



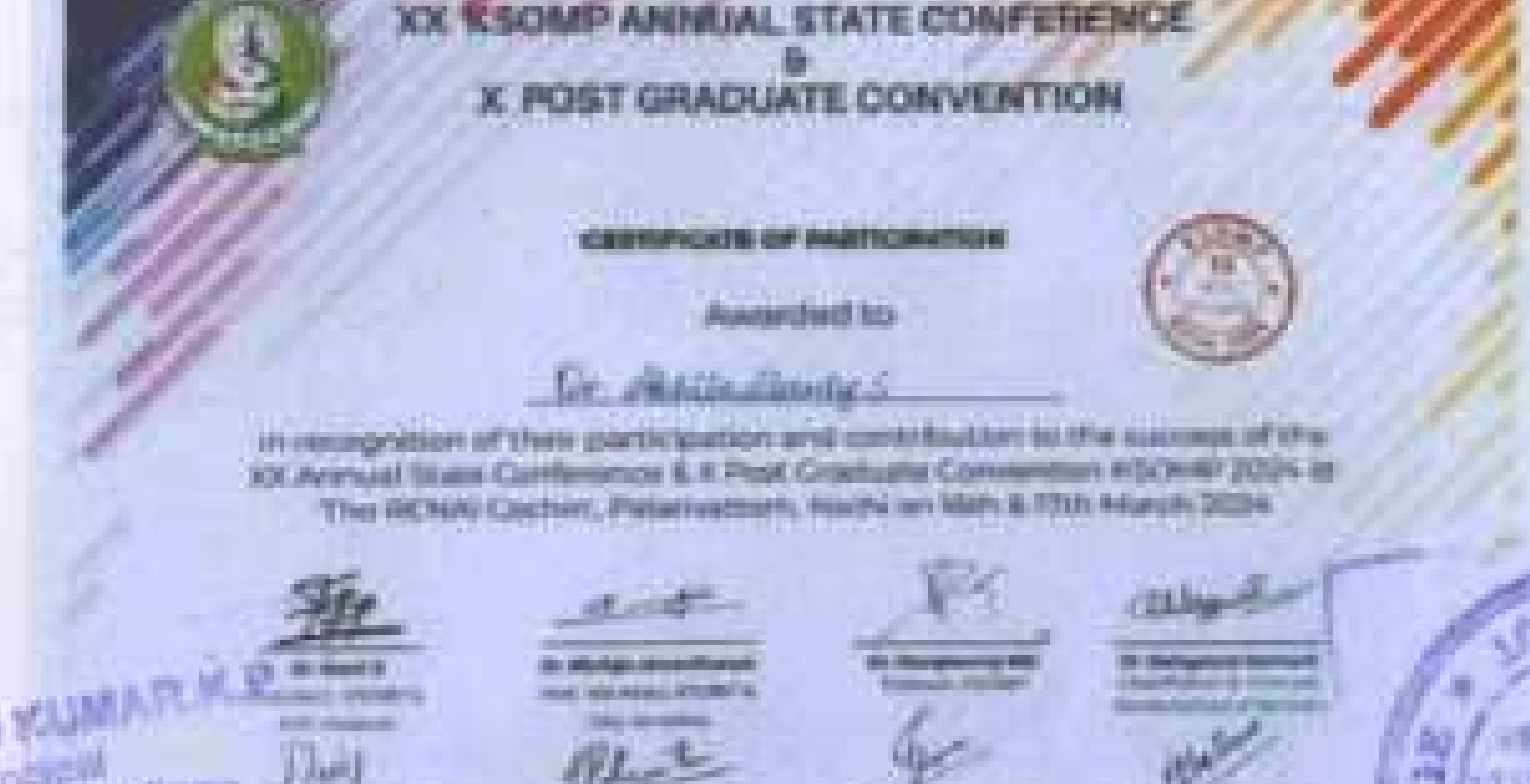
30th National Conference of Indian Association of Oral & Maxillofacial Pathologists 2023
Theme: Oral Pathology : Into the Lens and Beyond

Certificate of Participation
Presented to
DR. JYOTSNA KV
for participating and contributing to the success of
30th National Conference of IAOMP held from 3rd to 5th November 2023
organised by Department of Oral and Maxillofacial Pathology & Oral Microbiology
KLE V. K. Institute of Dental Sciences, Belagavi.
10 CDE POINTS

- Post graduate students have attended and presented scientific poster and paper at **'XX ANNUAL STATE CONFERENCE' & 'X POST GRADUATE CONVENTION', KSOMP 2024** on 16th & 17th March 2024 at 'The RENAI Cochin', Palarivattom, Kochi.

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

- Scientific presentation by Dr Akhila Stanly (3rd year PG Sstudent)



XX KSOMP ANNUAL STATE CONFERENCE
&
X POST GRADUATE CONVENTION

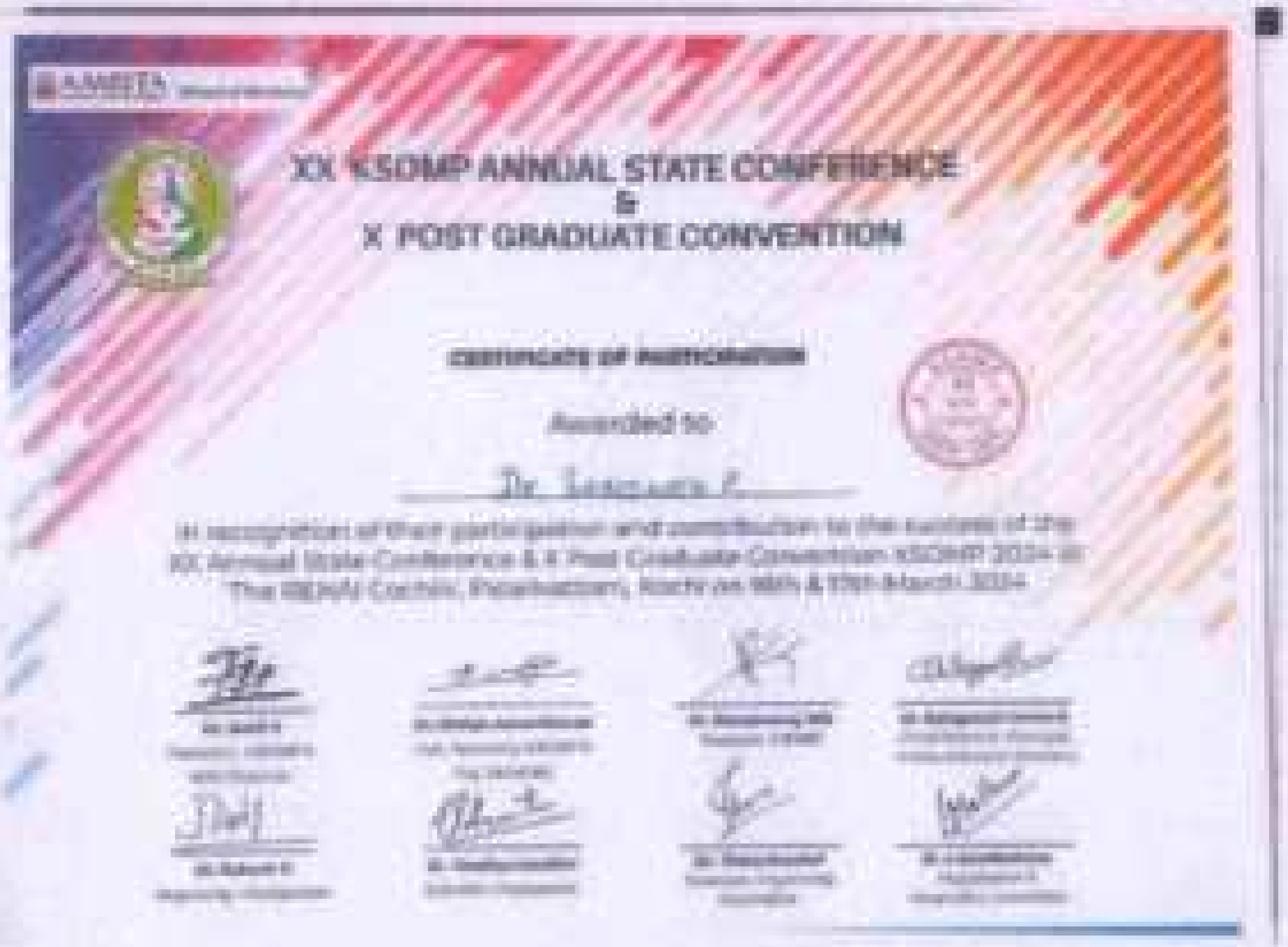
CERTIFICATE OF PARTICIPATION

Awarded to

Dr Akhila Stanly C

in recognition of their participation and contribution to the success of the XX Annual State Conference & X Post Graduate Convention #SOMP 2024 at The RENAI Cochin, Palarivattom, Kochi on 16th & 17th March 2024

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



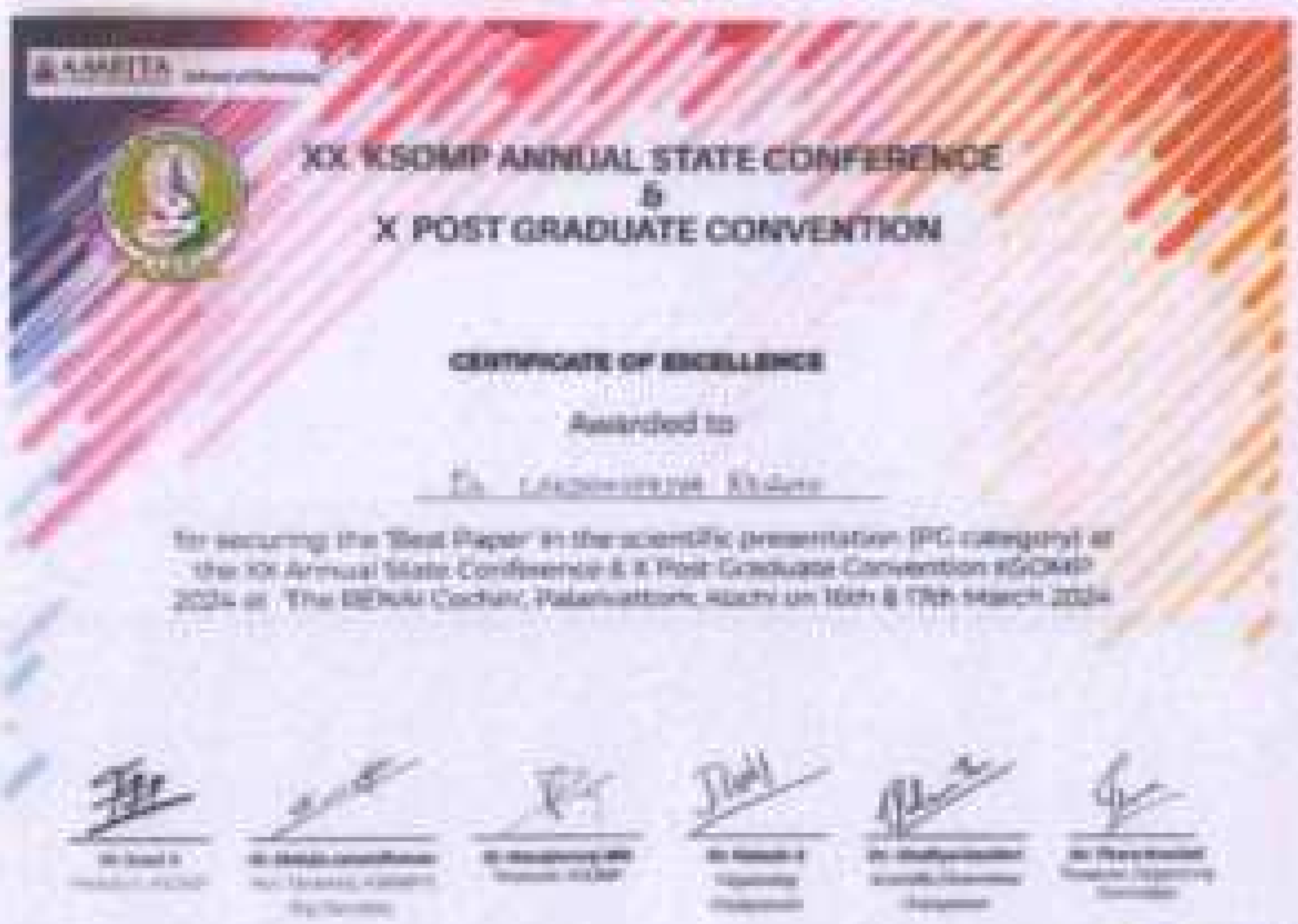
XX KSOMP ANNUAL STATE CONFERENCE
&
X POST GRADUATE CONVENTION

CERTIFICATE OF PARTICIPATION

Awarded to

Dr [illegible]

In recognition of their participation and contribution to the success of the XX Annual State Conference & X Post Graduate Convention KSOMP 2024 at The RENAI Cochin, Palarivattom, Kochi on 16th & 17th March 2024



XX KSOMP ANNUAL STATE CONFERENCE
&
X POST GRADUATE CONVENTION

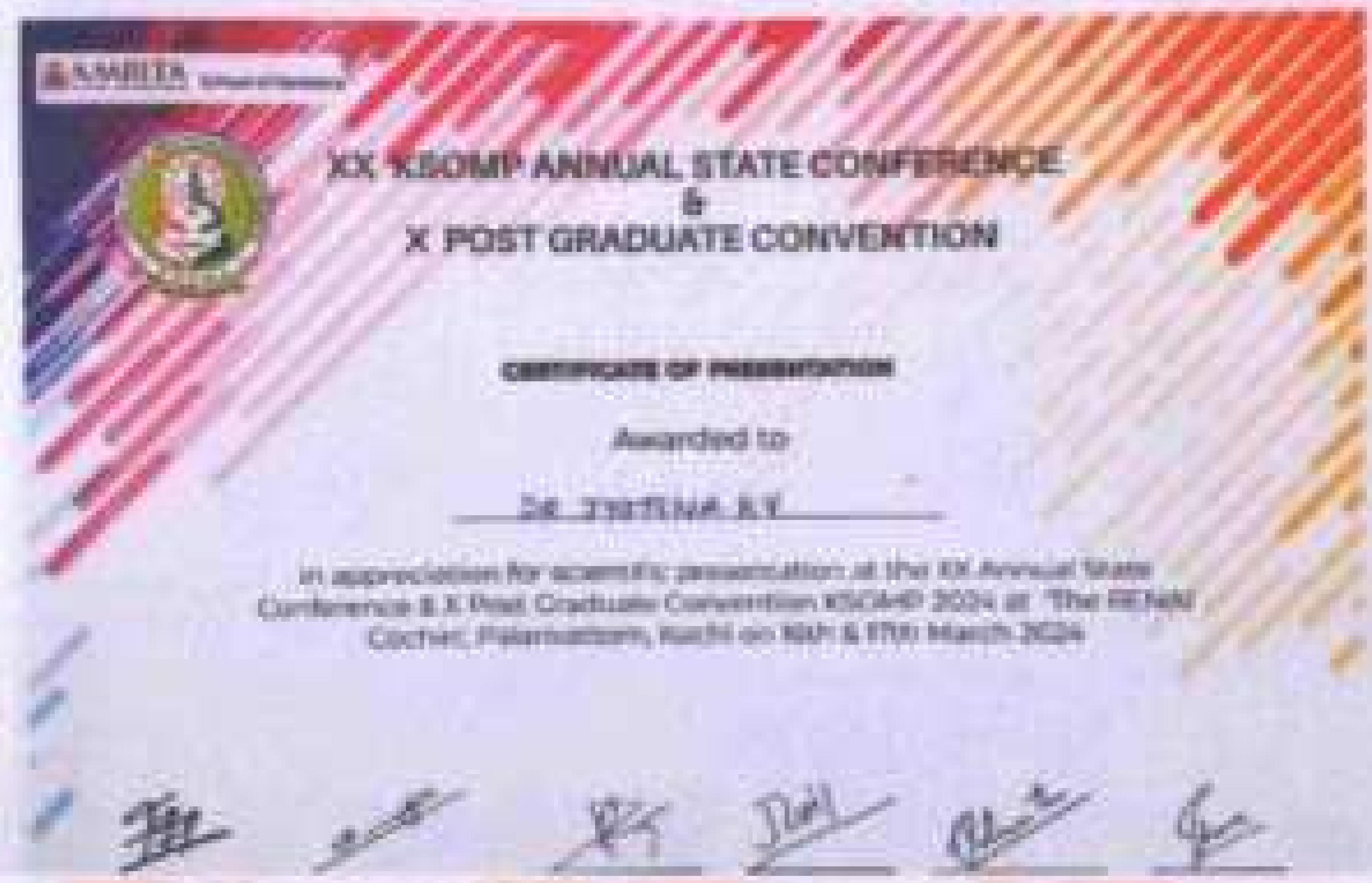
CERTIFICATE OF EXCELLENCE

Awarded to

Dr [illegible]

for securing the 'Best Paper' in the scientific presentation (PG category) at the XX Annual State Conference & X Post Graduate Convention KSOMP 2024 at 'The RENAI Cochin, Palarivattom, Kochi on 16th & 17th March 2024

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



XX KSOMP ANNUAL STATE CONFERENCE
&
X POST GRADUATE CONVENTION

CERTIFICATE OF PRESENTATION

Awarded to

DR JYOTSNA K Y

in appreciation for scientific presentation at the XX Annual State Conference & X Post Graduate Convention KSOMP 2024 at "The RENAI Cochin", Palarivattom, Kochi on 16th & 17th March 2024

XX KSOMP ANNUAL STATE CONFERENCE
&
X POST GRADUATE CONVENTION

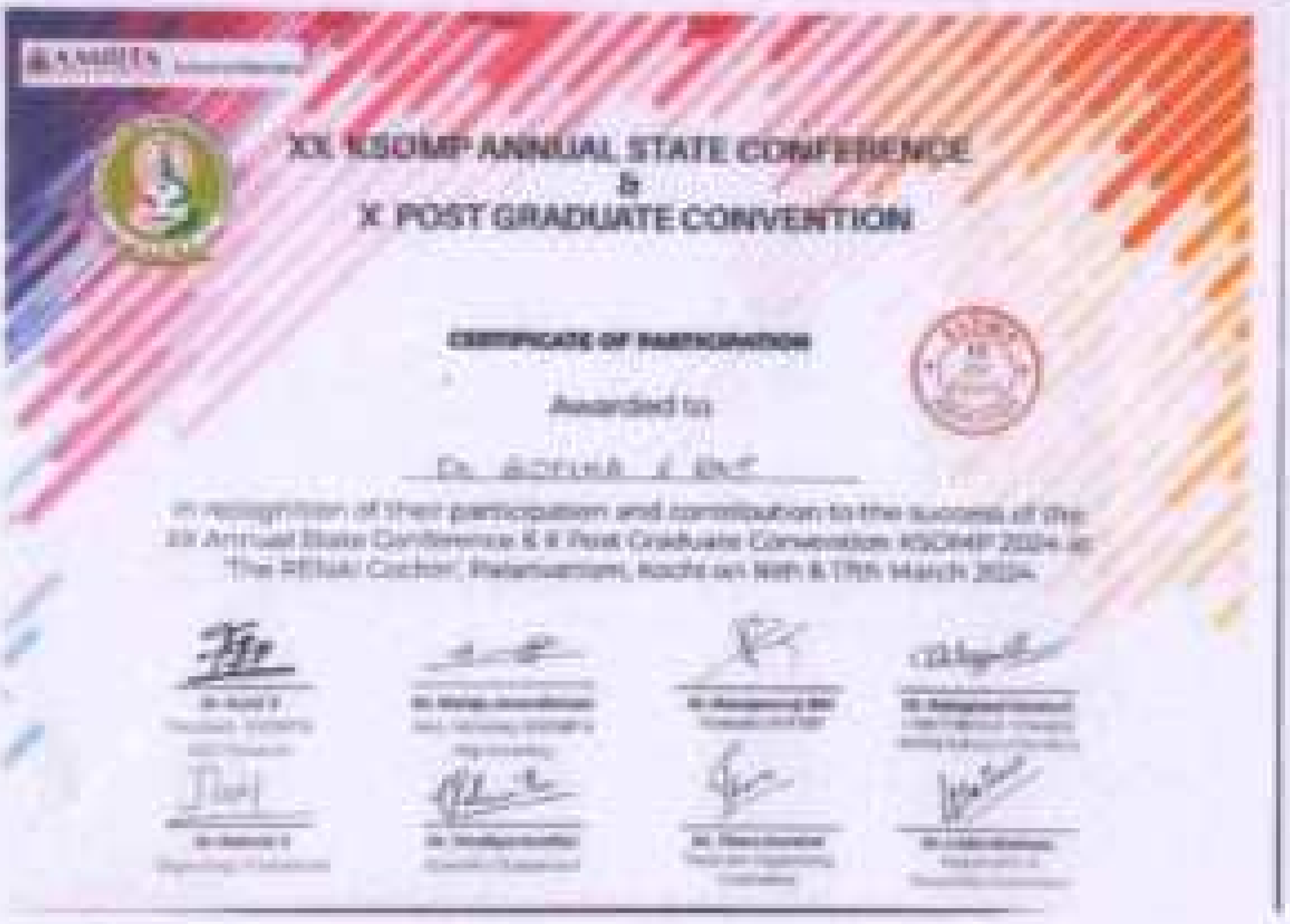
CERTIFICATE OF PRESENTATION

Awarded to

DR JYOTSNA K Y

in appreciation for scientific presentation at the XX Annual State Conference & X Post Graduate Convention KSOMP 2024 at "The RENAI Cochin", Palarivattom, Kochi on 16th & 17th March 2024

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



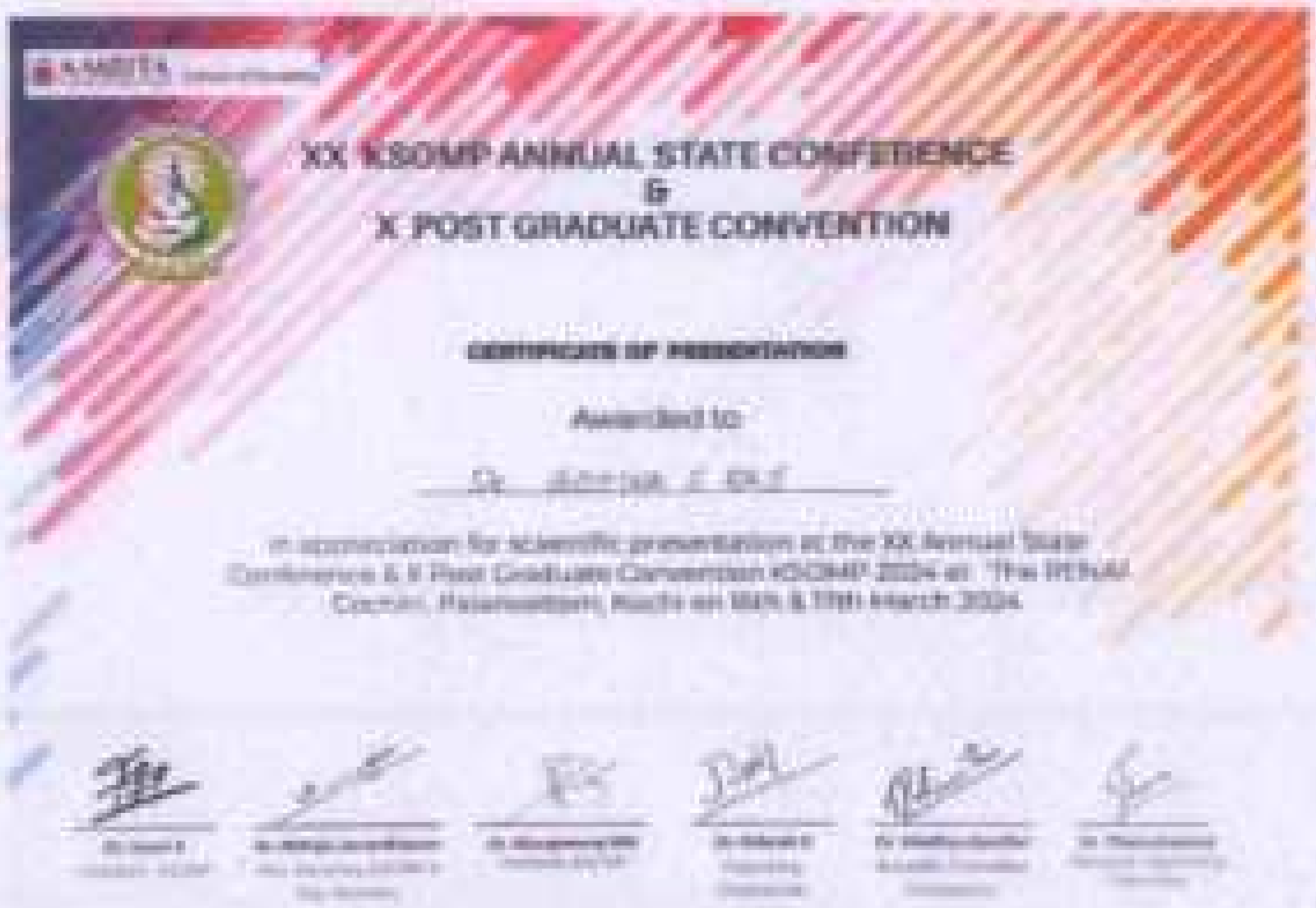
XX KSOMP ANNUAL STATE CONFERENCE
&
X POST GRADUATE CONVENTION

CERTIFICATE OF PARTICIPATION

Awarded to

Dr. [illegible]

in recognition of their participation and contribution to the success of the XX Annual State Conference & X Post Graduate Convention KSOMP 2024 at "The RENAI Cochin", Palarivattom, Kochi on 16th & 17th March 2024.



XX KSOMP ANNUAL STATE CONFERENCE
&
X POST GRADUATE CONVENTION

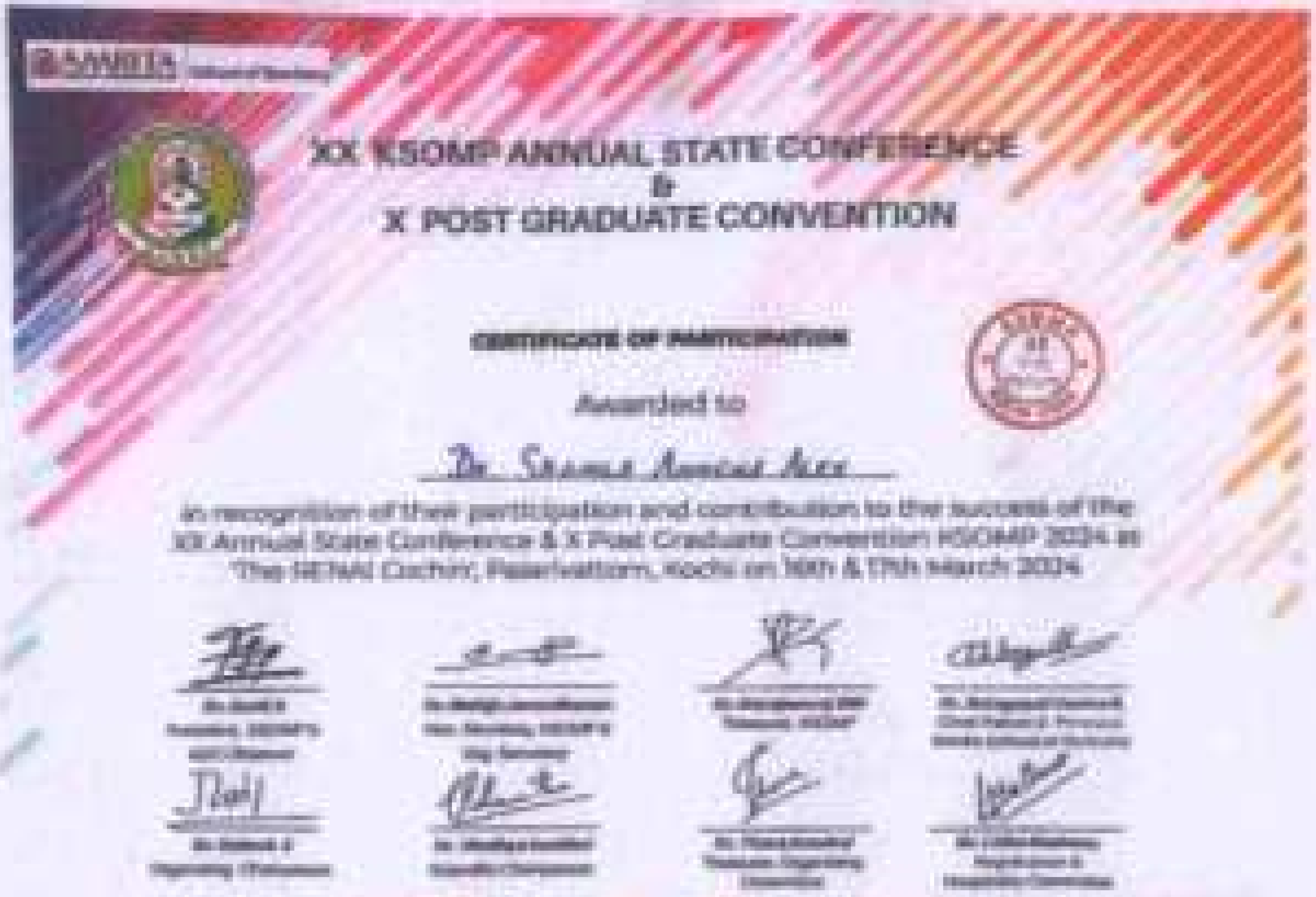
CERTIFICATE OF PRESENTATION

Awarded to

Dr. [illegible]

in appreciation for scientific presentation at the XX Annual State Conference & X Post Graduate Convention KSOMP 2024 at "The RENAI Cochin", Palarivattom, Kochi on 16th & 17th March 2024.

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College



XX KSOMP ANNUAL STATE CONFERENCE
&
X POST GRADUATE CONVENTION

CERTIFICATE OF PARTICIPATION

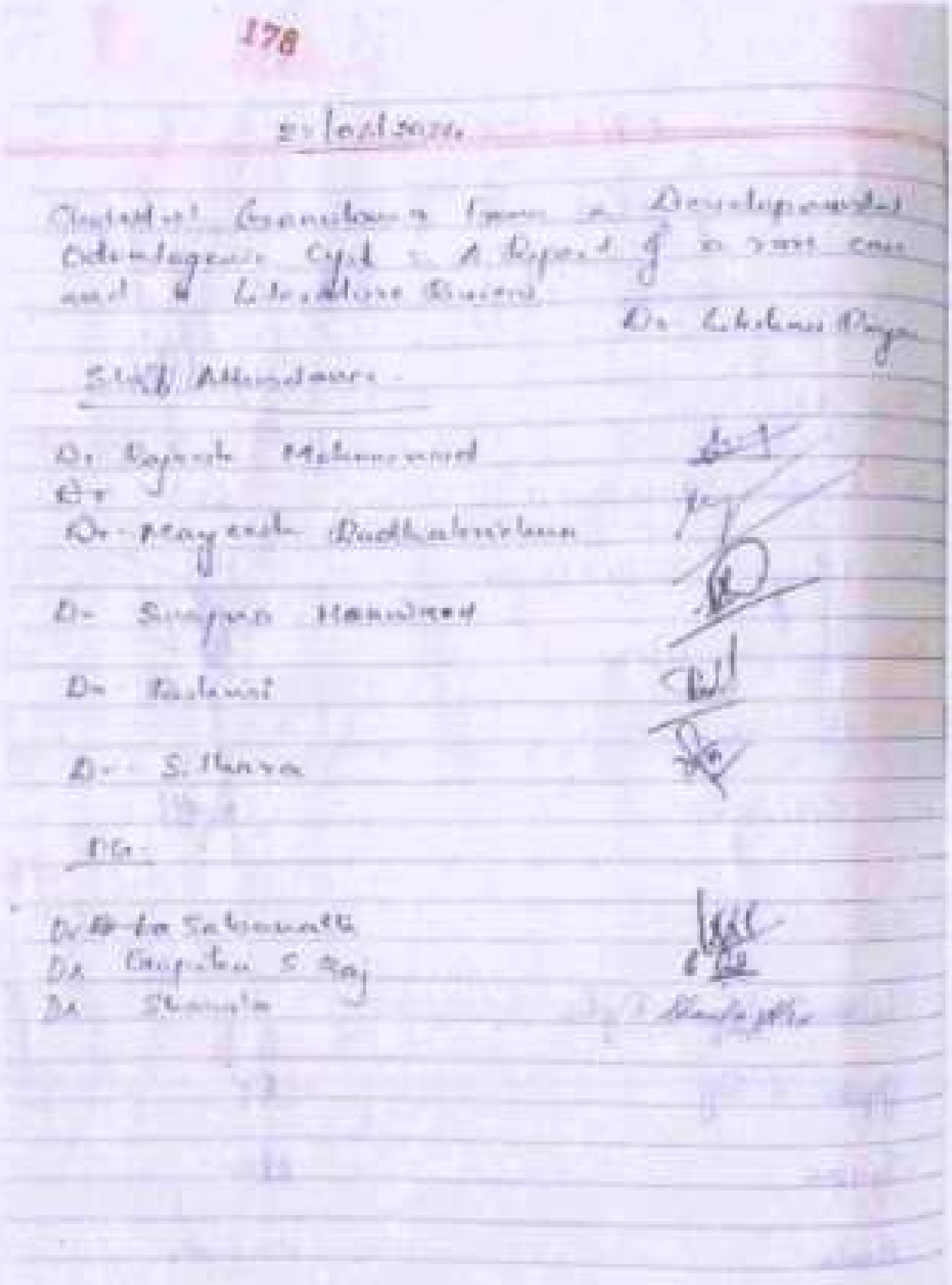
Awarded to

Dr. Shamla Anwar Ali

in recognition of their participation and contribution to the success of the XX Annual State Conference & X Post Graduate Convention KSOMP 2024 at 'The RENAI Cochin', Palarivattom, Kochi on 16th & 17th March 2024.

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

4. **Journal club:**



178

5/01/2024

Central Granuloma from a Developmental Odontogenic cyst – A Report of a rare case and a Literature Review

Dr Lekshmi Priya

Staff Attendance

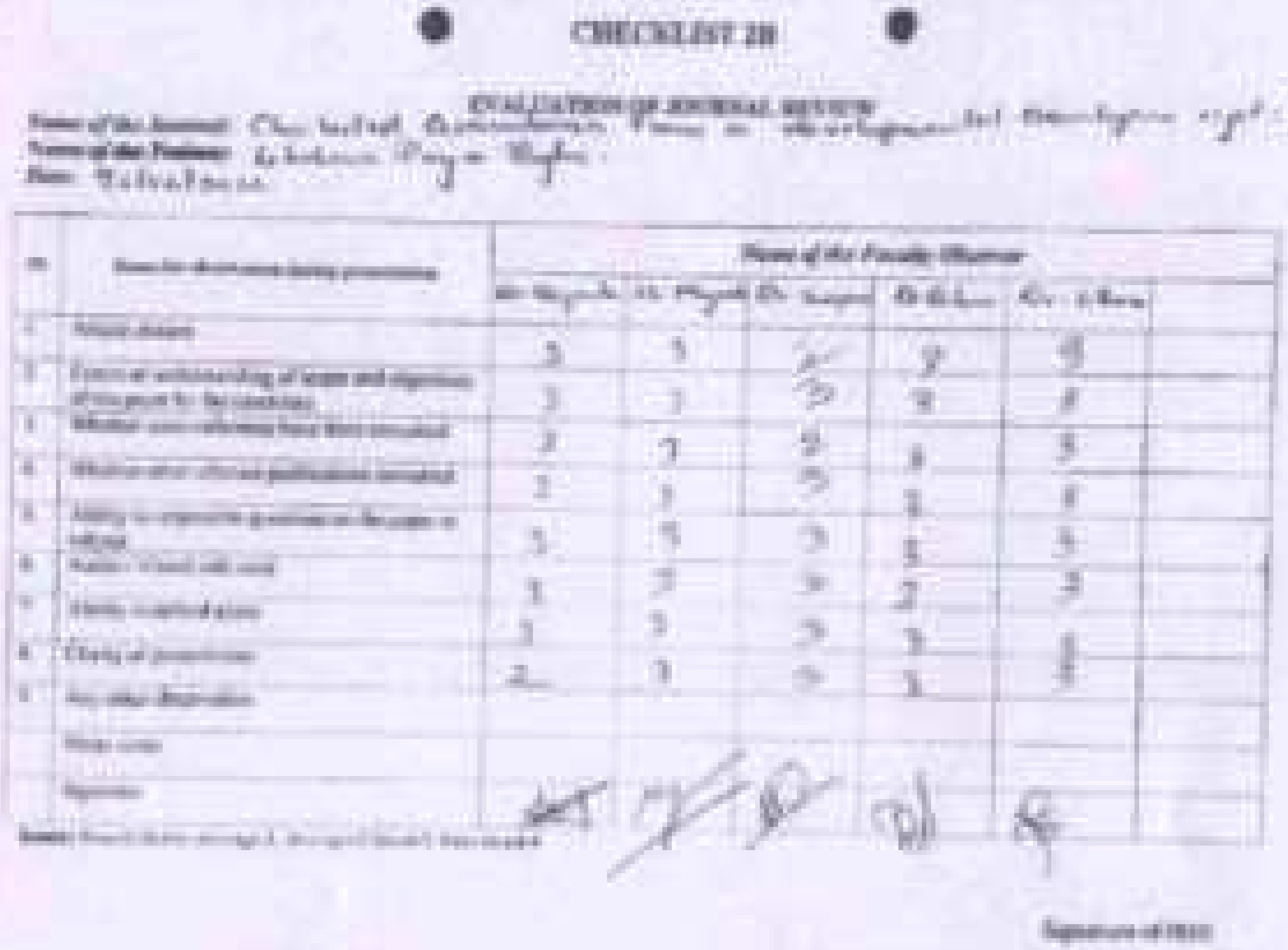
Dr Rajesh Mohammed
Dr Rayesh Radhakrishnan
Dr Swapna Harindran
Dr Rashmi
Dr S. Hara

PG

Dr ~~As~~ Sahanath
Dr Gayathri S Raj
Dr Shamla

- Attendee list

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



- JC Checklist of PG student

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

PARTICIPATORY LEARNING

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

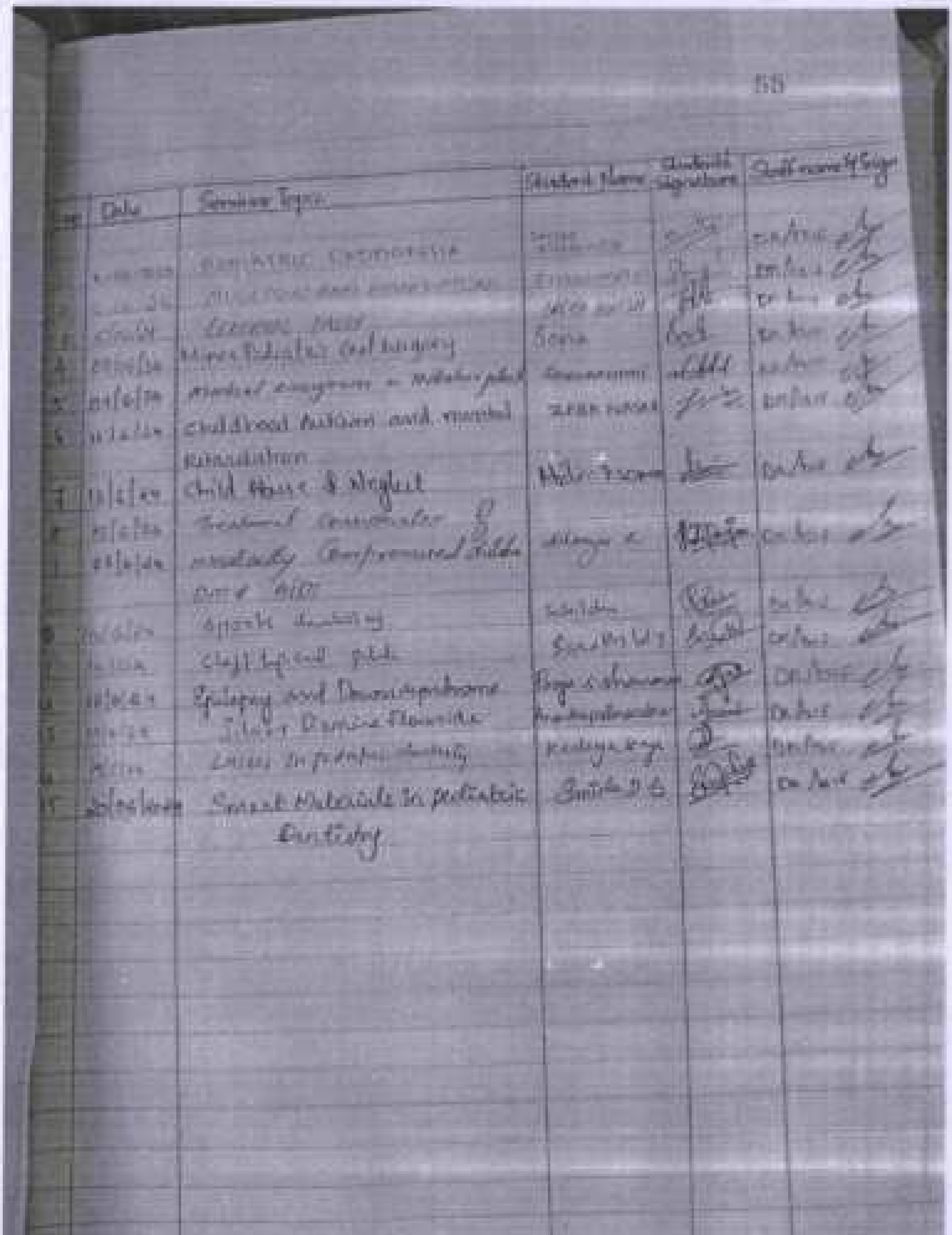
KMCT
DENTAL COLLEGE

DEPARTMENT OF PAEDODONTICS AND PREVENTIVE DENTISTRY

SEMINAR REPORT OF FINAL YEAR PART.2. BDS

Students posted in the department are allotted topics for seminar presentation. Each day two seminars are conducted and is being monitored and evaluated by staffs. Each student is allotted 20 to 30 mins for seminar presentation and a register is maintained. Best presentation is being evaluated and such students are promoted to do presentation before the class . This type of self directed learning pattern helps to improve their presentation skill in future.

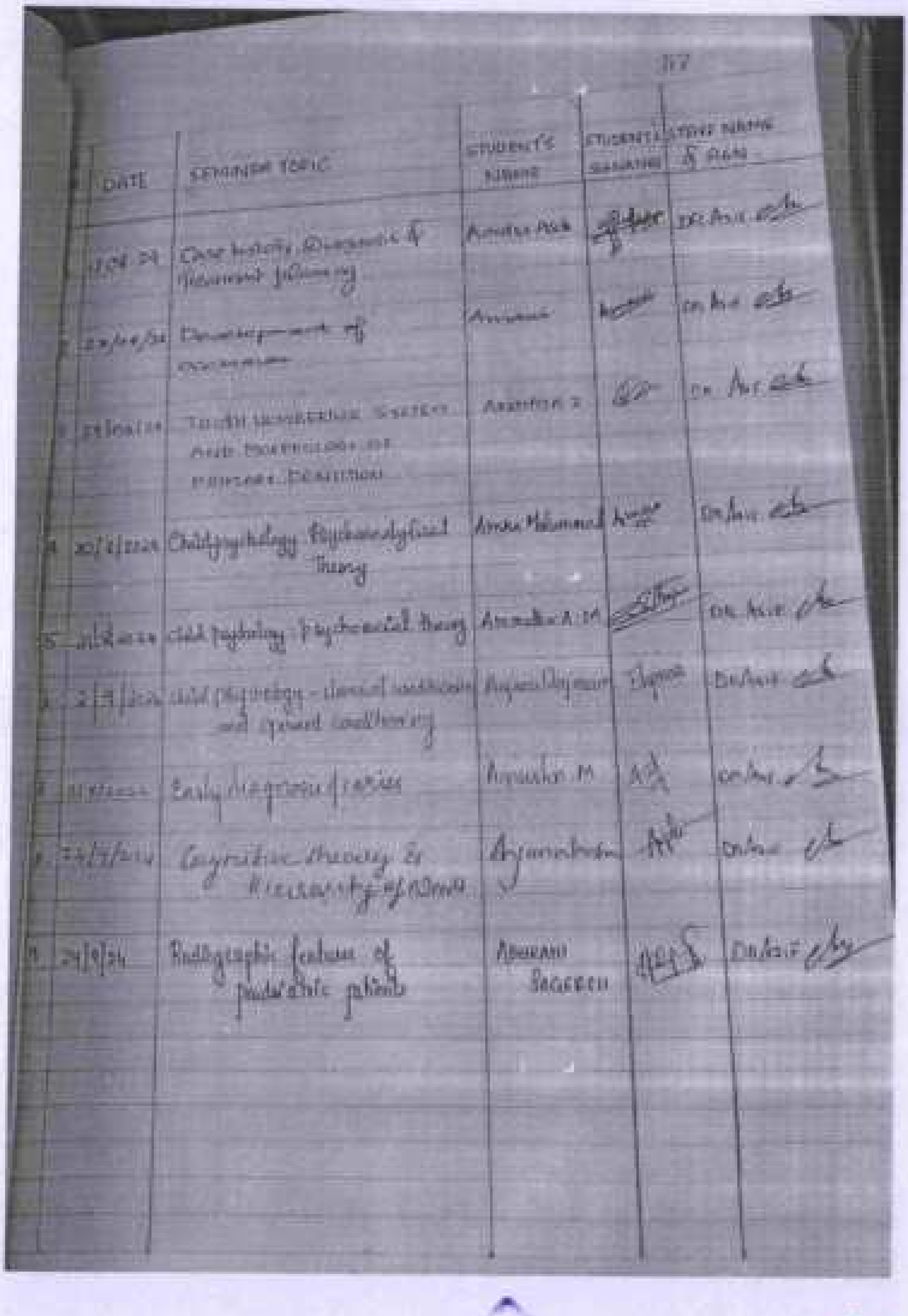
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



55

Sl No	Date	Seminar Topic	Student Name	Student's signature	Staff name & Sign
	[illegible]	PAEDIATRIC [illegible]	[illegible]		Dr. [illegible]
	[illegible]	[illegible]	[illegible]		Dr. [illegible]
	[illegible]	ECOLOGICAL [illegible]	[illegible]		Dr. [illegible]
4	[illegible]	Major Pediatric Oral Surgery	Reena		Dr. [illegible]
5	[illegible]	Medical emergency in Pediatric [illegible]	[illegible]		Dr. [illegible]
6	[illegible]	Childhood Autism and mental retardation	ZEBA NASAR		Dr. [illegible]
7	[illegible]	Child Abuse & Neglect	[illegible]		Dr. [illegible]
8	[illegible] [illegible]	Treatment consideration of medically Compromised children AIDS HIV	[illegible]		Dr. [illegible]
9	[illegible]	Sports dentistry	[illegible]		Dr. [illegible]
	[illegible]	Cleft lip and palate	[illegible]		Dr. [illegible]
	[illegible]	Epilepsy and Down syndrome	Pooja [illegible]		Dr. [illegible]
	[illegible]	Silver Diamine Fluoride	[illegible]		Dr. [illegible]
	[illegible]	Lasers in pediatric dentistry	Kaviya [illegible]		Dr. [illegible]
	[illegible]	Smart Materials in pediatric Dentistry	Smitha [illegible]		Dr. [illegible]

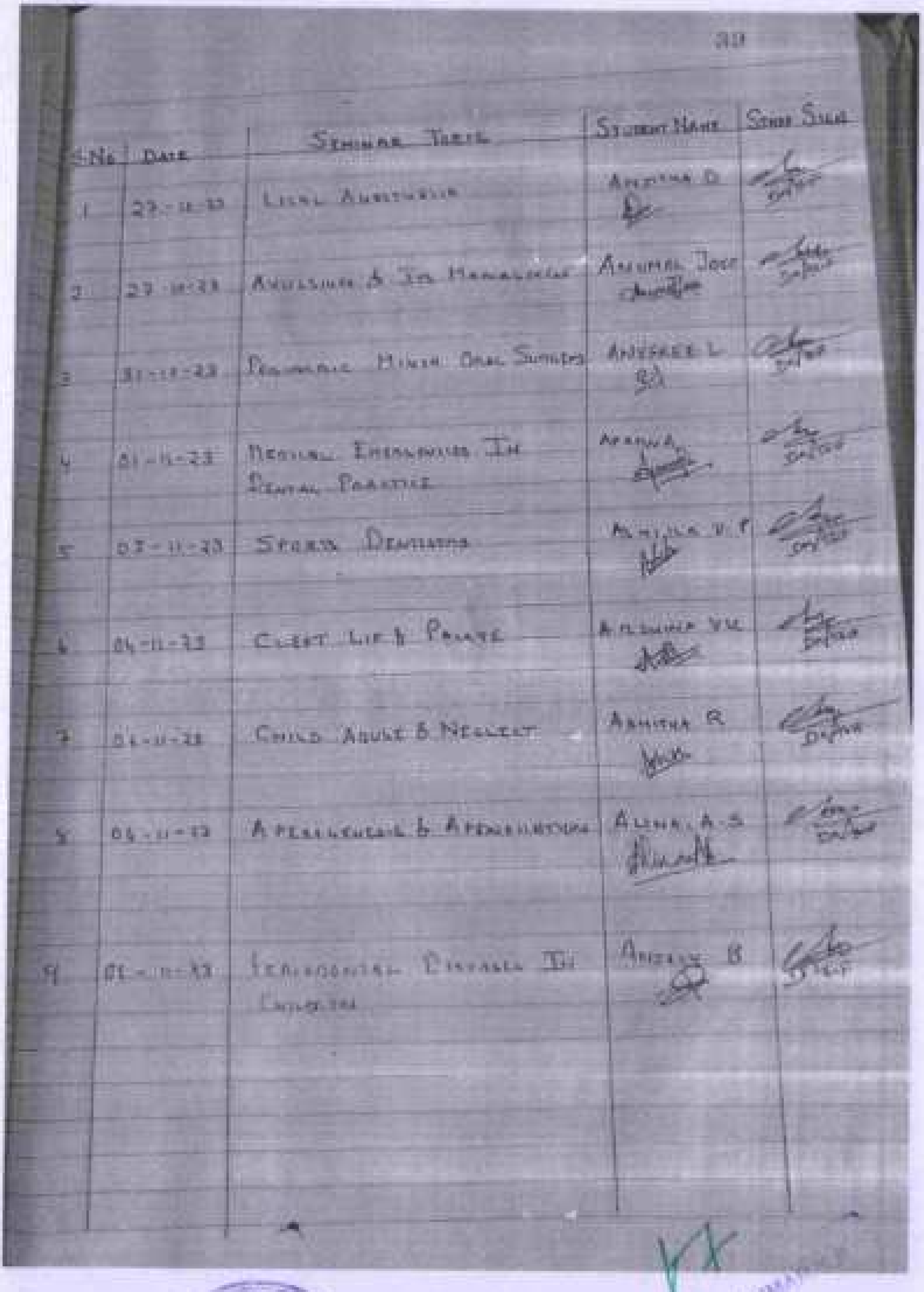
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



317

	DATE	SEMINAR TOPIC	STUDENT'S NAME	STUDENT'S SIGNATURE	STAFF NAME & SIGN
	1.04.24	Case history, Diagnosis & Treatment planning	[illegible]		Dr. Asif
	23/04/24	Development of occlusion	[illegible]		Dr. Asif
	28/05/24	TOOTH NUMBERING SYSTEM AND MORPHOLOGY OF PRIMARY DENTITION	[illegible] Z		Dr. Asif
4	20/6/2024	Child psychology Psychoanalytical Theory	Amna Mohammed		Dr. Asif
5	[illegible]2024	Child psychology - Psychosocial Theory	[illegible] A M		Dr. Asif
	2/7/2024	Child psychology - classical conditioning and operant conditioning	[illegible]		Dr. Asif
	[illegible]	Early diagnosis of caries	[illegible] M		Dr. Asif
	24/7/2024	Cognitive theory & Hierarchy of needs	[illegible]		Dr. Asif
9	24/9/24	Radiographic features of pediatric patients	[illegible] SAGEESH		Dr. Asif

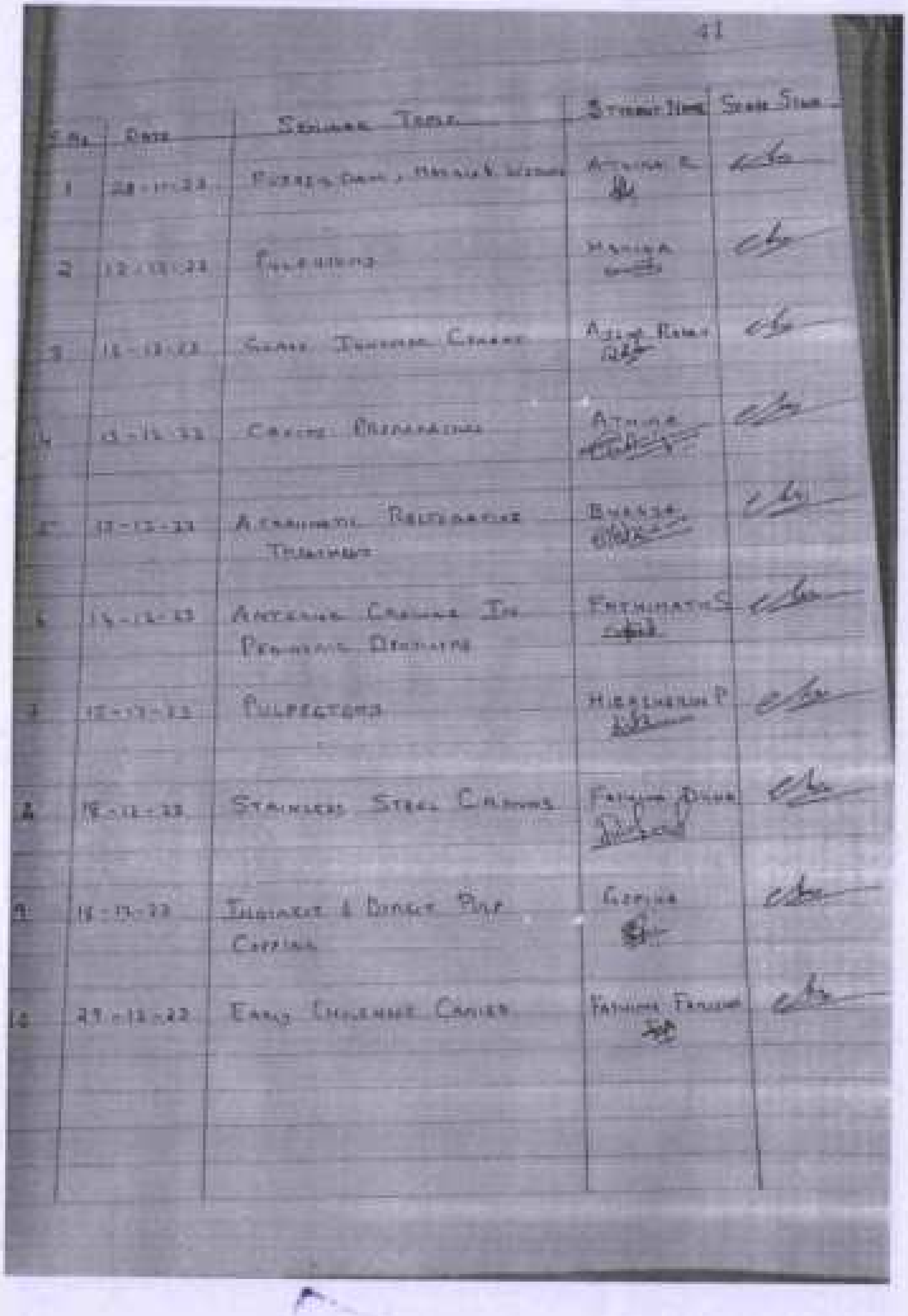
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



39

S.No	Date	Seminar Topic	Student Name	Staff Sign
1	27-10-23	Local Anaesthesia	Anjitha D	
2	27-10-23	Avulsion & Its Management	Anumol Jose	
3	31-10-23	Paediatric Minor Oral Surgeries	Anusree L	
4	01-11-23	Medical Emergencies In Dental Practice	Aparna	
5	03-11-23	Sports Dentistry	Akhila V.P	
6	04-11-23	Cleft Lip & Palate	Anusha V.K	
7	06-11-23	Child Abuse & Neglect	Ashitha R	
8	06-11-23	Apexogenesis & Apexification	Alina A.S	
9	08-11-23	Periodontal Diseases In Children	Anjaly B	

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam

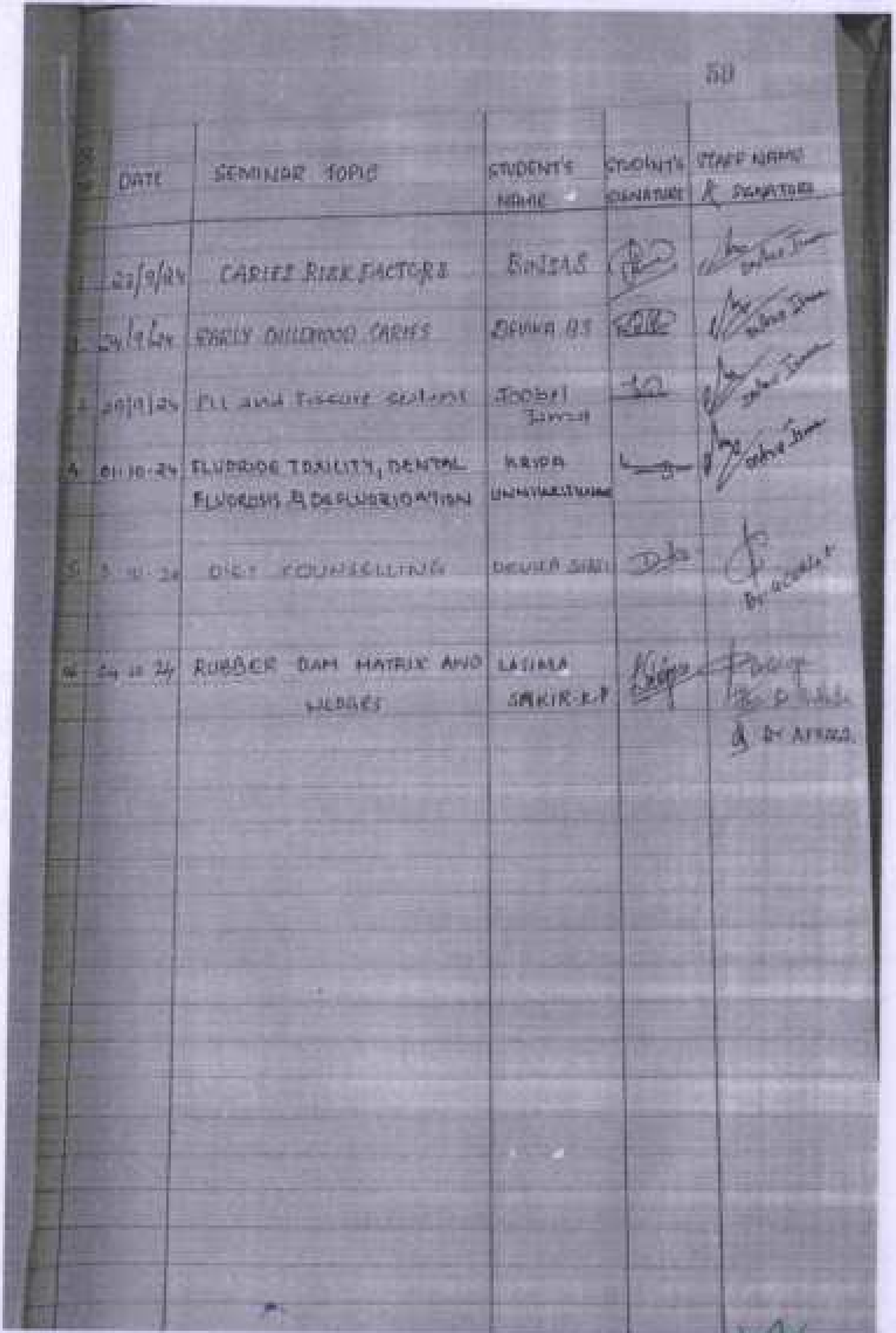


41

S.No	Date	Seminar Topic	Student Name	Staff Sign
1	28-11-22	Rubber Dam, Matrix & Wedges	Athira R.	
2	12-12-22	Pulpotomy	Manisha	
3	12-12-22	Glass Ionomer Cement	[illegible]	
4	13-12-22	Cavity Preparation	Athira	
5	13-12-22	Atraumatic Restorative Treatment	Bushra	
6	14-12-22	Anterior Crowns In Primary Dentition	Fathimath S	
7	15-12-22	Pulpectomy	Hibasherin P	
8	16-12-22	Stainless Steel Crowns	Fathima Diya	
9	16-12-22	Indirect & Direct Pulp Capping	Gopika	
10	27-12-22	Early Childhood Caries	Fathima Farhana	

KMCT DENTAL COLLEGE
CALICUT

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



50

Sl. No	DATE	SEMINAR TOPIC	STUDENT'S NAME	STUDENT'S SIGNATURE	STAFF NAME & SIGNATURE
1	23/9/24	CARIES RISK FACTORS	BINSAS		
2	24/9/24	EARLY CHILDHOOD CARIES	DEVIKA BS		
3	29/9/24	PIT and FISSURE SEALANTS	JOOBAI JAMILA	JO	
4	01.10.24	FLUORIDE TOXICITY, DENTAL FLUOROSIS & DEFLUORIDATION	KRIPA UNNIKRISHNAN		
5	5.11.24	DIET COUNSELLING	DEVIKA SIBI		
6	24.11.24	RUBBER DAM MATRIX AND WEDGES	LASIMA SAKIR K.P		[illegible] & Dr AFRAZ.

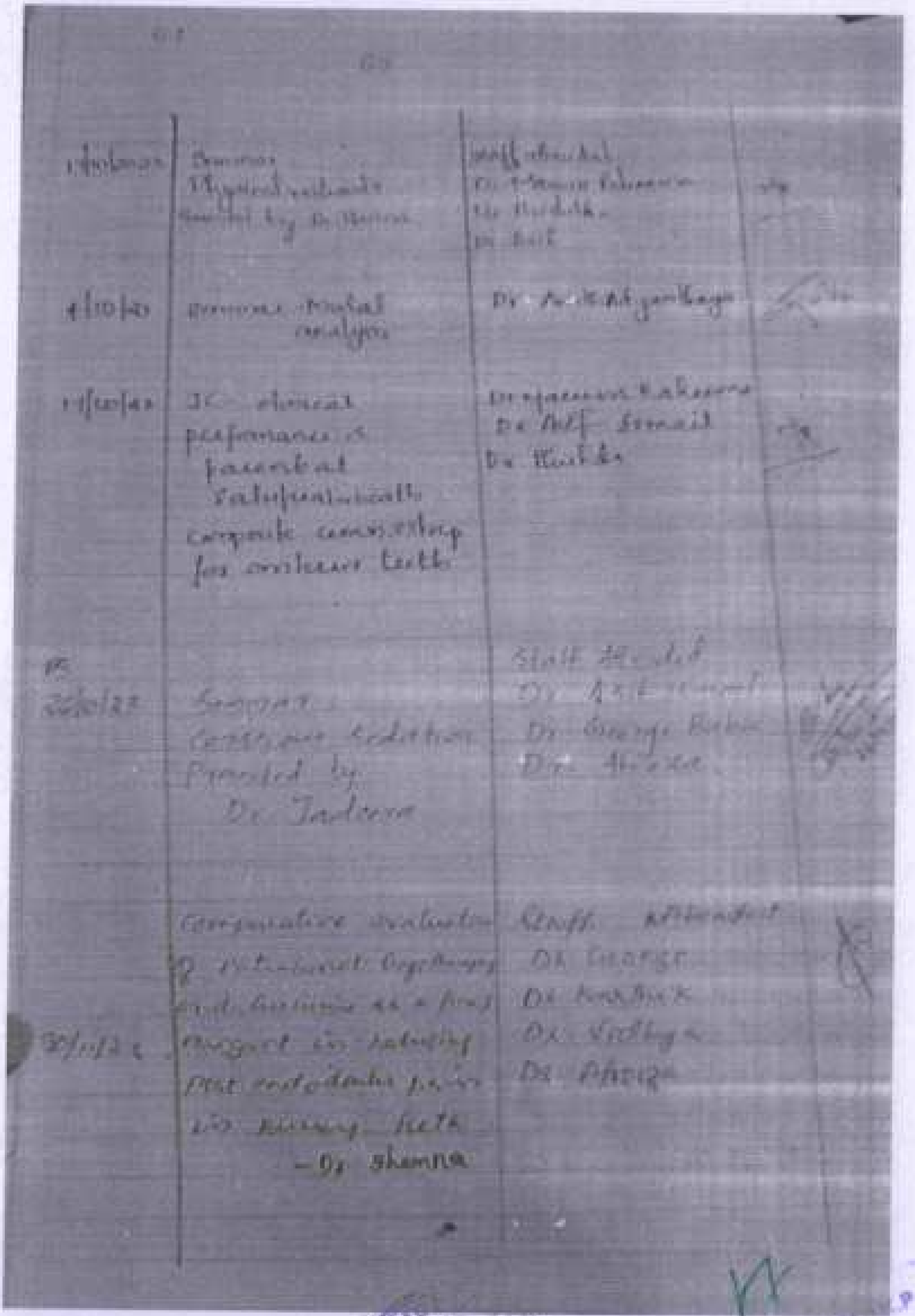
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

REPORT ON SEMINARS CONDUCTED BY POST GRADUATES

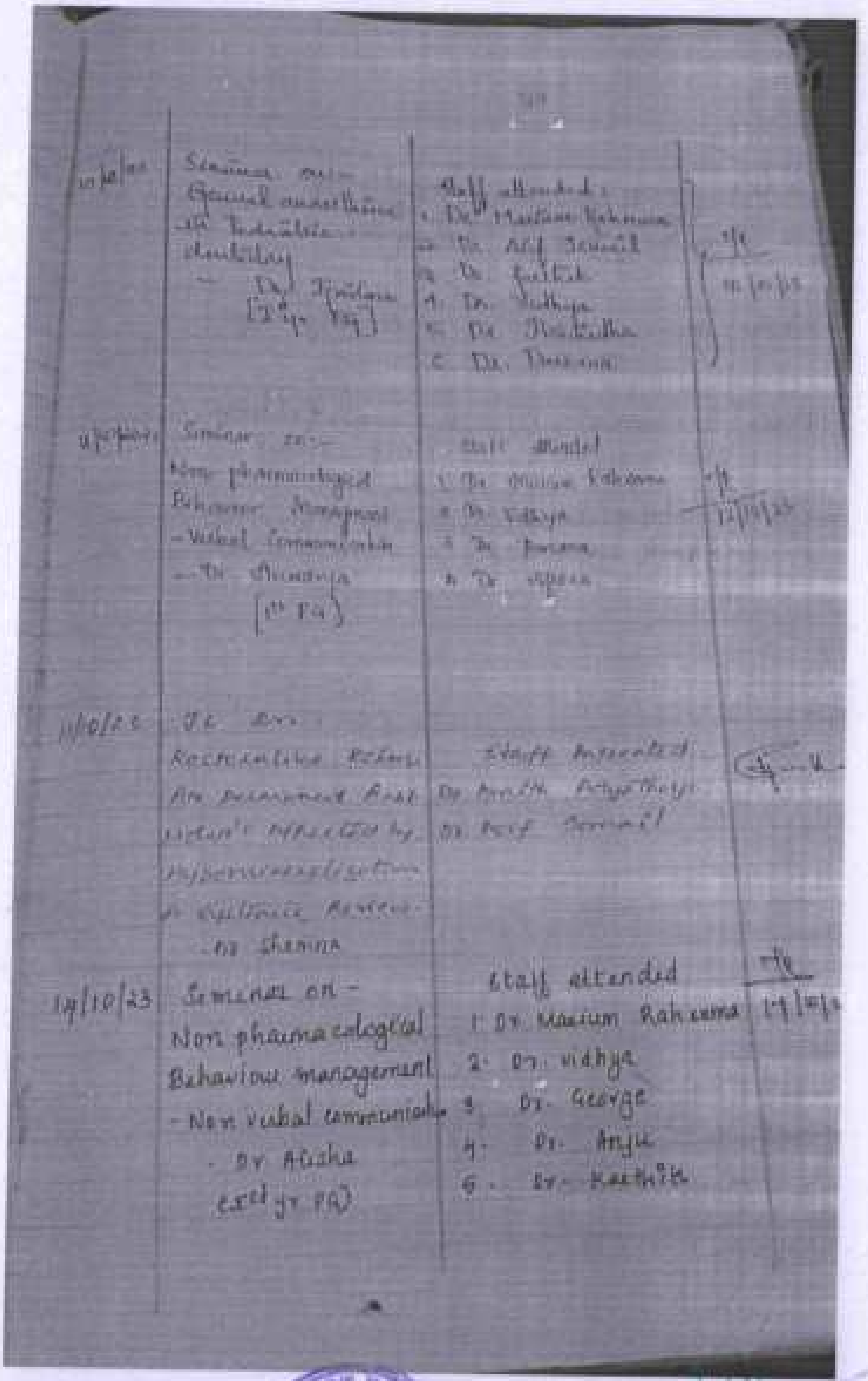
Seminars are conducted every three days in a week in the Department of Pedodontics. Seminar roster is prepared for every month and allotted to PG's . This seminar aimed to delve into recent developments, research findings, and clinical practices in the field of pediatric dentistry. At the end of each session, presented topics are summarized by attended PG's. Seminar is then evaluated and questions are asked by the attended staffs. A check list has to be signed by the staff at the end of each session.

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



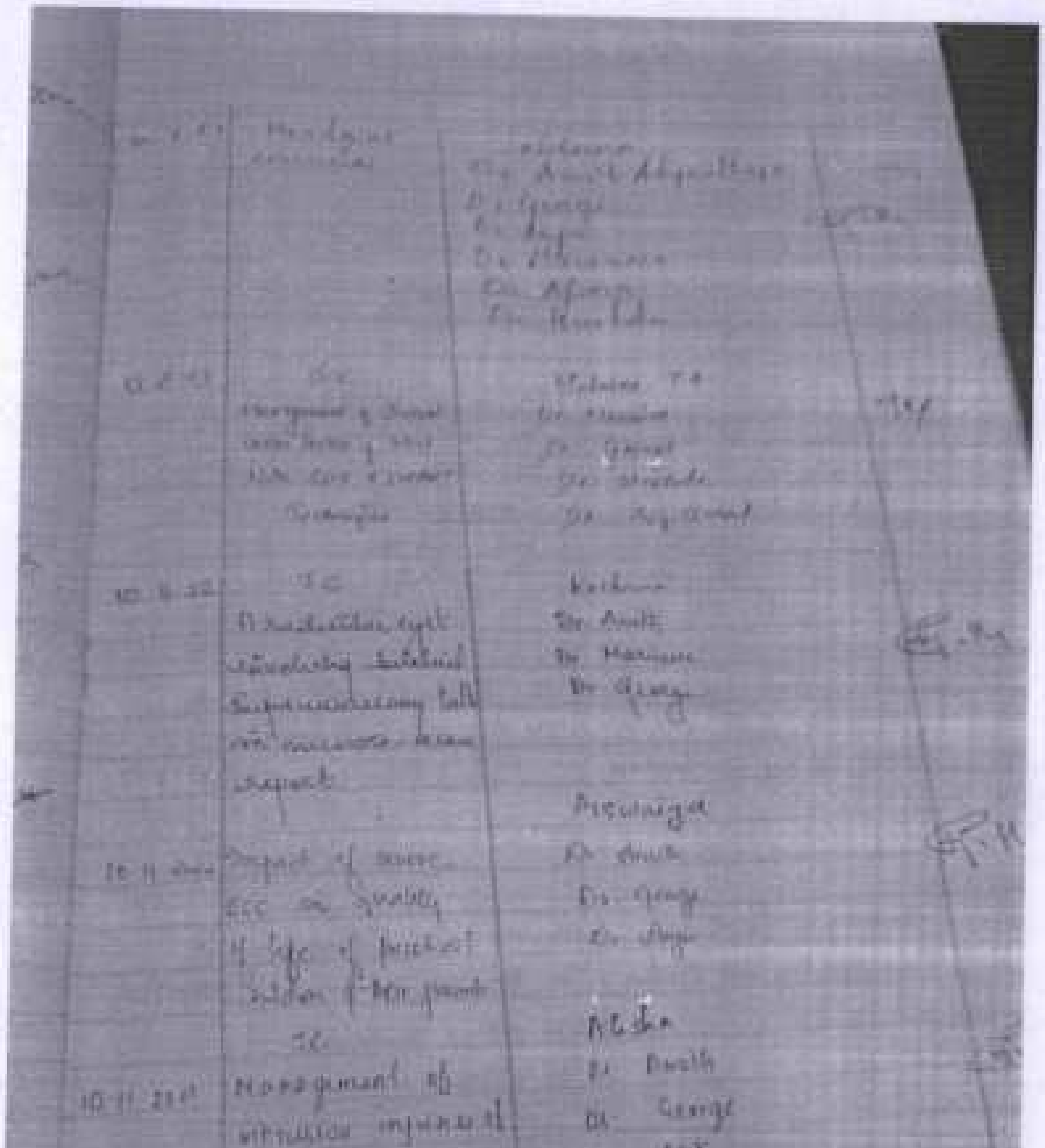
[illegible]/10/2022	Seminar Thyroid [illegible] presented by Dr [illegible]	Staff attended Dr [illegible] Raheema Dr Hridika Dr Asif	
4/10/22	Seminar Model analysis	Dr [illegible]	
11/10/22	JC clinical performance of [illegible] [illegible] composite [illegible] for anterior teeth	Dr [illegible] Raheema Dr Asif Ismail Dr Hridika	
22/10/22	Seminar: Conscious sedation Presented by Dr Jaleena	Staff attended Dr Asif Ismail Dr George Babu Dr Anisha	
30/11/22	Comparative evaluation of [illegible] and [illegible] as a [illegible] in reducing post endodontic pain in [illegible] teeth -Dr Shamna	Staff attended Dr George Dr Karthik Dr [illegible] Dr Afsira	

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



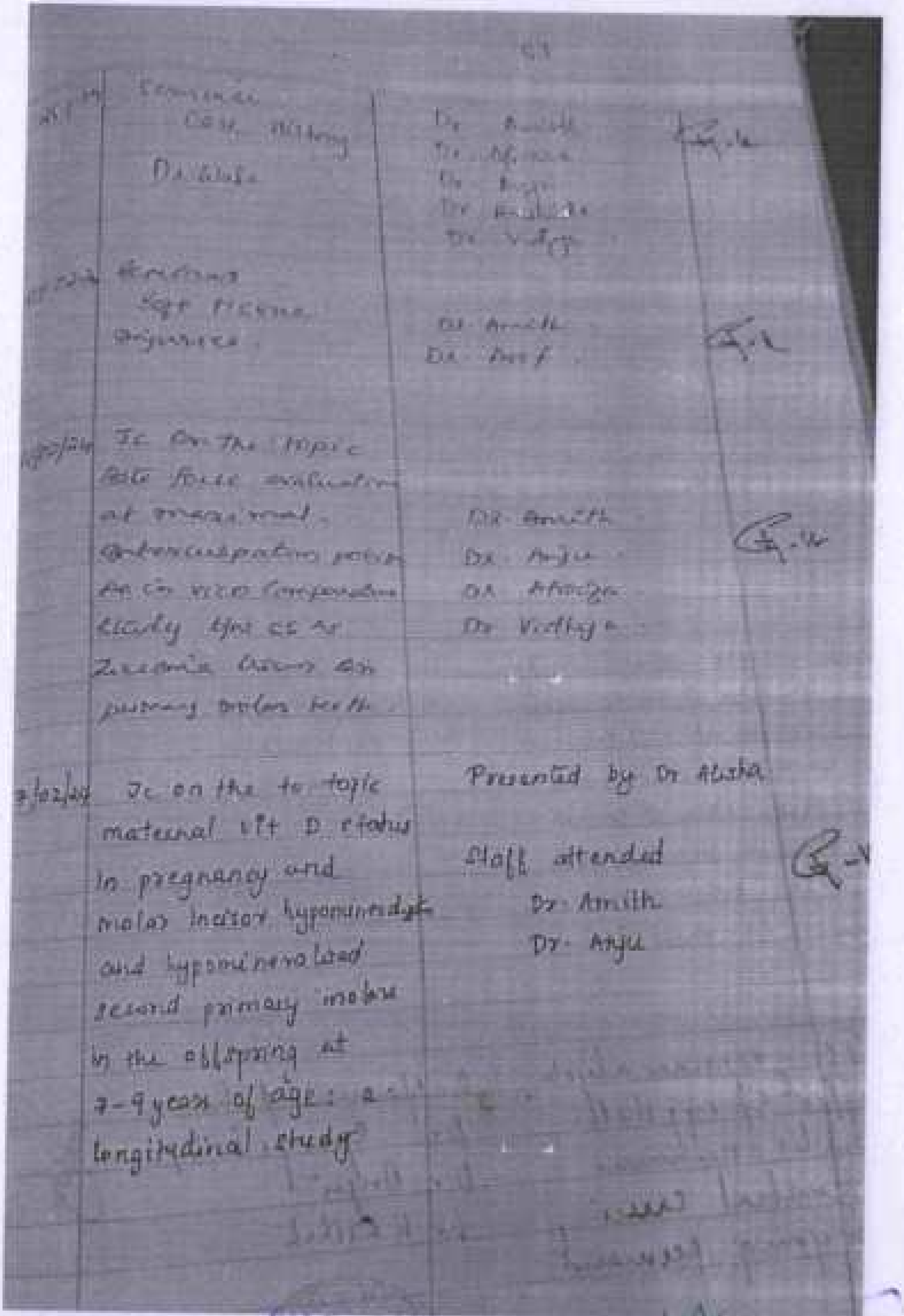
10/10/23	Seminar on - General anaesthesia in Paediatric dentistry - Dr. [illegible] [2nd yr PG]	Staff attended: 1. Dr. Mariam Raheema 2. Dr. Asif Ismail 3. Dr. Karthik 4. Dr. Vidhya 5. Dr. [illegible] 6. Dr. [illegible]	10/10/23
12/10/2023	Seminar on - Non pharmacological Behaviour management - Verbal communication - Dr. [illegible] [1st PG]	Staff attended 1. Dr. Mariam Raheema 2. Dr. Vidhya 3. Dr. [illegible] 4. Dr. [illegible]	12/10/23
11/10/23	JC on - Restorative Rehabilitation and management of teeth affected by hypomineralisation - A systematic review - Dr Shemna	Staff attended Dr [illegible] Dr. Asif Ismail	
14/10/23	Seminar on - Non pharmacological Behaviour management - Non verbal communication - Dr Aisha (1st yr PG)	Staff attended 1. Dr. Mariam Raheema 2. Dr. Vidhya 3. Dr. George 4. Dr. Anju 5. Dr. Karthik	14/10/23

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



[illegible]	[illegible]	[illegible] Dr. Amit [illegible] Dr. George Dr. Anju Dr. [illegible] Dr. Afsana Dr. [illegible]	[illegible]
[illegible]	SS Management of [illegible] [illegible] [illegible]	[illegible] TA Dr. [illegible] Dr. [illegible] Dr. [illegible] Dr. [illegible]	[illegible]
10.11.22	TC [illegible] right [illegible] supernumerary teeth [illegible] case report	[illegible] Dr. Amit Dr. Mariam Dr. George	[illegible]
10.11.2022	Impact of severe ECC on quality of life of preschool children & their parents	[illegible] Dr. Amit Dr. George Dr. Anju	[illegible]
10.11.2022	TC Management of intrusion injury of primary teeth - a case report	Neha Dr. Amith Dr. George Dr. Arif	[illegible]

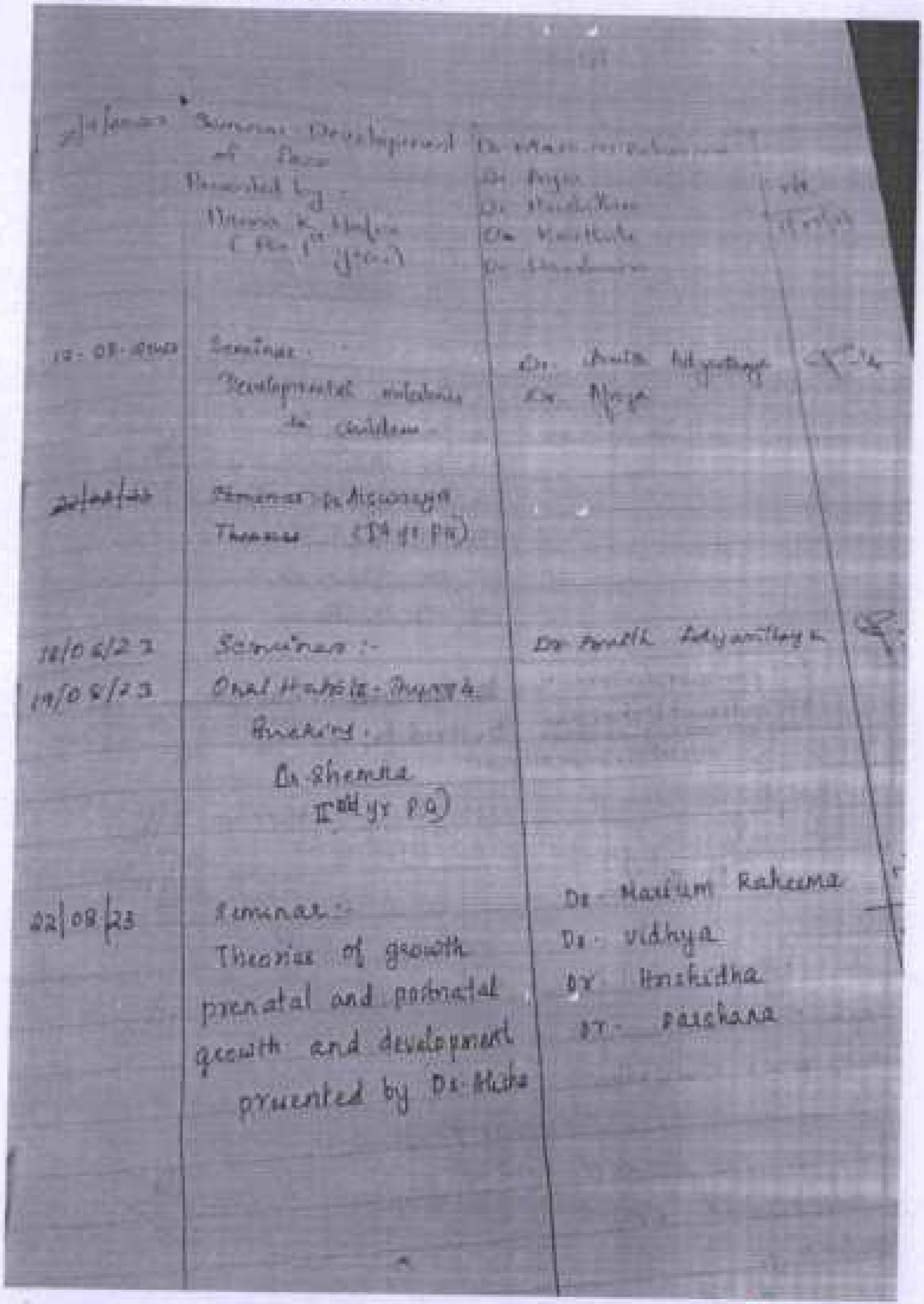
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



[illegible]	Seminar Case history Dr Alisha	Dr Amith Dr Afeeza Dr Anju Dr Rukhiya Dr Vidhya	
[illegible]	[illegible] [illegible] injuries	Dr Amith Dr Anju	
[illegible]	JC on the topic Bite force evaluation at maximal intercuspation position An in vivo comparative study b/w SS vs Zirconia crowns on primary molar teeth	Dr Amith Dr Anju Dr Afeeza Dr Vidhya	
3/02/24	JC on the ~~to~~ topic maternal vit D status in pregnancy and molar incisor hypomineralisation and hypomineralised second primary molars in the offspring at 7-9 years of age: a longitudinal study	Presented by Dr Alisha Staff attended Dr Amith Dr Anju	

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

KMCT
DENTAL COLLEGE



[illegible]	Seminar: Development of Face Presented by:- [illegible] ([illegible] yr PG)	Dr. [illegible] Raheema Dr. Priya Dr. [illegible] Dr. Harshitha Dr. [illegible]	[illegible]
12-08-2023	Seminar: Developmental milestones in children.	Dr. Anita [illegible] Dr. Priya	
22/08/23	Seminar: Dr. Aiswarya Thomas (3rd yr PG)		
18/08/23 19/08/23	Seminar:- Oral Habits - Thumb Sucking. Dr. Shemna IInd yr P.G)	Dr. Preethi [illegible]	
22/08/23	Seminar:- Theories of growth prenatal and postnatal growth and development presented by Dr. Aisha	Dr. Nafum Raheema Dr. Vidhya Dr. Harshidha Dr. Darshana	

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

GROUP DISCUSSION

The Department of Pedodontics organizes group discussion aiming to educate and raise awareness among dental students regarding Stainless steel crowns on 13.11.2023 at 2.30pm. Students were divided into 2 groups.

TOPICS DISCUSSED

1. **Types of Stainless steel crowns**

   Different varieties of stainless steel crowns (classification) .

2. **Indications for Use**

   When stainless steel crowns are recommended (e.g., for pediatric patients, after root canals, extensive decay).

3. **Placement Procedure**

   Steps involved in placing a stainless steel crown, including preparation and fitting.

4. **Longevity and Durability**

   Expected lifespan of stainless steel crowns and factors influencing their durability.

7. **Care and Maintenance**

   How to care for teeth with stainless steel crowns to ensure longevity and health.

8. **Potential Risks and Complications**

   Possible issues, such as crown loosening, allergic reactions, or discomfort.

9. **Post-Placement Care**

   What to expect after getting a stainless steel crown and how to manage any discomfort.

NOJ KUMAR K.P

The group discussion emphasized the crucial role of dental students in tackling Stainless steel crown and also stressed the importance of continued education, community involvement, and research in combating Stainless steel crowns. Overall, group discussions are a valuable tool for personal and professional development, fostering a collaborative learning environment.

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

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

DEBATE COMPETITION

Topic: CROWNS IN PEDIATRIC DENTISTRY

Debate competition was conducted for the Under Graduate students (Part II Regular batch)

Date: 4/1/2024

Time: 2.30-3.30pm

Venue: Dept of Pediatric and Preventive Dentistry

Objective

To encourage an in-depth exploration and evidence-based discussion on the use of crowns in pediatric dentistry, focusing on their indications, advantages, limitations, and emerging trends.

Competition Format

Theme: "Crown in Pediatric Dentistry"

Teams: Two teams – Team A:Affirmative (Proponents)

Team B : Negative (Opponents).

Team Members: 5 participants per team.

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

Judging Criteria

Content and Knowledge (40%): Depth of research, evidence, and clinical relevance.

Delivery and Communication (20%): Clarity, confidence, and articulation.

Argumentation and Rebuttals (30%): Ability to present convincing arguments and counter opposing points effectively.

Team Coordination (10%): Collaboration and cohesiveness in presenting arguments.

Winners of the Debate was Team A and prizes were distributed.

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY
REPORT ON JOURNAL CLUB CONDUCTED BY POST GRADUATES

Journal club is conducted every three days in a week in the Department of Pedodontics. JC Roster is prepared for every month and allotted to PG's. The primary aim of a journal club is to foster a culture of continuous learning and critical thinking by engaging participants in structured discussions of academic and research articles.

Purpose:

Critical Appraisal: Develop skills to critically evaluate research articles and evidence-based literature.

Knowledge Enhancement: Stay updated with the latest advancements and trends in the field.

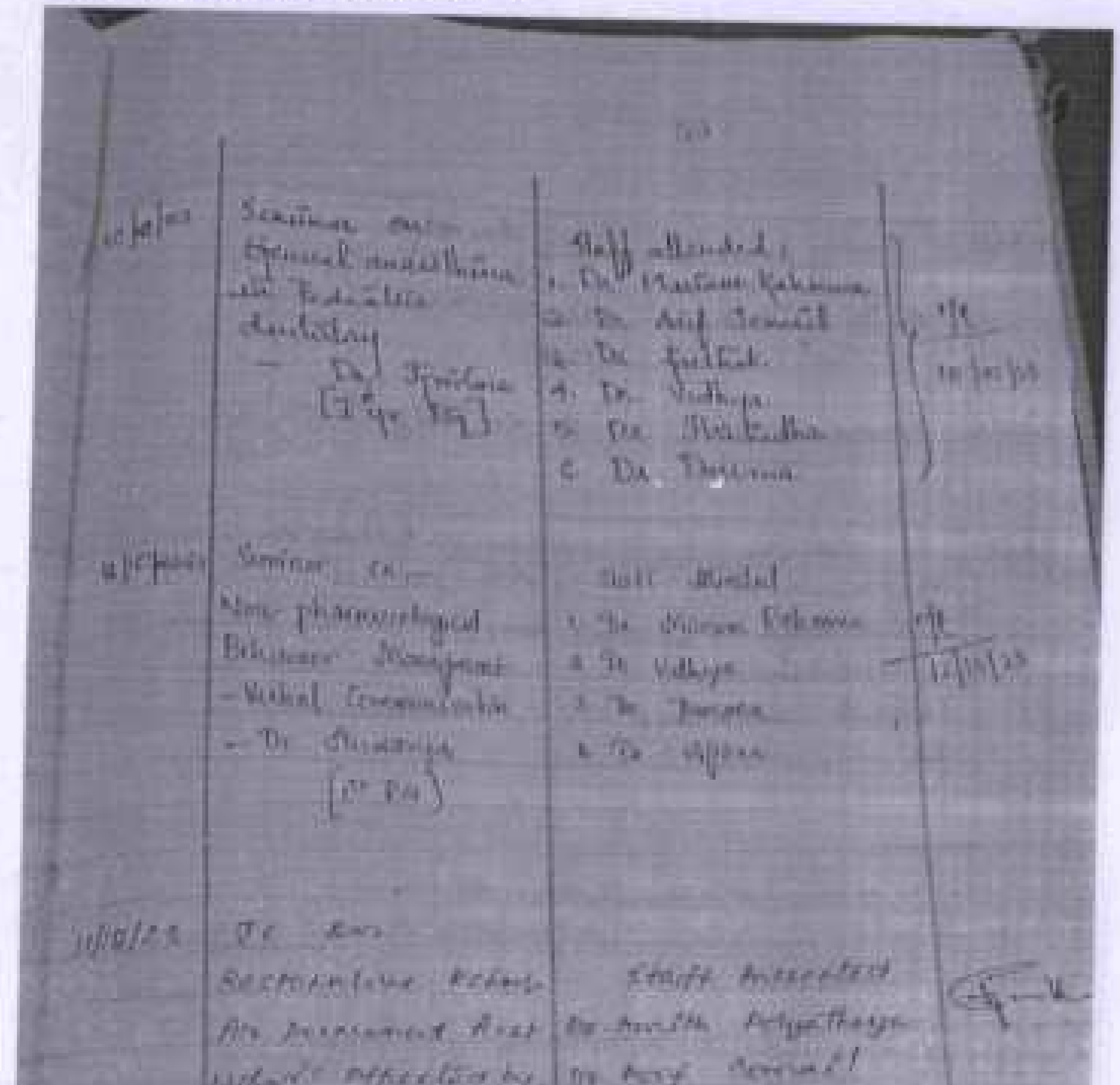
Research Collaboration: Encourage discussion, debate, and collaboration among peers and faculty.

Presentation Skills: Build effective communication and presentation capabilities

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

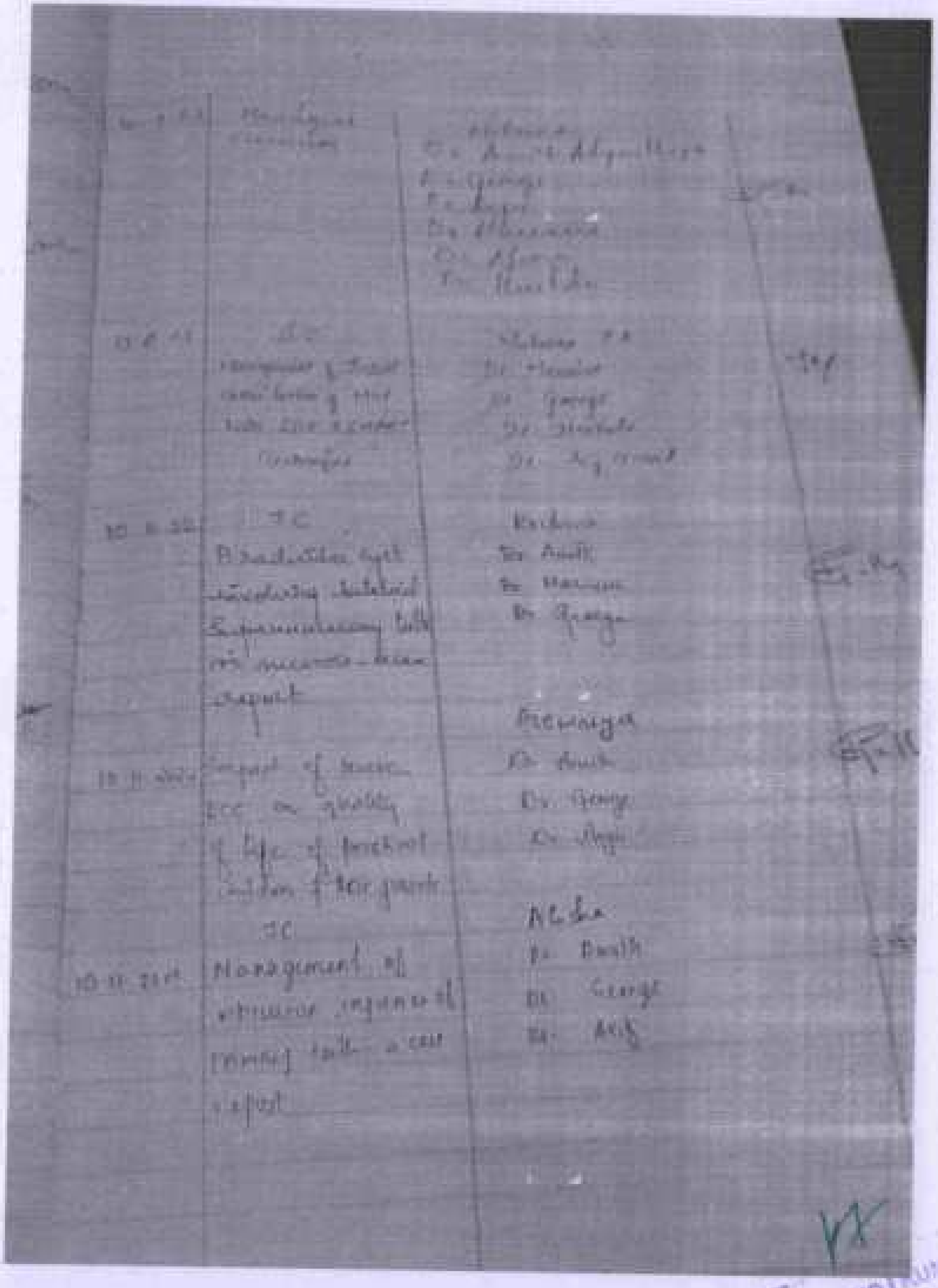
[illegible]	Seminar Physical [illegible] Presented by Dr [illegible]	Staff attended Dr [illegible] Dr [illegible] Dr [illegible]	[illegible]
8/10/22	Seminar - Digital analysis	Dr [illegible]	[illegible]
17/10/22	JC - clinical performance & parental satisfaction with composite [illegible] for anterior teeth	Dr [illegible] Dr Asif Ismail Dr [illegible]	[illegible]
15 [illegible]	Seminar : Conscious sedation Presented by Dr Jasleena	Staff attended Dr Asif Ismail Dr George Babu Dr [illegible]	[illegible]
30/11/22	Comparative evaluation of [illegible] and [illegible] as a [illegible] agent in reducing post endodontic pain [illegible] teeth - Dr Shamna	Staff attended Dr George Dr [illegible] Dr Vidhya Dr [illegible]	[illegible]

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



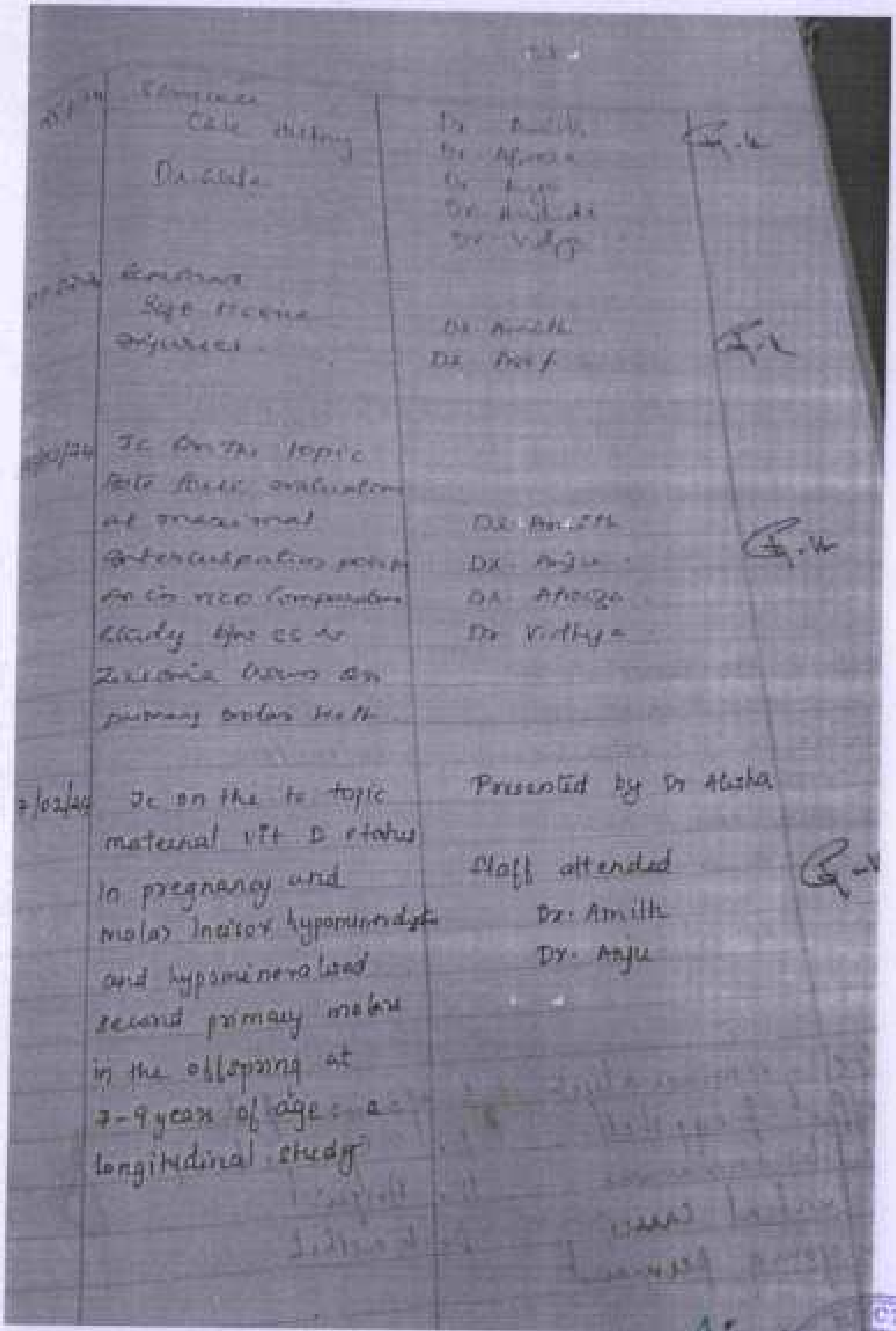
10/10/23	Seminar on – General anaesthesia in Pediatric dentistry — Dr. [illegible] [I yr PG]	Staff attended: 1. Dr. Mariam Raheema 2. Dr. Arif Ismail 3. Dr. [illegible] 4. Dr. Vidhya 5. Dr. [illegible] 6. Dr. [illegible]	10/10/23
11/10/2023	Seminar on – Non pharmacological Behaviour Management – Verbal Communication – Dr. [illegible] [I PG]	Staff attended 1. Dr. Mariam Raheema 2. Dr. Vidhya 3. Dr. [illegible] 4. Dr. [illegible]	12/10/23
11/10/23	JC on Restorative Rehab– An assessment [illegible] molars affected by hypomineralization – a systematic review – Dr. Shemna	Staff attended Dr. Amith Adyanthaya Dr. Arif Ismail	
14/10/23	Seminar on – Non pharmacological Behaviour management – Non verbal communication – Dr. Alisha (1st yr PG)	Staff attended 1. Dr. Mariam Raheema 2. Dr. Vidhya 3. Dr. George 4. Dr. Anju 5. Dr. Keerthi	14/10/23

Dr. [illegible] KUMAR K.P.
Principal
KMCT Dental College
Manassery, Mukkam



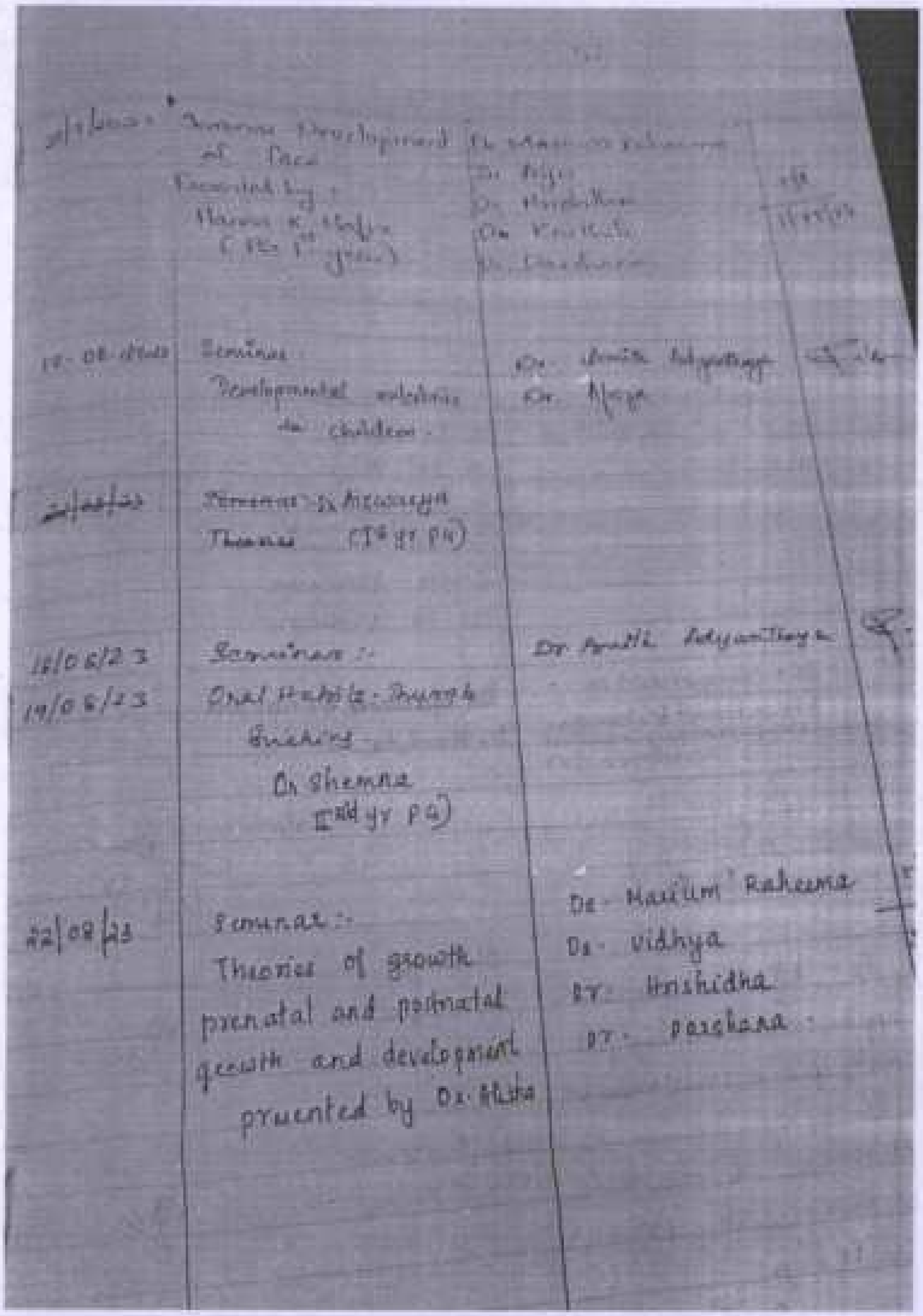
[illegible]	[illegible]	[illegible] Dr. [illegible] Dr. George Dr. [illegible] Dr. [illegible] Dr. [illegible] Dr. [illegible]	[illegible]
[illegible]	JC Management of [illegible] [illegible] techniques	[illegible] Dr. [illegible] Dr. George Dr. [illegible] Dr. [illegible]	[illegible]
30.[illegible].22	JC [illegible] cyst involving bilateral Supernumerary teeth [illegible] report	[illegible] Dr. Anith Dr. [illegible] Dr. George	[illegible]
10.11.2022	Impact of [illegible] ECC on quality of life of preschool children & their parents	[illegible] Dr. Anith Dr. George Dr. [illegible]	[illegible]
10.11.2022	JC Management of intrusive injury of [illegible] with a case report	[illegible] Dr. Anith Dr. George Dr. Arif	[illegible]

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



[illegible]/24	Seminar Case History Dr. Alisha	Dr. Amith Dr. Afreeza Dr. Anju Dr. [illegible] Dr. Vidhya	
[illegible]/24	Seminar Soft tissue injuries.	Dr. Amith Dr. Anju	
[illegible]/24	Jc on the topic [illegible] evaluation of marginal [illegible] an in vitro comparative study [illegible] Zirconia crowns on primary molar teeth.	Dr. Amith Dr. Anju Dr. Afreeza Dr. Vidhya	
7/02/24	Jc on the to topic maternal vit D status in pregnancy and molar incisor hypomineralisation and hypomineralised second primary molars in the offspring at 7-9 year of age: a longitudinal study	Presented by Dr Alisha Staff attended Dr. Amith Dr. Anju	

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



[illegible]	[illegible] Development of Face Presented by: [illegible] K. [illegible] (PG 1st year)	Dr. [illegible] Dr. Biju Dr. [illegible] Dr. Kavitha Dr. [illegible]	[illegible] [illegible]
[illegible]-08-[illegible]	Seminar: Developmental milestones in children.	Dr. Amitha Adyanthaya Dr. [illegible]	
[illegible]	Seminar: Dr Aiswarya Thomas (Ist yr PG)		
16/06/23 19/06/23	Seminar:- Oral Habits - Thumb Sucking. Dr Shemna (IInd yr PG)	Dr Amitha Adyanthaya	
22/08/23	Seminar:- Theories of growth prenatal and postnatal growth and development presented by Dr. Alisha	Dr. Mariim Raheema Dr. Vidhya Dr. Hrishidha Dr. Darshana.	

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

QUIZ TITLE: PEDIATRIC DENTISTRY QUIZ

TOPICS: INTRODUCTION TO PEDIATRIC DENTISTRY, CASE HISTORY,BEHAVIOUR MANAGEMENT, CHILD PSYCHOLOGY

Date:

Time: 9:00-2:30 pm

Date: 17/10/2023

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.Marium 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 Interceptive Orthodontics, Pulp Therapy, Psychology and Behavior management

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

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

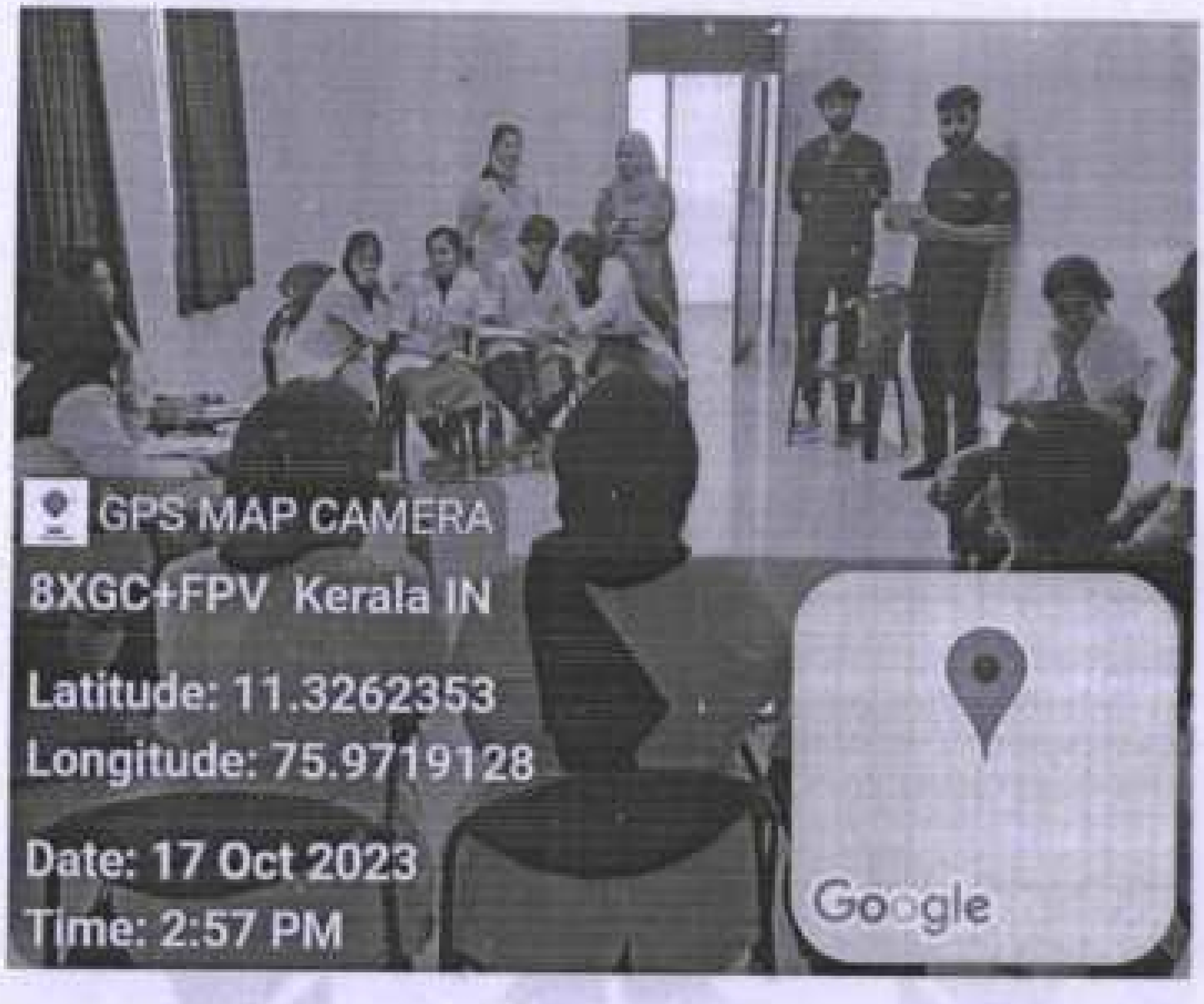
Awards and Closing Remarks (15 minutes)

- 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

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



GPS MAP CAMERA

8XGC+FPV Kerala IN

Latitude: 11.3262353
Longitude: 75.9719128

Date: 17 Oct 2023
Time: 2:57 PM

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

PARTICIPATORY LEARNING

Dr. MANOJ KUMAR K P

KMCT
DENTAL COLLEGE

FULL MOUTH IMPLANT PROSTHESIS

DATE:10/04/2024

1. Introduction

The group discussion focused on **Full Mouth Implant Prosthesis (FMIP)**, emphasizing its importance in the rehabilitation of patients with complete edentulism or significant tooth loss. The session involved postgraduate prosthodontics.

2. Key Points Discussed

1. **Definition and Indications**:
   - The discussion began with a clear definition of Full Mouth Implant Prosthesis as a prosthetic solution that involves the placement of dental implants to support fixed or removable prostheses. Participants identified indications for FMIP, including:
     - Complete edentulism
     - Severely resorbed ridges
     - Aesthetic considerations
     - Functional impairments due to tooth loss
2. **Treatment Planning**:
   - emphasized the importance of a comprehensive treatment plan, which includes:
     - Clinical and radiographic evaluations (CBCT imaging)
     - Assessment of bone quality and quantity
     - Determining the number and placement of implants based on prosthetic design
   - The group discussed the need for a multidisciplinary approach, involving periodontists, oral surgeons, and dental technicians to achieve optimal outcomes.
3. **Implant Selection and Placement**:
   - The discussion included various types of implants, such as **endosteal** and **subperiosteal implants**. Participants debated the advantages and disadvantages of different implant designs and materials.
   - Surgical techniques for implant placement were discussed, including **immediate loading** versus **delayed loading**, with emphasis on factors influencing the decision, such as bone quality and patient health.
4. **Prosthetic Design Options**:
   - Various prosthetic options were presented, including fixed full arch prostheses, removable overdentures, and hybrid prostheses. discussed the advantages of using fixed implant-supported prostheses for enhanced stability and patient satisfaction.
   - The role of **CAD/CAM technology** in designing and fabricating prostheses was highlighted, offering improved accuracy and efficiency in the manufacturing process.
5. **Occlusal Considerations**:

   - The importance of proper occlusal design in FMIP was emphasized. Participants discussed different occlusal schemes, such as **balanced occlusion** and **canine guidance**, and how they impact the longevity and function of the prosthesis.
   - Shared insights on how to manage occlusal discrepancies that may arise after implant placement.
6. **Maintenance and Follow-Up**:
   - Participants agreed on the necessity of establishing a maintenance protocol for patients with FMIP, which includes regular follow-ups to assess implant health and prosthetic integrity.
   - The importance of educating patients about oral hygiene practices for maintaining the health of both implants and surrounding tissues was discussed.
7. **Challenges and Complications**:
   - Common challenges in FMIP, such as implant failure, peri-implantitis, and complications related to the prosthesis itself, were addressed. shared a case study highlighting how to manage a complication effectively.
   - The need for careful patient selection and preoperative counseling to mitigate risks was emphasized.
8. **Future Directions and Research**:
   - The group discussed emerging trends in implant dentistry, including the use of **biomaterials** and **3D printing technologies** in the fabrication of implants and prostheses.
   - Ongoing research in implant surface modifications to enhance osseointegration was highlighted as a crucial area for future advancements.

3. Conclusion

The discussion concluded with a consensus on the effectiveness of Full Mouth Implant Prostheses in restoring function and aesthetics for patients with complete edentulism.

4. Recommendations and Action Items

- Organize workshops on surgical techniques for implant placement and prosthetic design.
- Encourage participation in research projects focusing on long-term outcomes of FMIP.
- Develop a resource guide for patients outlining the benefits and care of full mouth implant prostheses.

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

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

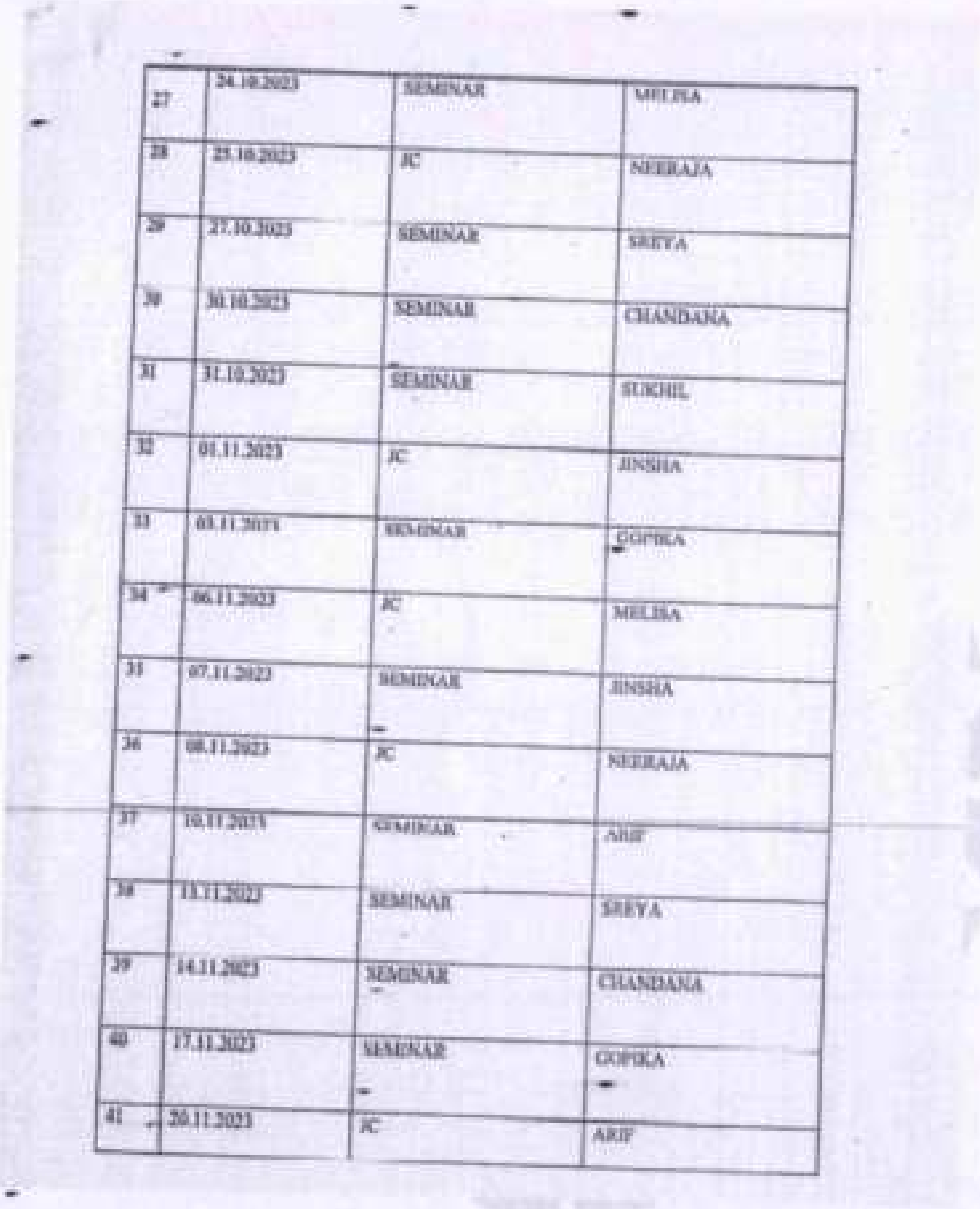
PRESENTATION SCHEDULE (SEP- DEC)

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

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

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

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



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

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

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

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

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II REGULAR BATCH (JULY 2024 EXAM)

SEMINAR SCHEDULE- BATCH 1

Sl NO.	NAME	SEMINAR TOPIC	DATE
1	Abhijith P A	SEQUELAE OF WEARING CD	19/04/24 20/04/24
2	Abhirami S V	SUPPORT AND STABILITY IN COMPLETE DENTURE	
3	Afsana A	POST INSERTION INSTRUCTIONS AND COMPLICATIONS IN CD	
4	Aishwarya Anil	TISSUE CONDITIONERS	
5	Akshay V R	ABUTMENTS IN FPD	
6	Aliya M M	SINGLE CD	26/04/24 27/04/24
7	Anjala K Thampi	MECHANICAL METHODS OF FLUID CONTROL	
8	Anna Joseph	OBTURATORS	
9	Anusha M N	MANAGEMENT OF ENDODONTICALLY TREATED TEETH	
10	Archana Nair	PREPERATION FOR ALL CERAMIC CROWNS	
11	Ashwathy J Raj	DENTURE ADHESIVES	03/04/24 04/04/24
12	Aysha Navreen	CHEMICAL METHODS OF FLUID CONTROL	
13	B Devika	TOOTH PREPERATION FOR METAL CROWNS	
14	Densiya Nazreen	TYPES OF MFP DEFECTS	

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

MID POSTING EXAM SCHEDULE

Sl.NO.	DATE	TOPIC
1		SEMINAR TOPIC 1-5
2		SEMINAR TOPIC 6-10
3		SEMINAR TOPIC 11-14

TYPHODONT TOOTH PREPARATION (ALL- CERAMIC CROWN)

Remaining Working Days in the Department posting(2-4pm)

SEMINAR & RECORD SUBMISSION

HEAD OF THE DEPARTMENT

Dr. [illegible] KUMAR.K.P
Principal
KMCT Dental College
Manassery, [illegible]

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

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

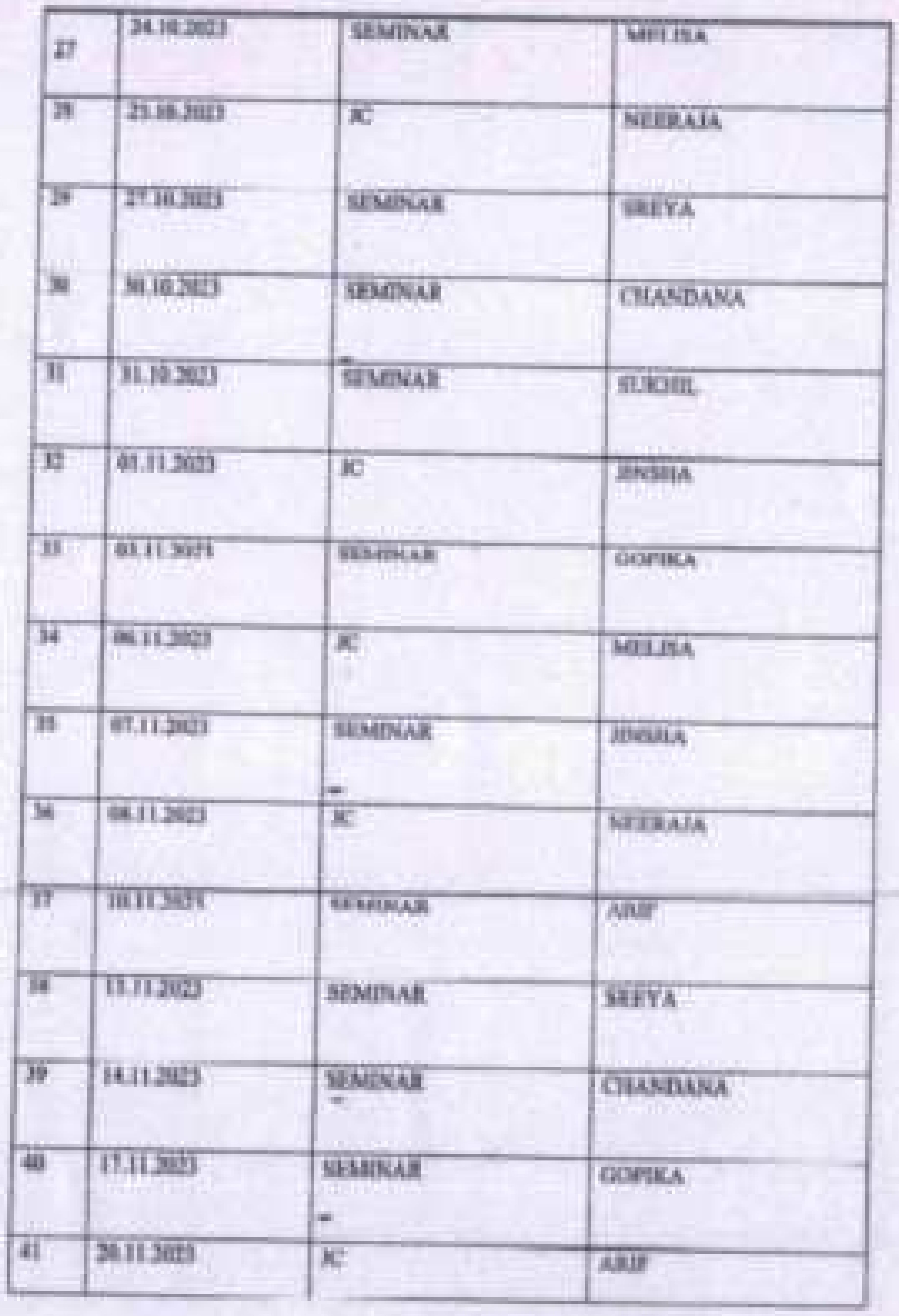
KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

PRESENTATION SCHEDULE (SEP- DEC)

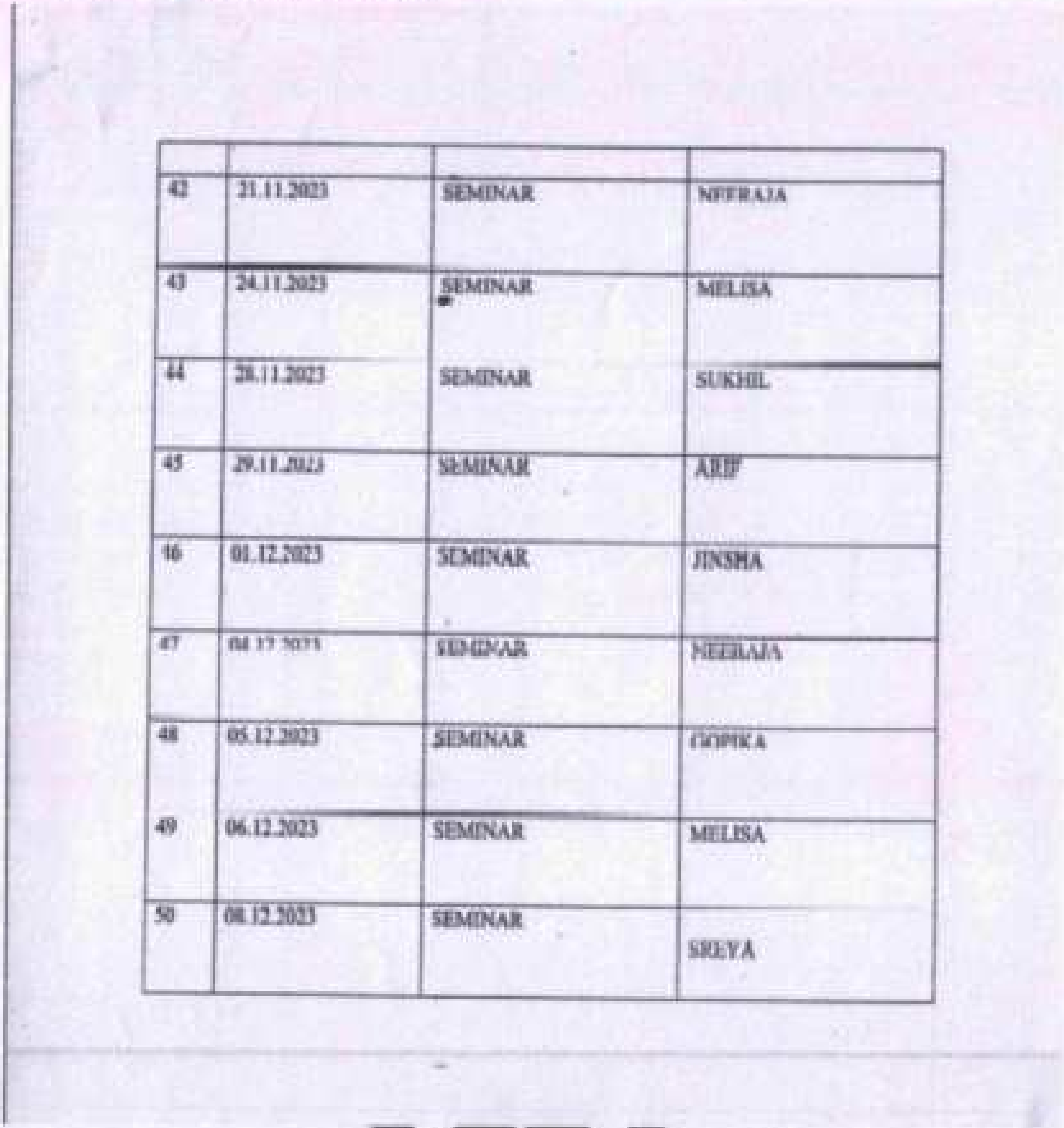
SL NO	DATE	PRESENTATION	PG
1	05.09.2023	SEMINAR	SREYA
2	08.09.2023	SEMINAR	ARIF
3	11.09.2023	JC	GOPIKA
4	12.09.2023	SEMINAR	JINSHA
5	13.09.2023	JC	NEERAJA
6	15.09.2023	SEMINAR	MELISA
7	18.09.2023	JC	SUKHIL
8	19.09.2023	SEMINAR	CHANDANA
9	20.09.2023	JC	SREYA
10	22.09.2023	SEMINAR	NEERAJA
11	25.09.2023	JC	ARIF
12	26.09.2023	SEMINAR	SUKHIL

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



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

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



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

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

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
Manassery, Mukkam

KMCT
DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

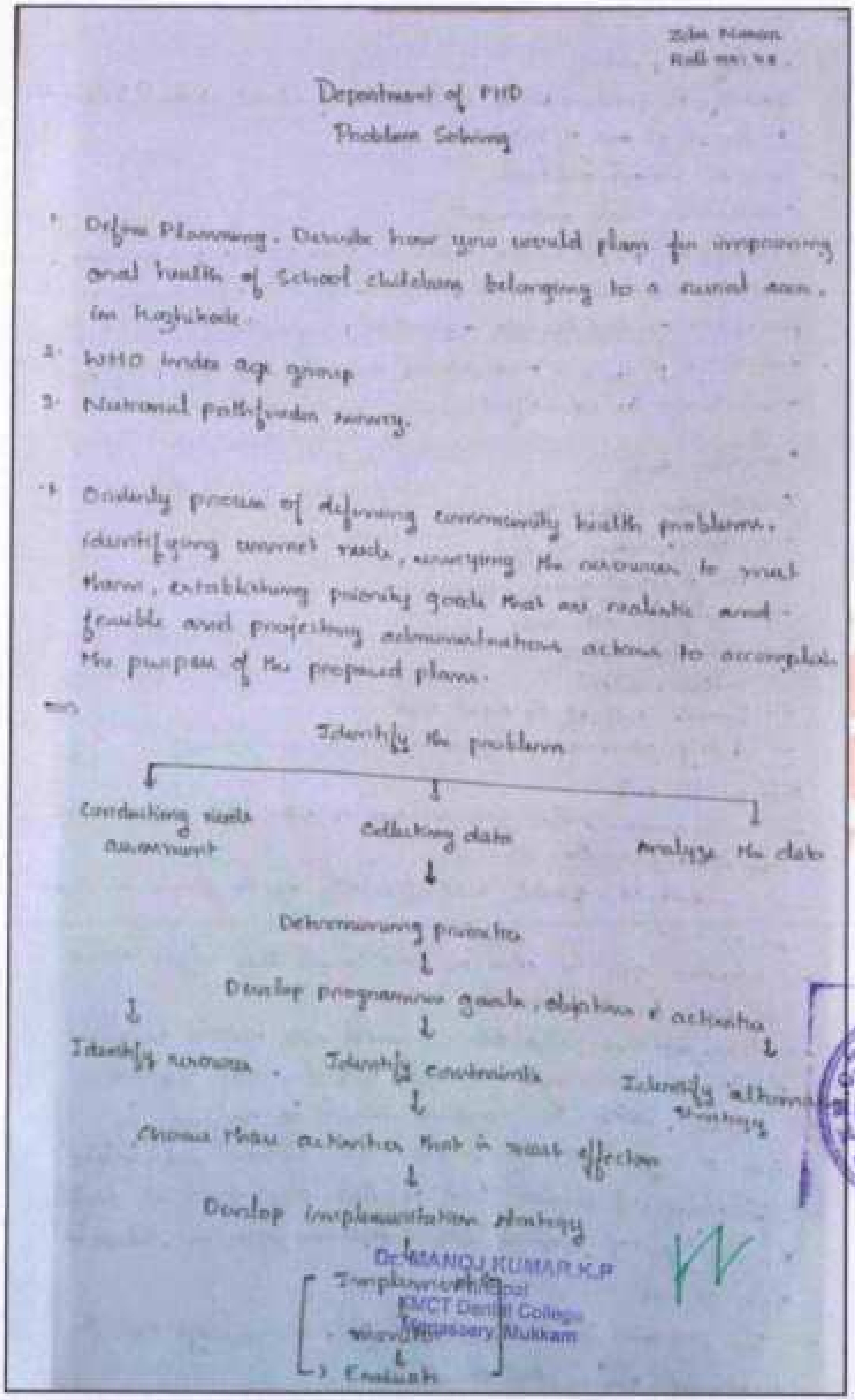
PROBLEM SOLVING METHODOLGIES

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

iv) PROBLEM SOLVING METHODOLOGIES

As a part of problem solving methodology, the final year students are given additional training to solve a community problem as a learning methodology. Students will be priorly informed on the class assignment on problem solving were, students are instructed to learn how to do a survey and accordingly plan a program to reduce the current dental disease prevalence in the community.

MAR.K.P
ollege
y, Mukkam



[illegible]
Roll no: [illegible]

Department of PHD
Problem Solving

1. Define Planning. Describe how you would plan for improving oral health of school children belonging to a rural area in Kozhikode.
2. WHO index age group
3. National pathfinder survey.

1. Orderly process of defining community health problems, identifying unmet needs, surveying the resources to meet them, establishing priority goals that are realistic and feasible and projecting administrative actions to accomplish the purpose of the proposed plan.

Identify the problem
Conducting needs assessment ↓ Collecting data ↓ Analyze the data ↓
↓
Determining priorities
↓
Develop programmes goals, objectives & activities
↓ Identify resources . ↓ Identify constraints ↓ Identify alternative strategy
↓
Choose those activities that is most effective
↓
Develop implementation strategy
↓
Implementation
- Monitoring
↓
Evaluate

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

① Identify the problem
Identify the problems in the oral health of school children belonging to the rural area of Kozhikode
eg: caries in school children
Conducting needs assessment

- Identify the people who is most in need for the programme
- Identify the most required program for eg: If caries is prevalent conduct fluoride application program.
- The most prevalent oral disease in that age group of this area should be identified

Collecting data
Collect data related to:
→ Socioeconomic status
→ No. of school going children
→ No. of non attenders
→ population density
→ culture, beliefs
→ fluoride levels of the rural area
→ If any government or public policies are present

Analyse the data
→ Socioeconomic status gives an idea on what type of program can be implemented
→ It should be feasible and affordable by the people in that rural area
→ Education gives the idea of how much they might value the need for oral health.
→ Transportation, since this is a rural area mobile dental clinics or community services can be more effective
→ Culture, beliefs: the program should be designed in such a way that they accept their culture and beliefs.
→ Knowledge of fluoride level of that area gives an insight on the type of program like fluoridation program should be given or not
→ The program should be designed in such a way that the government policies are obeyed.

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

⑥ Choose the alternative that is most effective
- identify alternative strategies and choose the most effective plan
- many no of plans that are good on the surface might be present but choose the one by identifying the constraints

for eg: In rural area a mobile dental clinic will be more practical

⑦ Develop implementation strategy

⑧ Implement

⑨ monitor

2. WHO age group

Index age group
5 years
12 years
15 years
35 - 44 years
65 - 74 years

5 years
→ children starts going to primary school
→ Deciduous dentition period
→ To evaluate caries in primary dentition

12 years
→ children finishes primary schooling
→ considered as the global monitoring age for monitoring and comparing oral health

As the permanent teeth except for 3rd molars are erupted into the oral cavity

15 years.
→ The permanent dentition has been exposed to the oral cavity for few years. Caries [illegible]

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

K.M.C.T. DENTAL COLLEGE
P.O. Manassery
Pin 673602
Mukkam, Calicut
Kerala
CALICUT

can be evaluated

35 – 44 years

→ This age group gives the caries and periodontal disease prevalance of the middle age as it exposed to the oral cavity

65 – 74 years.

→ old age group

→ Their main oral health problem can be assessed.

⇒ National pathfinder survey

→ Survey is a non experimental research.

National pathfinder survey consist of
pilot pathfinder
Comprehensive pathfinder survey

pilot

→ 2 index age
most imp index age.

→ requires additional resources to conduct

Comprehensive

→ 3 or more.

→ All resources present.

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

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PROBLEM-SOLVING METHODOLOGIES

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

CASE DISCUSSION WITH STAFF

A case discussion is a collaborative process where healthcare professionals (doctors, dentists, nurses, etc.) analyze a specific patient case to improve diagnosis, treatment planning, and overall patient care. It's a valuable learning tool that fosters critical thinking, problem-solving, and knowledge sharing.

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

CASE SCENARIO

Case scenarios are crucial because they effectively bridge the gap between theoretical knowledge and practical application. They provide a structured way to learn from realistic situations, develop critical thinking skills, and improve decision-making abilities in a safe and controlled environment.

TOPIC: RUBBER DAM ISOLATION

SCENARIO 1	Straightforward Isolation (Posterior Tooth)
SCENARIO 2	Isolation with Missing Tooth (Anterior Region)
SCENARIO 3	Difficult Isolation Due to Malpositioned Tooth (Posterior)
SCENARIO 4	Isolation with Subgingival Caries (Anterior)

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

SCENARIO 1: STRAIGHTFORWARD ISOLATION (POSTERIOR TOOTH)

- Patient: 28-year-old female presents for a composite restoration on the occlusal surface of her lower right first molar (#46).
- Clinical Findings: Healthy gingival tissues, adequate tooth structure, no rotations or malpositions of adjacent teeth.
- Challenge: The patient has a strong gag reflex.
- Discussion Points:
    - What type of clamp would be appropriate for this tooth?
    - What techniques can be used to minimize the patient's gag reflex during rubber dam placement?
    - What are the steps for proper rubber dam application in this case?

SCENARIO 2: ISOLATION WITH MISSING TOOTH (ANTERIOR REGION)

- Patient: 45-year-old male presents for a direct composite veneer on his upper left central incisor (#21). He is missing his upper left lateral incisor (#22).
- Clinical Findings: Healthy gingival tissues, adequate tooth structure on #21, diastema between #21 and #23.
- Challenge: Achieving proper isolation and seal due to the missing adjacent tooth.
- Discussion Points:
    - How can the rubber dam be adapted to compensate for the missing tooth?
    - What additional materials or techniques might be necessary (e.g., floss, liquid dam)?
    - How can leakage be prevented in this situation?

Dr. [illegible] KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

SCENARIO 3: DIFFICULT ISOLATION DUE TO MALPOSITIONED TOOTH (POSTERIOR)

- Patient: 32-year-old female presents for endodontic treatment on her upper right second molar (#17).
- Clinical Findings: The #17 is distally tilted and slightly rotated. There is limited interproximal space between #17 and #18.
- Challenge: Difficulty placing the clamp and achieving a proper seal due to the tooth's position.
- Discussion Points:
  - What type of clamp would be most suitable in this situation?
  - What techniques can be used to facilitate clamp placement and rubber dam adaptation (e.g., wedges, floss)?
  - What are the potential complications of improper isolation in endodontic treatment?

SCENARIO 4: ISOLATION WITH SUBGINGIVAL CARIES (ANTERIOR)

- Patient: 19-year-old male presents with caries on the distal aspect of his upper right central incisor (#11) extending subgingivally.
- Clinical Findings: Healthy gingival tissues, but the caries extends below the gingival margin.
- Challenge: Achieving isolation and preventing contamination from gingival crevicular fluid and blood.
- Discussion Points:
  - How can the rubber dam be placed to achieve adequate isolation in this subgingival situation?
  - What additional techniques or materials might be necessary (e.g., gingival retraction cord, liquid dam)?
  - What are the potential risks of not achieving proper isolation in this case?

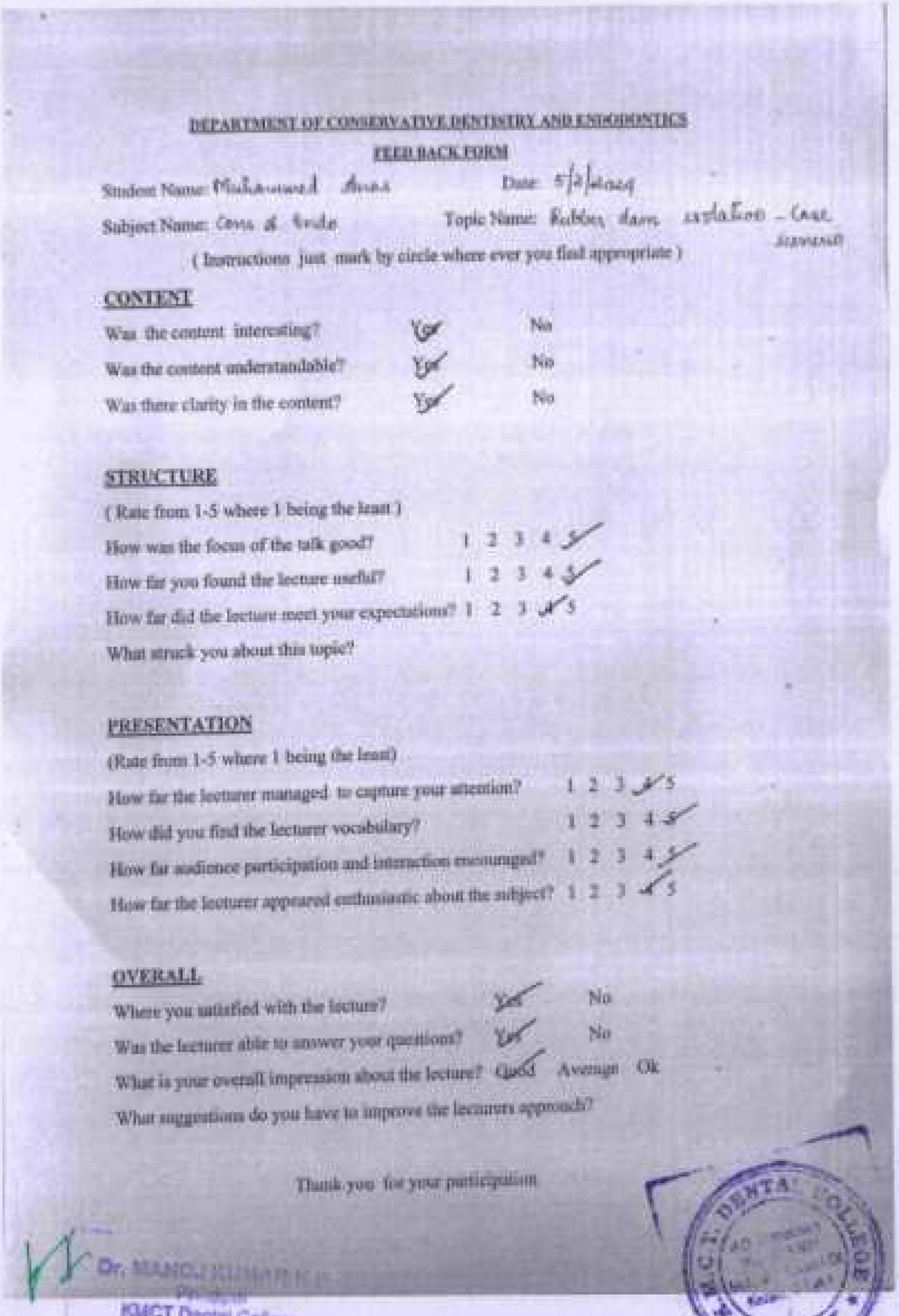
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

GENERAL DISCUSSION POINTS FOR ALL SCENARIOS:

- Benefits of Rubber Dam Isolation: Discuss the advantages of using a rubber dam, such as improved moisture control, better visibility, protection of the patient from aspiration of debris, and improved infection control.
- Clamp Selection: Discuss the different types of clamps and their specific uses.
- Rubber Dam Material and Techniques: Discuss the different types of rubber dam material, hole punching techniques, and application methods.
- Troubleshooting: Discuss common problems encountered during rubber dam placement and how to overcome them.

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

KMCT
DENTAL COLLEGE



DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

FEED BACK FORM

Student Name: Muhammed Anas Date: 5/2/2024

Subject Name: Cons & Endo Topic Name: Rubber dam isolation - Case scenario

(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 lecture 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 and 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

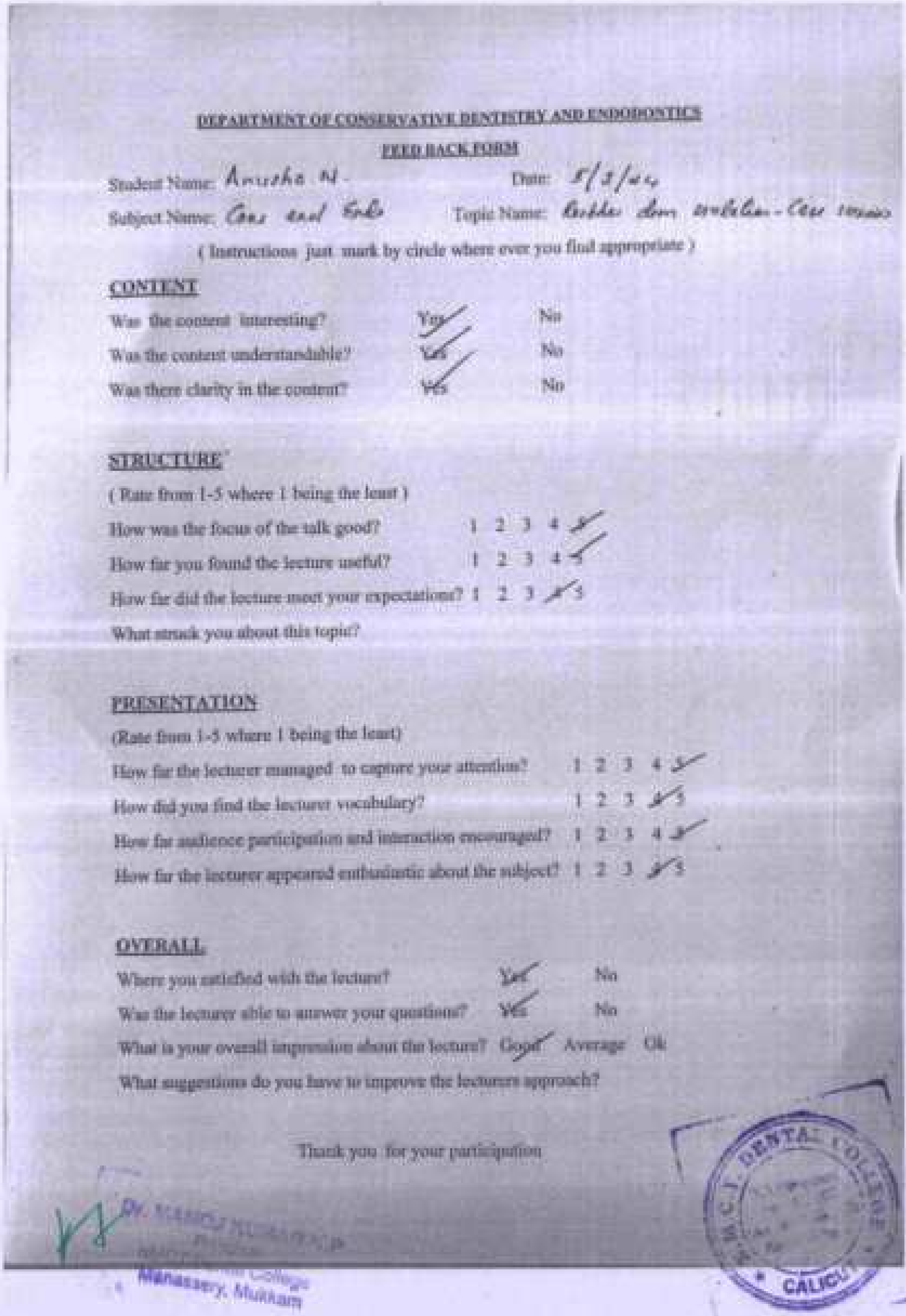
Was the lecturer able to answer your questions? [✓ Yes] No

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 K.
Principal
KMCT Dental College
Manassery, Mukkam



DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

FEED BACK FORM

Student Name: Anusha N.
Date: 5/3/24
Subject Name: Cons and Endo
Topic Name: Rubber dam isolation - Case [illegible]

(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 lecture 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 and 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. [illegible]
[illegible] College
Manassery, Mukkam

KMCT
DENTAL COLLEGE

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

FEED BACK FORM

Student Name: AISHA NAWASEEN Date: 5/3/24
Subject Name: CONS & ENDO Topic Name: RUBBER DAM ISOLATION (Gue Lecture)
(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 lecture 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 and 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

KMCT Dental College
Manassery, Mukkam

KMCT
DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

PROBLEM SOLVING METHODOLOGIES

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

- **Chief Complaint:**
  A male patient presents with discomfort while wearing his removable prosthesis. He reports a continuous sore spot on the denture-bearing area and finds that his denture has become increasingly uncomfortable over time. He mentions that the denture irritates certain parts of his mouth, especially around bony prominences.
- **Medical History:**
  - The patient has no significant systemic diseases. However, a detailed history is needed to rule out systemic conditions like osteoporosis or any medications (e.g., bisphosphonates) that may affect bone remodeling.
  - No history of trauma to the jaw, though the patient has been edentulous for 8 years.
- **Dental History:**
  - The patient has been wearing a maxillary complete denture for 5 years.
  - There has been frequent need for denture adjustments, particularly around the prominent bony areas.
  - The patient has experienced difficulty in adapting to his mandibular denture due to the discomfort from pressure points around these bony prominences.

2. Clinical Examination:

- **Intraoral Examination:**
  - **Maxillary Arch:**
    The maxillary ridge shows moderate bone resorption, with notable **bony prominences** in the premolar and molar regions. These prominences cause the denture to press on these areas, leading to tissue irritation and ulceration.
    - **Soft Tissue:** The mucosa overlying the bony prominences is thin and appears inflamed due to irritation from the denture.
  - **Mandibular Arch:**
    Similar bony prominences are noted on the mandibular ridge, especially in the buccal shelf area and the mylohyoid ridge. These bony outgrowths interfere with the patient's ability to wear his lower denture comfortably.
- **Palpation:**
  Palpation of the affected areas reveals tenderness and pain over the bony prominences. There is no soft tissue swelling, but the bone feels irregular and prominent.

3. Radiographic Evaluation:

- **Panoramic X-ray or CBCT Scan:**
  - The radiographs reveal significant **exostoses** or prominent bony ridges in both the maxilla and mandible, particularly in the premolar and molar areas.
  - The bone height is sufficient, but the irregular contour of the ridge, with its bony outgrowths, compromises the comfort and fit of the current denture.
  - No signs of pathology (e.g., cysts or tumors) are noted around the prominences, confirming they are benign bony outgrowths (exostoses).

4. Diagnosis:

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

The patient is diagnosed with **Heavy Bony Prominences/Exostoses** in both the maxillary and mandibular arches. These bony outgrowths are causing tissue irritation, pressure sores, and discomfort when wearing dentures.

5. Treatment Plan:

A. Conservative Prosthetic Management:

1. **Denture Adjustment:**
    - **Relief of Pressure Areas:**
      The current denture can be adjusted to relieve pressure from the bony prominences by selectively relieving the areas overlying the exostoses. A soft liner can be used temporarily to cushion the sensitive areas while the patient adapts to the changes.
    - **Reconstruction of Denture Base:**
      If significant adjustments have been made, it may be necessary to reline or rebase the denture to improve its overall fit and stability.
    - **Tissue Conditioning:**
      Use tissue conditioning materials to improve the health of the irritated mucosa, allowing the tissue to heal before fabricating a new prosthesis.
2. **Fabrication of a New Denture:**
    - **Custom Tray with Selective Pressure Technique:**
      During the impression phase, create a custom tray with relief in the areas of the bony prominences. This minimizes pressure on these areas and allows the denture to rest on the more stable areas of the ridge.
    - **Use of Soft Liners:**
      If the patient continues to experience discomfort, a soft liner can be placed in the final prosthesis to cushion the mucosa overlying the prominences. Soft liners distribute forces more evenly and can provide short-term relief.
    - **Occlusal Adjustment:**
      Ensure the occlusion is balanced to reduce any unnecessary occlusal forces on the sensitive areas. A balanced occlusion scheme will minimize denture movement, which can otherwise exacerbate tissue irritation.

B. Surgical Management (Preferred for Long-Term Comfort):

1. **Alveoloplasty or Removal of Exostoses:**
    - **Surgical Reduction of Bony Prominences:**
      Surgical correction via **alveoloplasty** is the most definitive solution. The prominent bony areas can be surgically removed or reshaped, providing a smoother ridge that will improve prosthetic fit and comfort.
        - **Procedure:**
          Under local anesthesia, the bony prominences are surgically shaved, and the ridge is contoured to provide a more uniform surface for denture support. Care is taken to ensure the overlying soft tissue is not compromised.
        - **Postoperative Care:**
          Postoperative care includes antibiotics and analgesics to manage any infection risk and pain. A soft-lined immediate denture or tissue conditioner is placed to protect the surgical site and assist with healing.

Dr. MAN
KMCT Dental College
Manassery

2. **Bone Grafting (if necessary):**
    - If the ridge is severely compromised after removing the bony prominences, a bone graft may be needed to build up the ridge height and provide a stable foundation for future prostheses.

C. Implant-Supported Dentures:

1. **Implants to Bypass Bony Prominences:**
    - In cases where surgical removal of the exostoses is not feasible or the patient prefers a more stable solution, placing **implants** in strategic areas can provide support for an implant-retained overdenture or a fixed prosthesis.
    - Implants can bypass the bony prominences, providing retention without relying on the compromised ridge.

6. Maintenance and Follow-Up:

- **Regular Prosthetic Maintenance:**
  Patients with bony prominences should have regular follow-ups to adjust their dentures, ensuring continued comfort and minimizing tissue irritation.
- **Post-Surgical Care:**
  If the patient undergoes surgery, regular monitoring of the healing process is crucial, with adjustments to the prosthesis as needed during recovery.
- **Hygiene Instructions:**
  Oral hygiene is essential, especially post-surgery, to avoid infections and ensure proper healing. The patient should be educated on cleaning the surgical site or the areas around the implants (if placed).

Prognosis:

- **Without Surgery:**
  While conservative management (denture adjustments, relining, or soft liners) may provide temporary relief, the prognosis for long-term comfort is guarded. The patient may continue to experience discomfort due to pressure on the bony prominences, and frequent denture adjustments may be necessary.
- **With Surgery (Alveoloplasty):**
  Surgical reduction of the bony prominences offers the best long-term prognosis. After healing, the patient is likely to experience significantly improved comfort, stability, and function with their dentures.
- **With Implants:**
  Implant-supported dentures provide a highly successful alternative to managing bony prominences, offering superior stability and function without relying on the compromised bony ridge.

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

DEPARTMENT OF PROSTHODONTICS

CASE DISCUSSION -1

MANAGEMENT OF RESORBED RIDGES

. Patient History and Presentation:

- **Chief Complaint:** The patient, a 60-year-old male, presents with difficulty wearing his lower denture and complains of discomfort and lack of stability when eating. He also mentions difficulty retaining the prosthesis in place during function and speech.
- **Medical History:**
    - No significant medical history or underlying conditions, though a complete evaluation should be done to check for systemic diseases (e.g., diabetes, osteoporosis) that could affect bone density and healing.
    - No history of medication that could cause jawbone issues (e.g., bisphosphonates).
- **Dental History:**
    - Edentulous for the last 10 years in the mandible.
    - Previous complete lower denture was made 7 years ago and has been periodically relined, but patient still complains of poor fit and function.
    - Maxillary arch is partially dentate with posterior teeth missing.

2. Clinical Examination:

- **Intraoral Examination:**
    - The mandibular ridge is **severely resorbed** (likely **Cawood and Howell Class V or VI**).
    - The ridge height is minimal, presenting with a knife-edge or flat profile, which compromises denture stability and retention.
    - **Maxillary arch** shows some existing teeth (anterior teeth remain, posterior teeth missing), but the patient is managing well with the upper partial denture.
    - **Soft tissue condition:** There is adequate keratinized mucosa, but some areas of discomfort were noted on palpation, especially in the anterior mandible.
- **Muscle and Tissue Attachments:**
    - High muscle attachments were noted, especially from the buccinator and mentalis, which could be interfering with the lower denture's retention.
    - Minimal vestibular depth was observed, which may limit denture stability and retention.

3. Radiographic Evaluation:

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College

- **Panoramic X-ray or CBCT Scan:**
    - Severe resorption of the mandibular ridge is confirmed, particularly in the anterior region.
    - Posterior mandibular regions show signs of moderate resorption.
    - Maxillary bone height and quality seem adequate for denture support.

- No significant pathologies, although careful evaluation of nerve positioning in the mandible is crucial, especially in the case of implant consideration.

4. Diagnosis:

- The patient is diagnosed with **severe mandibular ridge resorption** (Cawood and Howell Class V or VI).
- This condition has led to compromised denture retention, stability, and function.
- Mandibular ridge resorption may be exacerbated by a long-term use of a conventional denture without posterior support.

5. Treatment Plan:

A. Conventional Denture Management:

In the absence of surgical or implant interventions, the following steps can be taken:

1. **Re-evaluation of Denture Fit and Occlusion:**
   - A new mandibular complete denture can be fabricated with attention to:
     - **Impression Techniques**: Use a **selective pressure impression** technique to create a stable base, combined with functional impressions to extend the borders for better retention. Use of a custom tray is important.
     - **Relining** or rebasing the existing denture may be insufficient for this patient, given the degree of resorption.
   - **Maxillary Denture Consideration**: The maxillary partial denture should be checked for stability and occlusal balance. The lack of posterior teeth could lead to increased forces on the lower ridge, causing further resorption.
2. **Occlusal Scheme:**
   - **Balanced Occlusion** should be provided to distribute forces evenly, minimizing pressure on the mandibular ridge.
   - Ensure that there is no **anterior guidance** to reduce excessive functional load on the anterior mandibular ridge.
3. **Soft Liners**: A **soft liner** can be used in the lower denture to increase comfort, especially in regions where the bone has significantly resorbed, but this is usually a short-term solution.

B. Surgical and Implant-Supported Solutions:

Given the severe resorption, conventional dentures alone may not provide sufficient function and comfort. Implant therapy is often the preferred option for severely resorbed ridges.

1. **Implant-Supported Overdenture:**
   - Place **two to four implants** in the anterior mandible to support an overdenture. Even two implants significantly improve retention and stability.
   - The **Locator or ball attachment** system can be used to anchor the overdenture to the implants. This system allows for ease of maintenance and cleaning.

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

Advantages:

  - Improved denture stability and retention.
  - Minimizes further ridge resorption by distributing forces to the implants rather than solely relying on the remaining bone.

2. **Mandibular Ridge Augmentation**:
   - For patients unwilling or unable to undergo implant therapy, ridge augmentation using bone grafts or **vestibuloplasty** to deepen the vestibule may be considered. This procedure increases the denture-bearing surface.
   - **Alveoloplasty** can also be done to smooth and reshape the resorbed ridge.
3. **All-on-4 or Fixed Implant Prosthesis**:
   - If the patient seeks a more permanent solution and is a good candidate for surgery, a fixed prosthesis like an **All-on-4 implant-supported bridge** can be considered. This involves placing four implants in the anterior mandible and fabricating a fixed full-arch prosthesis.

C. Other Considerations:

1. **Vertical Dimension of Occlusion (VDO)**:
   - Restoring or adjusting the VDO may be required to improve function and aesthetics.
   - If the VDO has collapsed, it could exacerbate the resorption due to improper occlusal load distribution.
2. **Tissue Conditioning**:
   - After fabricating the new prosthesis or performing surgery, a **tissue conditioning** phase may be required to allow the tissues to adapt to the new denture.

6. Prognosis:

- **Without Implants**: The prognosis for a conventional lower denture on a severely resorbed ridge is guarded. Even with careful fabrication and occlusal balancing, long-term success may be limited due to ongoing resorption and discomfort.
- **With Implant Overdenture**: The prognosis is much better, with improved retention, function, and quality of life. Implant-supported overdentures are the gold standard for patients with severely resorbed ridges.
- **Follow-Up**: Regular follow-up appointments are necessary to monitor tissue health, denture fit, and patient comfort. Over time, the lower ridge may continue to resorb if implants are not placed.

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

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

CASE DISCUSSIONB–ATTENDANCE

TOPIC: MANAGEMENT OF COMBINATION SYNDROME CASE

SL NO	STUDENT NAME	SIGNATURE
1.	WAFRA ISMAIL	
2.	ZUHARA	Zuhra
3.	AKHILA	Akhila
4.	ANILA	Anila
5.	GOPIKA	Gopika
6.	HEBA	Heba
7.	REMYA	Remya

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

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

CASE DISCUSSION -2

MANAGEMENT OF COMBINATION SYNDROME

1. Patient History and Presentation:

- **Chief Complaint:**
  The patient, a 50-year-old female, presents with difficulty wearing her upper denture and complains of loose-fitting dentures, discomfort while chewing, and poor esthetics due to a sunken appearance in her upper lip. She also notices that her lower teeth are becoming "longer" and more prominent.
- **Medical History:**
  The patient has no significant systemic conditions but should be evaluated for any potential risk factors (e.g., osteoporosis, smoking) that could impact bone health.
- **Dental History:**
  - The patient has been edentulous in the maxilla for 5 years.
    She has had several maxillary complete dentures fabricated over the years, but none provided satisfactory retention or stability.
  - In the mandible, she has retained her natural **anterior teeth** (canines to canines), while the posterior teeth have been missing for 10 years.

2. Clinical Examination:

- **Intraoral Examination:**
  - **Maxillary Arch:**
    The patient has a maxillary complete denture that fits poorly. There is significant resorption of the anterior maxillary ridge, and the posterior region shows enlarged maxillary tuberosities.
    - **Palatal tissue:** Papillary hyperplasia in the palatal region is noted.
  - **Mandibular Arch:**
    The patient has retained mandibular anterior teeth, which appear to be supra-erupted due to the lack of posterior support.
    - **Posterior Mandibular Ridge:** Severe resorption is noted in the posterior mandibular areas due to prolonged absence of teeth and denture support.
- **Extraoral Examination:**
  - **Facial Esthetics:**
    There is a noticeable loss of facial support in the upper lip, contributing to a collapsed, sunken appearance. The lower third of the face appears overclosed, likely due to a decreased vertical dimension of occlusion (VDO).
- **Occlusal Examination:**
  - There is a lack of posterior occlusal support, leading to an excessive functional load on the anterior teeth.

Dr. MANOJ
Principal,
KMCT Dental College
Manassery, Mukkam

- The existing maxillary denture lacks adequate posterior contact, contributing to instability.

3. Radiographic Evaluation:

- **Panoramic X-ray** or **CBCT Scan**:
  - Severe maxillary anterior ridge resorption is evident, along with overgrown maxillary tuberosities.
  - Mandibular anterior teeth show signs of moderate bone loss around them, but no periapical pathologies.
  - The posterior mandible shows significant ridge atrophy, especially in the molar region.

4. Diagnosis:

The patient is diagnosed with **Combination Syndrome**, characterized by:

- Severe maxillary anterior ridge resorption.
- Maxillary tuberosity enlargement.
- Supra-eruption of mandibular anterior teeth.
- Posterior mandibular ridge resorption.
- Papillary hyperplasia.

5. Treatment Plan:

A. Conventional Denture Management:

1. **Maxillary Complete Denture:**
   - Fabricate a new upper denture with a focus on improving retention and stability.
     - **Impression Technique**: Use a **selective pressure impression** technique to minimize pressure on the anterior maxillary ridge and maximize support from the palatal region and posterior ridge.
     - **Posterior Support**: Adjust the denture design to compensate for the enlarged tuberosities, or consider surgical reduction of the tuberosities to allow for better denture fit and increased inter-arch space.
     - **Balanced Occlusion**: Establish a balanced occlusal scheme to distribute forces evenly across the maxilla and mandible, avoiding excessive pressure on the anterior ridge.
2. **Mandibular Partial Denture:**
   - Design a **removable partial denture (RPD)** to replace the missing posterior teeth and provide occlusal support, preventing further supra-eruption of the mandibular anterior teeth.
     - **Cast Metal Framework**: A cast metal framework would provide durability and a better fit.
     - **Occlusal Rest Seats**: Place rest seats on the mandibular anterior teeth to prevent over-eruption and improve vertical support.
3. **Vertical Dimension of Occlusion (VDO):**

Dr. MAN[illegible] K.R.
Principal
KMCT Dental College

- Reestablish the correct VDO by adjusting the occlusal height in both arches. This will also improve facial esthetics and restore the patient's lower third of the face.

B. Implant-Supported Solutions (Preferred for Long-Term Success):

1. **Maxillary Implants (Overdenture or Fixed Prosthesis):**
    - Given the significant anterior maxillary ridge resorption, **implant placement in the anterior maxilla** can be considered to support an overdenture or fixed prosthesis.
    - Options include:
        - **Implant-Supported Overdenture**: Place two to four implants in the premaxillary region and use Locator or bar attachments for denture retention.
        - **Fixed Prosthesis**: If the patient prefers a non-removable solution, placing 4-6 implants to support a fixed full-arch prosthesis may be considered. This will provide stability and prevent further anterior ridge resorption.
2. **Mandibular Implants (Overdenture or RPD):**
    - **Implants in the posterior mandible** can be placed to support a mandibular overdenture or to improve support for a partial denture.
    - The implants would provide posterior occlusal support and help prevent further resorption of the posterior mandibular ridge.

C. Surgical Considerations:

1. **Maxillary Tuberosity Reduction:**
    - If the maxillary tuberosities are significantly enlarged, **surgical reduction** may be necessary to create more space for the posterior aspect of the maxillary denture and improve the occlusal relationship with the mandible.
2. **Ridge Augmentation (If Necessary):**
    - In cases of extreme anterior ridge resorption, ridge augmentation procedures may be necessary to improve the foundation for a new denture or implants.

D. Tissue Conditioning and Soft Tissue Management:

1. **Tissue Conditioning:**
    - Before fabricating the definitive prosthesis, the patient may benefit from tissue conditioning to improve soft tissue health and reduce inflammation, particularly in the papillary hyperplasia areas of the maxilla.
2. **Papillary Hyperplasia Management:**
    - If papillary hyperplasia is severe, it may need to be surgically removed before fabricating the new denture to ensure a stable and healthy base for the prosthesis.

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College

6. Maintenance and Follow-Up:

- **Prosthetic Maintenance:**
  Regular follow-up visits are essential to check the fit of the dentures or implants and to monitor any further resorption.

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

DEPARTMENT OF PROSTHODONTICS

CASE SDISCUSSION -ATTENDANCE

TOPIC:

MANAGEMENT OF COMPLETELY EDENTULOUSE RIDGES WITH HEAVY BONY PROMINENCES

SL NO	STUDENT NAME	SIGNATURE
1.	AADRA	
2.	ABHIRAMI	
3.	AKSHAYA	Akshaya
4.	AMNA	
5.	AMRUTHA	
6.	ANJANA	
7.	ANUSHRI	

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

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

CASE DISCUSSION-3

MANAGEMENT OF HEAVY BONY PROMINENCE

. Patient History and Presentation:

- **Chief Complaint:**
  A male patient presents with discomfort while wearing his removable prosthesis. He reports a continuous sore spot on the denture-bearing area and finds that his denture has become increasingly uncomfortable over time. He mentions that the denture irritates certain parts of his mouth, especially around bony prominences.
- **Medical History:**
  - The patient has no significant systemic diseases. However, a detailed history is needed to rule out systemic conditions like osteoporosis or any medications (e.g., bisphosphonates) that may affect bone remodeling.
  - No history of trauma to the jaw, though the patient has been edentulous for 8 years.
- **Dental History:**
  - The patient has been wearing a maxillary complete denture for 5 years.
  - There has been frequent need for denture adjustments, particularly around the prominent bony areas.
  - The patient has experienced difficulty in adapting to his mandibular denture due to the discomfort from pressure points around these bony prominences.

2. Clinical Examination:

- **Intraoral Examination:**
  - **Maxillary Arch:**
    The maxillary ridge shows moderate bone resorption, with notable **bony prominences** in the premolar and molar regions. These prominences cause the denture to press on these areas, leading to tissue irritation and ulceration.
    - **Soft Tissue:** The mucosa overlying the bony prominences is thin and appears inflamed due to irritation from the denture.
  - **Mandibular Arch:**
    Similar bony prominences are noted on the mandibular ridge, especially in the buccal shelf area and the mylohyoid ridge. These bony outgrowths interfere with the patient's ability to wear his lower denture comfortably.

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

- **Palpation:**
  Palpation of the affected areas reveals tenderness and pain over the bony prominences. There is no soft tissue swelling, but the bone feels irregular and prominent.

3. Radiographic Evaluation:

- **Prosthetic Maintenance:**
  Regular follow-up visits are essential to check the fit of the dentures or implants and to monitor any further resorption.
- **Implant Follow-Up:**
  For implant-supported prostheses, patients should have routine implant check-ups, including radiographic evaluation and oral hygiene instructions.
- **Oral Hygiene Reinforcement:**
  Ensure the patient maintains excellent oral hygiene around the remaining natural teeth and implants to prevent complications like caries or peri-implantitis.

Prognosis:

- **Without Implants:**
  If the patient opts for conventional dentures, the prognosis will depend on the stability and retention achieved, but ongoing resorption and discomfort are likely.
- **With Implants:**
  Implant-supported prostheses (whether overdentures or fixed) offer a better long-term prognosis with enhanced stability, function, and patient satisfaction, while minimizing further ridge resorption.

Dr. MANOJ KUMAR K.B
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

ATTENDANE-CASE DISCUSSION

TOPIC:

MANAGEMENT OF SEVERELY RESORBED RIDGES

SL NO	STUDENT NAME	SIGNATURE
1.	MOHAMMED ANFAD	
2.	NAYANA MC	
3.	REETHU M	Reethu
4.	SHAFLI SUMI	
5.	SHAMSATH	
6.	SREE GANESH	Ganesh
7.	UMMU HANI	

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

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

-CASE DISCUSSION

SL NO	TOPIC	DATE
1.	MANAGEMENT OF COMPLETELY EDENTULOUSE RIDGES WITH HEAVY BONY PROMINENCES	14/11/2023
2.	MANAGEMENT OF COMBINATION SYNDROME	16/11/2023
3.	MANAGEMENT OF HEAVY BONY PROMINENCE	06/09/2023

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PERIODONTOLOGY

PROBLEM SOLVING METHODOLOGIES

Dr. MANOJ KUMAR K P
Principal
KMCT Dental College

REPORT

Diagnosing and managing periodontal diseases requires the application of various problem-solving methodologies rules to arrive at a specific conclusion. Inductive reasoning is used to develop treatment plans based on individual patient needs and responses to therapy. In addition, it involves using the best available evidence-based practice in developing treatment plans based on the latest research and clinical trials.

Problem solving methodologies are essential in periodontology allowing clinicians to diagnose and manage complex cases, develop effective treatment plans and provide high quality patient care.

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

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

DEPARTMENT OF
ORAL & MAXILLOFACIAL SURGERY

Incidental learning`

As medical personnel handle emergency circumstances, incidental teaching frequently does place. Medical trainees or colleagues gain important lessons about anatomy, decision-making, and clinical abilities under these high-stress situations, which helps them learn through practical experiences. As surgeons deal with the intricacies of injury patterns, anatomical subtleties, and surgical techniques, accidental learning takes place in the management of facial fractures. Their knowledge of facial features, treatment options, and how to make decisions while dealing with a variety of fracture presentations is frequently increased by this practical experience.Understanding the various facial fracture patterns (such as mandibular, orbital, nasal, etc.) and the anatomical components that go along with them is a component of incidental learning.

Surgeons often learn about various repair techniques, materials used in fixation, and the intricacies of soft tissue management during the process, which enhances their skills and expertise in managing such injuries. Additionally, they may gain insights into the importance of multidisciplinary collaboration due to the involvement of specialties like otolaryngology, ophthalmology, and plastic surgery in comprehensive facial fracture care

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

Discussion of case scenario by experts with students:

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

Students attending emergency OTs :

GPS Map Camera
Google
Manassery, Kerala, India
8xgc+f64, Manassery, Kerala 673572, India
Lat 11.326154° Long 75.970365°
21/11/24 11:27 AM GMT +05:30

GPS Map Camera
Google
Manassery, Kerala, India
8xgc+f64, Manassery, Kerala 673572, India
Lat 11.326154° Long 75.970365°
21/11/24 11:26 AM GMT +05:30

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

DEPARTMENT OF
ORAL & MAXILLOFACIAL SURGERY

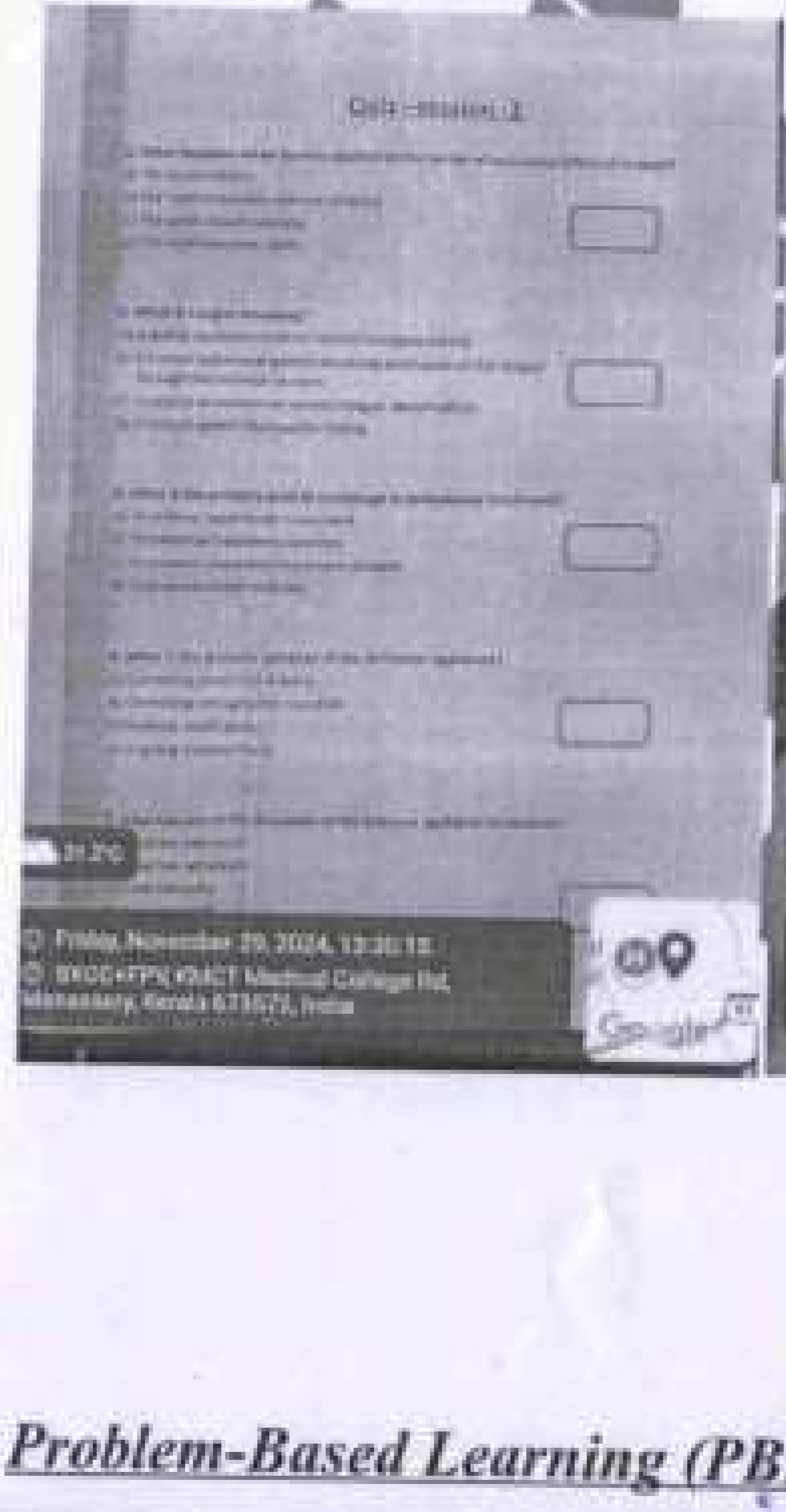
Dissertation

SL NO	YEAR OF STUDY	STUDY	STATUS
1	2021-2024	COMPARISON OF PHYSICS FORCEPS WITH CONVENTIONAL FORCEPS IN ORTHODONTIC EXTRACTIONS A RANDOMIZED CONTROL STUDY	COMPLETED
2	2021-2024	COMPARISON OF EXTRACTIONS USING PERIOTOME WITH CONVENTIONAL TECHNIQUE, A RANDOMIZED CONTROL TRIAL	COMPLETED
3	2021-2024	EVALUATION OF CHITOSAN IN HEALING OF EXTRACTION SOCKET,A SPLIT MOUTH STUDY	COMPLETED
4	2022-2025	COMPARISON OF N-BUTYL 2 CYANOACRYLATE TISSUE ADHESIVE AND NYLON SUTURES IN EXTRAORAL MAXILLOFACIAL LACERATIONS AND INCISIONS – A RANDOMISED CONTROLLED TRIAL (WAITING FOR APPROVAL)	ONGOING
5	2022-2025	EVALUATION OF MEMBRANE THICKNESS, MAXILLARY SINUS VOLUME DISTANCE BETWEEN MAXILLARY SINUS FLOOR AND OSTIUM AFTER LEFORT 1 OSTEOTOMY WITH SUPERIOR IMPACTION AN OBSERVATIONAL LONGITUDINAL STUDY (WAITING FOR APPROVAL)	ONGOING
6	2022-2025	COMPARITIVE EVALUATION OF BONE DENSITY, IMPLANT STABILITY, AND RIDGE DIMENSION FOLLOWING OSSEODENSIFICATION TECHNIQUE AND CONVENTIONAL OSTEOTOMY TECHNIQUE IN MAXILLARY ARCH- A RANDOMISED CONTROLLED TRIAL. (WAITING FOR APPROVAL)	ONGOING

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

7	2022-2023	A PROSPECTIVE SPLIT MOUTH STUDY TO ASSESS BONE REGENERATION POTENTIAL OF SIMVASTATIN VS PLATELET RICH FIBRIN IN THIRD MOLAR SURGICAL SOCKET (WAITING FOR APPROVAL)	ONGOING
8	2022-2025	3D FINITE ELEMENTAL ANALYSIS OF DIFFERENT TECHNIQUES OF INTERNAL FIXATION IN MANDIBULAR PARASYMPHYSIS FRACTURE UNDER VARIABLE BITE FORCES: AN INVITRO STUDY (WAITING FOR APPROVAL)	ONGOING
9	2023-2026	EFFICIENCY OF LOW-LEVEL LASER THERAPY ON PAIN, TRISMUS,SWELLING AFTER SURGICAL REMOVAL OF IMPACTED THIRD MOLARS	ONGOING
10	2023-2026	EVALUATION OF THE ANTIBIOTIC SENSITIVITY AND RESISTANCE OF MICRO ORGANISMS IN ODONTOGENIC SPACE INFECTIONS-A HOSPITAL BASED CROSS SECTIONAL STUDY	ONGOING
11	2023-2026	EVALUATION OF MAXILLARY SINUS CHANGES PRE-OPERATIVELY AND POST OPERATIVELY IN ZYGOMATICO MAXILLARY COMPLEX FRACTURES, AN OBSERVATIONAL PROSPECTIVE STUDY	ONGOING
12	2023-2026	EVALUATION OF THE CLINICAL OUTCOMES OF INTRA ARTICULARPLATELET RICH FIBRIN INJECTION VERSUS OCCLUSAL SPLINT THERAPY FOR THE TREATMENT OF TEMPOROMANDIBULAR DISORDERS –A COMPARATIVE STUDY	ONGOING
13	2023-2026	CORRELATION OF IMPACTED MAXILLARY THIRD MOLARS IN TEMPOROMANDIBULAR DISORDERS-A LONGITUDINAL OBSERVATIONAL STUDY	ONGOING

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


Friday, November 29, 2024, 13:30:15
8XQC+FPV, KMCT Medical College Rd, Manassery, Kerala 673572, India
Google

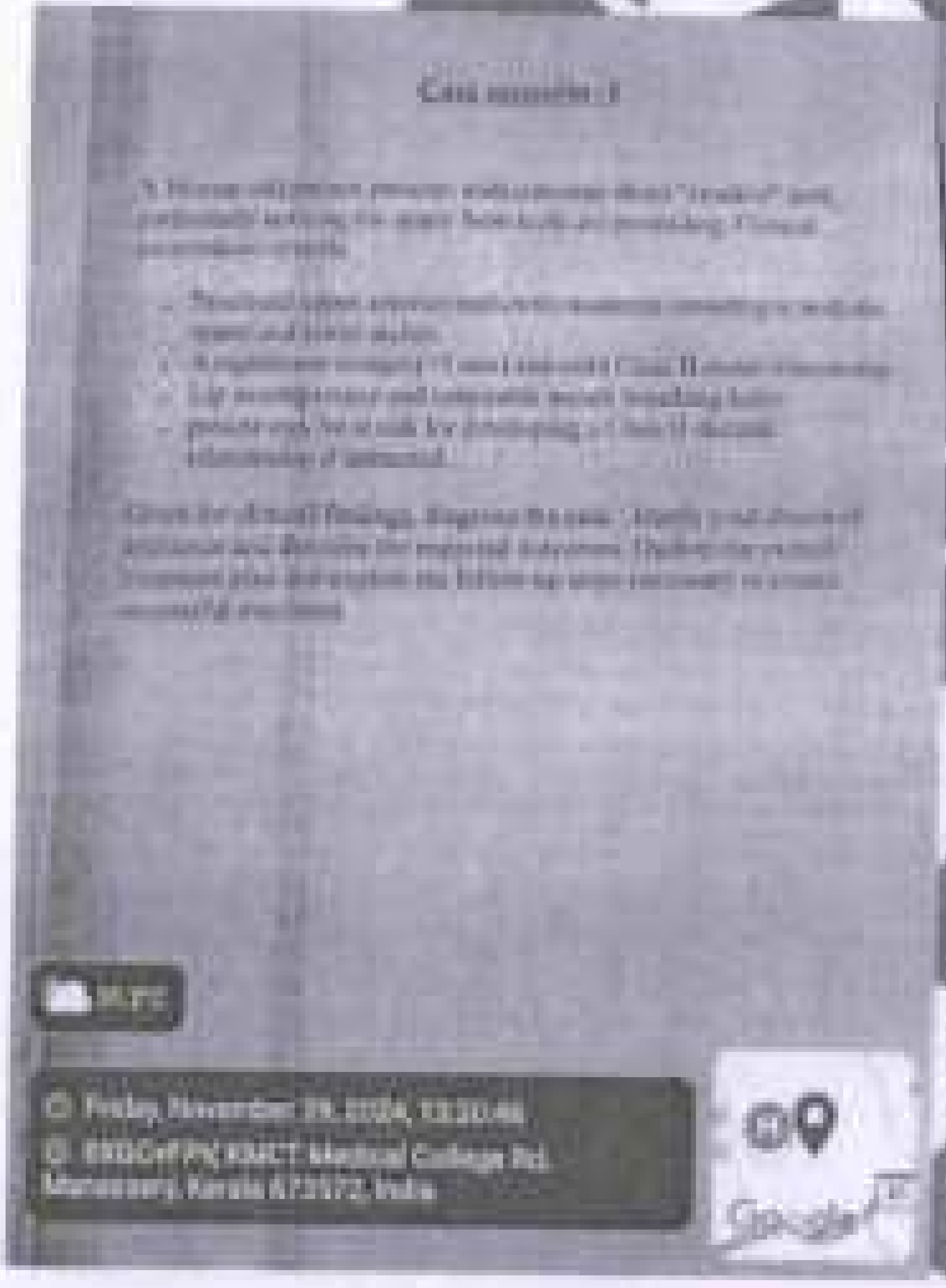
Friday, November 29, 2024, 13:31:37
8XQC+FPV, KMCT Medical College Rd, Manassery, Kerala 673572, India
Google

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

Problem-Based Learning (PBL)

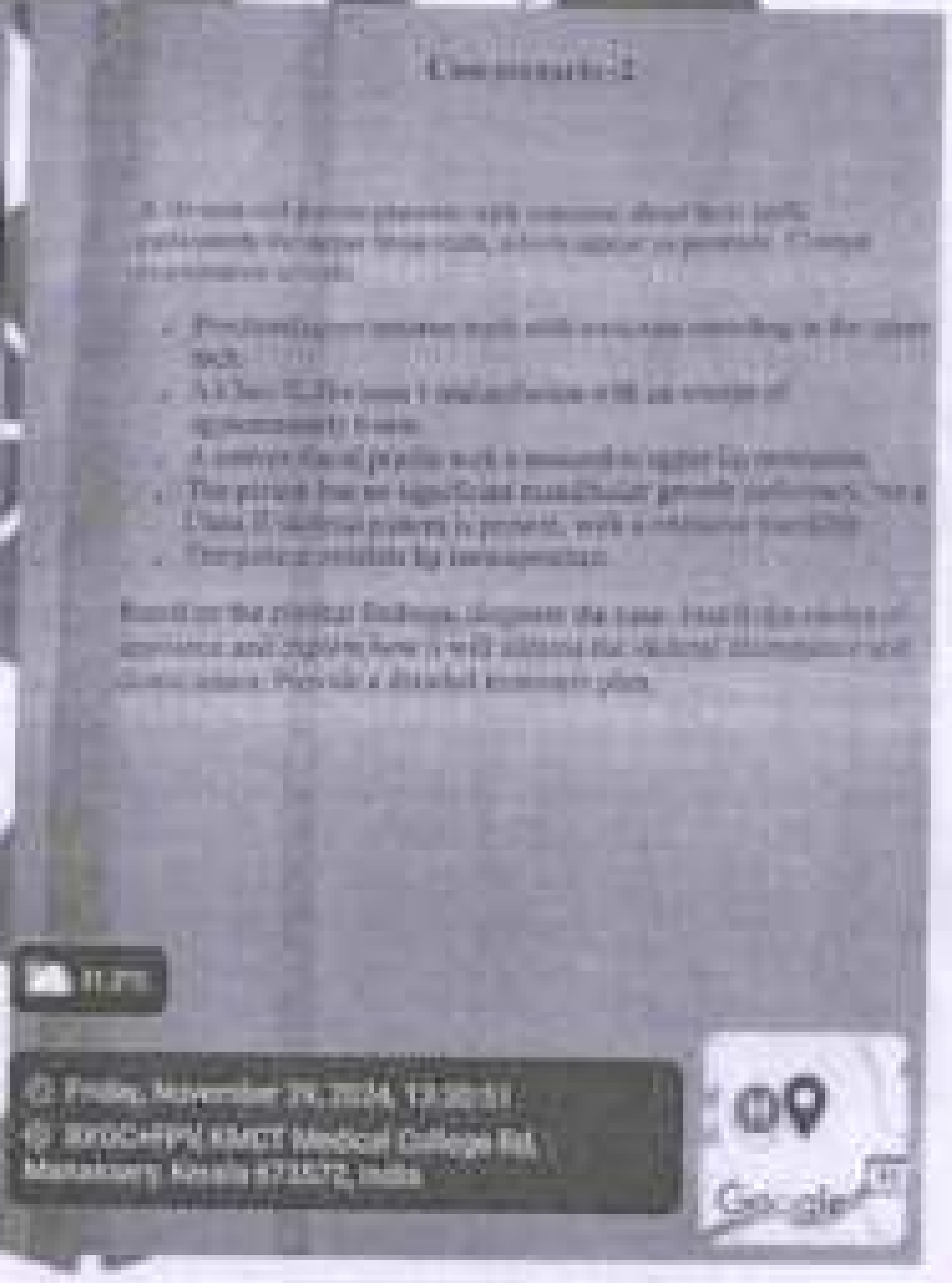
Problem-Based Learning (PBL) methods were implemented by introducing real-life case scenarios to engage students in critical thinking. Step-by-step guidance was provided to support problem-solving and decision-making, enhancing practical understanding and analytical skills.

Case scenarios



Case scenario-1

Friday, November 29, 2024, 13:20:46
8XGC+FPV, KMCT Medical College Rd, Manassery, Kerala 673572, India



Case scenario-2

Friday, November 29, 2024, 13:20:51
8XGC+FPV, KMCT Medical College Rd, Manassery, Kerala 673572, India

Self directed learning

Teaching among peers

The peer teaching method in the Department of Orthodontics effectively reinforced knowledge and encouraged collaboration. Students who taught their peers gained a deeper understanding of the material while developing key skills in communication, leadership, and

Dr. MANOJ KUMAR.K.P

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

CASE DISCUSSION

The diagnosis procedure, treatment options, possible hazards, patient counseling, and post-operative care are the main topics of the case discussion.This situation offers a foundation for scholarly discourse on diagnostic and follow-up procedures.This specific situation makes it impossible to have an in-depth scholarly conversation about many different facets and interdisciplinary cooperation.Our HOD discusses all of our big cases in oral and maxillofacial surgery

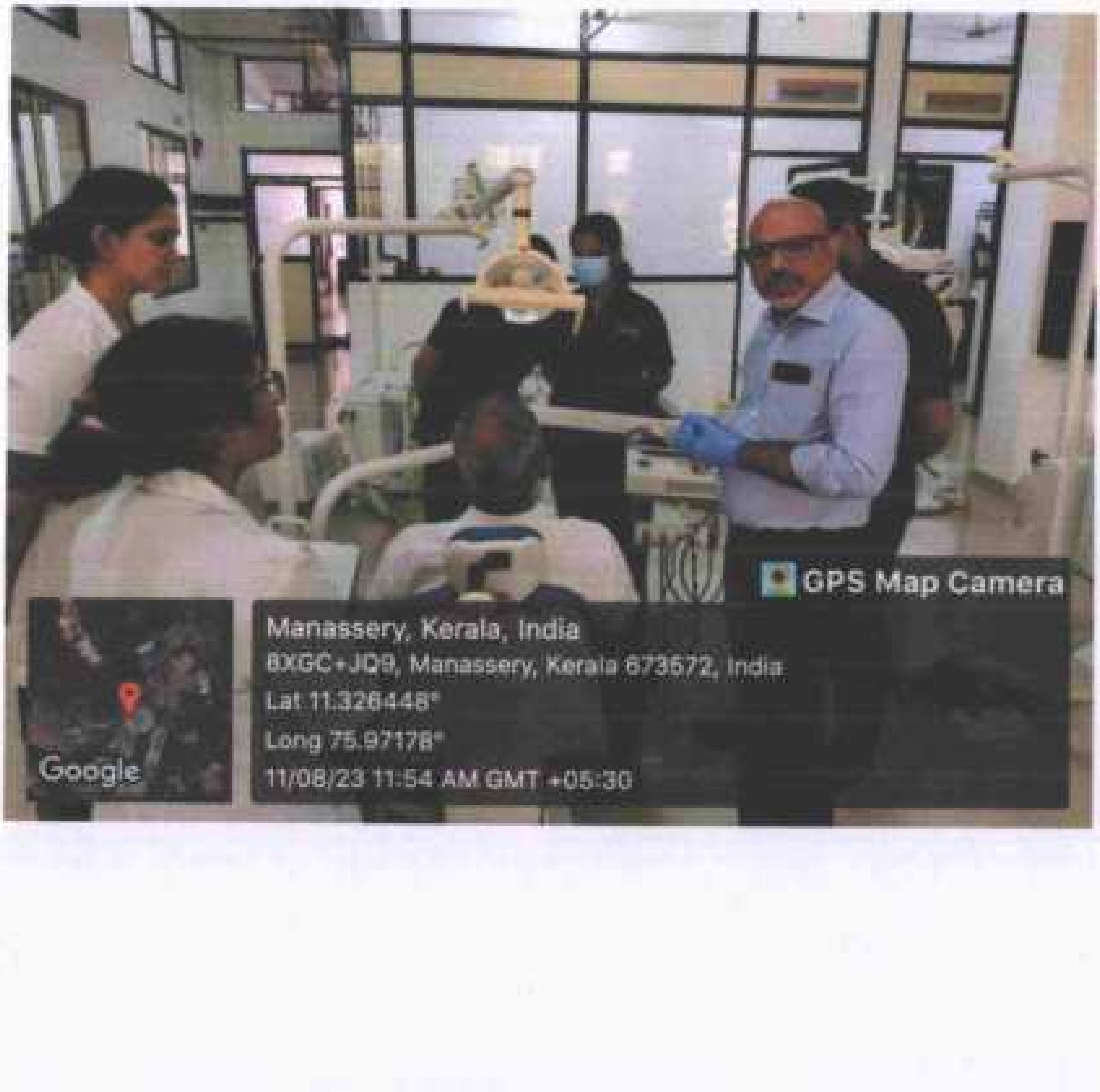
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

DR SALNABEEL
GPS Map Camera
Google
Manassery, Kerala, India
8XGC+FPV, KMCT Medical College Rd, Manassery, Kerala 673572, India
Lat 11.326419°
Long 75.971762°
11/08/23 11:53 AM GMT +05:30

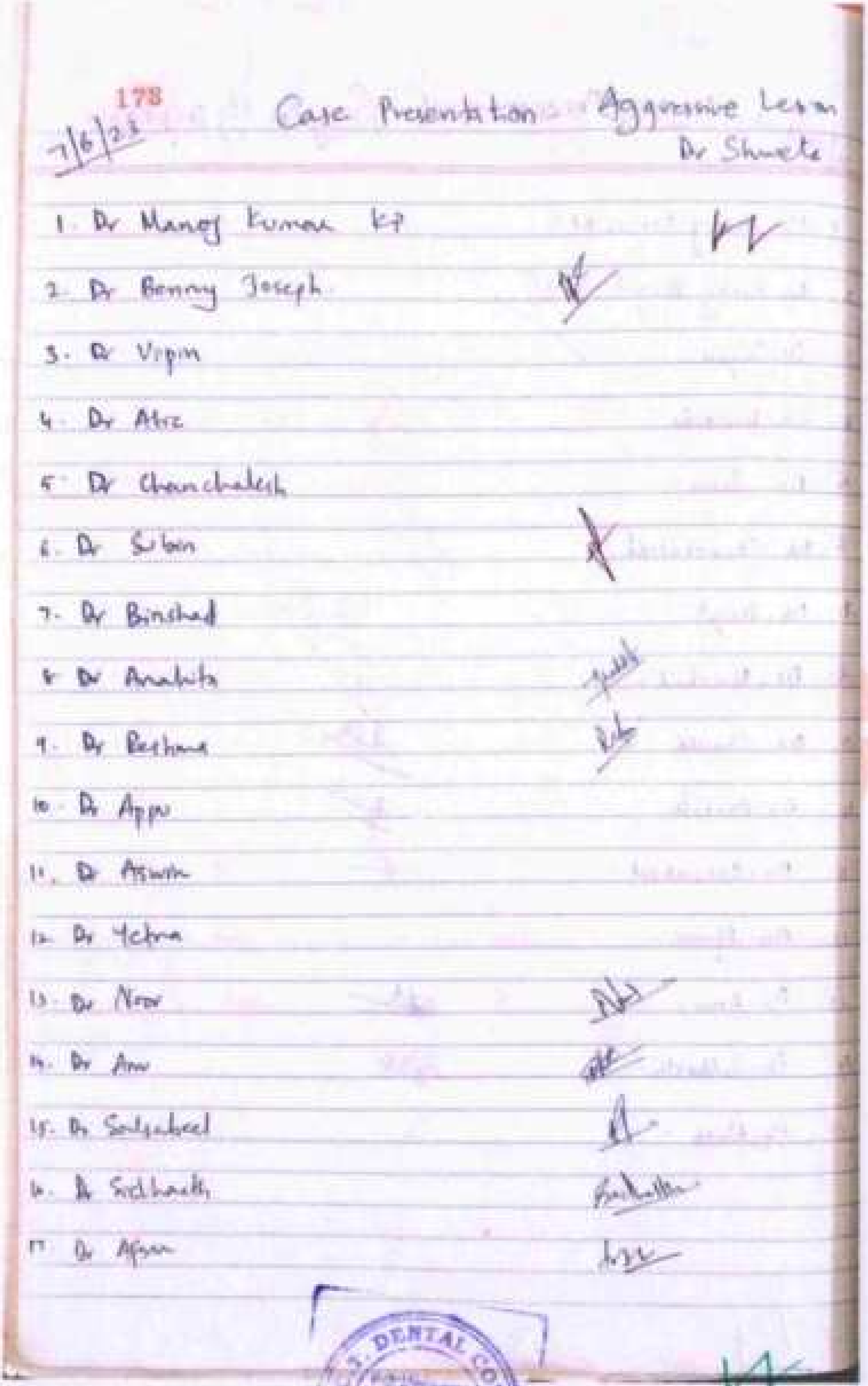
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

Manassery, Kerala, India
8XGC+FPV, KMCT Medical College Rd, Manassery, Kerala 673572, India
Lat 11.326429°
Long 75.97177°
11/08/23 11:53 AM GMT +05:30

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



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

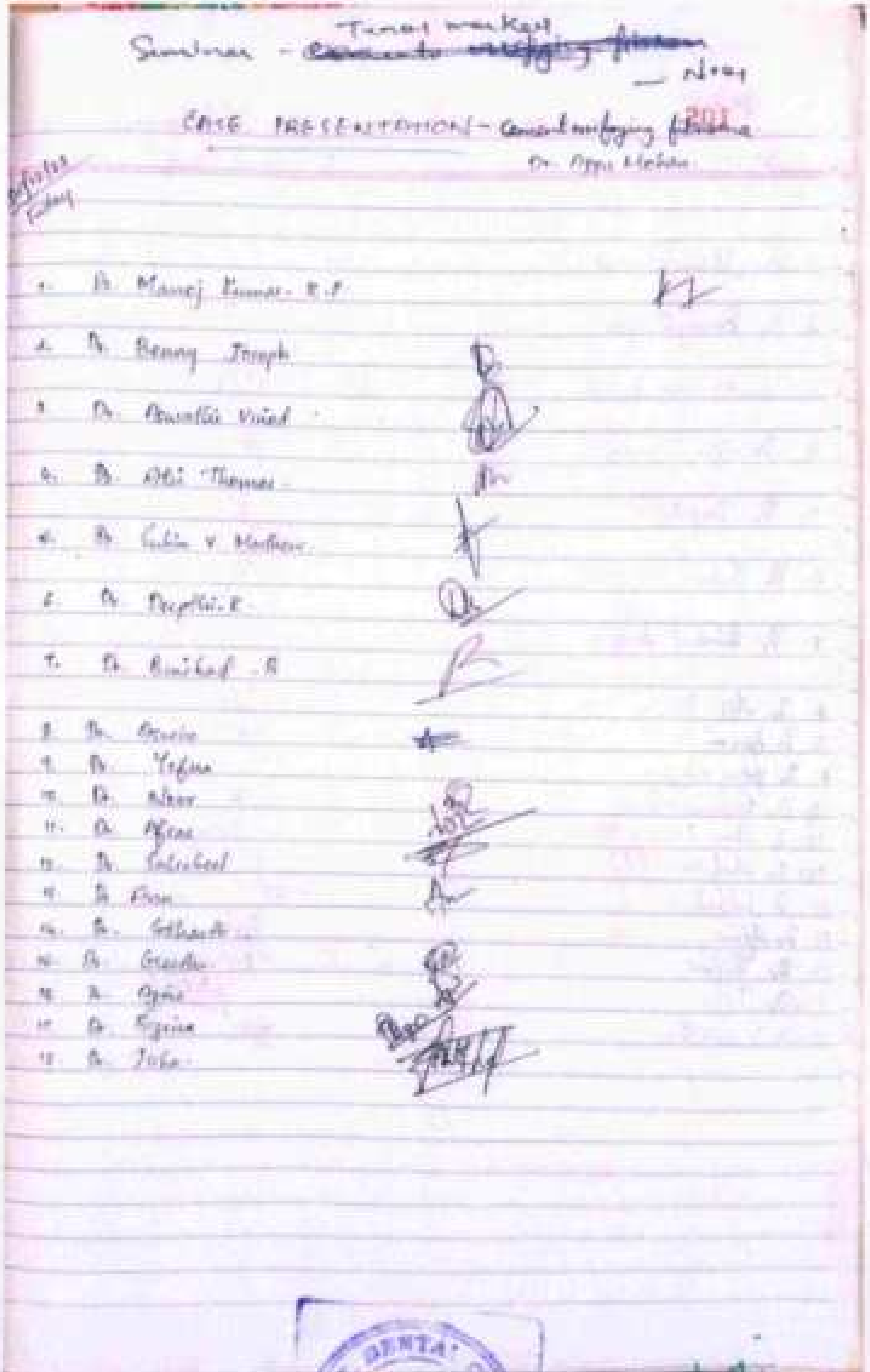


178

7/6/23 Case Presentation – Aggressive Lesion
Dr Shweta

1. Dr Manoj Kumar KP
2. Dr Benny Joseph
3. Dr Vipin
4. Dr Atre
5. Dr Chanchalesh
6. Dr Sibin
7. Dr Binshad
8. Dr Anahita
9. Dr Reshma
10. Dr Appu
11. Dr Aswin
12. Dr Yetra
13. Dr Noor
14. Dr Anu
15. Dr Salsabeel
16. Dr Sidharth
17. Dr Afsar

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



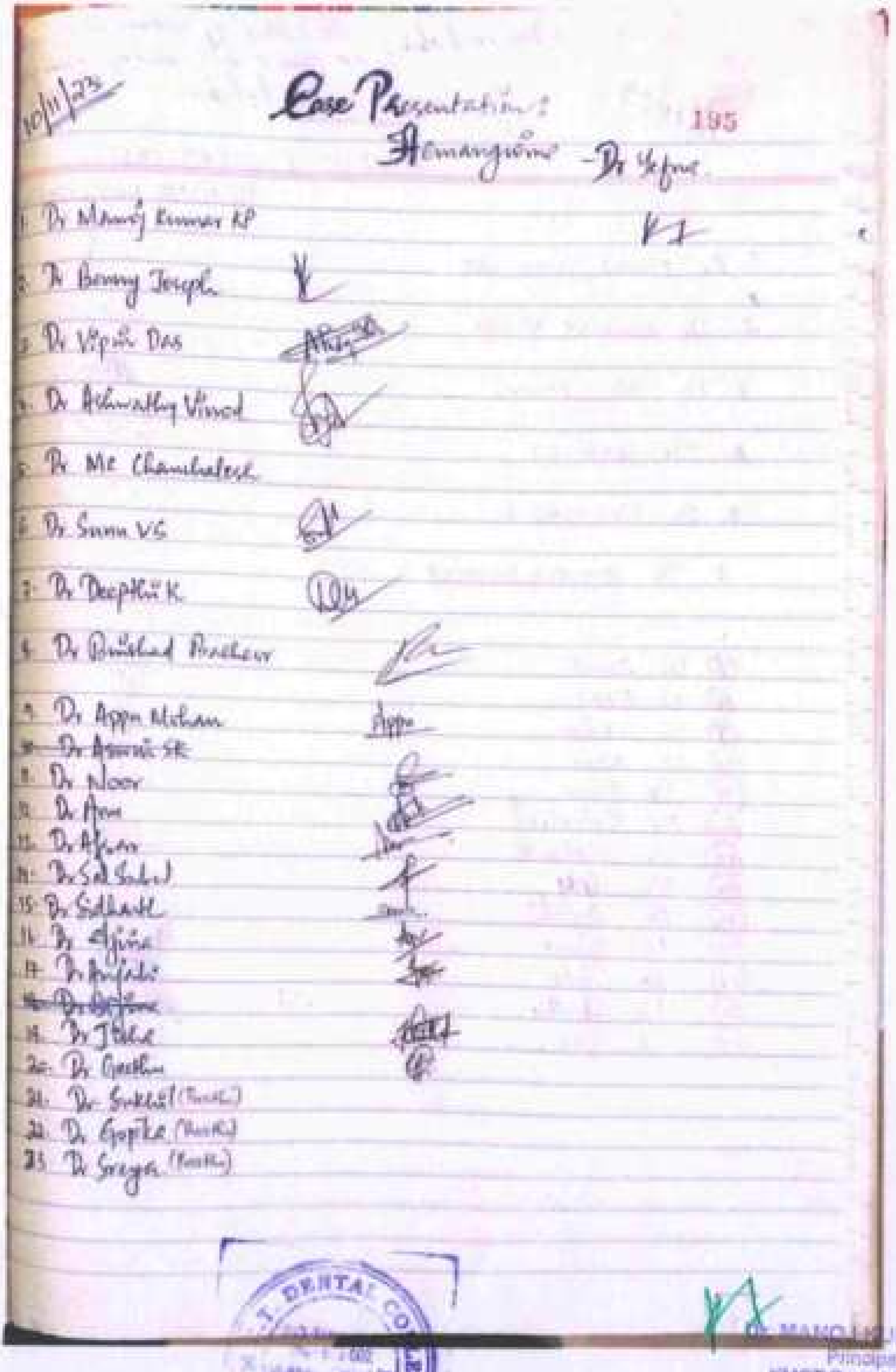
Seminar - Tumor markers ~~[illegible]~~ — Nithya

CASE PRESENTATION - [illegible] - Dr. Appu Mohan

8/12/23 Friday

1. Dr. Manoj Kumar K.P
2. Dr. Benny Joseph
3. Dr. Aswathi Vinod
4. Dr. Abi Thomas
5. Dr. Sibin V Mathew
6. Dr. Deepthi K
7. Dr. Rinshad R
8. Dr. Gracia
9. Dr. Yefina
10. Dr. Noor
11. Dr. Afeena
12. Dr. Sakeebud
13. Dr. Arun
14. Dr. Sitharath
15. Dr. Gracida
16. Dr. Agna
17. Dr. Sajna
18. Dr. Jishe

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



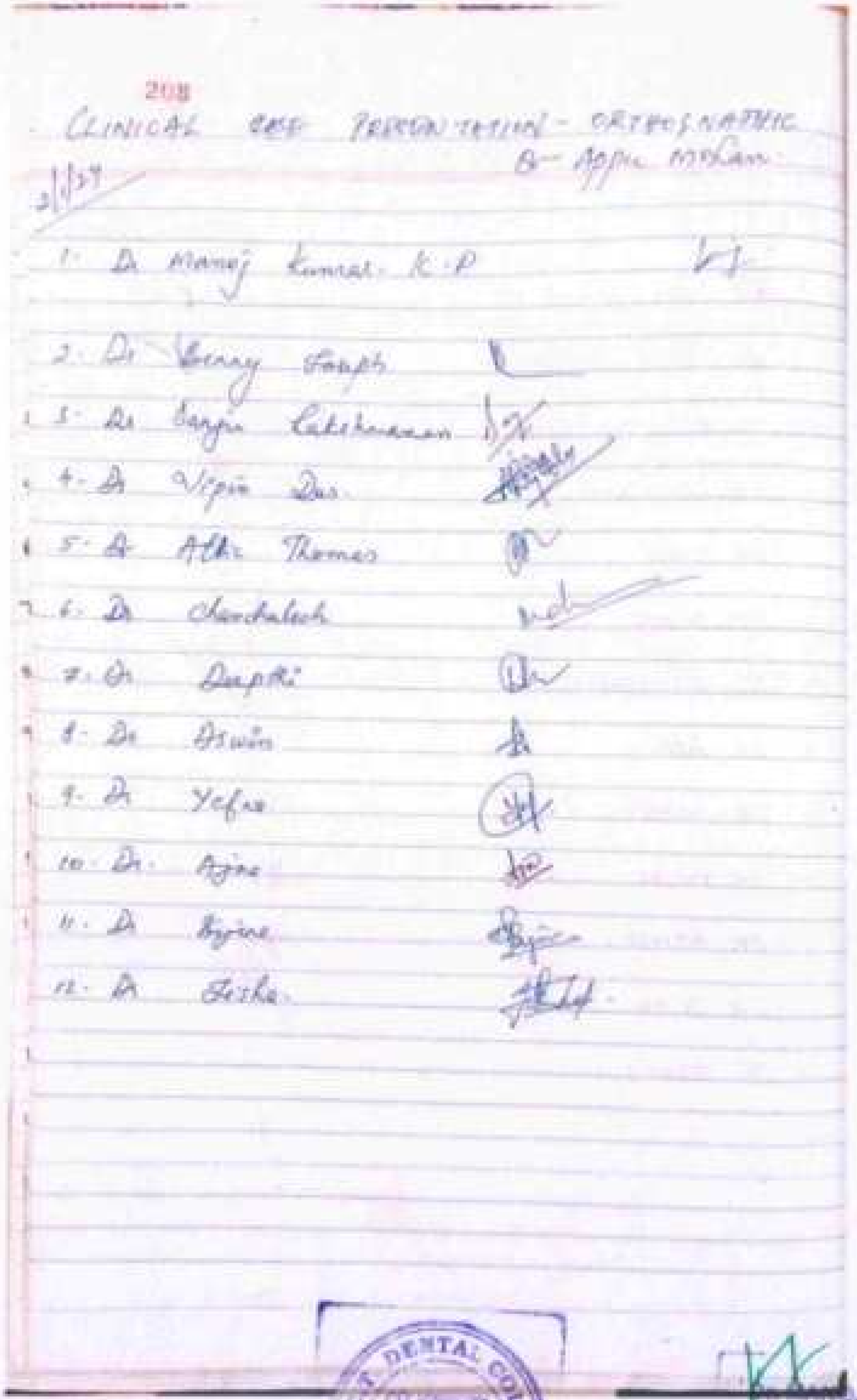
10/11/23

Case Presentation:
Hemangioma - Dr Safna

195

1. Dr Manoj Kumar KP
2. Dr Benny Joseph
3. Dr Vipin Das
4. Dr Ashwathy Vinod
5. Dr MC Chandrakesh
6. Dr Suma VS
7. Dr Deepthi K
8. Dr Rinshad Basheer
9. Dr Appu Mohan
10. ~~Dr Aswani SR~~
11. Dr Noor
12. Dr Ann
13. Dr Afnan
14. Dr Sal Sabeel
15. Dr Sidharth
16. Dr Ajina
17. Dr Anjali
18. ~~Dr [illegible]~~
19. Dr Jithin
20. Dr Geethu
21. Dr Sukhil ([illegible])
22. Dr Gopika ([illegible])
23. Dr Sreya ([illegible])

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



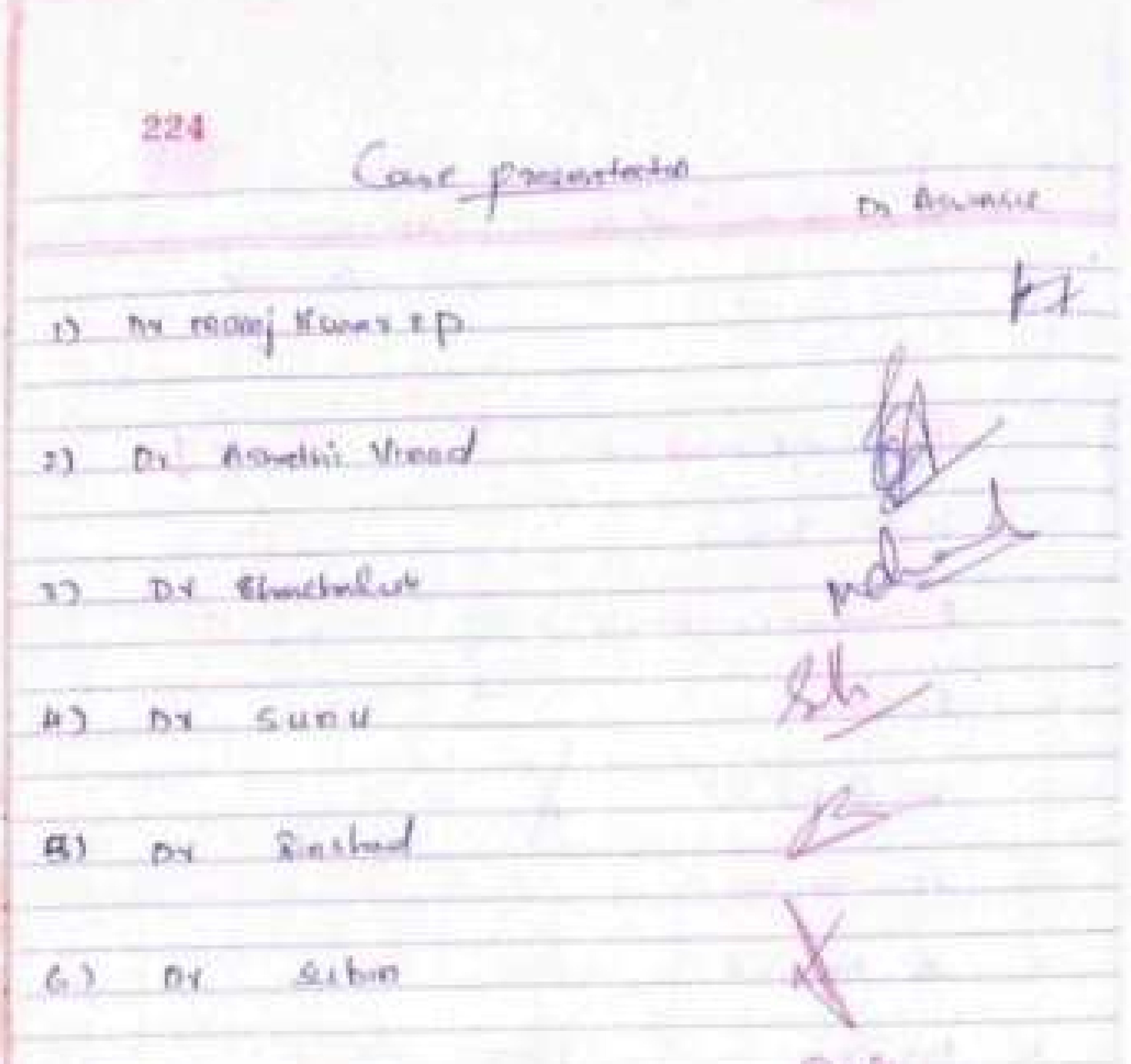
208

CLINICAL CASE PRESENTATION - ORTHOGNATHIC
Dr- Appu Mohan

2/1/24

1. Dr Manoj Kumar K.P
2. Dr Benny Joseph
3. Dr Sanju Lakshmanan
4. Dr Vipin Das
5. Dr Athi Thomas
6. Dr Chandralekh
7. Dr Deepthi
8. Dr Aswin
9. Dr Yefna
10. Dr. Ajna
11. Dr Anjana
12. Dr Sitha.

J KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam



224

Case presentation

Dr Aswathi

1) Dr Manoj Kumar K.P

2) Dr Aswathi Vinod

3) Dr [illegible]

4) Dr Sunu

5) Dr Rashad

6) Dr Sibin

7) Dr Deepthi

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

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

GROUP DISCUSSION SCHEDULE

SL NO	TOPIC	DATE
1.	VERTICAL JAW RELATION	20/12/2023
2.	HORIZONTAL JAW RELATION	11/12/2023
3.	RETENTION AND RESISTANCE IN CD	18/01/2024
4.	ANTERIOR TEETH SELECTION	2/05/2024

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

GROUP DISCUSSION -1

TOPIC: VERTICAL JAW RELATION

1. Introduction

- Definition of vertical jaw relation (VJR): The relationship between the upper and lower jaws when the mouth is closed, specifically regarding vertical height.
- Importance of VJR in dentistry: Affects occlusion, aesthetics, and function.

2. Types of Vertical Jaw Relations

- **Centric Occlusion (CO)**: The occlusion of opposing teeth when the jaw is in a fully closed position.
- **Rest Vertical Dimension (RVD)**: The height of the face when the mandible is at rest, not in occlusion.
- **Interocclusal Distance (IOD)**: The space between the occluding surfaces of the maxillary and mandibular teeth when the jaw is in the rest position.

3. Factors Affecting Vertical Jaw Relation

- **Anatomical Factors**: Shape and size of the jawbones, teeth alignment.
- **Functional Factors**: Muscular activity, habits (bruxism, chewing patterns).
- **Pathological Factors**: Tooth loss, dental prosthetics, temporomandibular joint disorders.

4. Clinical Assessment of VJR

- **Visual Examination**: Assessment of facial aesthetics, tooth display, and lip support.
- **Radiographic Evaluation**: Use of panoramic and cephalometric radiographs to analyze jaw relationships.
- **Functional Tests**: Checking jaw movements, including opening and closing, and assessing any discomfort.

5. Determining Optimal Vertical Jaw Relation

- Techniques for determining RVD:
  - Phonetics: Using speech sounds to guide placement.
  - Measurements: Using a rufer or caliper to measure the distance.
  - Esthetics: Considering facial proportions and aesthetics.

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

6. Importance of Maintaining Correct VJR

- **Functional Occlusion**: Prevents undue stress on the jaw joints and teeth.
- **Aesthetic Considerations**: Ensures a pleasing smile and facial proportions.
- **Long-term Oral Health**: Reduces the risk of periodontal disease and tooth wear.

7. Challenges in VJR Management

- Individual variations in anatomy and function.
- Difficulty in achieving a harmonious balance between aesthetics and function.
- The potential need for adjustments after initial prosthetic work.

8. Conclusion

- The significance of a thorough understanding of vertical jaw relation in dental practice.
- Emphasis on a multidisciplinary approach, incorporating dental, orthodontic, and surgical expertise to achieve optimal results for patients.

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

GROUP DISCUSSION -2

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

GROUP DISCUSSION –ATTENDANCE

SL NO	STUDENT NAME	SIGNATURE
1.	MOHAMMED ANFAD	
2.	NAYANA MC	
3.	REETHU M	
4.	SHAFLI SUMI	
5.	SHAMSATH	
6.	SREE GANESH	Ganesh
7.	UMMU HANI	

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

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

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

Report on the Clinical Club Meeting
Department of Prosthodontics

TOPIC: HORIZOTAL JAW RELATION

1. Introduction

- Definition of horizontal jaw relation (HJR): The positional relationship between the maxillary and mandibular arches in a horizontal plane, particularly during occlusion.
- Importance in dentistry: Influences occlusion, esthetics, and overall dental function.

2. Types of Horizontal Jaw Relations

- **Centric Occlusion (CO)**: The occlusion of opposing teeth when the jaws are in their most retruded position.
- **Maximum Intercuspation (MIC)**: The occlusal relationship achieved when the cusps interdigitate maximally.
- **Centric Relation (CR)**: The maxillomandibular relationship when the condyles are in their most superior position in the glenoid fossae, regardless of the occlusion.

3. Factors Influencing Horizontal Jaw Relation

- **Anatomical Factors**: Size and shape of the jaws, dental arch form, and tooth positioning.
- **Functional Factors**: Muscle function, habitual movements (e.g., chewing, speaking), and parafunctional habits (e.g., bruxism).
- **Pathological Factors**: Dental misalignments, trauma, and joint disorders that can alter the relationship.

4. Clinical Assessment of HJR

- **Visual Examination**: Observation of the occlusal plane and facial symmetry.
- **Radiographic Evaluation**: Utilizing panoramic and cephalometric radiographs to assess jaw positions and relationships.
- **Functional Assessments**: Observing movements of the mandible, such as lateral and protrusive excursions.

5. Determining Optimal Horizontal Jaw Relation

- Techniques for establishing CR and CO:
  - **Bimanual Manipulation**: Using both hands to guide the mandible into its maxillary position.
  - **Record Bases and Occlusal Rims**: Creating records to capture jaw relationships for prosthetic purposes.
  - **Facebow Transfer**: Using a facebow to relate the maxilla to the temporomandibular joint for accurate record-taking.

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

6. Importance of Proper Horizontal Jaw Relation

- **Functional Occlusion**: Ensures efficient chewing and speaking while reducing the risk of temporomandibular joint (TMJ) dysfunction.

- **Aesthetic Considerations**: Proper alignment of the dental arches contributes to a harmonious smile and facial balance.
- **Long-term Oral Health**: Aids in preventing uneven wear and stress on teeth and supporting structures.

7. Challenges in Managing HJR

- Variability in individual anatomical structures and occlusal patterns.
- Difficulty in achieving stable and reproducible relationships in certain cases (e.g., in the presence of extensive wear or missing teeth).
- Need for continuous adjustments in orthodontic and prosthetic treatments.

8. Conclusion

- Emphasizing the significance of a thorough understanding of horizontal jaw relations in clinical practice.
- Highlighting the need for a collaborative approach among dental professionals (dentists, orthodontists, oral surgeons) to achieve optimal outcomes for patients.

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

GROUP DISCUSSION-3

TOPIC:RETENTION AND RESISTANCE IN CD

KMCT
DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

GROUP DISCUSSION –ATTENDANCE

SL NO	STUDENT NAME	SIGNATURE
1.	WAFRA ISMAIL	
2.	ZUHARA	Zuhara
3.	AKHILA	Akhi
4.	ANILA	Anil
5.	GOPIKA	Gopika
6.	HEBA	Heba
7.	REMYA	Remya

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

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

1. Introduction

- Importance of anterior teeth in complete dentures: They play a crucial role in aesthetics, phonetics, and function.
- Objectives of selecting anterior teeth: To achieve a natural appearance, proper alignment, and functional occlusion.

2. Factors Influencing Anterior Teeth Selection

- **Aesthetic Factors**:
    - **Shade and Color**: Selection based on patient's complexion, age, and preferences. Consideration of translucency and opalescence for a natural look.
    - **Shape and Size**: Different shapes (e.g., square, oval, tapered) and sizes (width and length) should match the patient's facial features.
- **Functional Factors**:
    - **Occlusal Scheme**: The anterior teeth should support the chosen occlusal scheme (e.g., bilateral balanced occlusion, lingualized occlusion).
    - **Functional Requirements**: Anterior teeth must withstand forces during chewing and other functions.
- **Psychosocial Factors**:
    - **Patient Preferences**: Understanding the patient's expectations and lifestyle can guide selection.
    - **Cultural Considerations**: Variations in beauty standards and preferences in different cultures.

3. Clinical Assessment for Anterior Teeth Selection

- **Facial Aesthetics**:
    - Analyzing the patient's facial profile, including lip support and midline alignment.
    - Evaluating smile lines and the visibility of anterior teeth during speech and smiling.
- **Intraoral Examination**:
    - Assessing existing soft and hard tissue conditions, including ridge height and contour.
    - Identifying any pathological conditions affecting the selection process (e.g., periodontal issues).
- **Diagnostic Waxing**:
    - Using diagnostic wax setups to visualize anterior teeth placement and evaluate aesthetics before final selection.

4. Selection Criteria for Anterior Teeth

- **Material Choice**: Selecting between acrylic, porcelain, or composite materials based on aesthetics, wear resistance, and bonding capabilities.
- **Customizing Teeth**: Modifying premade teeth or using custom-molded teeth to achieve a better fit and aesthetic appeal.
- **Proportionality**: Ensuring that the width-to-length ratios of anterior teeth are proportional to the patient's face.

5. Aesthetic Considerations

- **Color Matching**: Using shade guides to select a tooth color that harmonizes with the patient's natural dentition (if remaining teeth are present) and surrounding tissues.
- **Surface Texture**: Choosing teeth with appropriate surface texture (glossy vs. matte) to mimic natural teeth.
- **Incisal Edge Contour**: Analyzing and replicating the natural contours of the incisal edges to enhance the overall appearance.

6. Functional Considerations

- **Incisal Plane Orientation**: Positioning the anterior teeth to achieve proper occlusion and functional efficiency.
- **Alignment with Occlusal Plane**: Ensuring that anterior teeth are aligned with the established occlusal plane to avoid unnecessary stress during function.

7. Challenges in Anterior Teeth Selection

- **Patient Expectations**: Balancing the patient's desires with clinical realities can sometimes lead to challenges.
- **Variability in Anatomical Structures**: Differences in ridge morphology and facial proportions can complicate selection.
- **Time Constraints**: Limited appointment times may impact thorough assessments and discussions with patients.

8. Conclusion

- Recap the significance of a comprehensive approach to anterior teeth selection, considering aesthetics, function, and individual patient needs.
- Encourage continuous collaboration between the dental team, including prosthodontists, technicians, and the patient, to achieve optimal outcomes.

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

. Introduction

- Definition of complete dentures: Prosthetic devices designed to replace all missing teeth in a dental arch.
- Importance of retention and resistance: Essential for the stability and functionality of complete dentures.

2. Definitions

- **Retention**: The ability of a complete denture to stay in place during functional and non-functional movements. It prevents dislodgment.
- **Resistance**: The ability of a denture to resist displacement forces, particularly in horizontal or rotational movements.

3. Factors Influencing Retention and Resistance

- **Anatomical Factors**:
  - Shape and size of the alveolar ridges.
  - Palate contour (for maxillary dentures).
  - Presence of frenulum and other soft tissue structures.
- **Physical Factors**:
  - **Suction**: Atmospheric pressure and saliva create a negative pressure that aids retention.
  - **Adhesion and Cohesion**: The properties of saliva that help in creating a seal between the denture and the oral tissues.
- **Material Factors**:
  - Quality and properties of the denture base material (e.g., acrylic resin vs. other materials).
  - The smoothness of the denture surface.
- **Patient Factors**:
  - Patient's oral hygiene.
  - Musculature and oral habits (e.g., tongue posture, lip closure).

4. Techniques to Enhance Retention

- **Denture Design**:
  - Using a well-fitting border extension to maximize the surface area in contact with the oral tissues.
  - Incorporating a proper palatal form for maxillary dentures.
- **Use of Adhesives**: Employing dental adhesives to improve retention in patients with compromised anatomy or reduced salivary flow.
- **Implant-Supported Dentures**: Utilizing dental implants to enhance retention and stability for complete dentures.

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College

5. Techniques to Enhance Resistance

- **Proper Denture Base Design**: Ensuring that the denture base has a broad area of coverage to distribute forces evenly.
- **Adjusting Occlusion**: Ensuring that occlusal relationships are balanced to reduce tipping or dislodging forces during function.

- **Soft Tissue Considerations**: Taking into account the contour and health of the supporting soft tissues to improve resistance.

6. Challenges in Achieving Retention and Resistance

- **Atrophic Ridge**: Loss of alveolar bone can significantly reduce the area available for denture support.
- **Dry Mouth (Xerostomia)**: Can impair the cohesive and adhesive properties of saliva.
- **Patient Compliance**: Patients' adherence to oral hygiene practices and follow-up appointments can affect the longevity and stability of dentures.

7. Clinical Assessment and Adjustment

- **Initial Fitting**: Careful evaluation of fit and comfort during the initial fitting of the dentures.
- **Regular Follow-ups**: Monitoring for changes in ridge anatomy and adjusting the dentures as needed.
- **Patient Education**: Teaching patients about proper care and maintenance of their dentures to ensure optimal retention and resistance.

8. Conclusion

- Recap the significance of understanding and optimizing retention and resistance in complete dentures for enhancing patient satisfaction and functional outcomes.
- Encourage collaborative efforts among dental professionals to address challenges and improve denture design and patient care strategies.

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

GROUP DISCUSSION-4

TOPIC: ANTERIOR TEETH SELECTION

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

GROUP DISCUSSION –ATTENDANCE

SL NO	STUDENT NAME	SIGNATURE
1.	AADRA	
2.	ABHIRAMI	
3.	AKSHAYA	Akshaya
4.	AMNA	
5.	AMRUTHA	Amrutha
6.	ANJANA	
7.	ANUSHRI	

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

GROUP DISCUSSION-POST GRADUATES

SL NO	DISCUSSION TOPIC	DATE
1.	FULL MOUTH REHABILITATION	14/12/2023
2.	OBTURATOR	22/02/2024
3.	FULL MOUTH IMPLANT PROSTHESIS	10/04/2024

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

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

KMCT
DENTAL COLLEGE

GROUP DISCUSSION-POST GRADUATES ATTENDANCE

SL NO	STUDENT NAME	SIGNATURE
1.	DR CHANDANA	
2.	DR JINSHA	
3.	DR SUKHIL	
4.	DR SREYA	
5.	DR GOPIKA	

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

KMCT
DENTAL COLLEGE

GROUP DISCUSSION :1

14/12/2023

FULL MOUTH REHABILITATION

1. Introduction

The group discussion on Full Mouth Rehabilitation (FMR) was organized to explore the comprehensive treatment of patients with extensive dental needs. The discussion focused on key aspects like treatment planning, material selection, occlusal considerations, and patient management in FMR cases.

2. Key Points Discussed

1. **Definition and Importance of Full Mouth Rehabilitation**
    - The session began with a discussion on the definition of FMR as a holistic approach to restoring the function, esthetics, and health of a patient's oral cavity. Participants agreed that this procedure is typically indicated for patients with severe dental wear, missing teeth, or occlusal dysfunction.
2. **Treatment Planning**:
    - **[Name of Participant]** emphasized the importance of a thorough diagnosis before initiating FMR. Participants discussed the significance of a complete oral examination, including clinical and radiographic evaluations, TMJ assessment, and occlusal analysis.
    - The role of an interdisciplinary approach was also highlighted, especially when collaborating with periodontists, endodontists, and orthodontists to ensure comprehensive care.
3. **Occlusal Considerations in FMR**:
    - Occlusal management was one of the major topics, with explaining different occlusal schemes like balanced occlusion and canine-guided occlusion. The discussion extended to methods for ensuring stable and functional occlusion post-rehabilitation, including centric relation records and functional impressions.
4. **Material Selection for Prosthetic Restorations**:
    - The group debated various materials used for FMR, such as porcelain-fused-to-metal (PFM), zirconia, and lithium disilicate. shared insights on the longevity and esthetic outcomes of these materials, and how to select the right material based on patient factors such as occlusal load and esthetic needs.
    - The use of CAD/CAM technology and its advantages in ensuring precision and time efficiency in FMR cases was also a key part of the conversation.
5. **Managing Vertical Dimension**:
    - **[Participant Name]** raised the issue of altering the vertical dimension of occlusion (VDO), which is a common challenge in FMR cases. The group explored the criteria for determining when and how much VDO to increase, with considerations for the patient's facial esthetics, speech, and functional adaptation.
6. **Case Presentation and Discussion**:

- A clinical case of full mouth rehabilitation was presented explaining the sequencing, provisional restorations, and patient expectations were discussed. Complications faced during the treatment and how they were managed were analyzed, providing valuable learning points for the group.

7. **Psychological and Patient Management Aspects**:
   - Managing patient expectations and psychological readiness for full mouth rehabilitation was another area of focus. The group discussed strategies for communication, setting realistic goals, and ensuring patient compliance through follow-ups and maintenance protocols.

3. Conclusion

The discussion concluded with several key takeaways:

- Full Mouth Rehabilitation is a multidisciplinary process that requires precise diagnosis, occlusal planning, and material selection.
- Occlusal stability and functional rehabilitation are crucial in ensuring long-term success.
- Digital dentistry tools, such as CAD/CAM systems, enhance precision and reduce treatment time, making them an integral part of modern FMR practice.
- Patient management, including addressing psychological aspects, is critical to the overall success of the treatment.

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

Dr. [illegible] KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

GROUP DISCUSSION-POST GRADUATES ATTENDANCE

SL NO	STUDENT NAME	SIGNATURE
1.	DR CHANDANA	
2.	DR JINSHA	
3.	DR SUKHIL	
4.	DR SREYA	
5.	DR GOPIKA	

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

GROUP DISCUSSION :2

OBTURATOR

22/02/2024

1. Introduction

The group discussion was organized to explore the clinical use of **obturators** in prosthodontics, particularly focusing on patients with maxillofacial defects caused by trauma, surgery, or congenital conditions such as cleft palate. The discussion involved postgraduate students.

2. Key Points Discussed

1. **Definition and Purpose of Obturators**:
   - The discussion began with a review of the basic concept of obturators. Participants defined obturators as prosthetic devices designed to close defects in the maxilla, particularly after surgical resection, such as in cases of **maxillectomy**. These prostheses restore function by helping patients with speech, mastication, and improving esthetics.
2. **Classification of Obturators**:
   - **[Name of Participant]** introduced the classification of obturators, dividing them into **surgical, interim, and definitive obturators**:
     - **Surgical Obturators**: Used immediately after surgery to provide closure of the defect and support healing.
     - **Interim Obturators**: Utilized during the healing phase until definitive prosthesis can be fabricated.
     - **Definitive Obturators**: Long-term prostheses designed after healing is complete.
   - The importance of using each type at the correct stage of treatment was discussed in detail.
3. **Materials Used in Obturator Fabrication**:
   - The group discussed various materials used in making obturators, including **acrylic resin**, **silicone**, and **metal frameworks**. **[Participant's Name]** elaborated on the advantages and limitations of each material:
     - **Acrylic Resin**: Lightweight, easy to adjust, and cost-effective, but less durable.
     - **Silicone**: Highly biocompatible and provides a better seal, especially in cases of complex defects.
     - **Metal Frameworks**: Often incorporated into obturators for added strength and retention, especially in definitive obturators.
4. **Retention and Stability of Obturators**:
   - Retention strategies for obturators were explored, including the use of **clasps, precision attachments, and implants**. highlighted the difficulties in achieving good retention in patients with large defects. The role of implants in improving obturator retention, especially in extensive maxillary resections, was widely discussed.
5. **Maxillofacial Defects and Surgical Approaches**:

- Participants reviewed different maxillofacial defects that require obturator treatment, including **cleft palate, tumor resections**, and **trauma-induced defects**, presented a case involving a patient post-maxillectomy, where the obturator played a crucial role in restoring oral function and improving quality of life.

6. **Speech and Swallowing Rehabilitation**:
    - **[Participant's Name]** discussed the importance of obturators in improving speech intelligibility and swallowing. Patients with palatal defects often suffer from hypernasal speech, and obturators help redirect airflow, restoring proper phonetics. Speech therapy combined with obturator use was recommended for optimal outcomes.
7. **Challenges and Complications**:
    - Common challenges, including **patient compliance, tissue irritation,** and **difficulties in cleaning obturators**, were discussed. emphasized the need for careful prosthesis design and periodic adjustments to minimize discomfort and maximize function.
    - The importance of regular follow-ups to check for fit, tissue health, and oral hygiene was also highlighted.
8. **Future Directions and Technological Advances:**
    - The group explored the use of **digital techniques** such as CAD/CAM and 3D printing in obturator design and fabrication. These technologies offer increased precision, faster fabrication times, and customization based on individual patient anatomy.

3. Conclusion

The discussion concluded with the understanding that **obturators** play a vital role in the rehabilitation of patients with maxillofacial defects. They not only restore essential functions like speech and mastication but also significantly enhance a patient's psychological well-being and quality of life.

4. Recommendations and Action Items

- Encourage further training in digital techniques for obturator fabrication.
- Conduct workshops on the interdisciplinary approach to treating patients with maxillofacial defects, involving surgeons, prosthodontists, and speech therapists.
- Increase focus on case studies where implant-supported obturators have been successful, to better understand how to improve retention in complex cases.

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Manassery Mukkam

GROUP DISCUSSION:3

KMCT
DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

GROUP DISCUSSION-POST GRADUATES ATTENDANCE

SL NO	STUDENT NAME	SIGNATURE
1.	DR CHANDANA	
2.	DR JINSHA	
3.	DR SUKHIL	
4.	DR SREYA	
5.	DR GOPIKA	

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
[illegible] Mukkam

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.

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

SELF DIRECTED LEARNING

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

SELF-DIRECTED LEARNING

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

ASSIGNMETS FOR UNDERGRADUATE STUDENTS

Assigments on various topics are given to the undergraduate students on various topics. Students are asked to refer textbook and complete the assignment on or before the given date of submission. These assignments are then corrected by the faculties.

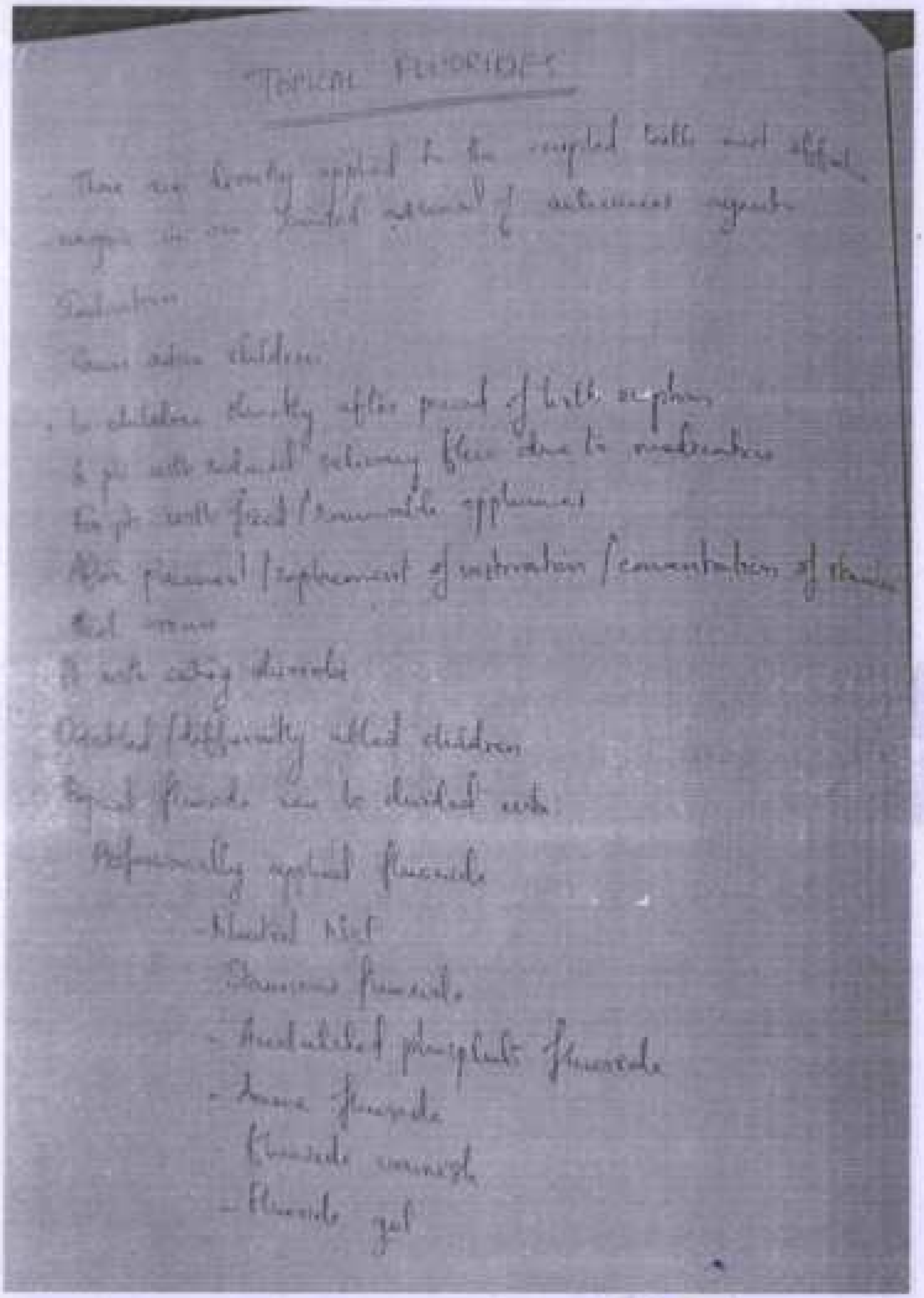
Assignments help students review and consolidate what they've learned in lectures and practical sessions. This reinforcement ensures better retention and understanding of concepts.

Objective of the Assignment

The primary objectives of this assignment were:

1. To enhance students' understanding of specific dental topics.
2. To encourage application of theoretical knowledge to clinical scenarios.
3. To improve academic writing and presentation skills.

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



TOPICAL FLUORIDES

These are directly applied to the erupted teeth and [illegible] [illegible] in an limited removal of [illegible] agents

Indications

Caries active children

In children directly after period of teeth eruption

In pts with reduced salivary flow due to medication

For pts with fixed / removable appliances

After placement / replacement of restoration / cementation of crowns

Root caries

Pt with eating disorder

Disabled / differently abled children

Topical fluoride can be divided into

Professionally applied fluoride

- Neutral NaF
- Stannous fluoride
- Acidulated phosphate fluoride
- Amine fluoride
- Fluoride varnish
- Fluoride gel

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

→ Self applied fluoride
- Tooth brushing dentifrices
- Tooth brushing solution
- Tooth brushing prophylaxis
- Mouth rinse

Sodium Fluoride

Knutson & Feldman (1948) recommended a technique for application of 2% NaF at weekly interval in ages at 3,7,11 & 13 yrs.

NaF has neutral pH 9200 ppm of F

Method of application Knutson technique

Method of action

20g of NaF powder in 1L of distilled water in a plastic bottle. It is essential to store fluoride in plastic bottle because if stored in glass containers the fluoridated ions react with silica of glass forming SiF thus reducing the availability of free active fluoride for anticaries action.

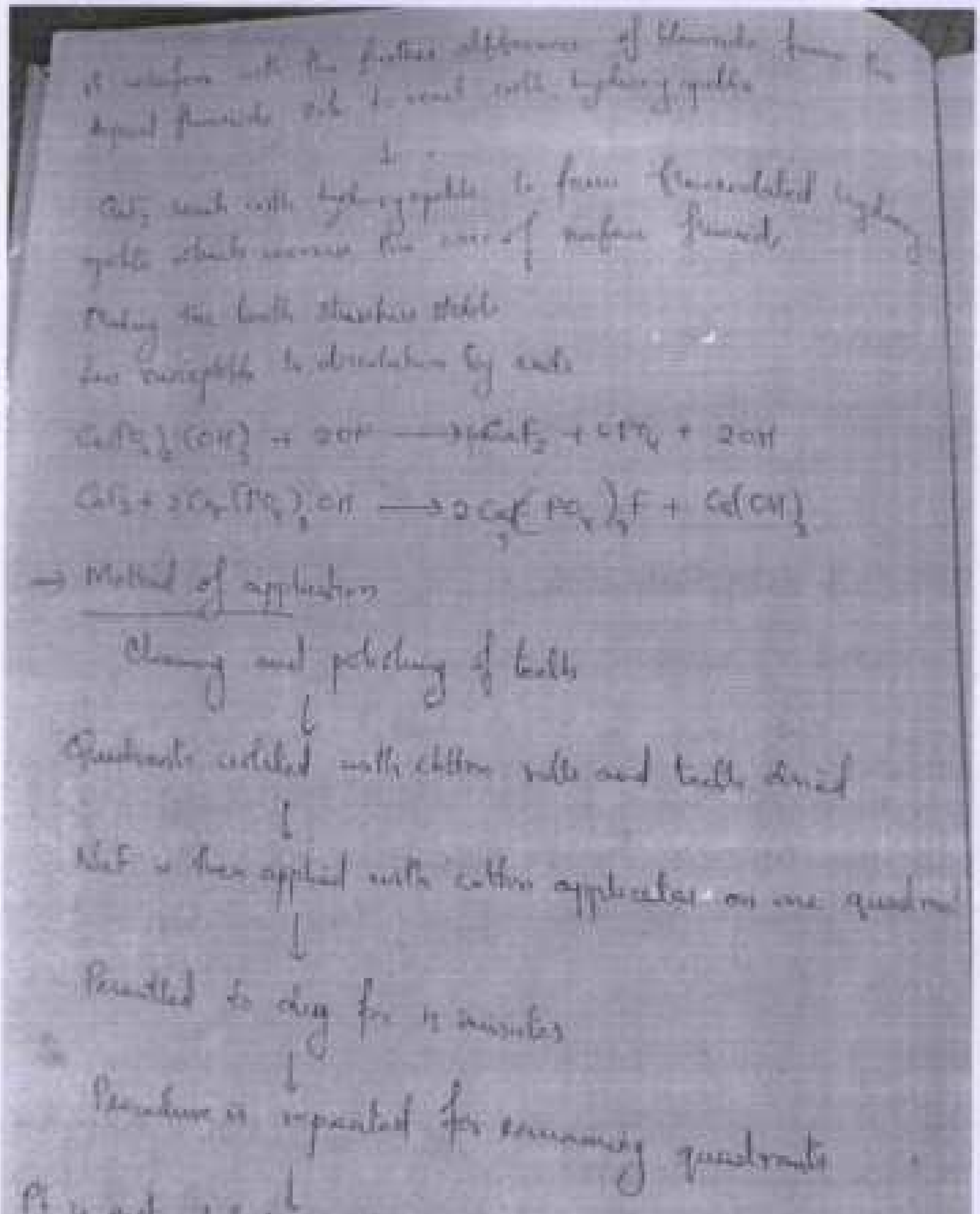
→ Mechanism of action

When NaF is applied topically, it reacts with hydroxyapatite crystals to form CaF_2 which is dominant product of the rxn

↓ (Choking off effect)

The rxn ceases once thick layer of CaF_2 gets formed

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



it interferes with the further diffusion of fluoride from the topical fluoride [illegible] to react with hydroxyapatite

↓

CaF_2 reacts with hydroxyapatite to form fluoridated hydroxyapatite which increases the conc of surface fluoride,

making the tooth structure stable

less susceptible to dissolution by acids

$Ca_{10}(PO_4)_6(OH)_2 + 20F^- \longrightarrow 10CaF_2 + 6PO_4 + 2OH$

$CaF_2 + 2Ca_5(PO_4)_3OH \longrightarrow 2Ca_5(PO_4)_3F + Ca(OH)_2$

→ Method of application

Cleaning and polishing of teeth

↓

Quadrants isolated with cotton rolls and teeth dried

↓

NaF is then applied with cotton applicator on one quadrant

↓

Permitted to dry for 4 minutes

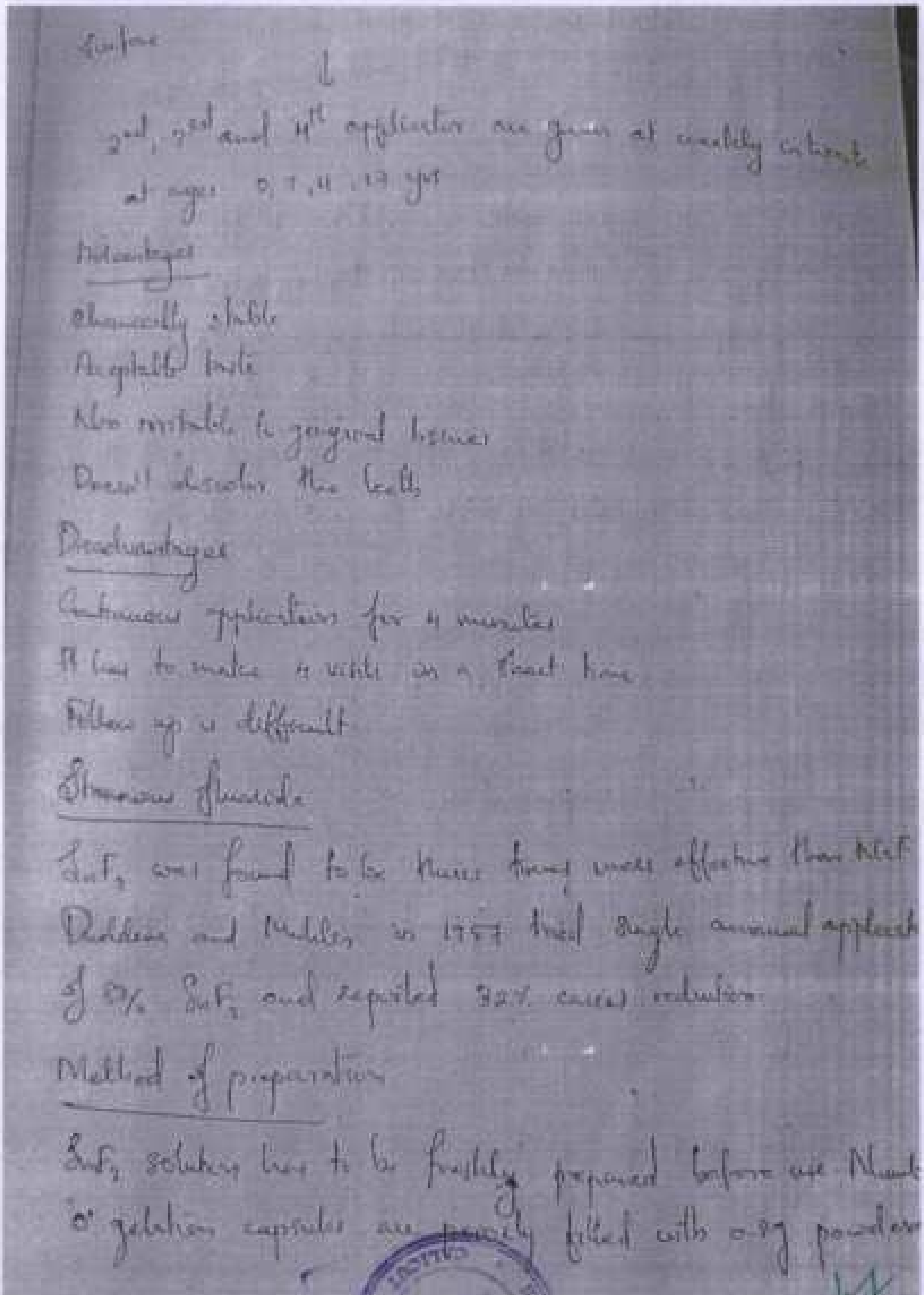
↓

Procedure is repeated for remaining quadrants

↓

Pt is instructed to avoid eating, drinking, rinsing for 30 min to prolong the availability of F ions to react with

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



Surface

↓

2nd, 3rd and 4th application are given at weekly intervals

at ages 3, 7, 11, 13 yrs

Advantages

Chemically stable

Acceptable taste

Non irritable to gingival tissues

Doesn't discolor the teeth

Disadvantages

Continuous applications for 4 minutes

It has to make 4 visits in a short time

Follow up is difficult

Stannous fluoride

SnF_2 was found to be three times more effective than NaF

Dudding and Muhler in 1957 tried single annual applicat

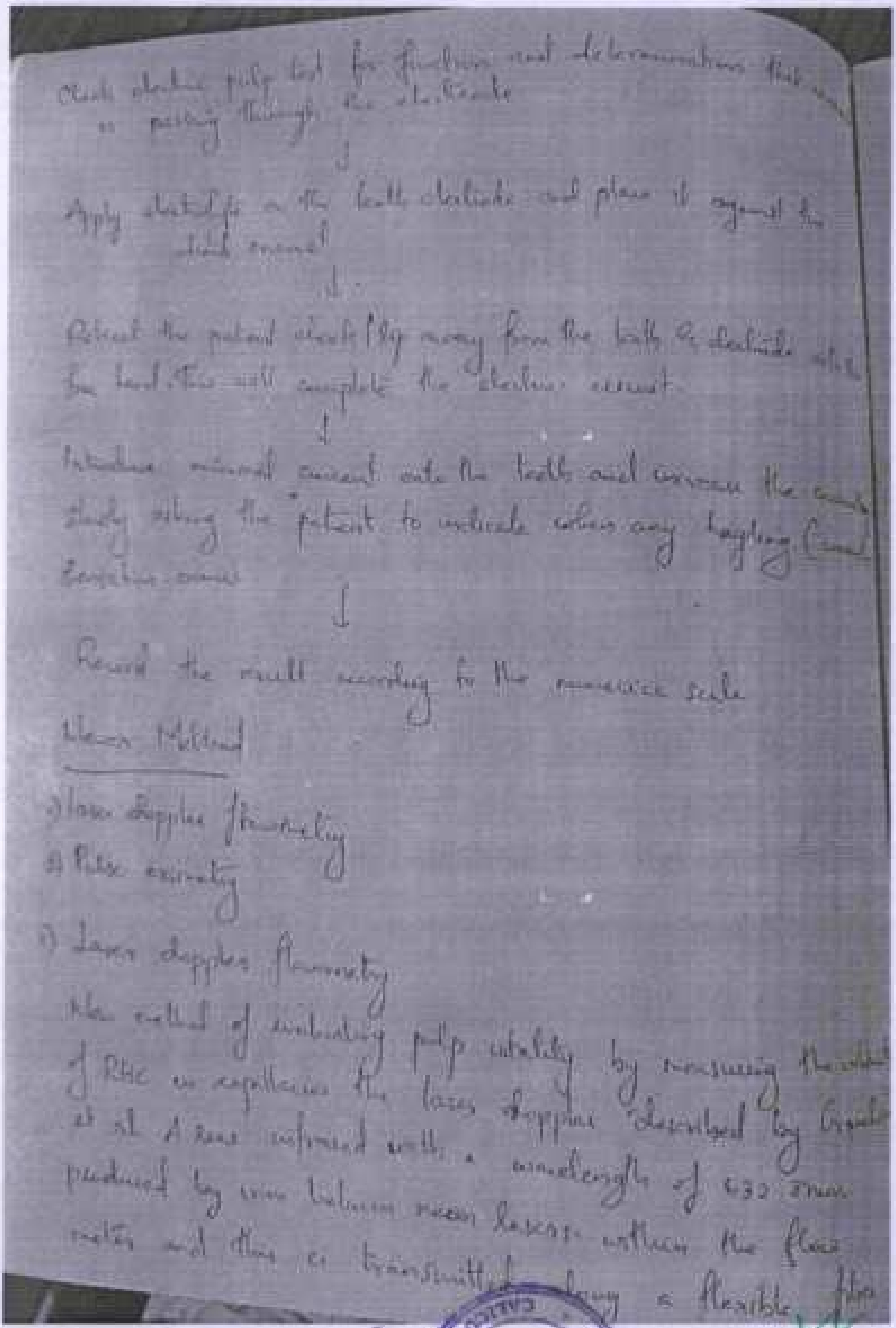
of 8% SnF_2 and reported 32% caries reduction

Method of preparation

SnF_2 solution has to be freshly prepared before use Numb

'0' gelatin capsules are previously filled with 0.8g powdere

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



Check electric pulp test for function and deteriorations that [illegible] as passing through the electrode

↓

Apply electrolyte on the tooth electrode and place it against the tooth enamel

↓

Instruct the patient placing lip away from the tooth & electrode after the hand. This will complete the electric circuit.

↓

Introduce minimal current into the tooth and increase the current slowly asking the patient to indicate when any tingling (warm) sensation occurs

↓

Record the result according to the numerical scale

Newer Method

1) Laser doppler flowmetry
2) Pulse oximetry

1) Laser doppler flowmetry

The method of evaluating pulp vitality by measuring the [illegible] of RBC in capillaries the laser doppler described by Gazelius et al. A near infrared with a wavelength of 632.8 nm produced by [illegible] helium neon lasers. within the flow meter and this is transmitted along a flexible fibre

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

optical conductor or cable is specifically designed and attached probe. This are a laser source that is aimed at the pulp and the laser light travels to the pulp using the dentinal tubules as guide. Tubes to record the doppler shift of the blood cell 2 mm from the gingival margin is the ideal position for the probe tip as is this constant a balance b/w minimising the noise in having recognisable signal volume

Pulse oximetry

This is O_2 saturation monitor device usually used in medical practice for recording blood O_2 saturation level during the administration of anaesthesia. It consists of 2 light emitting diodes one to transmit red light and other to transmit infrared light and a photodiode on the opposite side of vascular bed.

Oxygenated Hb and deoxygenated Hb absorb different amount of red light

The relationship b/w the pulsatile change in the absorption of infrared light is analysed by the pulse oximeter to determine the saturation of arterial blood

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

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

PARTICIPATION IN CONFERENCES

Conferences for dental students serve a vital role in their academic, professional, and personal growth. It Helps them in:

1. Knowledge Enhancement

- To provide insights into the latest advancements, technologies, and research in dentistry.
- To expose students to new trends in clinical techniques, materials, and treatment methodologies.

2. Skill Development

- Hands-on workshops and live demonstrations help students gain practical skills.
- Interactive sessions and case presentations improve problem-solving abilities and clinical decision-making.

3. Research and Innovation

- Conferences encourage students to engage in research by presenting papers and posters.
- Provide a platform to discuss innovative ideas and explore evidence-based practices.

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

- 44 th ISPPD National Conference was conducted on Netaji Subhash Chandraconvention centre at Karnavathi University Gujarat on 27th to 29th October 2023
- First year postgraduates presented e poster with 2 participants for each poster
- Dr Aiswarya M V and Dr Krishna N S secured first prize for poster with topic Nasoalveolar moulding.

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

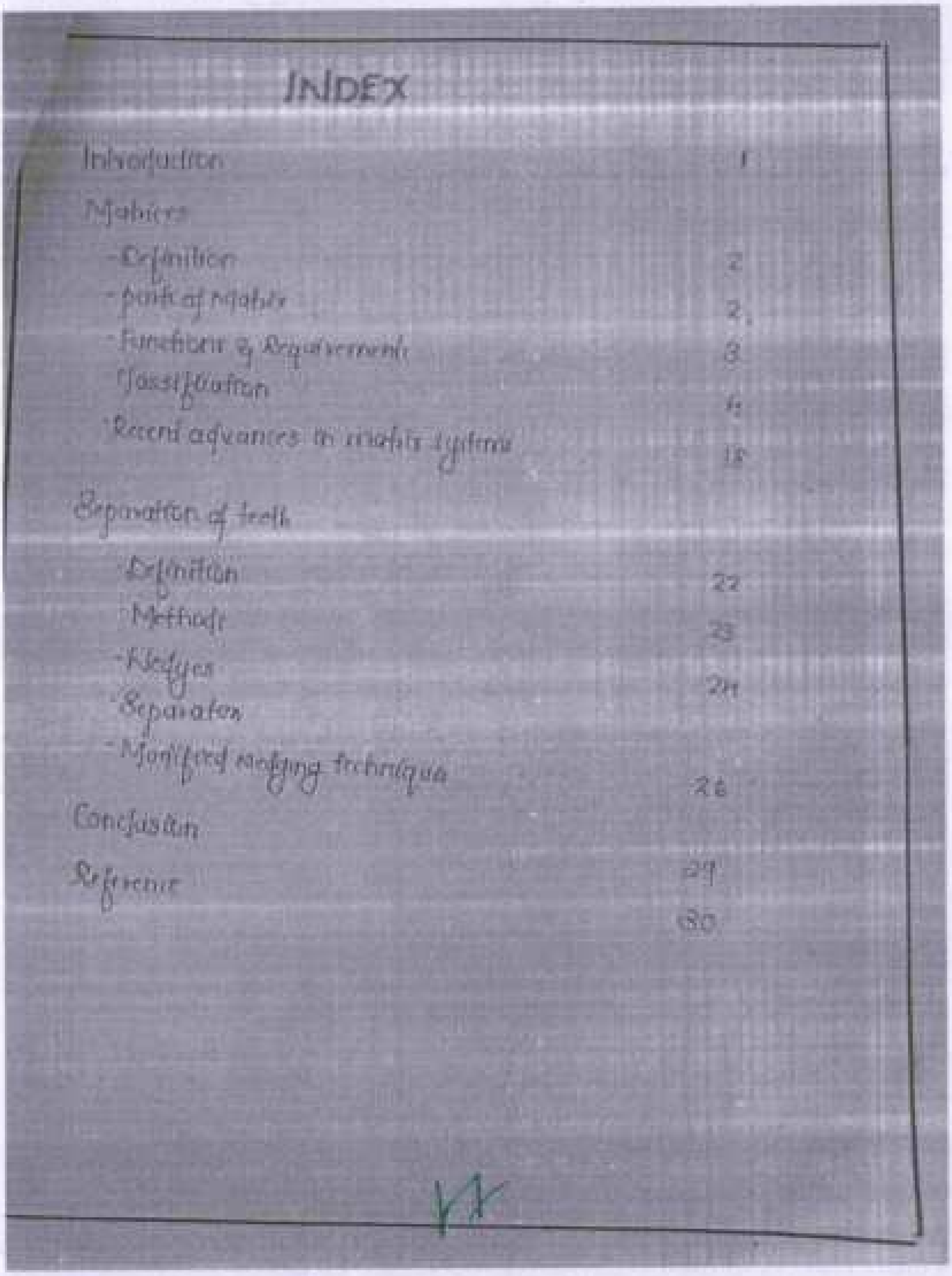
KMCT
DENTAL COLLEGE

PROJECT BASED LEARNING

ASSIGNMENTS

MATRICES WEDGES & SEPARATORS

Submitted by
Binsa S
Roll No: 16



INDEX

Introduction 1
Matrices
- Definition 2
- Parts of Matrix 2
- Functions & Requirements 3
- Classification 4
- Recent advances in matrix systems 18
Separation of teeth
- Definition 22
- Methods 23
- Wedges 24
- Separators
- Modified wedging technique 26
Conclusion 29
Reference 30

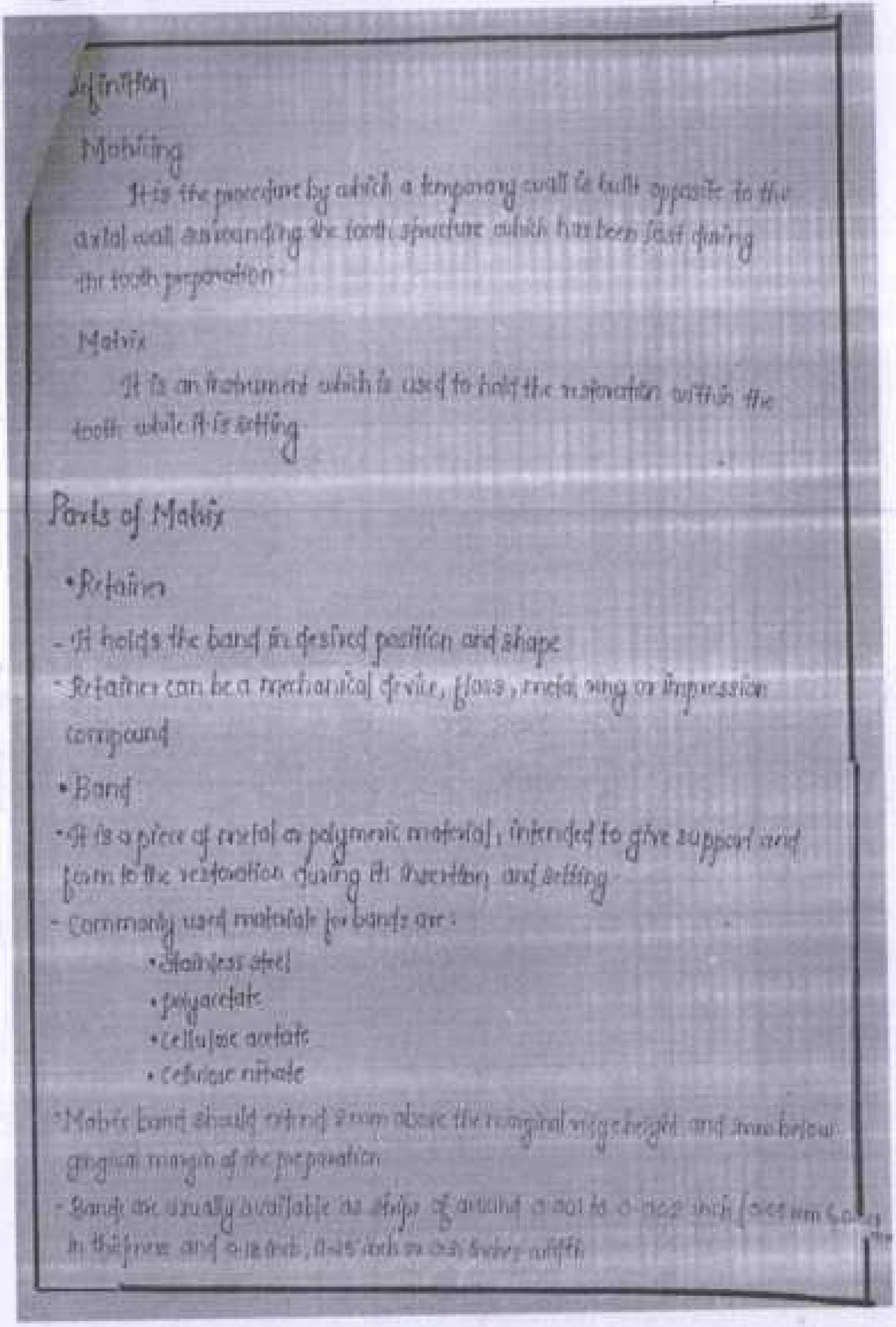
INTRODUCTION

Teeth and periodontium are designed in such a manner that mutually they contribute to their own health and support. Proper form and alignment of teeth protect periodontium. A breach in the continuity of normal tooth form of teeth gives rise to periodontal pathology.

Consequences of not restoring proximal areas

- Food impaction leading to recurrent caries
- change in occlusion and intercuspal relations
- Rotation and drifting of teeth
- Trauma to the periodontium

Restoration of a tooth requires great clinical expertise so as to reproduce the original contacts and contours of the tooth.
In case of large missing wall of the tooth, support has to be provided while placing and condensing the restorative material. Usually, a metallic strip serves this function and is known as matrix band. Matrix band which forms the temporary walls is held in its place by means of a matrix band retainer.



Definition

Matrixing

It is the procedure by which a temporary wall is built opposite to the axial wall surrounding the tooth structure which has been lost during the tooth preparation.

Matrix

It is an instrument which is used to hold the restoration within the tooth while it is setting.

Parts of Matrix

• Retainer

- It holds the band in desired position and shape
- Retainer can be a mechanical device, floss, metal ring or impression compound

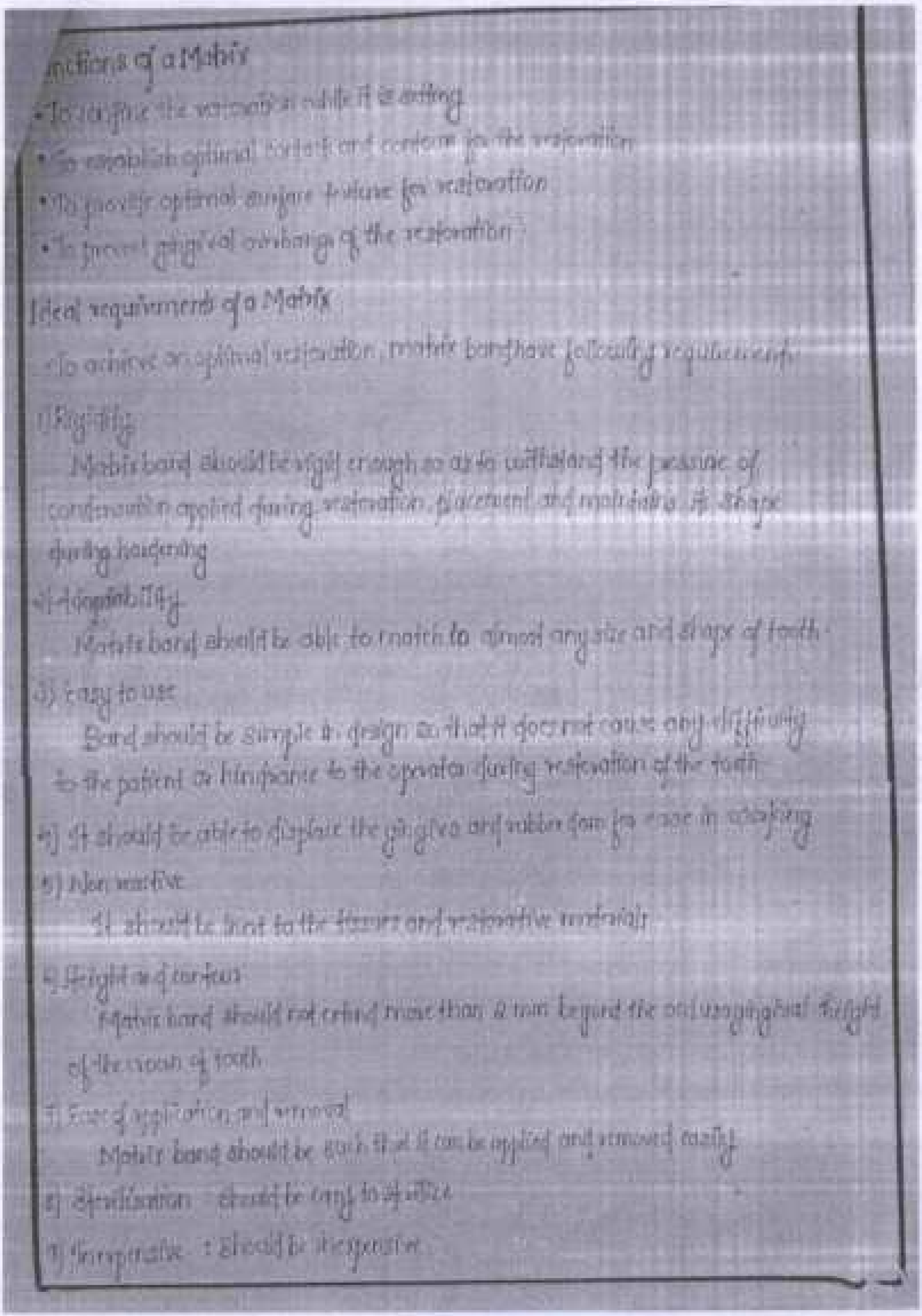
• Band

• It is a piece of metal or polymeric material, intended to give support and form to the restoration during its insertion and setting

- Commonly used materials for bands are :
  - stainless steel
  - polyacetate
  - cellulose acetate
  - cellulose nitrate

• Matrix band should extend 2 mm above the marginal ridge height and 1mm below gingival margin of the preparation

- Bands are usually available as strips of around 0.001 to 0.002 inch (0.025 mm to 0.05 mm) in thickness and 0.18 inch, 0.25 inch or 0.3 inches width



unctions of a Matrix

- To confine the restoration while it is setting
- To establish optimal contact and contour for the restoration
- To provide optimal surface texture for restoration
- To prevent gingival overhangs of the restoration

Ideal requirements of a Matrix

To achieve an optimal restoration, matrix band have following requirements

1) Rigidity

Matrix band should be rigid enough to able to withstand the pressure of condensation applied during restoration placement and maintains its shape during hardening

2) Adaptability

Matrix band should be able to match to almost any size and shape of tooth

3) Easy to use

Band should be simple in design so that it does not cause any difficulty to the patient or hindrance to the operator during restoration of the tooth

4) It should be able to displace the gingiva and rubber dam for ease in adapting

5) Non reactive

It should be inert to the tissues and restorative materials

6) Height and contour

Matrix band should not extend more than 2 mm beyond the occlusogingival height of the crown of tooth

7) Ease of application and removal

Matrix band should be such that it can be applied and removed easily

8) Sterilization - should be easy to sterilize

9) Inexpensive : should be inexpensive

SEMINARS

Seminars taken by students can vary significantly depending on their level of education in their field of study.It helps for deeper understanding of subject matter, Development of Critical Thinking Skills and Improved Communication and Presentation Skills.

Students are given topics considering their interest and encouraged to prepare a detailed seminar on that specific topic.

KMCT
DENTAL COLLEGE

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

EXPERIENTIAL LEARNING

Experiential learning is an educational approach that emphasizes learning through direct experience. This method contrasts with traditional, passive learning, such as lectures or reading, by engaging students in hands-on activities that help them learn through reflection on doing.

TRAINING ON MODELS

HANDS-ON TRAINING ON ROOT CANAL TREATMENT (EXTRACTED TOOTH)

LEARNING OBJECTIVES

- To familiarize participants with the tools and materials used in root canal treatment.
- To provide practical experience in accessing, cleaning, shaping, and filling the root canal in extracted teeth.
- To enhance the participants' skills and confidence in performing root canal treatments independently in a clinical setting.

The hands-on program on Root canal treatment for final year part 2 BDS students served as a pivotal component of experiential learning, providing a dynamic bridge between theoretical knowledge and practical application. The session provided practical experience with the procedure, helping participants build essential skills for future clinical practice.

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

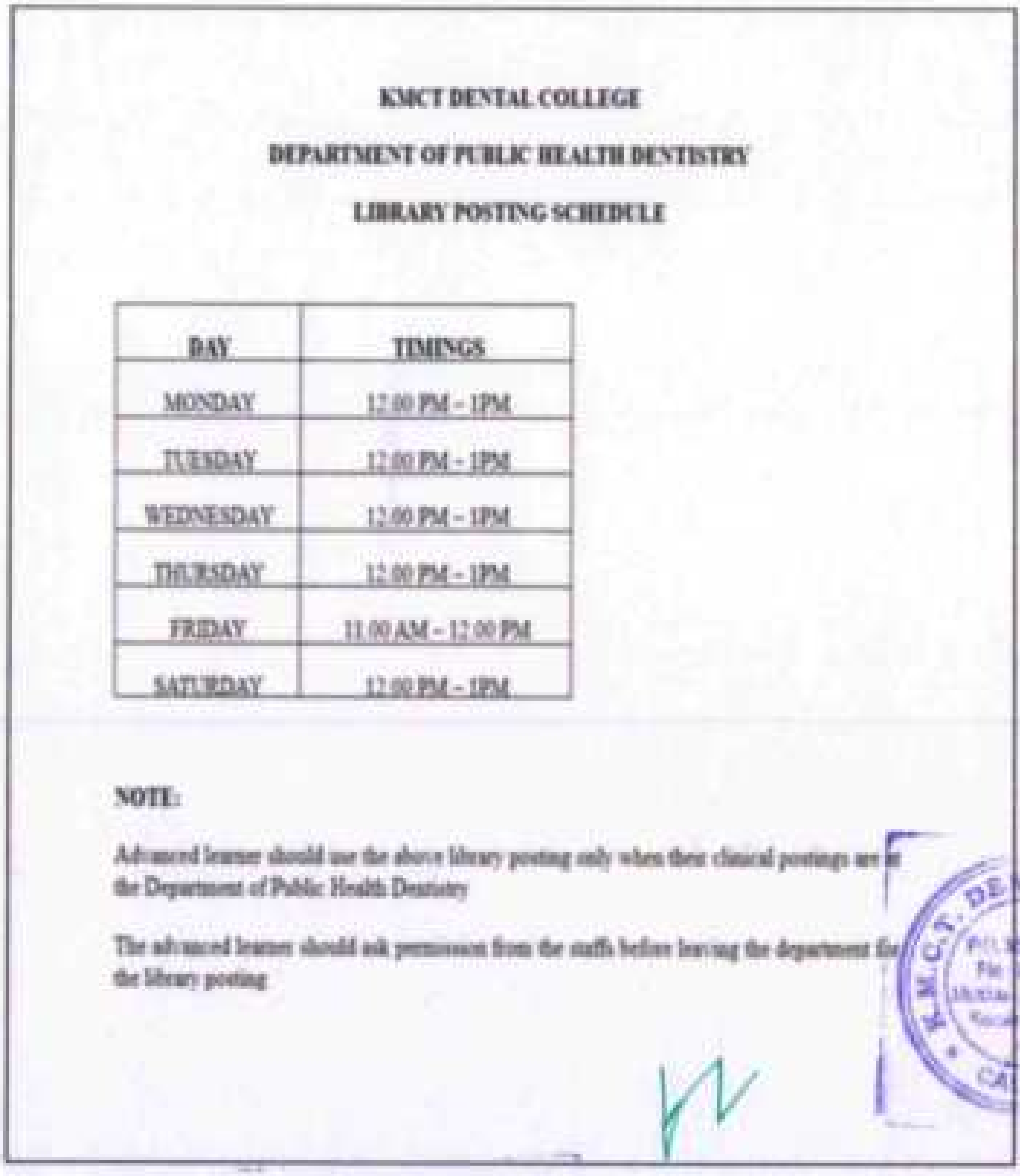
DEPARTMENT OF PUBLIC HEALTH DENTISTRY

SELF DIRECTED LEARNING

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

v) SELF DIRECTED LEARNING

The students when posted at the Department of Public Health Dentistry during their final year, are self directed to the Central Library to refer to various books and articles to improve knowledge and their answering skills during examinations. Students are provided library hours such that the student can utilize the books and articles and frame answers accordingly to score more marks in examinations.



KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

LIBRARY POSTING SCHEDULE

DAY	TIMINGS
MONDAY	12.00 PM - 1PM
TUESDAY	12.00 PM - 1PM
WEDNESDAY	12.00 PM - 1PM
THURSDAY	12.00 PM - 1PM
FRIDAY	11.00 AM - 12.00 PM
SATURDAY	12.00 PM - 1PM

NOTE:

Advanced learner should use the above library posting only when their clinical postings are in the Department of Public Health Dentistry

The advanced learner should ask permission from the staffs before leaving the department for the library posting

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

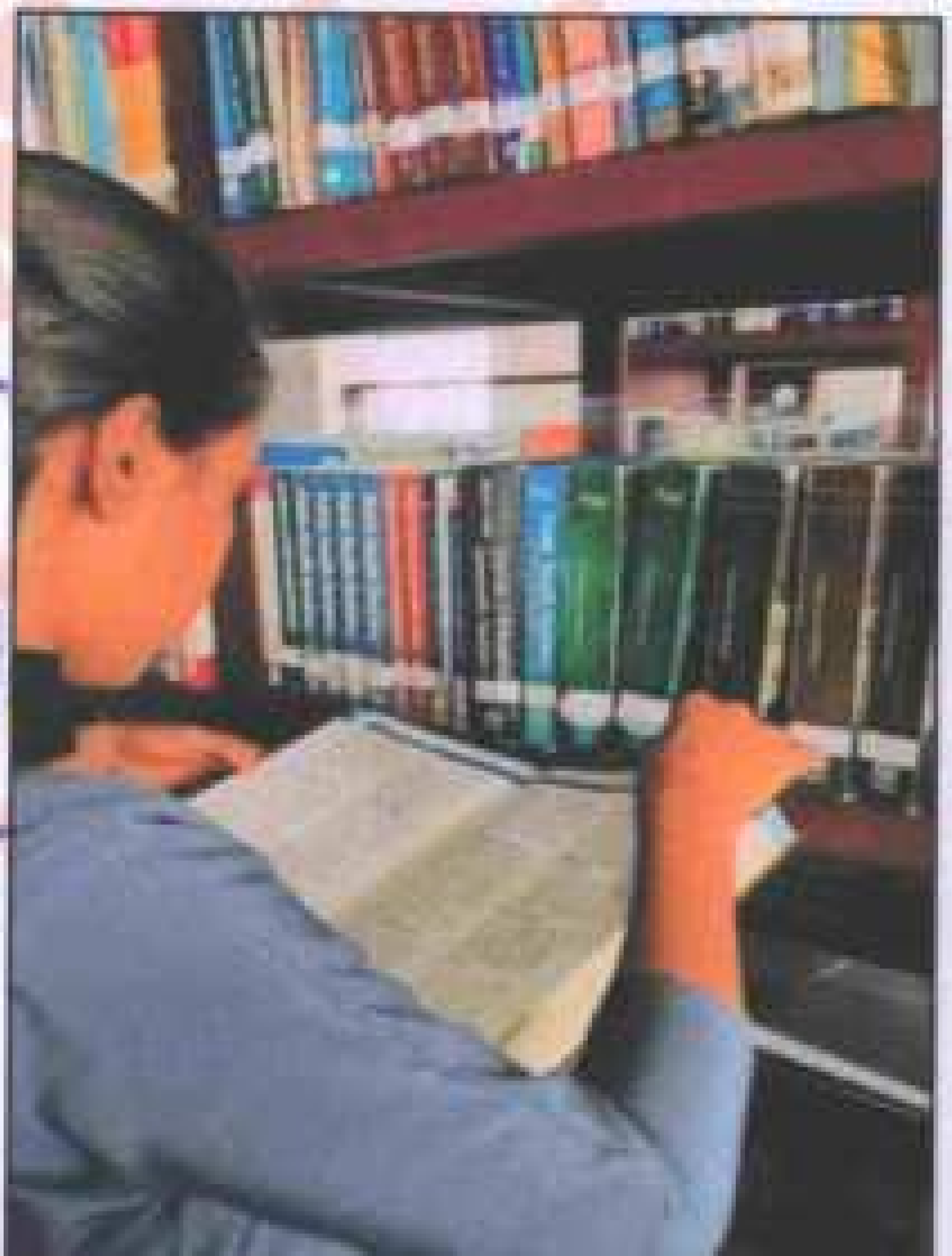
KMCT DENTAL COLLEGE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

LIST OF BOOKS

S. No	LIST OF BOOKS
1	Park's text book of preventive and social medicine – Park K
2	Primary Preventive Dentistry – Harris N & Christen AG
3	Fluoride in dentistry – Fejerskov Ok & Etal Ed
4	Gordis Epidemiology – Celentano DD & Moyses S
5	Textbook of Preventive & Community Dentistry - Hiremath
6	A Textbook of Public Health Dentistry – C M Marya
7	A textbook of Public Health Dentistry - Practical Manual - C M Marya

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



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

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

SELF DIRECTED LEARNING

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

DEPARTMENT OF PROSTHODONTICS

SELF DIRECTED LEARNING

Program Overview: The Department of Prosthodontics at KMCT Dental College has implemented a self-directed learning (SDL) program to promote independent learning and foster critical thinking among students. The aim is to encourage students to take responsibility for their own learning, enhancing their problem-solving skills and preparing them for lifelong learning in the field of prosthodontics.

Program Components:

1. Seminars and Workshops:
   - UG Seminars: Regular seminars are held where students present their research findings, share insights, and receive feedback from peers and faculty. These sessions help students refine their research and presentation skills.
   - Journal Clubs:
     i. PG Journal Clubs: PG students present their research findings and discuss recent advancements in prosthodontics with their peers and faculty. These discussions enhance the quality of research and encourage scholarly exchange.

Program Outcomes

- Collaborative Learning: The program fosters a collaborative learning environment, encouraging students to share knowledge and support each other's professional growth.

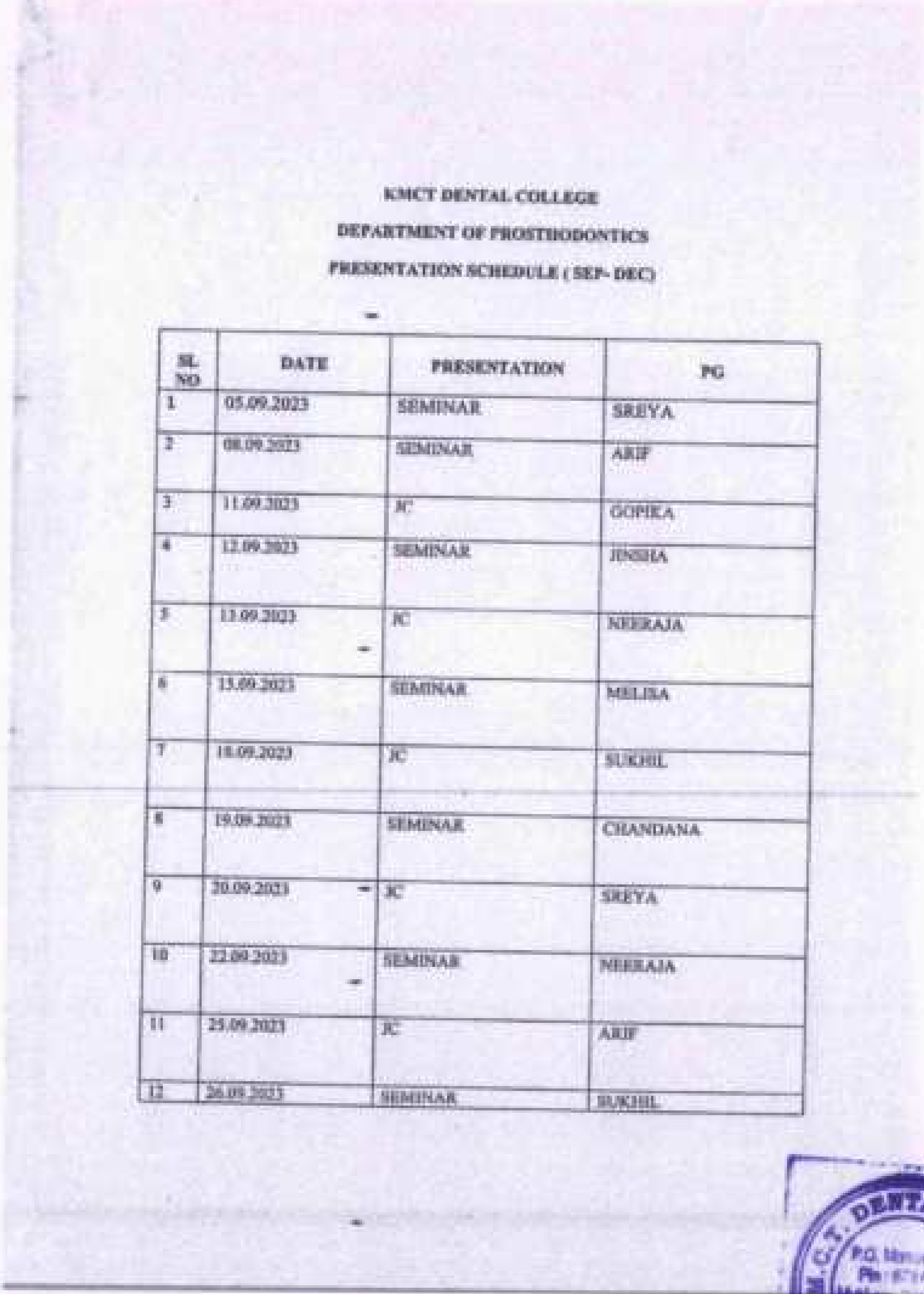
Conclusion: The self-directed learning program in the Department of Prosthodontics has successfully enhanced students' learning experiences by promoting independent learning and critical thinking. The program's combination of assignments, seminars, and journal clubs has equipped students with the skills and knowledge necessary for successful academic and professional careers.

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

Recommendations:

- Introduce more diverse and interdisciplinary research projects to broaden students' perspectives.
- Enhance Support Structures: Provide additional resources and mentorship to support students in their self-directed learning journeys.
- Regular Feedback: Implement regular feedback sessions to continuously improve the program based on student and faculty input.
- Seminar Schedules: Attached
- Journal Club Articles: Attached

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



KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

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

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

KMCT DENTAL COLLEGE
DEPARTMENT OF PROSTHODONTICS
FINAL YEAR BDS PART-II REGULAR BATCH (JULY 2024 EXAM)

SEMINAR SCHEDULE- BATCH 1

Sl NO.	NAME	SEMINAR TOPIC	DATE
1	Abhijith P A	SEQUELAE OF WEARING CD	19/04/24 20/04/24
2	Abhirami B V	SUPPORT AND STABILITY IN COMPLETE DENTURE	
3	Afsana A	POST INSERTION INSTRUCTIONS AND COMPLICATIONS IN CD	
4	Aishwarya Anil	TISSUE CONDITIONERS	
5	Akshay V R	ABUTMENTS IN FPD	
6	Aliya M M	SINGLE CD	26/04/24 27/04/24
7	Anjala K Thampi	MECHANICAL METHODS OF FLUID CONTROL	
8	Anna Joseph	OBTURATORS	
9	Anusha M N	MANAGEMENT OF ENDODONTICALLY TREATED TEETH	
10	Archana Nair	PREPERATION FOR ALL CERAMIC CROWNS	
11	Ashwathy J Raj	DENTURE ADHESIVES	03/04/24 04/04/24
12	Aysha Navnan	CHEMICAL METHODS OF FLUID CONTROL	
13	B Devika	TOOTH PREPERATION FOR METAL CROWNS	
14	Benziya Nazreen	TYPES OF M/P DEFECTS	

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

MID POSTING EXAM SCHEDULE

Sl NO.	DATE	TOPIC
1		SEMINAR TOPIC 1-5
2		SEMINAR TOPIC 6-10
3		SEMINAR TOPIC 11-14

TYPHODONT TOOTH PREPARATION (ALL- CERAMIC CROWN)

Remaining Working Days in the Department posting(2-4pm)

SEMINAR & RECORD SUBMISSION

HEAD OF THE DEPARTMENT

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

1

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

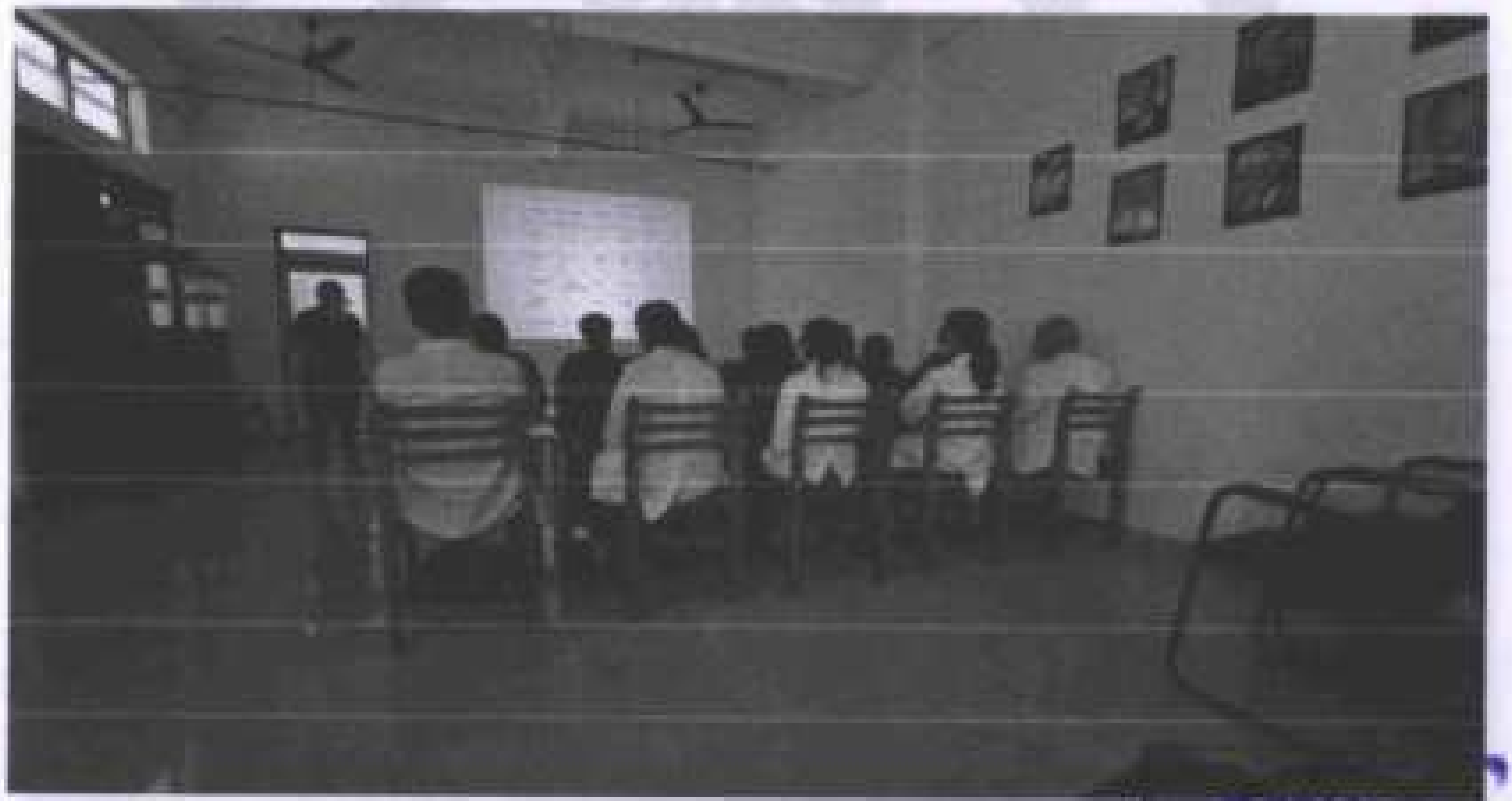
MID POSTING EXAM SCHEDULE

20/7/23

HEAD OF THE DEPARTMENT

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

UG SEMINAR PRESENTATION



PG SEMINAR PRESENTATION

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

ASSIGNMENTS

Assignments play a pivotal role in dental education, offering numerous benefits that enhance the learning experience for students. Here are some key reasons why assignments are

Enhancing Understanding

Deep Learning: Assignments encourage students to delve deeper into topics, promoting a thorough understanding of dental concepts beyond what is covered in lectures.

Critical Thinking: Completing assignments requires students to analyze, synthesize, and evaluate information, which helps develop critical thinking skills essential for clinical practice.

Practical Application

Hands-On Practice: Practical assignments, such as lab work or clinical tasks, provide students with hands-on experience, allowing them to apply theoretical knowledge to real-world scenarios

Skill Development: Regular practice through assignments helps students refine their technical skills, ensuring they are well-prepared for clinical procedures.

Self-Directed Learning

Autonomy: Assignments foster self-directed learning by encouraging students to take responsibility for their education, set goals, and manage their time effectively.

Problem-Solving: Students learn to approach problems methodically, developing problem-solving skills that are crucial in dentistry.

Continuous Assessment

Feedback: Assignments provide a continuous assessment mechanism, allowing instructors to monitor student progress and provide timely feedback to address any learning gaps.

Progress Tracking: Regular assignments help track student progress over time, ensuring that they are meeting learning objectives and are on track to achieve competency.

Dr. MANOJ KUMAR.K.P
Principal
K[illegible]
Manassery, Mukkam

Engagement and Motivation

Active Learning: Assignments promote active learning, keeping st[illegible] engaged and motivated to explore and understand new topics.

Relevance: Well-designed assignments link theoretical knowledge to clinical practice, demonstrating the relevance of what students are learning to their future careers.

Academic Integrity

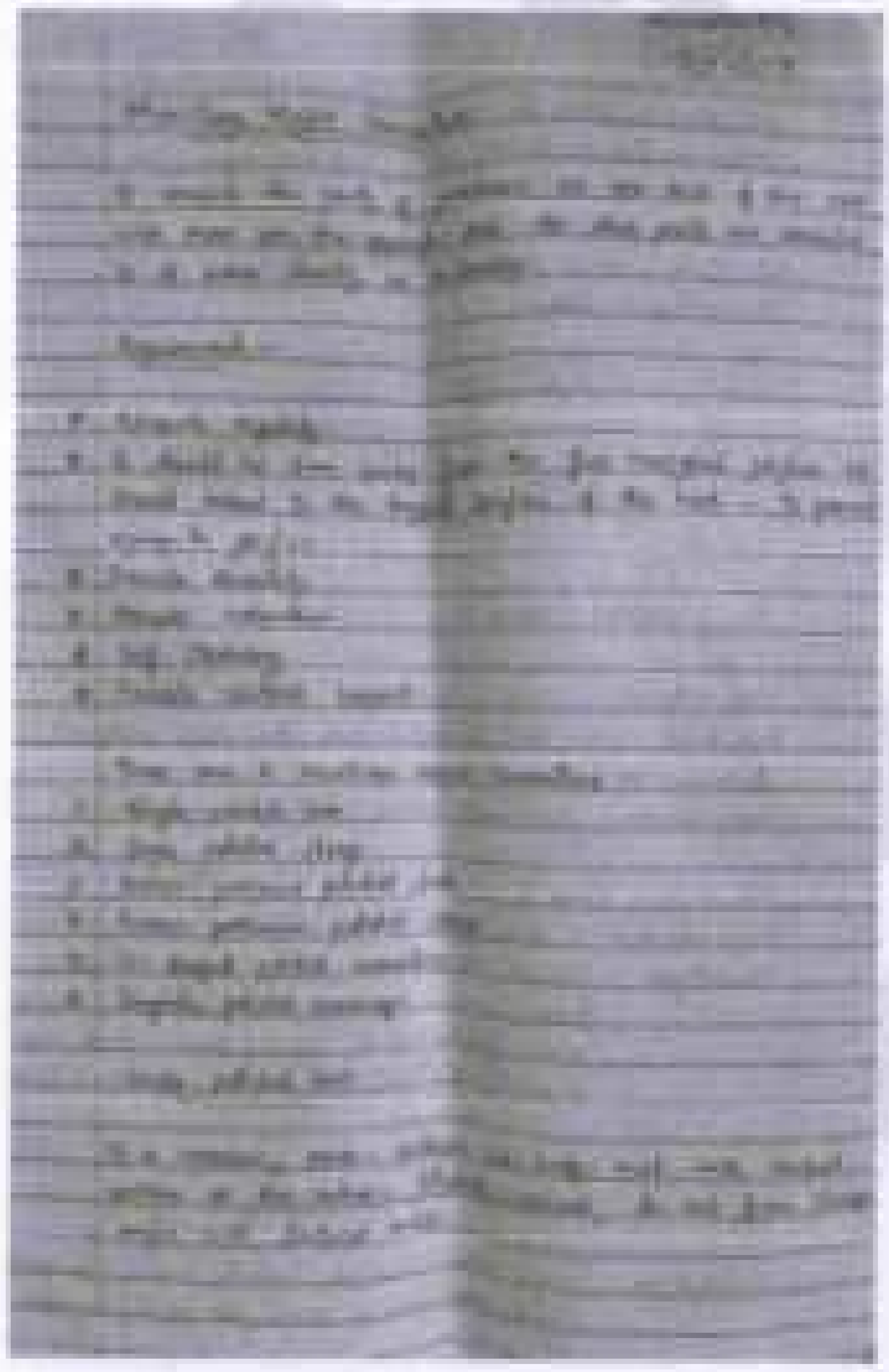
Research Skills: Research-based assignments teach students how to gather, evaluate, and cite sources properly, promoting academic integrity and scholarship.

Writing Skills: Writing assignments improve students' ability to communicate effectively, both in academic and clinical settings.

Collaboration and Communication

Group Assignments: Collaborative assignments foster teamwork and communication skills, preparing students for the collaborative nature of dental practice.

Peer Learning: Students can learn from each other's perspectives and expertise, enriching their educational experience



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

DEPARTMENT OF PERIODONTOLOGY

SELF DIRECTED LEARNING

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

REPORT

Self-directed learning (SDL) enables them to stay updated with the latest advancements and technologies in the field. It involves taking responsibility for one's own learning, setting goals and seeking out resources and opportunities to achieve those goals. Self-directed learning is a vital skill for professionals, enabling them to stay current, improve patient care and advance their careers. Leveraging technologies and resources, such as online courses, digital libraries and mobile apps can further support SDL and enhance professional growth.

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

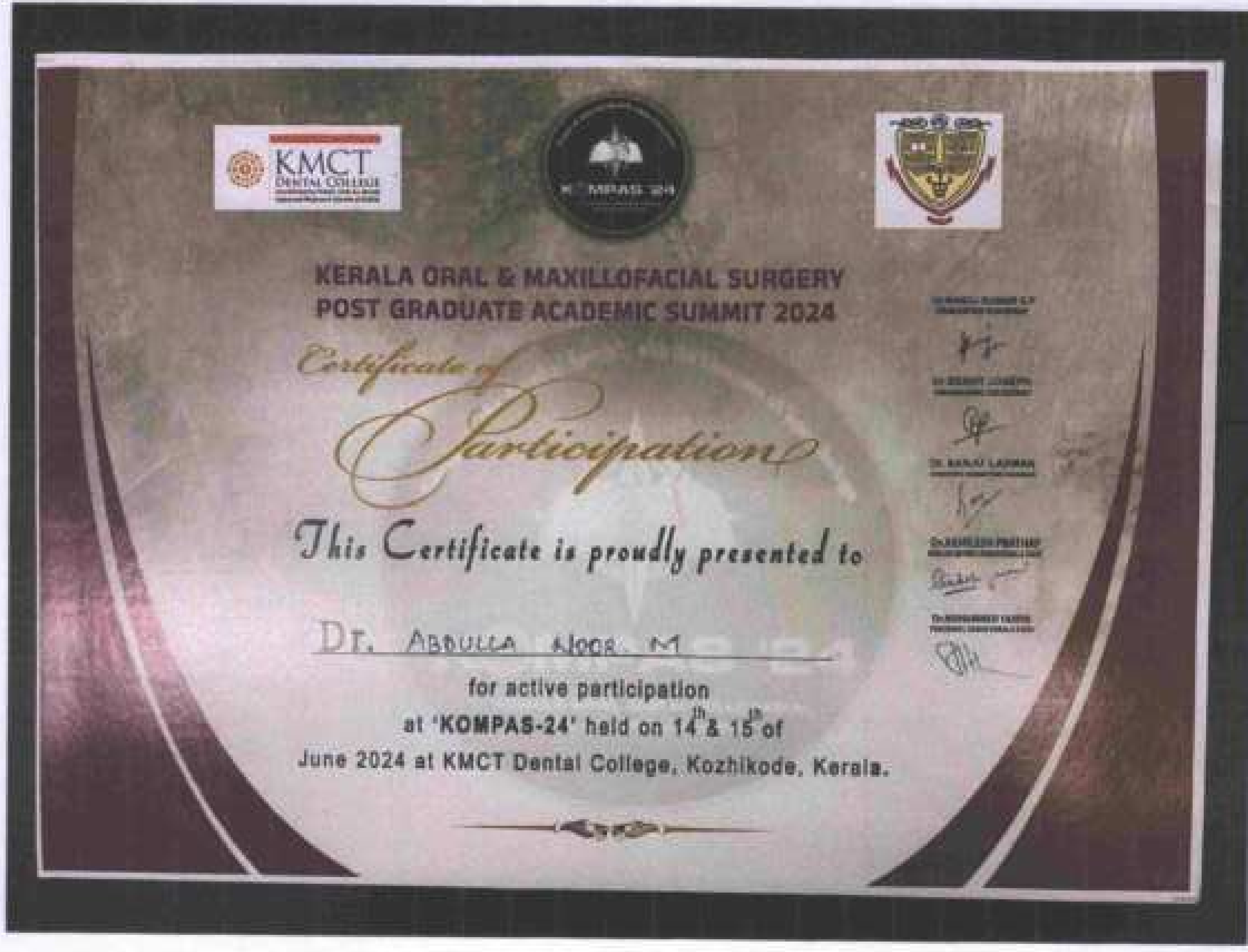
DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

Conferences attended by PG students

Abdulla Noor M

1. Traumax (6-7 January 2023)
2. 5th annual OOO Conference (9-10 March 2023)
3. 26th Mid-Term Conference and 12th PG convention Loni (20-22 July 2023)
4. 19th Annual Conference of Aomsi Kerala chapter, Kannur (14-15 October 2023)
5. 47th Annual Conference of Aomsi, Delhi (23-25 November 2023)
6. Kompass 24, KMCT Dental College (14-15 June 2024)
7. 16th Asian Congress of Oral and maxillofacial Surgery, Chennai (25-27 July 2024)
8. 20th Annual Conference of Aomsi Kerala Chapter, Kottayam (18-20 October 2024)

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



KMCT
DENTAL COLLEGE

KERALA ORAL & MAXILLOFACIAL SURGERY
POST GRADUATE ACADEMIC SUMMIT 2024

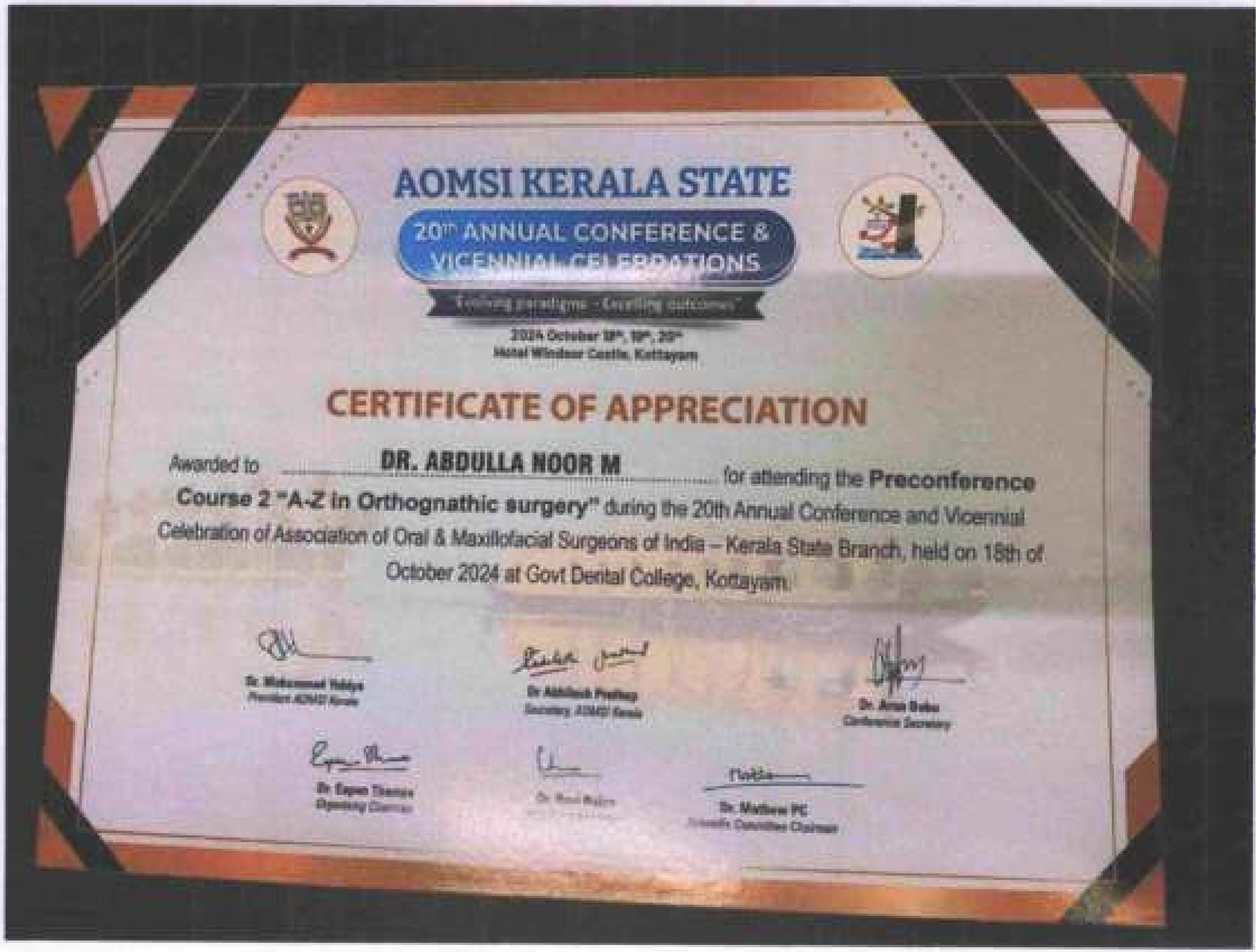
Certificate of Participation

This Certificate is proudly presented to

Dr. ABDULLA NOOR M

for active participation
at 'KOMPAS-24' held on 14th & 15th of
June 2024 at KMCT Dental College, Kozhikode, Kerala.

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



AOMSI KERALA STATE

20th ANNUAL CONFERENCE & VICENNIAL CELEBRATIONS

"Evolving paradigms - Excelling outcomes"

2024 October 18th, 19th, 20th
Hotel Windsor Castle, Kottayam

CERTIFICATE OF APPRECIATION

Awarded to **DR. ABDULLA NOOR M** for attending the **Preconference Course 2 "A-Z in Orthognathic surgery"** during the 20th Annual Conference and Vicennial Celebration of Association of Oral & Maxillofacial Surgeons of India – Kerala State Branch, held on 18th of October 2024 at Govt Dental College, Kottayam.

Dr. Mohammed Yahiya
President AOMSI Kerala

Dr. Abhilash Pradeep
Secretary, AOMSI Kerala

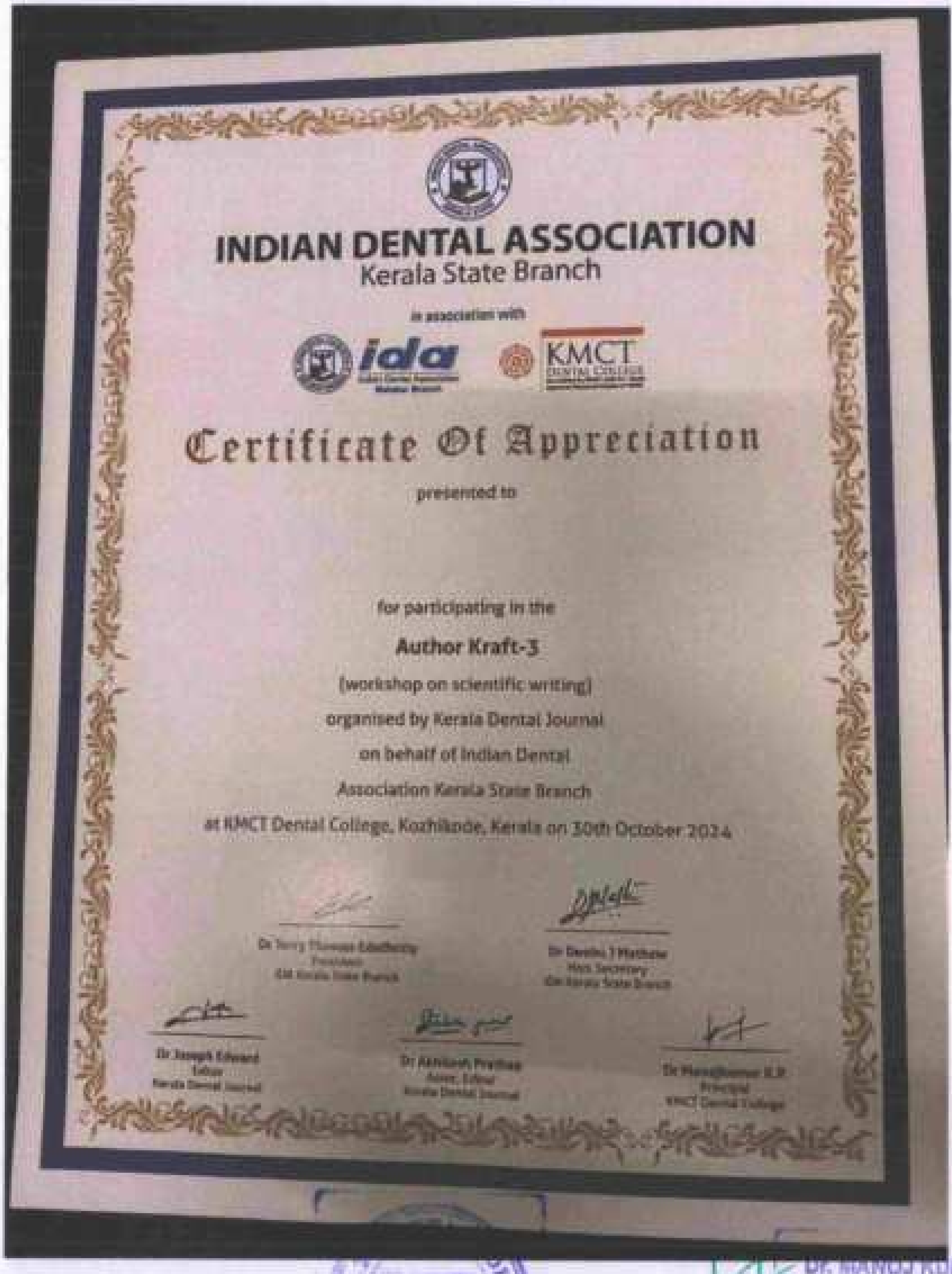
Dr. Arun Babu
Conference Secretary

Dr. Eapen Thomas
Organising Chairman

[illegible]

Dr. Mathew PC
Scientific Committee Chairman

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



INDIAN DENTAL ASSOCIATION
Kerala State Branch

in association with

ida KMCT DENTAL COLLEGE

Certificate Of Appreciation

presented to

for participating in the

Author Kraft-3

(workshop on scientific writing)
organised by Kerala Dental Journal
on behalf of Indian Dental
Association Kerala State Branch
at KMCT Dental College, Kozhikode, Kerala on 30th October 2024

Dr Terry Thomas Edathotty
President
IDA Kerala State Branch

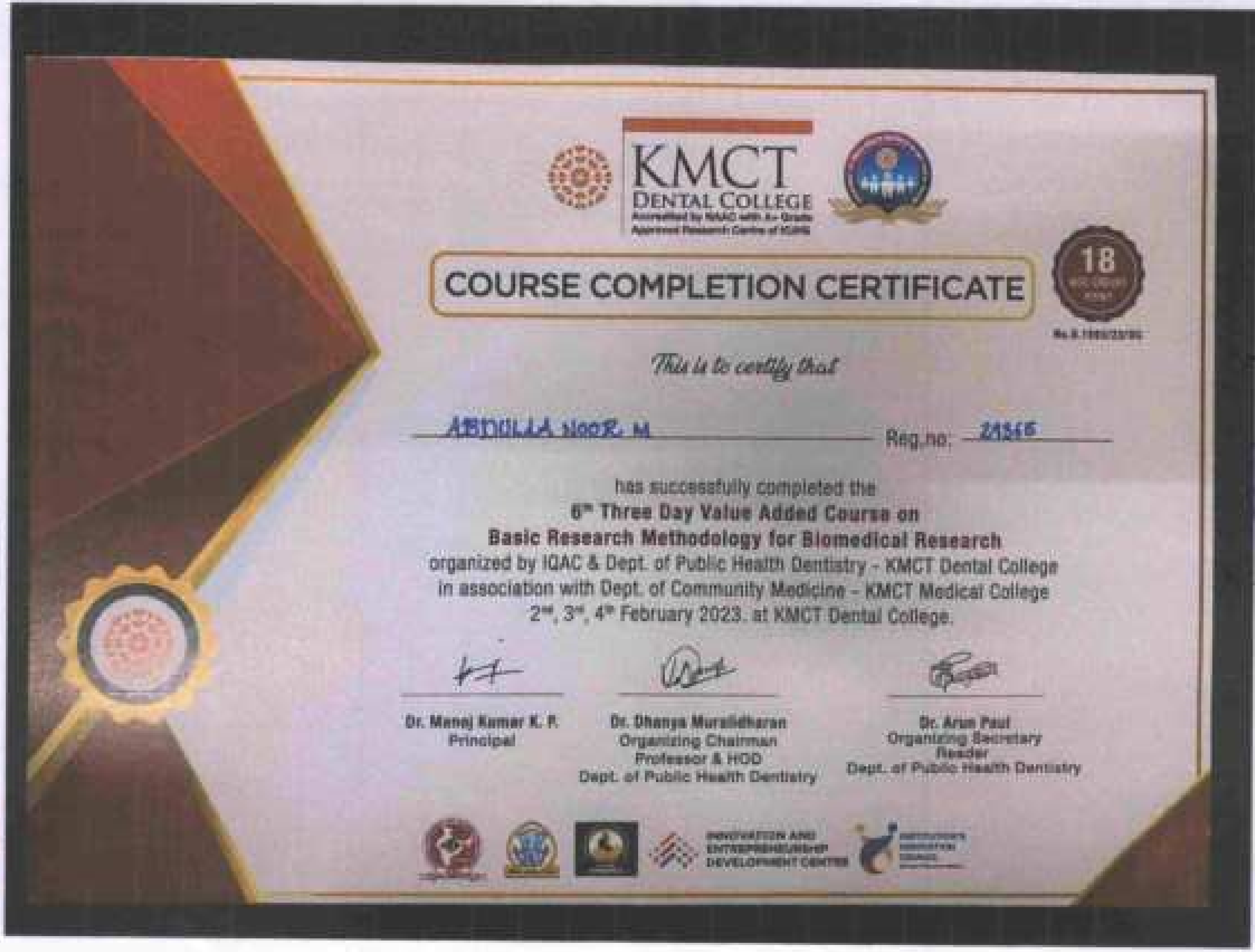
Dr Deebu J Mathew
Hon. Secretary
IDA Kerala State Branch

Dr Joseph Edward
Editor
Kerala Dental Journal

Dr Akhilesh Prathap
Assoc. Editor
Kerala Dental Journal

Dr Manojkumar K.P
Principal
KMCT Dental College

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



KMCT
DENTAL COLLEGE

COURSE COMPLETION CERTIFICATE

This is to certify that

ABDULLA NOOR M Reg.no: 21546

has successfully completed the

6th Three Day Value Added Course on
Basic Research Methodology for Biomedical Research

organized by IQAC & Dept. of Public Health Dentistry - KMCT Dental College
in association with Dept. of Community Medicine - KMCT Medical College
2nd, 3rd, 4th February 2023. at KMCT Dental College.

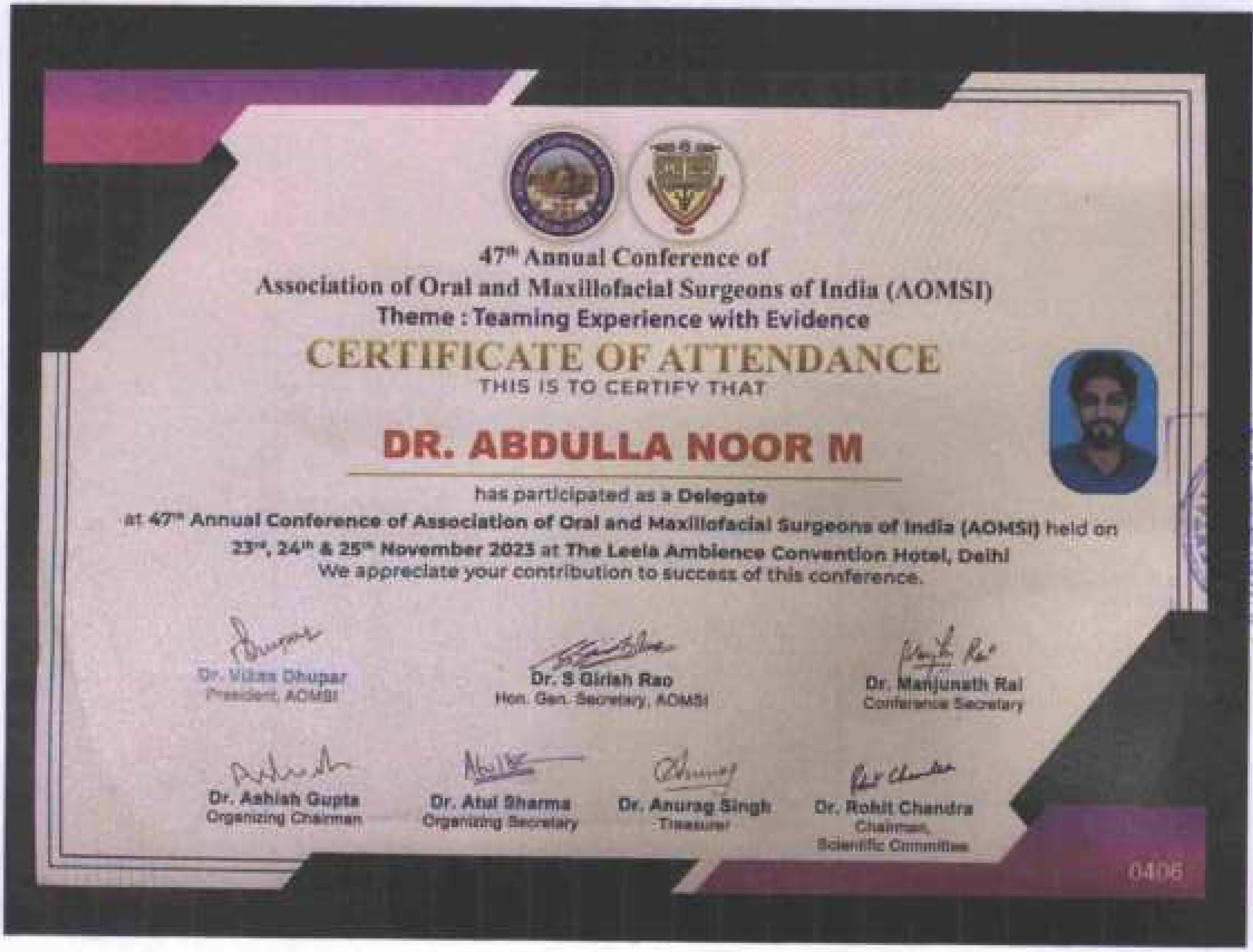
Dr. Manoj Kumar K. P.
Principal

Dr. Dhanya Muralidharan
Organizing Chairman
Professor & HOD
Dept. of Public Health Dentistry

Dr. Arun Paul
Organizing Secretary
Reader
Dept. of Public Health Dentistry

INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTER

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



47th Annual Conference of
Association of Oral and Maxillofacial Surgeons of India (AOMSI)
Theme : Teaming Experience with Evidence

CERTIFICATE OF ATTENDANCE

THIS IS TO CERTIFY THAT

DR. ABDULLA NOOR M

has participated as a **Delegate**
at 47th Annual Conference of Association of Oral and Maxillofacial Surgeons of India (AOMSI) held on
23rd, 24th & 25th November 2023 at The Leela Ambience Convention Hotel, Delhi
We appreciate your contribution to success of this conference.

Dr. Vikas Dhupar
President, AOMSI

Dr. S Girish Rao
Hon. Gen. Secretary, AOMSI

Dr. Manjunath Rai
Conference Secretary

Dr. Ashish Gupta
Organizing Chairman

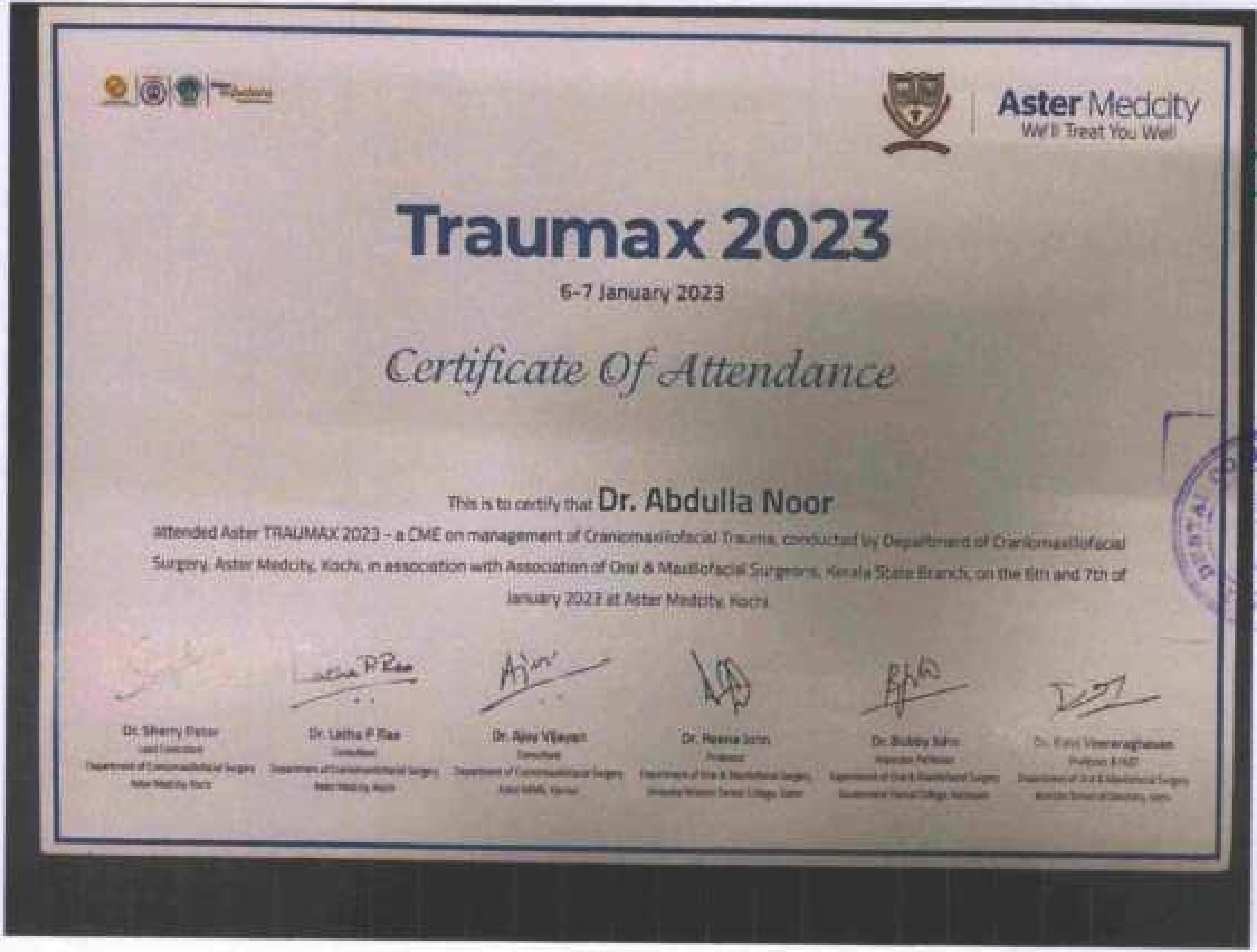
Dr. Atul Sharma
Organizing Secretary

Dr. Anurag Singh
Treasurer

Dr. Rohit Chandra
Chairman,
Scientific Committee

0406

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



Aster Medcity
We'll Treat You Well

Traumax 2023

6-7 January 2023

Certificate Of Attendance

This is to certify that **Dr. Abdulla Noor**

attended Aster TRAUMAX 2023 - a CME on management of Craniomaxillofacial Trauma, conducted by Department of Craniomaxillofacial Surgery, Aster Medcity, Kochi, in association with Association of Oral & Maxillofacial Surgeons, Kerala State Branch, on the 6th and 7th of January 2023 at Aster Medcity, Kochi

Dr. Sherry Peter
Lead Consultant
Department of Craniomaxillofacial Surgery
Aster Medcity, Kochi

Latha P Rao
Dr. Latha P Rao
Consultant
Department of Craniomaxillofacial Surgery
Aster Medcity, Kochi

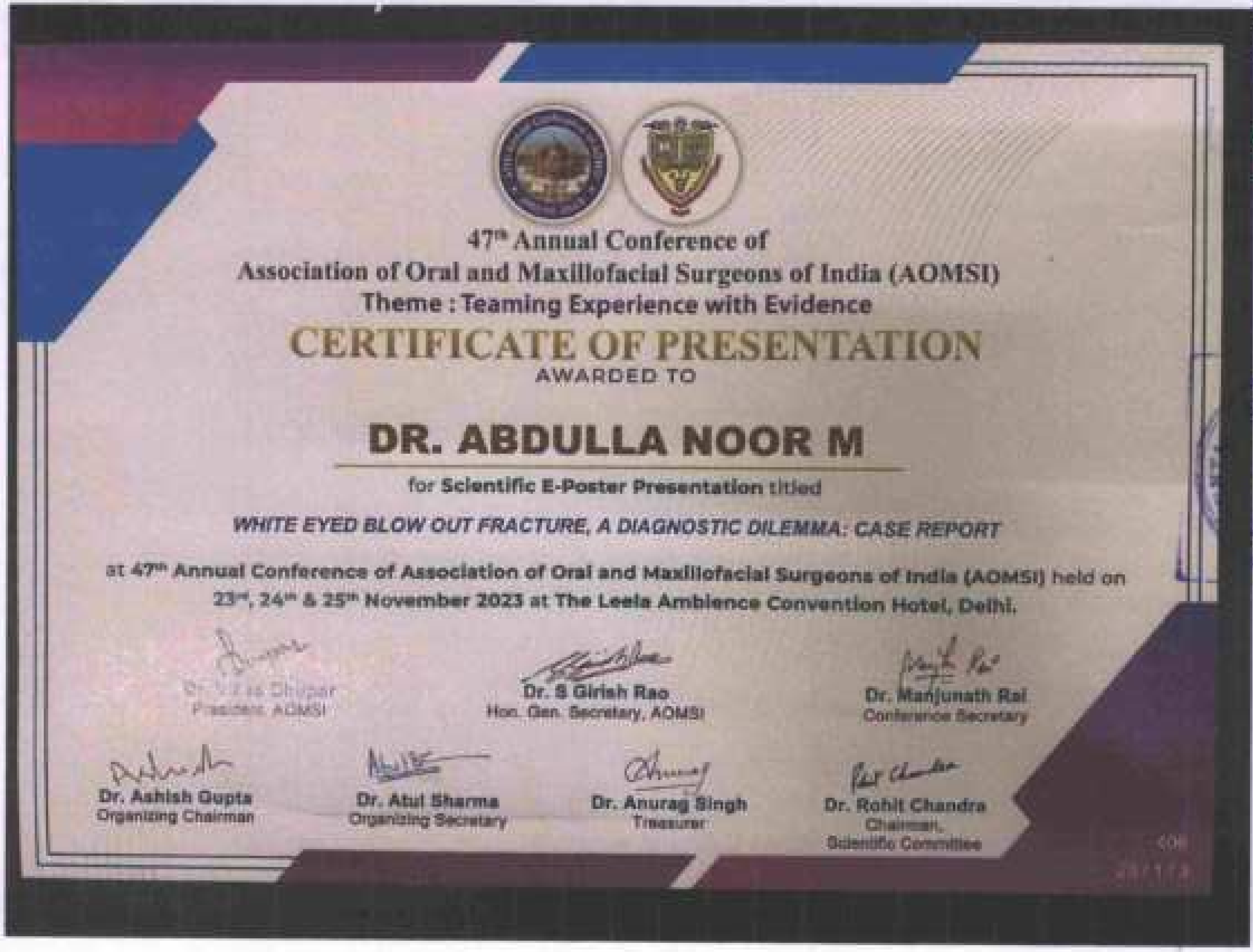
Dr. Ajay Vijayan
Consultant
Department of Craniomaxillofacial Surgery

Dr. Reena John
Professor
Department of Oral & Maxillofacial Surgery

Dr. Bobby John
Associate Professor
Department of Oral & Maxillofacial Surgery

Dr. Ravi Veeraraghavan
Professor & HOD
Department of Oral & Maxillofacial Surgery

Dr. MANOJ KUMAR K.P
KMCT Dental College
Manassery, Mukkam



47th Annual Conference of
Association of Oral and Maxillofacial Surgeons of India (AOMSI)
Theme : Teaming Experience with Evidence

CERTIFICATE OF PRESENTATION

AWARDED TO

DR. ABDULLA NOOR M

for **Scientific E-Poster Presentation** titled

WHITE EYED BLOW OUT FRACTURE, A DIAGNOSTIC DILEMMA: CASE REPORT

at **47th Annual Conference of Association of Oral and Maxillofacial Surgeons of India (AOMSI)** held on **23rd, 24th & 25th November 2023 at The Leela Ambience Convention Hotel, Delhi.**

Dr. Vikas Dhupar
President, AOMSI

Dr. S Girish Rao
Hon. Gen. Secretary, AOMSI

Manjunath Rai
Dr. Manjunath Rai
Conference Secretary

Dr. Aahish Gupta
Organizing Chairman

Dr. Atul Sharma
Organizing Secretary

Dr. Anurag Singh
Treasurer

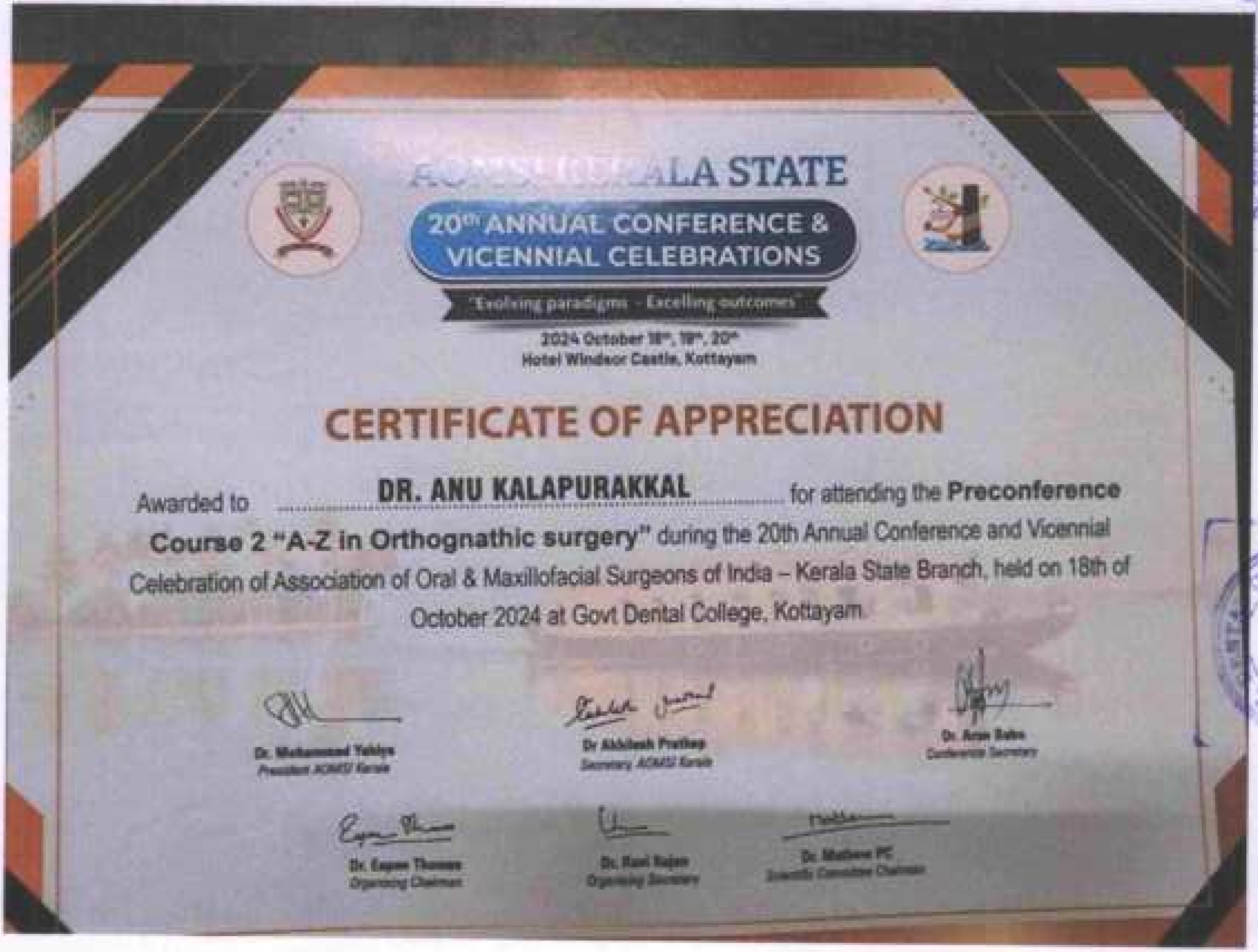
Rohit Chandra
Dr. Rohit Chandra
Chairman,
Scientific Committee

KUMAR K.P
Principal
KMCT Dental College
Mukkam

Anu Kalappurakkal

1. Traumax (6-7 January 2023)
2. 5th annual OOO Conference (9-10 March 2023)
3. 26th Mid-Term Conference and 12th PG convention Loni (20-22 July 2023)
4. 47th Annual Conference of Aomsi, Delhi (23-25 November 2023)
5. Kompass 24, KMCT Dental College (14-15 June 2024)
6. 20th Annual Conference of Aomsi Kerala Chapter, Kottayam (18-20 October 2024)

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



AOMSI KERALA STATE

20th ANNUAL CONFERENCE & VICENNIAL CELEBRATIONS

"Evolving paradigms - Excelling outcomes"

2024 October 18th, 19th, 20th
Hotel Windsor Castle, Kottayam

CERTIFICATE OF APPRECIATION

Awarded to **DR. ANU KALAPURAKKAL** for attending the **Preconference Course 2 "A-Z in Orthognathic surgery"** during the 20th Annual Conference and Vicennial Celebration of Association of Oral & Maxillofacial Surgeons of India – Kerala State Branch, held on 18th of October 2024 at Govt Dental College, Kottayam.

Dr. Mohammed Yahiya
President AOMSI Kerala

Dr Akhilesh Prathap
Secretary AOMSI Kerala

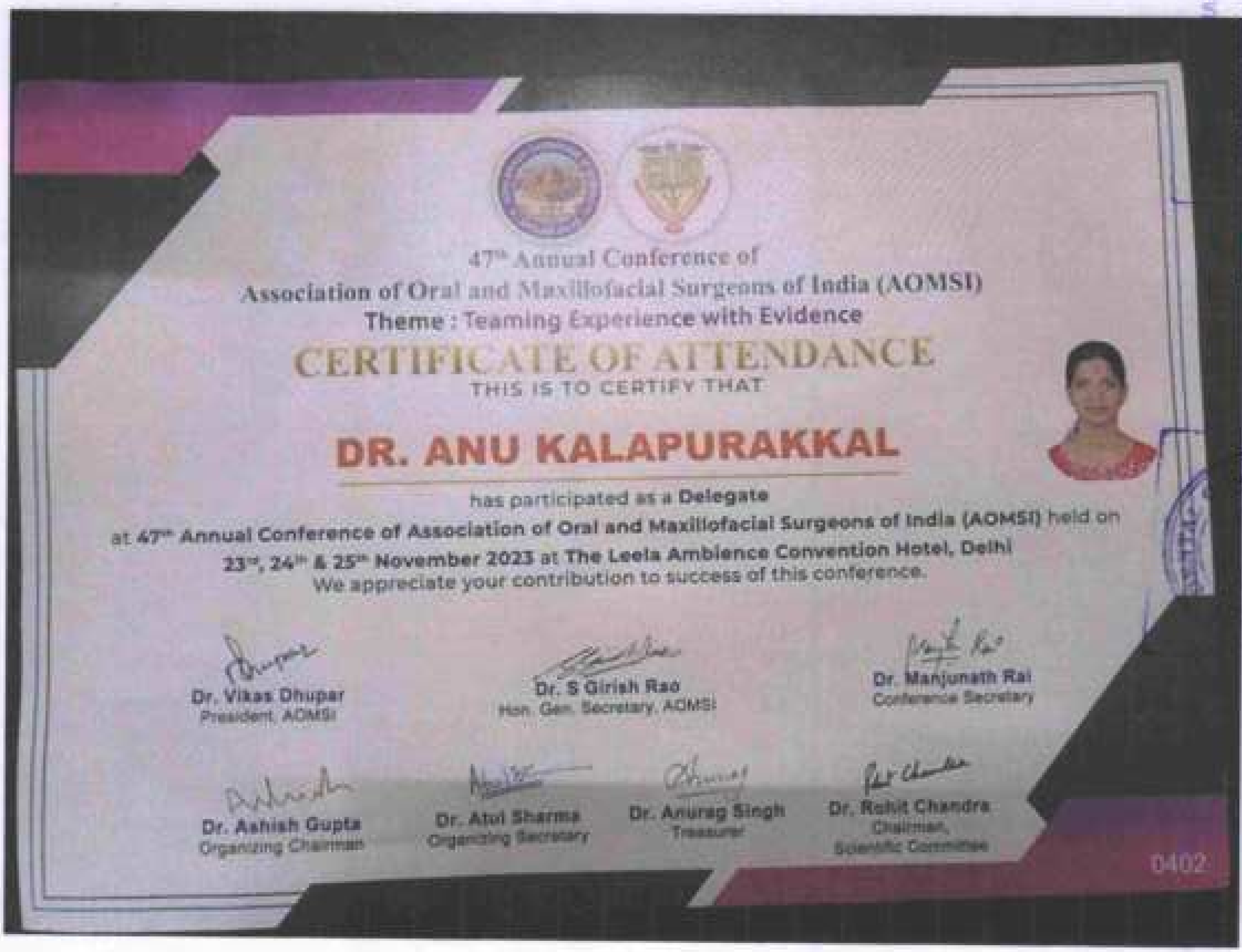
Dr. Arun Babu
Conference Secretary

Dr. Eapen Thomas
Organizing Chairman

Dr. Ravi Rajan
Organizing Secretary

Dr. Mathew PC
Scientific Committee Chairman

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam



47th Annual Conference of
Association of Oral and Maxillofacial Surgeons of India (AOMSI)
Theme : Teaming Experience with Evidence

CERTIFICATE OF ATTENDANCE

THIS IS TO CERTIFY THAT

DR. ANU KALAPURAKKAL

has participated as a **Delegate**
at **47th Annual Conference of Association of Oral and Maxillofacial Surgeons of India (AOMSI)** held on
23rd, 24th & 25th November 2023 at **The Leela Ambience Convention Hotel, Delhi**
We appreciate your contribution to success of this conference.

Dr. Vikas Dhupar
President, AOMSI

Dr. S Girish Rao
Hon. Gen. Secretary, AOMSI

Dr. Manjunath Rai
Conference Secretary

Dr. Ashish Gupta
Organizing Chairman

Dr. Atul Sharma
Organizing Secretary

Dr. Anurag Singh
Treasurer

Dr. Rohit Chandra
Chairman,
Scientific Committee

0402

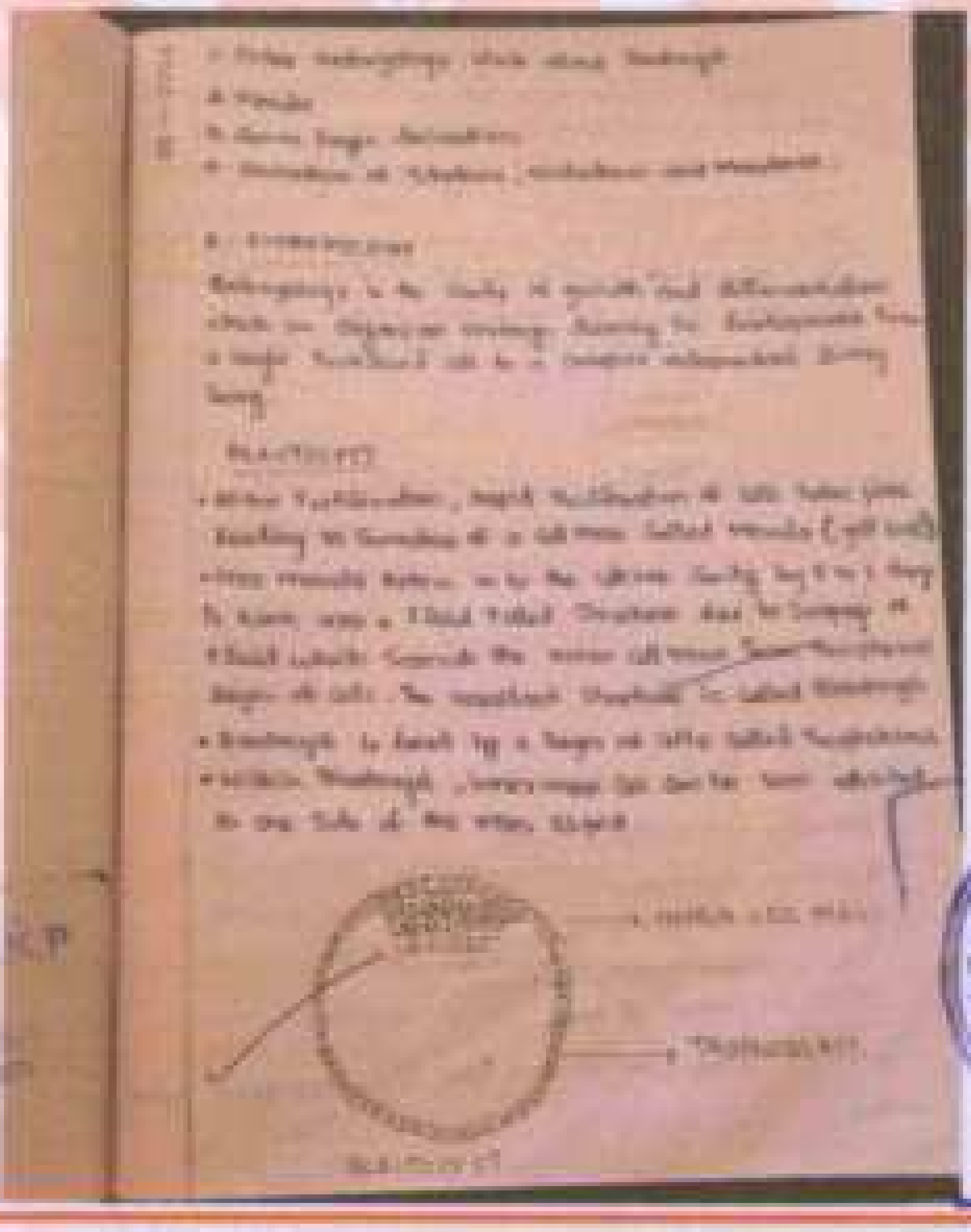
KMCT Dental College
Manassery, Mukkam

V. SELF-DIRECTED LEARNING:

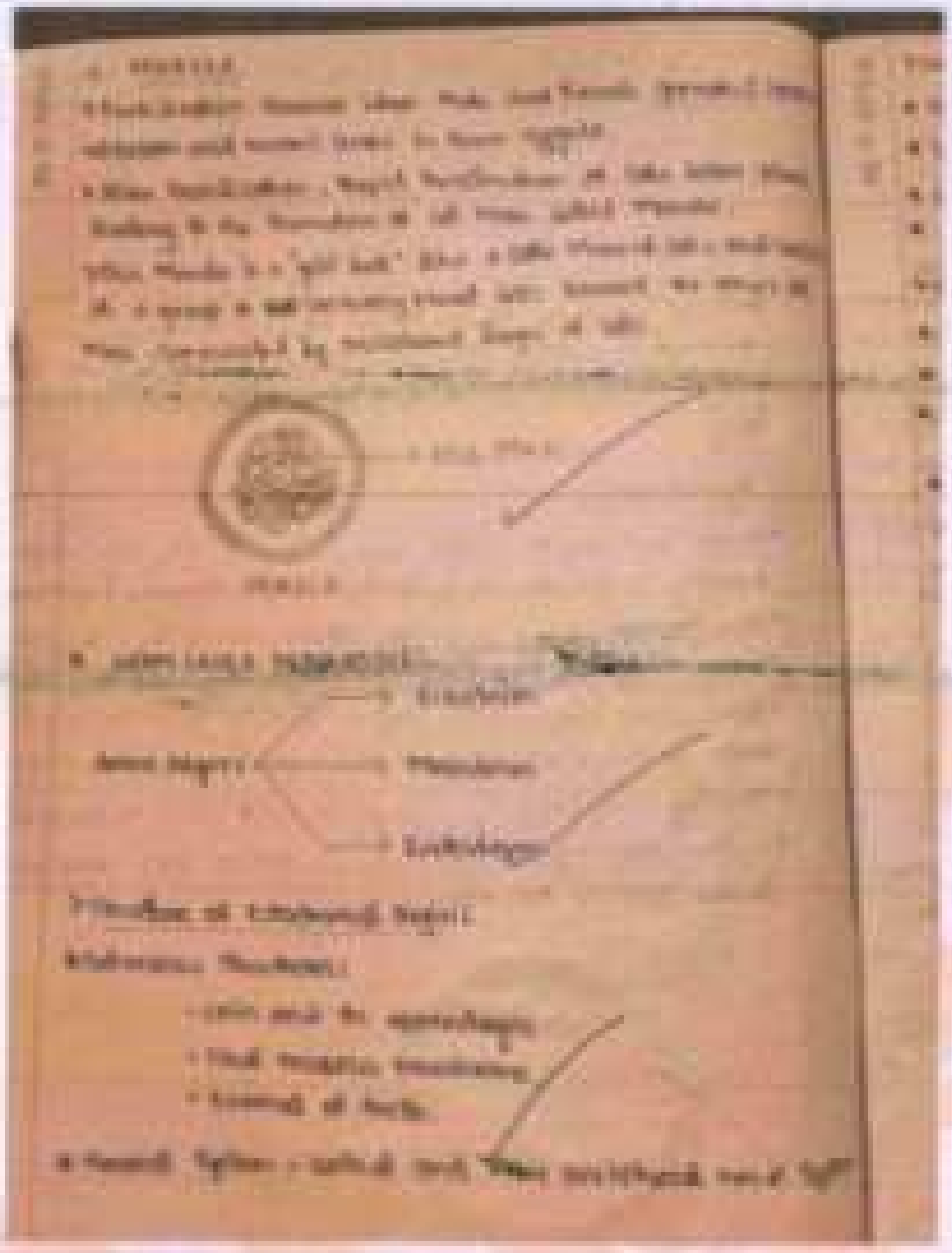
1. Assignment:

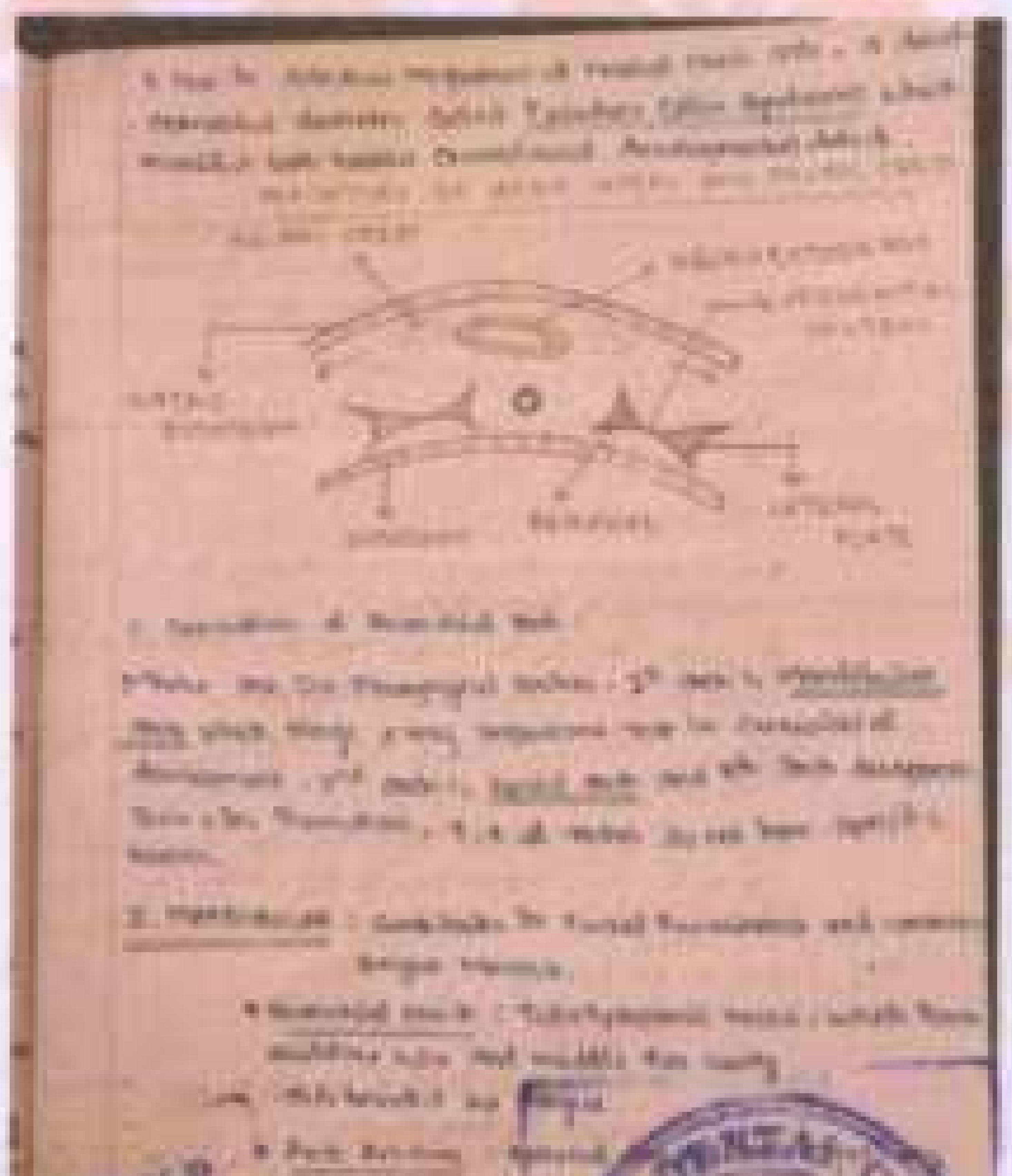
REPORT

1ST and 3rd year UG Students have been instructed to submit assignments on several topics as part of teaching learning mechanism. The assignments will be corrected by the faculty and improvements needed will be instructed to the student. This improves the writing skill for university exams as well as improves the reading ability and concise and accurate writing of the topics. Students will be thorough on those topics and it avoids the last-minute burden for examinations.



Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Mukkam





Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Mukkam

- Submitted assignment

2. Seminars:

REPORT

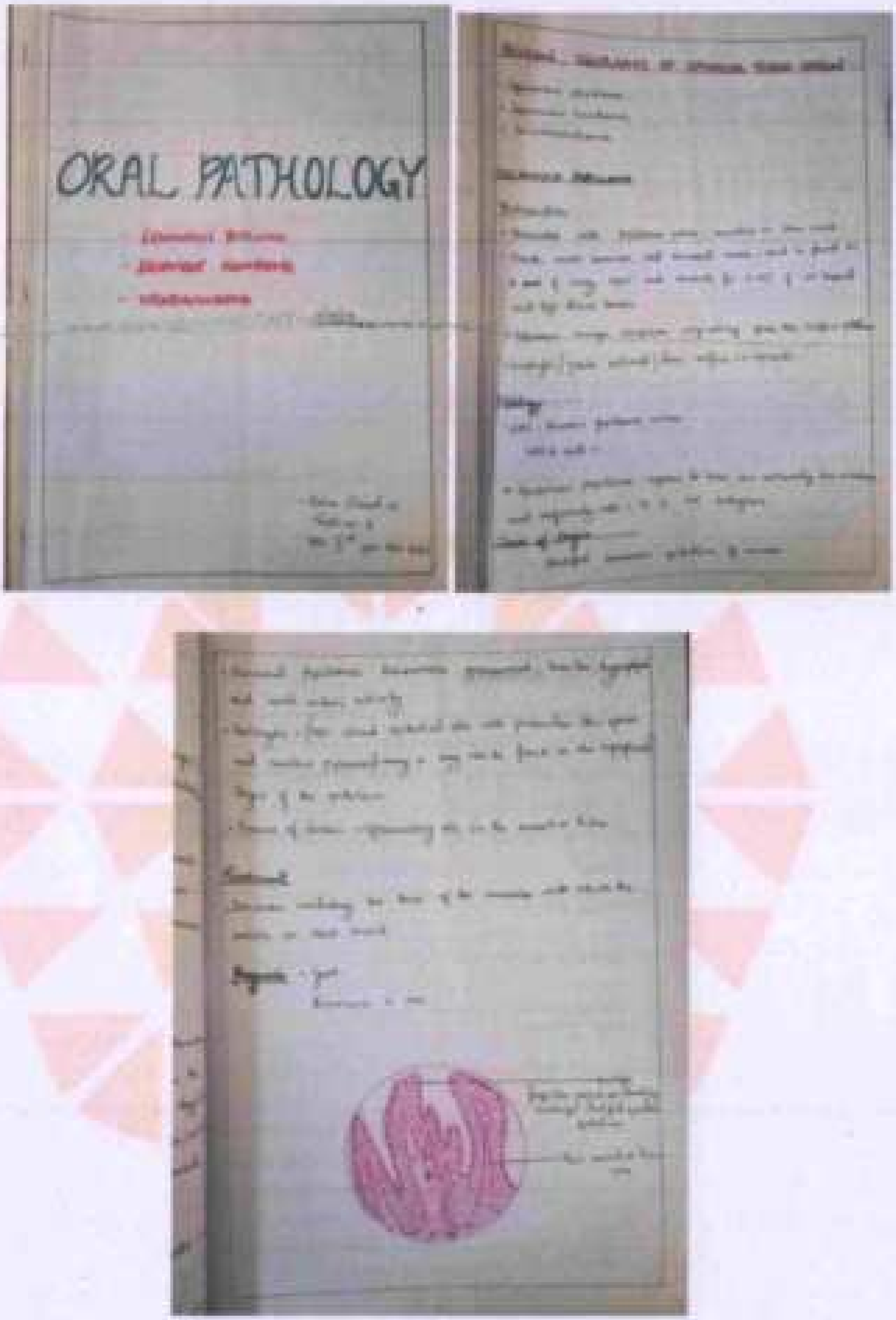
1st, 2nd and 3rd year UG Students have been instructed to present seminars on assigned topics for the whole year. They are also instructed to submit the seminar write ups as part of teaching learning process. The assignments will be monitored by subject expert and improvements needed will be instructed to the student. This improves the communication skills and knowledge and boosts the confidence among students to face the audience.

- **UG SEMINAR (Submitted writeups)**

SEMINAR ON
LEUKEMIA

LEUKEMIA

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



ORAL PATHOLOGY

- Submitted Seminar writeup

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

○ **PG SEMINARS & JOURNAL CLUBS: Schedule**

SEMINARS AND JOURNAL CLUBS (MAY & JUNE)

DATE	SEMINAR	JC
25/04/2023	AKHILA – Clinical tips for a better biopsy specimen	
17/05/2023	JYOTSNA- cell structure and functions	
18/05/2023		SABEENATH
23/05/2023	LEKSHMI – Cell nucleus	
25/05/2023		GOPIKA
30/05/2023	GOPIKA – Cell cycle	
1/06/2023		JYOTSNA
6/06/2023	SABEENATH – Amelogenesis	
8/06/2023		AKHILA
13/06/2023	JYOTSNA – Theories of Mineralization	
15/06/2023		LEKSHMI
20/06/2023	GOPIKA - Cytoskeleton	
22/06/2023		JYOTSNA
27/06/2023	LEKSHMI – Cell Junctions	
29/06/2023		GOPIKA
4/07/2023	SABEENATH- Specialized Microscope	
6/07/2023		LEKSHMI

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

SEMINARS AND JOURNAL CLUBS (Aug - Oct)

DATE	SEMINAR	JC
22/08/2023	AKHILA- Light Microscopy	
24/08/2023	AKHILA- Light Microscopy(continuation)	
25/08/2023	AKHILA - Light Microscopy(continuation)	
31/08/2023		SABEENATH Ameloblastic Fibroma
5/09/2023	JYOTSNA- Blood-1	
07/09/2023		AKHILA Osteoradionecrosis
12/09/2023	GOPIKA- Blood-2	
14/09/2023		JYOTSNA
19/09/2023	SABEENATH- Special Stains	
21/09/2023		GOPIKA
26/09/2023	LEKSHMI- Blood-3	
28/09/2023		SABEENATH
03/10/2023		
05/10/2023		AKHILA
10/10/2023		
12/10/2023		LEKSHMI

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

SEMINARS AND JC (MARCH APRIL 2024)

DATE	SEMINAR	JC
[illegible]		AKHILA
[illegible]		JYOTSNA
[illegible]	LEKSHMI CHRONIC INFLAMMATION	
[illegible]		GOPIKA
[illegible]	AKHILA PRINCIPLES OF STAINING	
[illegible]		SAREENATH
[illegible]	JYOTSNA CHEMICAL MEDIATORS	
[illegible]		AKHILA
[illegible]	JYOTSNA TISSUE PROCESSING	
[illegible]		LEKSHMI
[illegible]	SAREENATH SPECIAL STAINS	

SEMINARS AND JC (MAY 2024)

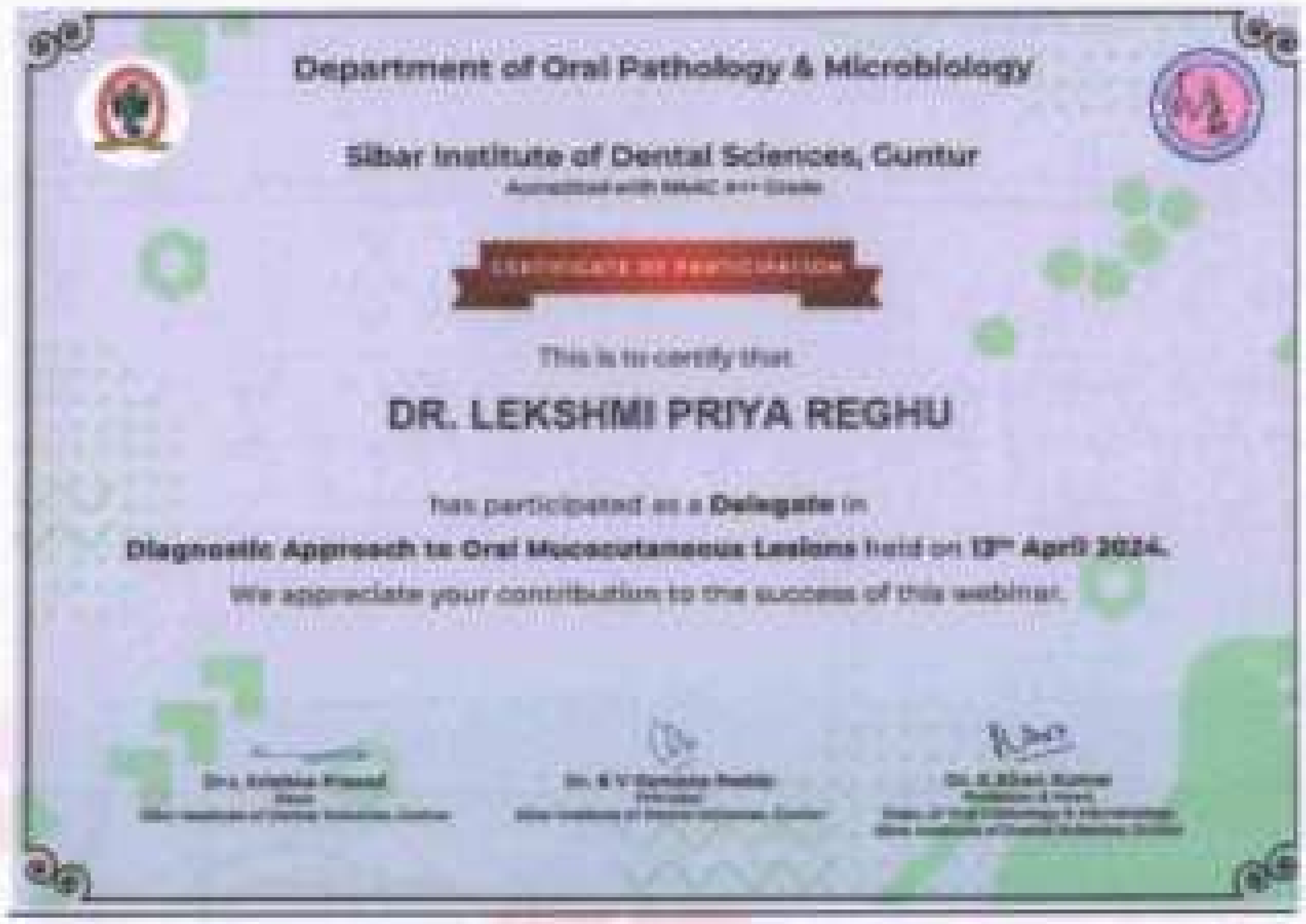
DATE	SEMINAR	JC
[illegible]	SHAMILA CELL STRUCTURE AND FUNCTIONS	
[illegible]	JYOTSNA - CHEMICAL MEDIATORS OF INFLAMMATION	
[illegible]		GOPIKA
[illegible]		LEKSHMI
[illegible]		SHAMILA
[illegible]	SAREENATH SPECIAL STAINS	

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

3. Attending on online webinars:

REPORT

PG's have attended several Online webinars as part of learninng process. This helps them to get updated on the advances in the field.



Department of Oral Pathology & Microbiology

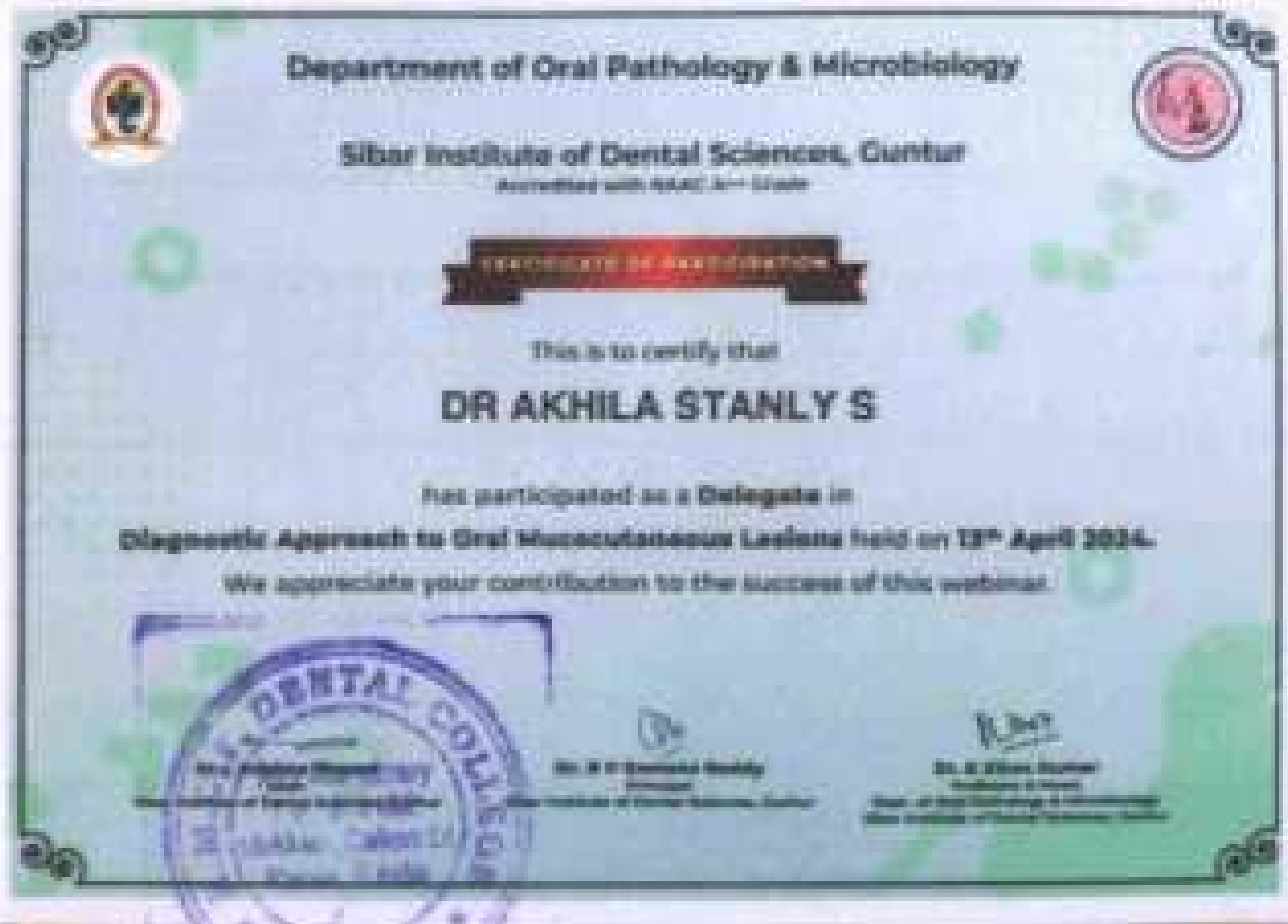
Sibar Institute of Dental Sciences, Guntur
Accredited with NAAC A++ Grade

CERTIFICATE OF PARTICIPATION

This is to certify that

DR. LEKSHMI PRIYA REGHU

has participated as a **Delegate** in **Diagnostic Approach to Oral Mucocutaneous Lesions** held on 13th April 2024.
We appreciate your contribution to the success of this webinar.



Department of Oral Pathology & Microbiology

Sibar Institute of Dental Sciences, Guntur
Accredited with NAAC A++ Grade

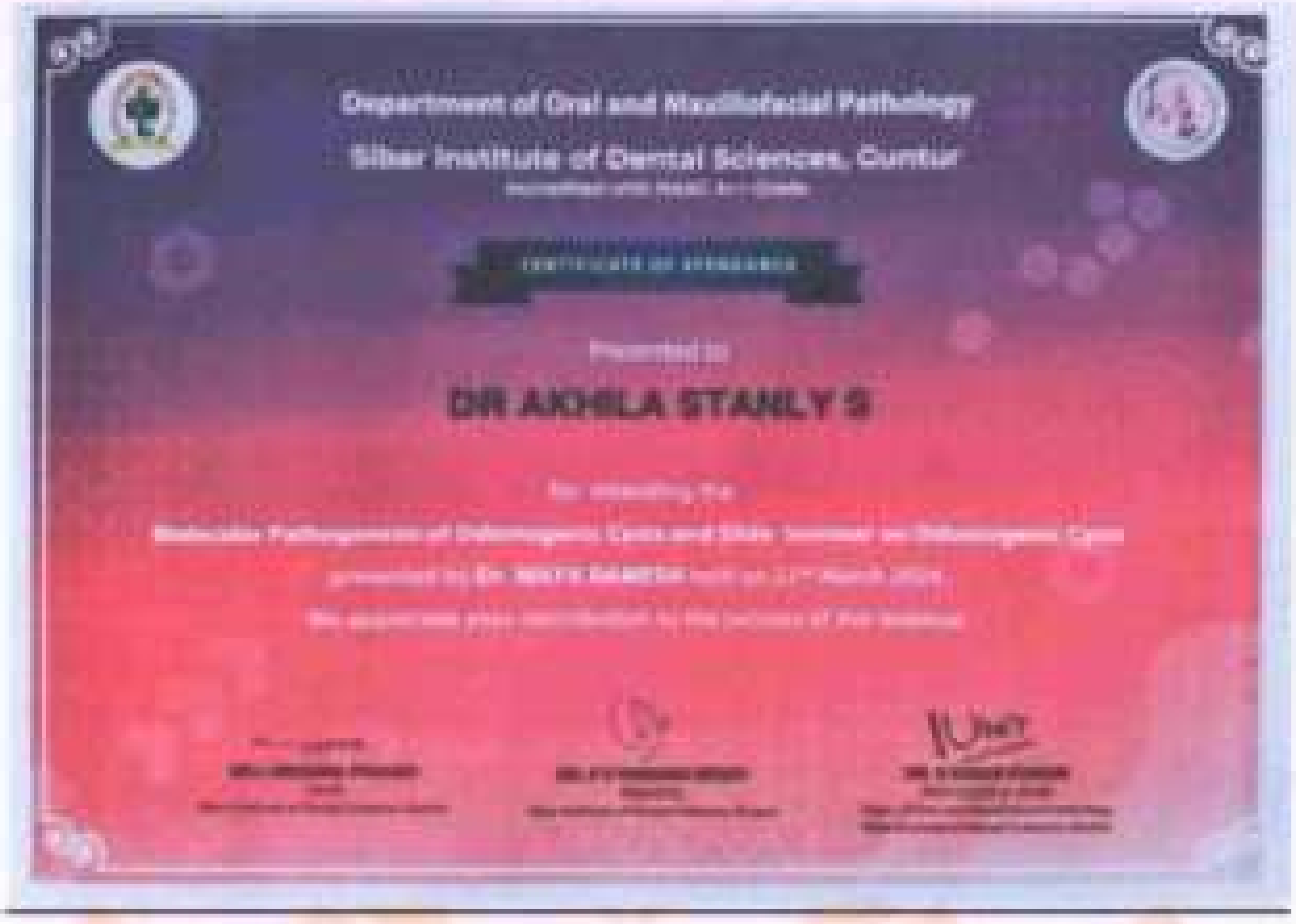
CERTIFICATE OF PARTICIPATION

This is to certify that

DR AKHILA STANLY S

has participated as a **Delegate** in **Diagnostic Approach to Oral Mucocutaneous Lesions** held on 13th April 2024.
We appreciate your contribution to the success of this webinar.

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

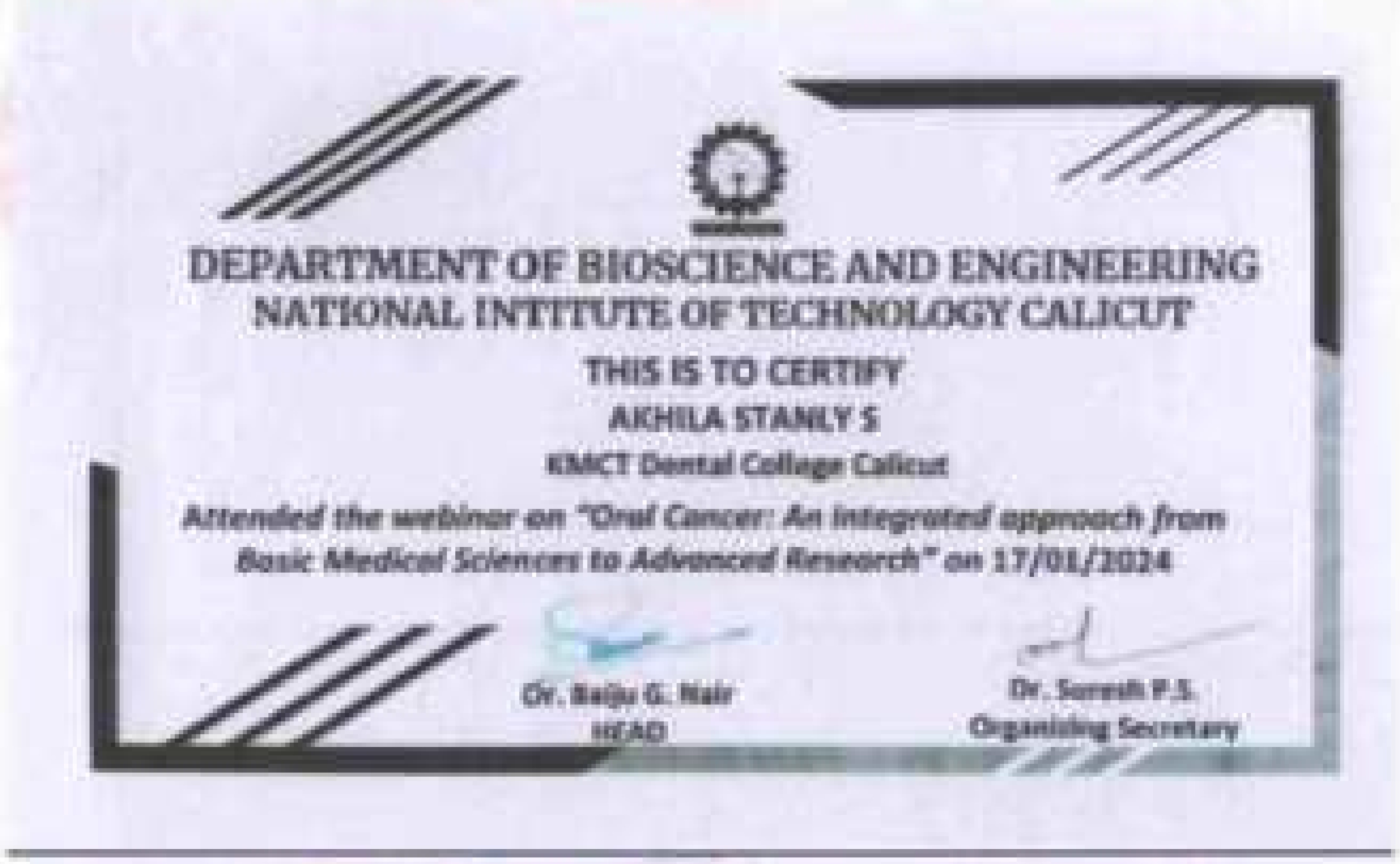


Department of Oral and Maxillofacial Pathology
Sibar Institute of Dental Sciences, Guntur

DR AKHILA STANLY S

Molecular Pathogenesis of Odontogenic Cysts and Slide Seminar on Odontogenic Cysts

---



DEPARTMENT OF BIOSCIENCE AND ENGINEERING
NATIONAL INTITUTE OF TECHNOLOGY CALICUT

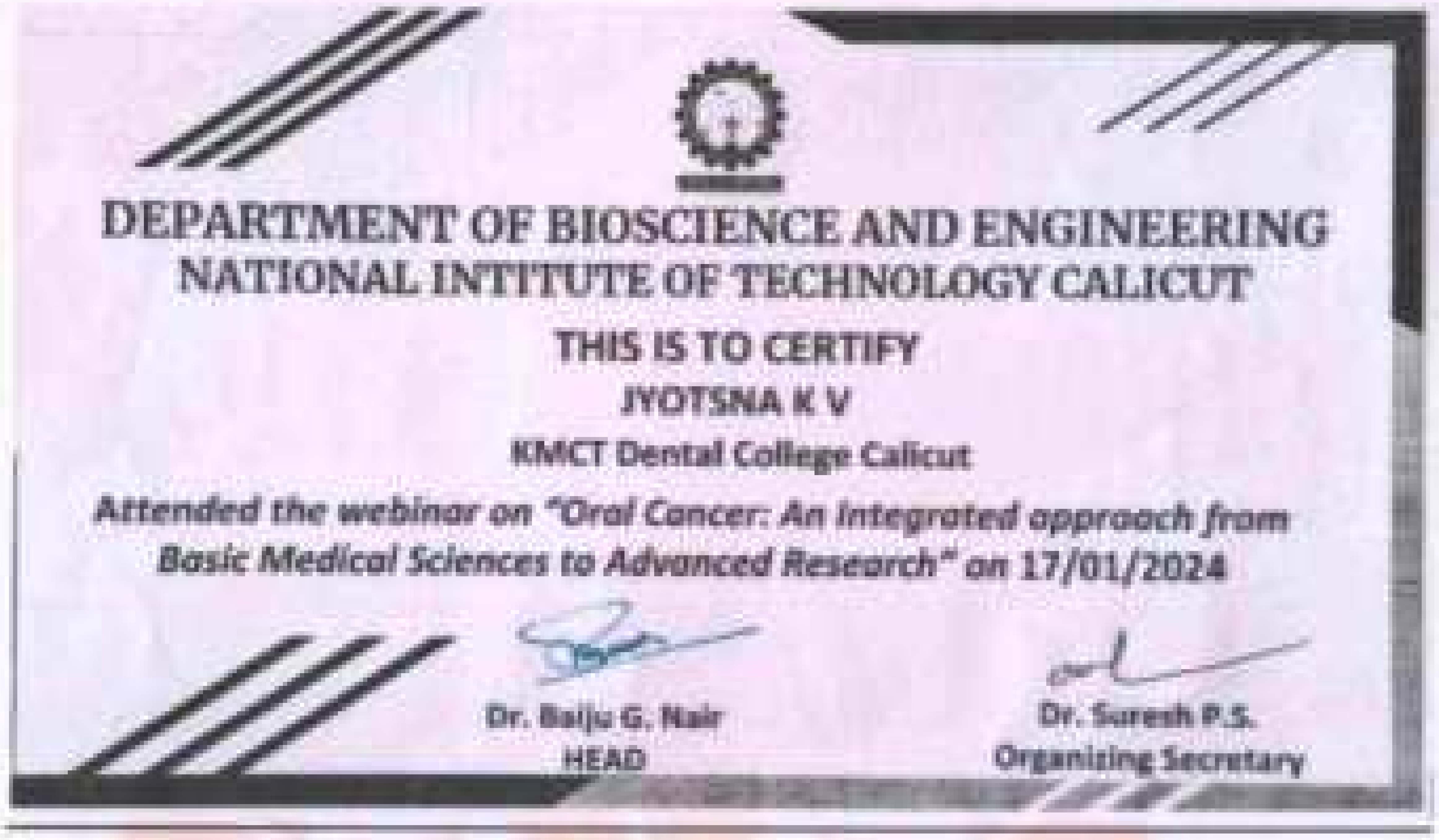
THIS IS TO CERTIFY
AKHILA STANLY S
KMCT Dental College Calicut

Attended the webinar on "Oral Cancer: An integrated approach from Basic Medical Sciences to Advanced Research" on 17/01/2024

Dr. Baiju G. Nair
HEAD

Dr. Suresh P.S.
Organising Secretary

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



DEPARTMENT OF BIOSCIENCE AND ENGINEERING
NATIONAL INTITUTE OF TECHNOLOGY CALICUT

THIS IS TO CERTIFY

JYOTSNA K V

KMCT Dental College Calicut

Attended the webinar on "Oral Cancer: An Integrated approach from Basic Medical Sciences to Advanced Research" on 17/01/2024

Dr. Baiju G. Nair
HEAD

Dr. Suresh P.S.
Organizing Secretary

4. Attending conference & convention:

REPORT

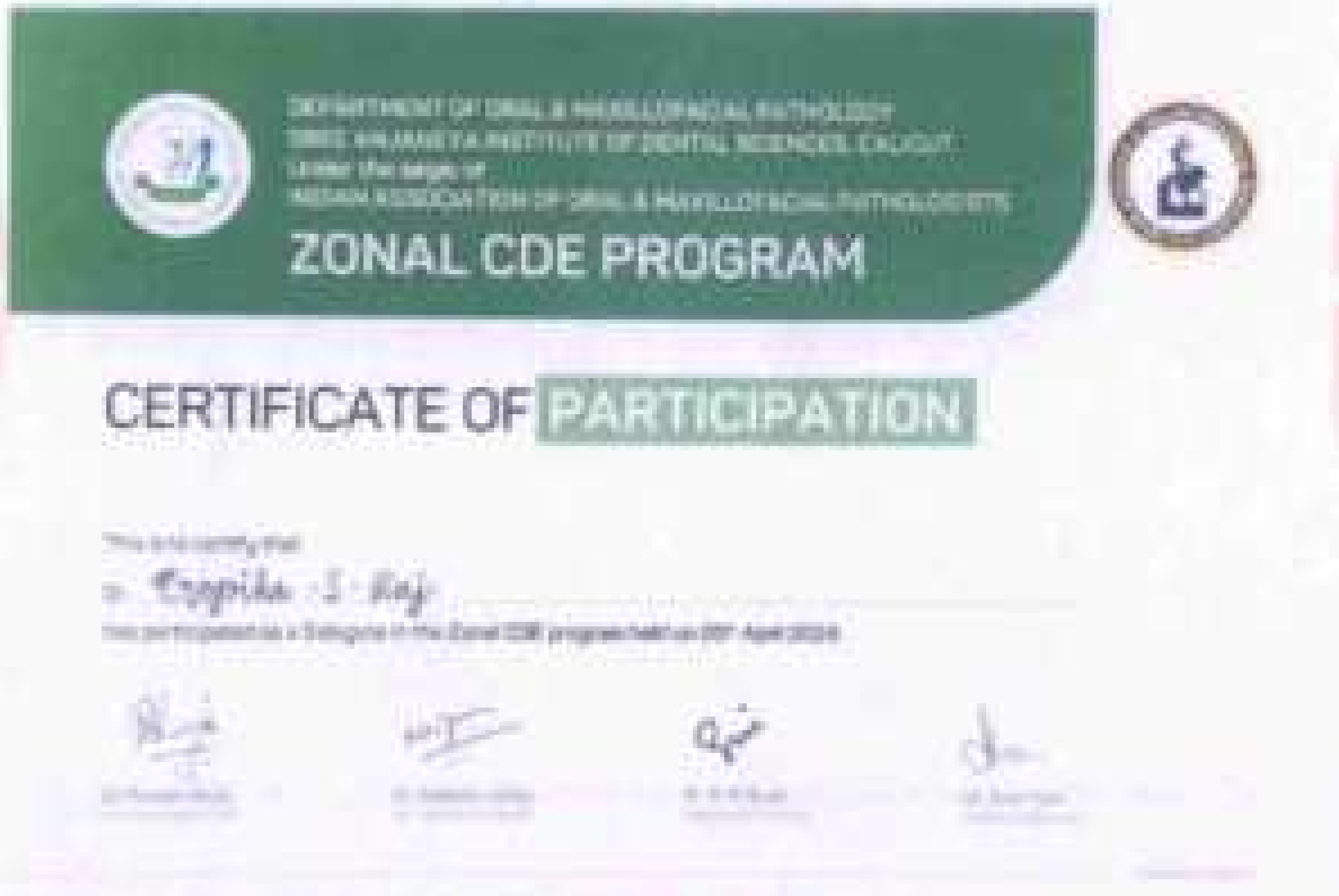
- Post graduate students and faculty from the Department of Oral Pathology and Microbiology have attended 30th National conference of IAOMP at KLE VK Institute of Dental sciences, Belagavi from 3/11/2023 to 05/11/2023. Pg's and faculties have actively participated in the same and PG students have done scientific presentations.
- Post graduate students have attended and presented scientific poster and paper at **'XX ANNUAL STATE CONFERENCE' & 'X POST GRADUATE CONVENTION', KSOMP 2024** on 16th & 17th March 2024 at 'The RENAI Cochin', Palarivattom, Kochi.

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

5. Attending CDE:

REPORT

Post graduate students from the Department of Oral Pathology and Microbiology have attended several CDE programmes as part of PG curriculum. CDE enhances the knowledge and it also allows the students to visit other institutions and observe several techniques and methods used in the field. Students will be benefitted by the information on advanced technologies and updates in the field.



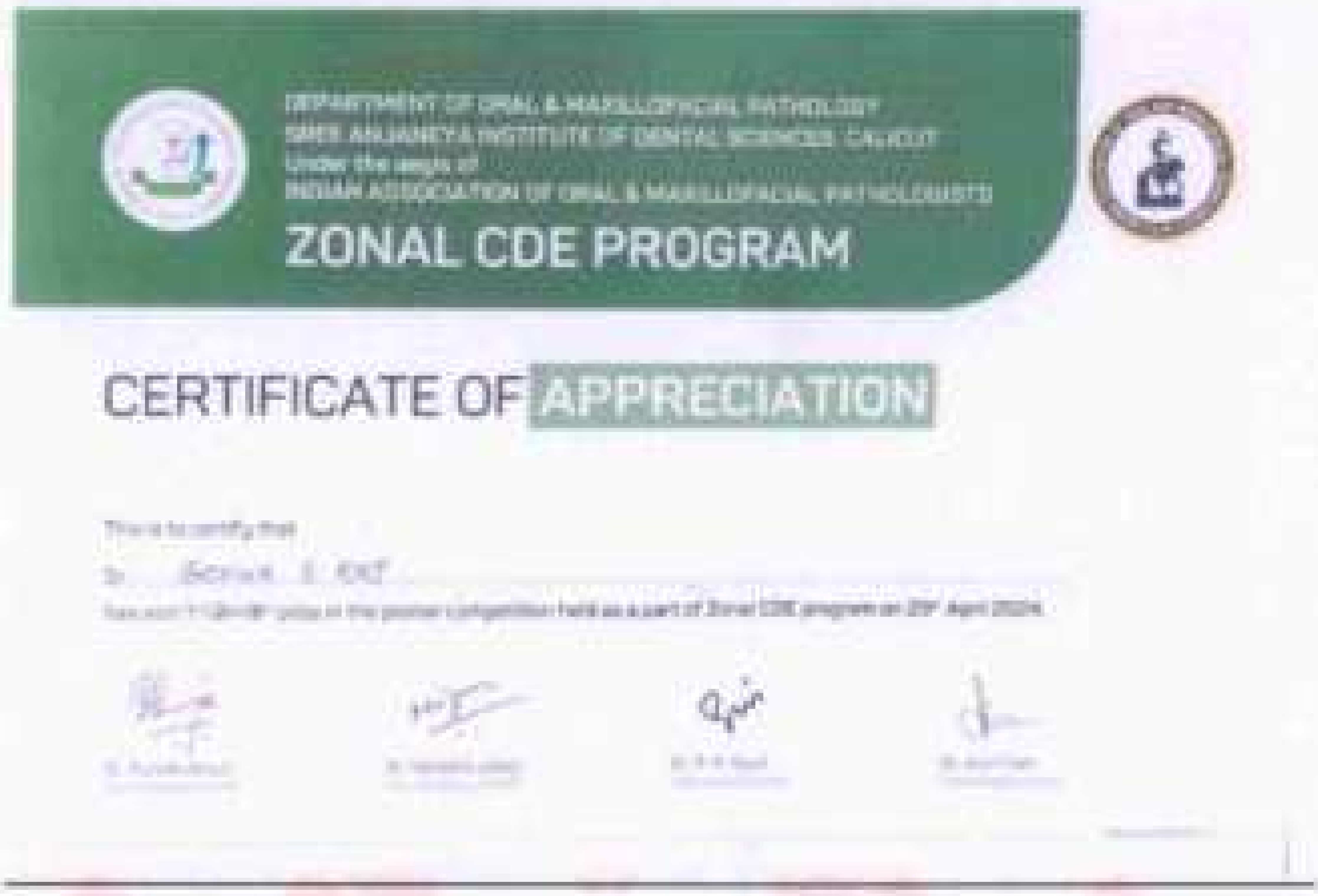
DEPARTMENT OF ORAL & MAXILLOFACIAL PATHOLOGY
SREE ANJANEYA INSTITUTE OF DENTAL SCIENCES, CALICUT
under the aegis of
INDIAN ASSOCIATION OF ORAL & MAXILLOFACIAL PATHOLOGISTS

ZONAL CDE PROGRAM

CERTIFICATE OF PARTICIPATION

This is to certify that

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



DEPARTMENT OF ORAL & MAXILLOFACIAL PATHOLOGY
SREE ANJANEYA INSTITUTE OF DENTAL SCIENCES, CALICUT
Under the aegis of
INDIAN ASSOCIATION OF ORAL & MAXILLOFACIAL PATHOLOGISTS

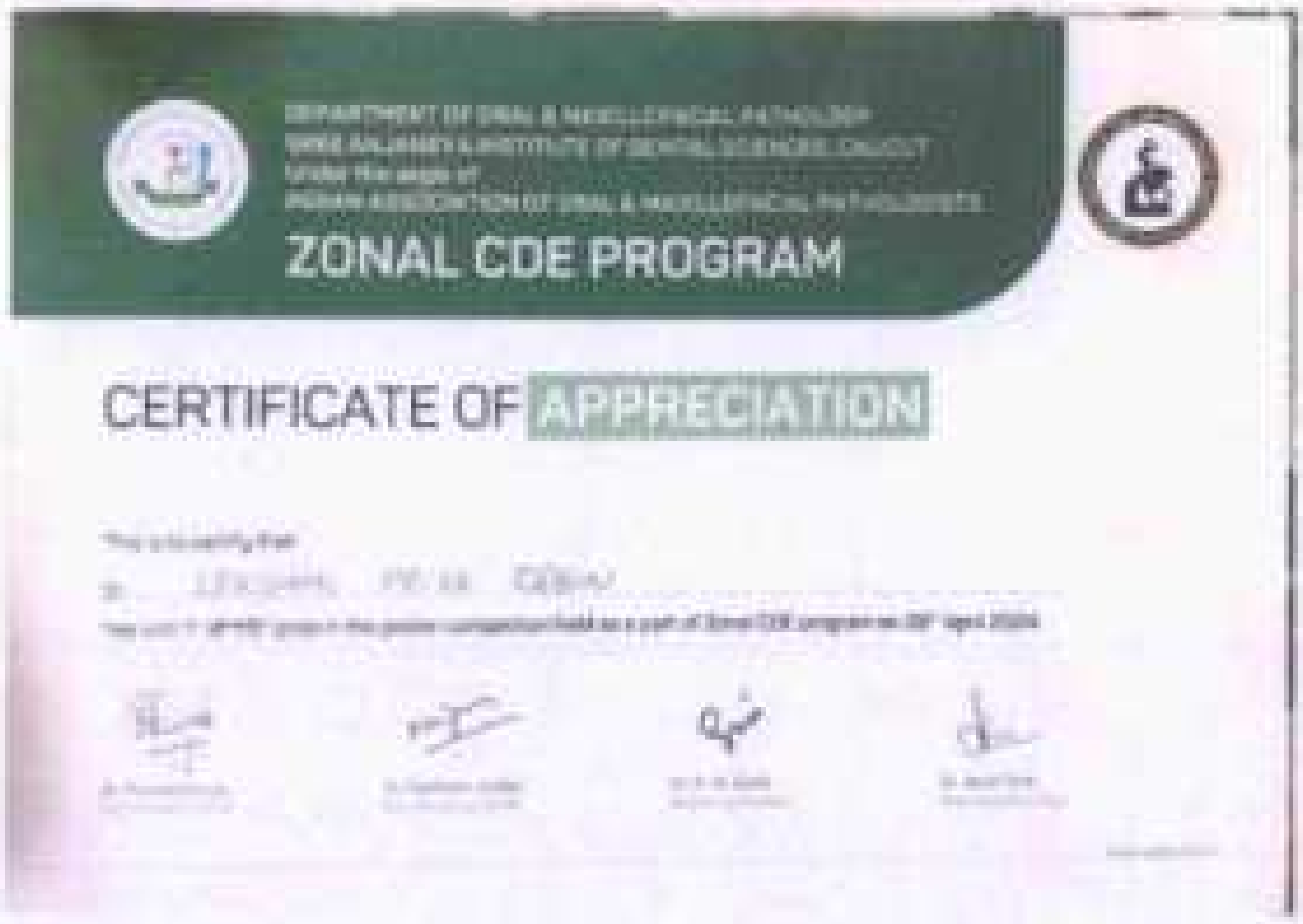
ZONAL CDE PROGRAM

CERTIFICATE OF APPRECIATION

This is to certify that

Dr. [illegible]

[illegible] prize in the poster competition held as a part of Zonal CDE program on 29th April 2024



DEPARTMENT OF ORAL & MAXILLOFACIAL PATHOLOGY
SREE ANJANEYA INSTITUTE OF DENTAL SCIENCES, CALICUT
Under the aegis of
INDIAN ASSOCIATION OF ORAL & MAXILLOFACIAL PATHOLOGISTS

ZONAL CDE PROGRAM

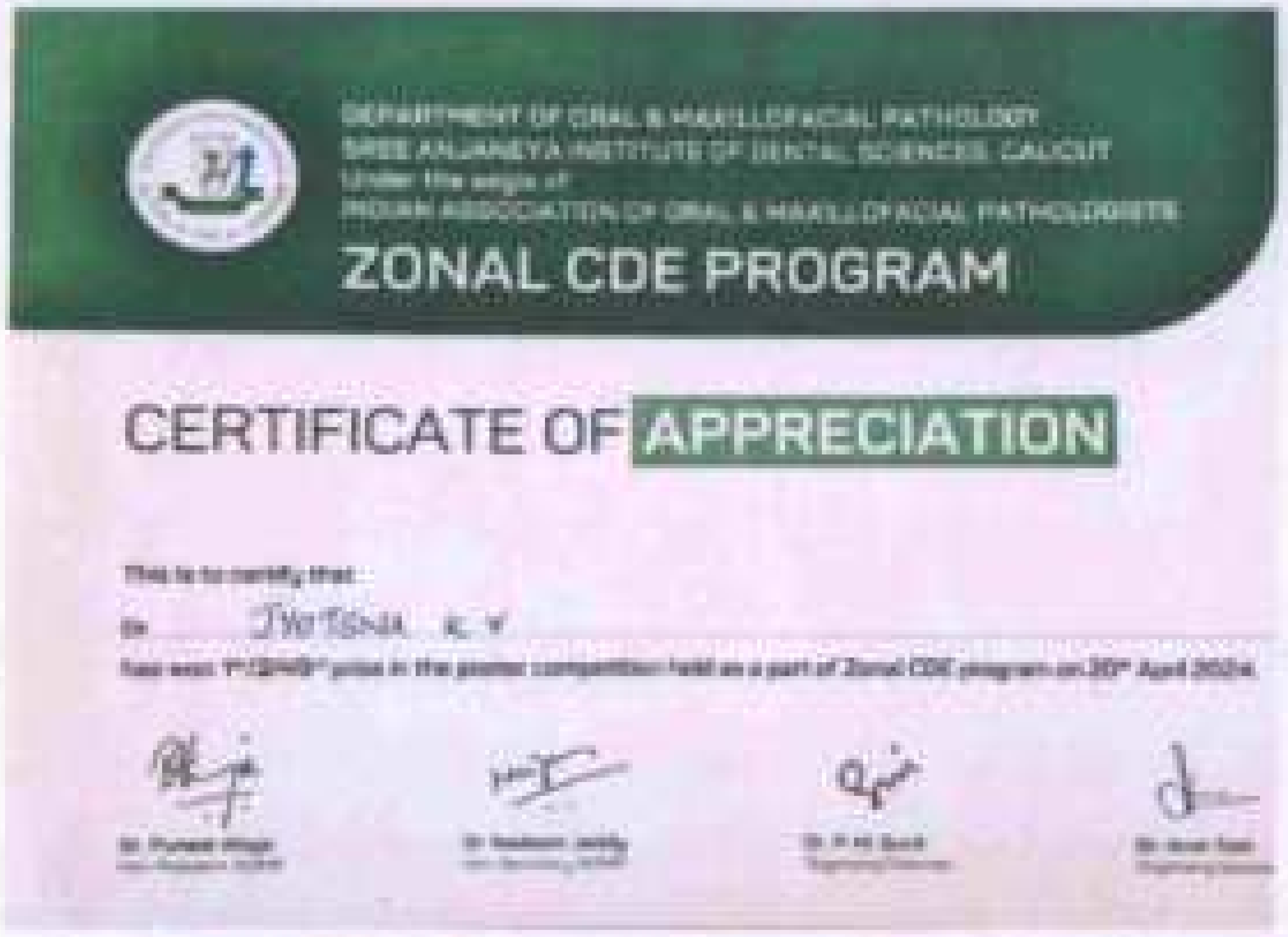
CERTIFICATE OF APPRECIATION

This is to certify that

Dr. [illegible]

[illegible] prize in the poster competition held as a part of Zonal CDE program on 29th April 2024

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College



DEPARTMENT OF ORAL & MAXILLOFACIAL PATHOLOGY
SREE ANJANEYA INSTITUTE OF DENTAL SCIENCES, CALICUT
Under the aegis of
INDIAN ASSOCIATION OF ORAL & MAXILLOFACIAL PATHOLOGISTS

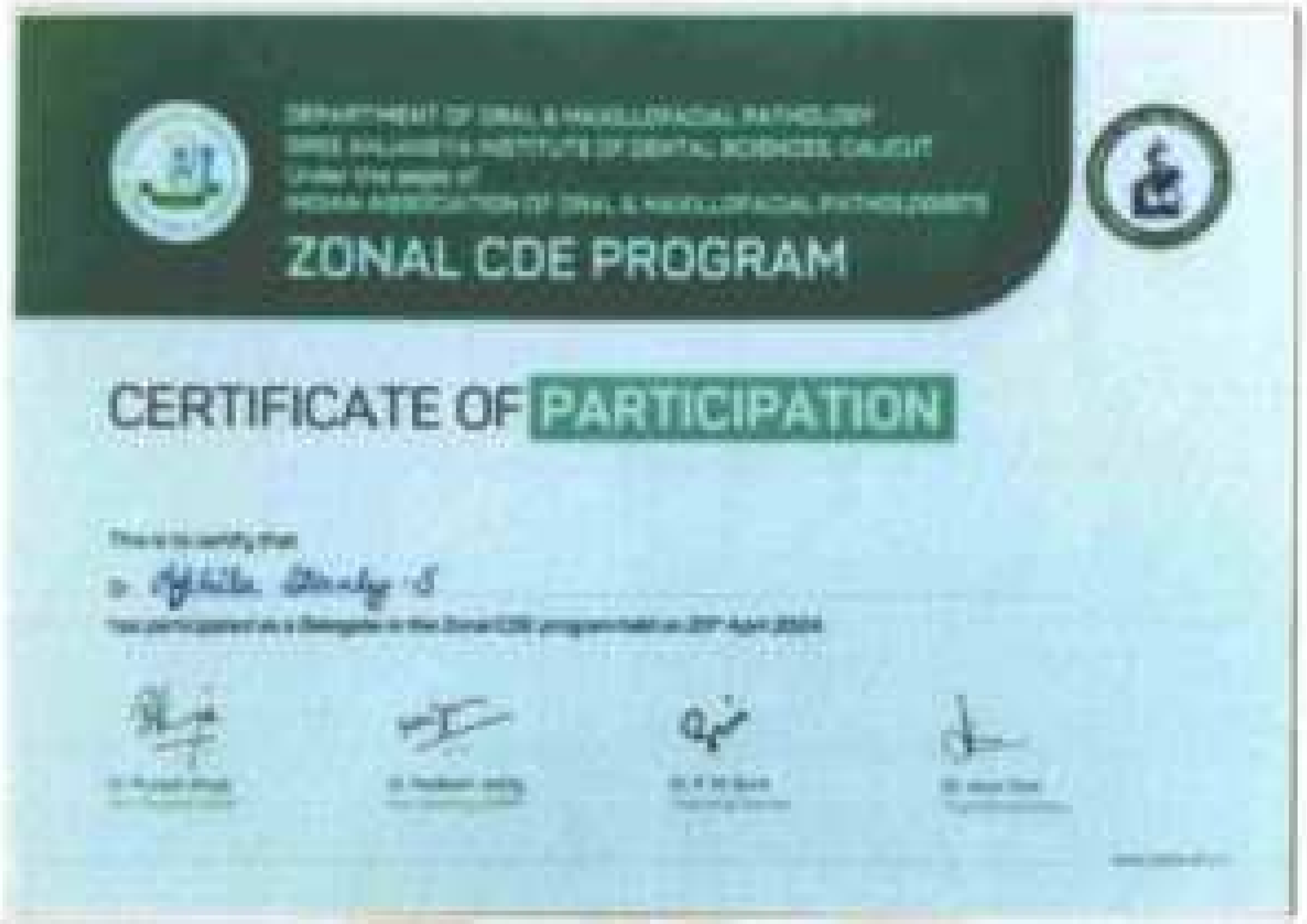
ZONAL CDE PROGRAM

CERTIFICATE OF APPRECIATION

This is to certify that
Dr JYOTSNA K Y
has won 1st/2nd/3rd prize in the poster competition held as a part of Zonal CDE program on 20th April 2024.

DEPARTMENT OF ORAL & MAXILLOFACIAL PATHOLOGY
SREE ANJANEYA INSTITUTE OF DENTAL SCIENCES, CALICUT
Under the aegis of
INDIAN ASSOCIATION OF ORAL & MAXILLOFACIAL PATHOLOGISTS
ZONAL CDE PROGRAM
CERTIFICATE OF APPRECIATION
This is to certify that
Dr JYOTSNA K Y
has won 1st/2nd/3rd prize in the poster competition held as a part of Zonal CDE program on 20th April 2024.

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



DEPARTMENT OF ORAL & MAXILLOFACIAL PATHOLOGY
SREE ANJANEYA INSTITUTE OF DENTAL SCIENCES, CALICUT
Under the aegis of
INDIAN ASSOCIATION OF ORAL & MAXILLOFACIAL PATHOLOGISTS

ZONAL CDE PROGRAM

CERTIFICATE OF PARTICIPATION

This is to certify that
Dr. Athila Stanly S
has participated as a Delegate in the Zonal CDE program held on 20th April 2024

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

CONFERENCES AND CDES

Conferences and Continuing Dental Education (CDE) programs play a vital role in the professional development of dental students at KMCT Dental College.

CONFERENCES

Knowledge Enhancement: Conferences provide a platform for students to learn about the latest advancements in dental science, new treatment methodologies, and emerging technologies.

Networking Opportunities: Students get to interact with peers, faculty members, and industry professionals, fostering connections that can be valuable for future collaborations and career opportunities.

Skill Development: Attending workshops and seminars at conferences helps students develop clinical skills, presentation skills, and critical thinking abilities.

Inspiration and Motivation: Hearing from renowned speakers and seeing the work of their peers can inspire students and motivate them to pursue excellence in their field.

Research Exposure: Conferences often feature presentations of cutting-edge research, giving students insights into current trends and potential areas for their own research projects

CDE PROGRAMMES

Continual Learning: CDE programs ensure that students and professionals stay updated with the latest knowledge and practices in dentistry, even after graduation.

Professional Growth: These programs contribute to the lifelong learning process, helping dental professionals maintain and enhance their competencies.

Credentialing and Certification: Participation in CDE programs can lead to additional certifications and credentials, which can enhance a dentist's qualifications and career prospects.

Patient Care Improvement: By staying current with the latest developments, dental professionals can provide better care to their patients, incorporating new techniques and technologies into their practice.

Overall, conferences and CDE programs are integral to the comprehensive education and professional development of students equipping them with the knowledge, skills, and networks needed for successful careers in dentistry.

Principal
Dental College
Manassery, Mukkam

LIST OF CONFERENCES AND CONVENTIONS ATTENDED
MAY 2023- JUNE 2024- PG STUDENTS

NAME	TOPIC	CONFERENCE/CONVENTION
DR.NEERAJA	TABLE CLINIC "Saliwell crown"- An alternative to traditional xerostomia treatment"	25th IPS convention, Hyderabad, 2nd to 4th June 2023
	PAPER-Membrane obturator	51st IPS National Conference- Goa, 7th -10th December 2023
DR.ARIF JALAL	TABLE CLINIC- "Saliwell crown"- An alternative to traditional xerostomia treatment"	25th IPS convention, Hyderabad, 2nd to 4th June 2023
	PAPER-Membrane obturator	51st IPS National Conference- Goa, 7th -10th December 2023
DR.MELISA CHERIYAN	PAPER-CRISPER in Prosthodontics	51st IPS National Conference- Goa, 7th -10th December 2023
	TABLE CLINIC- "Saliwell crown"- An alternative to traditional xerostomia treatment"	25th IPS convention, Hyderabad, 2nd to 4th June 2023
DR.SUKHIL T SATHYAN	PAPER- Nero-imediate:A peek into green dentistry"	25th IPS convention, Hyderabad, 2nd to 4th June 2023

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

	POSTER- Bioactive kinetic screw	51st IPS National Conference- Goa,7th -10th December 2023
	PAPER-bio electric regenerative implants	7th IPS STATE CONFERENCE- MAHE, 10th ,11th May 2024

	TABLE CLINIC- NAVEYE- For an eye	26th IPS PG NATIONAL CONVENTION- 5th -7th April 2024 CHENNAI
DR.JINSHA MAJI K	PAPER- Nero-imediato:A peek into green dentistry	25th IPS convention, Hyderabad, 2nd to 4th June 2023
	POSTER- Mobident scan mobiles beyond selfies	51st IPS National Conference- Goa,7th -10th December 2023
	PAPER- Facial scanners in prosthodontics	7th IPS STATE CONFERENCE- MAHE, 10th ,11th May 2024
	TABLE CLINIC- NAVEYE- For an eye	26th IPS PG NATIONAL CONVENTION- 5th -7th April 2024 CHENNAI
DR.SREYA JYOTHIBAS	TABLE CLINIC- Saliwell crown"-An alternative to traditional xerostomia treatment"	25th IPS convention, Hyderabad, 2nd to 4th June 2023
	PAPER-CRISPER in Prosthodontics	51st IPS National Conference- Goa,7th -10th December 2023
	POSTER- On1 concept: Streamlining dental implants for better healing	7th IPS STATE CONFERENCE- MAHE, 10th ,11th May 2024

Dr. [illegible]MAR.K.P
Principal
KMCT Dental College
Manassery, Mukkam

	PAPER- Bioregenerative electric implant (51 ST IPS PG National Conference- Mahe)	26th IPS PG NATIONAL CONVENTION- 5th -7th April 2024 CHENNAI
DR.CHANDANA CN	POSTER- "Characteristic anatomic articulators"	25th IPS convention, Hyderabad, 2nd to 4th June 2023
	POSTER- Bioactive kinetic screw	51st IPS National Conference- Goa,7th -10th December 2023
	PAPER- Facial scanners in prosthodontics	7th IPS STATE CONFERENCE- MAHE, 10th ,11th May 2024

	TABLE CLINIC- NAVEYE- For an eye	26th IPS PG NATIONAL CONVENTION- 5th -7th April 2024 CHENNAI
DR.GOPIKA MENON	POSTER - "Characteristic anatomic articulators"	25th IPS convention, Hyderabad, 2nd to 4th June 2023
	POSTER- Mobident scan mobiles beyond selfies	51st IPS National Conference- Goa,7th -10th December 2023
	TABLE CLINIC- NAVEYE- For an eye	26th IPS PG NATIONAL CONVENTION- 5th -7th April 2024 CHENNAI
	PAPER: Photogrammetry From Pixels To Perfection	7th IPS STATE CONFERENCE- MAHE, 10th ,11th May 2024
DR.ROOPINA SATHEESH	PAPER- Digital Smile designing softwares.	Dew, IDA State Conference, Waynad, 5th -7th January , 2024

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College

	PAPER- Unlocking precision in dentistry: The advantages of Tomosynthesis Imaging Technology.	7th IPSKCON '24,MAHE, 9,10,11 May 2024
	ATTENDED	26th IPS PG convention ,Chennai 5th-7th April, 2024
DR.SAMEEM PAIKKATT	PAPER- Vitamin D and its Importance in Oral Health	Dew, IDA State Conference, Waynad, 5th -7th January , 2024
	PAPER- Unlocking precision in dentistry: The advantages of Tomosynthesis Imaging Technology.	7th IPSKCON '24,MAHE, 9,10,11 May 2024
	ATTENDED	26th IPS PG convention ,Chennai 5th-7th April, 2024
DR.SHADIA S	PAPER- Intra oral scanners: Paving the way to digital dentistry.	Dew, IDA State Conference, Waynad, 5th -7th January , 2024
	PAPER- Harmonizing dentistry: innovations in neuromuscular diagnosis and treatment	7th IPSKCON '24,MAHE, 9,10,11 May 2024
	ATTENDED	26th IPS PG convention ,Chennai 5th-7th April, 2024
DR.TABITHA MARY JOSEPH	PAPER- 3D Printing: Expanding horizons of	Dew, IDA State Conference, Waynad, 5th -7th January , 2024

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College

	digital dentistry.	
	PAPER – Harmonising dentistry : Innovations in neuromuscular diagnosis and treatment.	7th IPSKCON '24,MAHE, 9,10,11 May 2024
	ATTENDED	26th IPS PG convention ,Chennai 5–7- April, 2024

LIST OF CONFERENCES AND CONVENTIONS ATTENDED MAY 2023- JUNE 2024- UG STUDENTS

GOUTHAM KRISHNAN NK	POSTER - 1st prize Salivary Pacemakers	DEW -24 Kerala State Dental conference
JAHZA NAUH RAHMAN	PAPER - 1st prize Catching rays with smart prosthetics- (Radiation Prosthesis)	
ABHIRAMI CK	PAPER - 3rd prize Control of gag reflex using virtual reality headset in dental procedures	
AKHIL NK	PAPER - Seek a peek in to 'PEEK'	
HARSHA	PAPER - 3rd prize Electromagnetic articulography	

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

UG STUDENTS AT

DEW -24 Kerala State Dental conference

UG STUDENTS PRESENTING PAPER AT
DEW -24 Kerala State Dental conference

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

51st INDIAN PROSTHODONTIC SOCIETY CONFERENCE

7th - 10th December, 2023, Goa
Blending- Skill, Precision & Perfection

CERTIFICATE

OF ATTENDANCE

AWARDED TO

Dr. Neerja E. V

for having participated as a **Delegate** at the 51st Indian Prosthodontic Society Conference at Dr. Shyama Prasad Mukherjee Stadium, Goa on December 7-10, 2023.

Goa State Dental Council
15 CDE POINTS

Dr. Chethan Hegde
President, IPS

J. Hari
Dr. Jangala Hari
Hon. Secretary, IPS

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

Dr. K. Mahendranadh Reddy
Organizing Chairman

Dr. U V Gandhi
Organizing Chairman

Dr. Sanketh Kethi Reddy
Organizing Secretary

Chettinad

Certificate

Of Completion

PROUDLY PRESENTED TO

Dr. NEERAJA. E.V

for having participated in the Lecture and Hands-on in the 5th Clinical Excellence in Prosthodontics Program, held at **Chettinad Dental College and Research Institute**, from **21st June to 23rd June, 2024**

Dr. V. Anand Kumar
President TN IPS &
Pondicherry

Dr. K. Sanketh Reddy
Secretary TN IPS &
Pondicherry

Dr. R. Sridharan
Organising Chairman

Dr. R. Eazhil
Scientific Chairman

TNDC APPROVAL NO. [illegible]
18
CDE POINTS

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

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.

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

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

51st INDIAN PROSTHODONTIC SOCIETY CONFERENCE

7th - 10th December, 2023, Goa
Blending- Skill, Precision & Perfection

CERTIFICATE

OF ATTENDANCE

AWARDED TO

Dr. Melisa Cheriyan

for having participated as a **Delegate** at the 51st Indian Prosthodontic Society Conference at Dr. Shyama Prasad Mukherjee Stadium, Goa on December 7-10, 2023.

Goa State Dental Council

Dr. Chethan Hegde
President, IPS

Dr. Jangala Hari
Hon. Secretary, IPS

Dr. K. Mahendranadh Reddy
Organizing Chairman

Dr. U V Gandhi
Organizing Chairman

Dr. Sanketh Kethi Reddy
Organizing Secretary

Chettinad

Certificate

Of Completion

PROUDLY PRESENTED TO

Dr. MELISA CHERIYAN

for having participated in the Lecture and Hands-on in the 5th Clinical Excellence in Prosthodontics Program, held at **Chettinad Dental College and Research Institute**, from **21st June to 23rd June, 2024**

Dr. V. Anand Kumar
President TN IPS &
Pondicherry

Dr. K. Sanketh Reddy
Secretary TN IPS &
Pondicherry

Dr. R. Sridharan
Organising Chairman

Dr. R. Eazhil
Scientific Chairman

TNDC APPROVAL NO. [illegible]
18
CDE POINTS

25th IPS PG CONVENTION

Indian Prosthodontic Society

IPS SILVER JUBILEE PG CONVENTION

2nd - 4th June 2023, Hyderabad

Reg. No.S786

CERTIFICATE OF APPRECIATION

Awarded to

DR. MELISA CHERIYAN

for presenting table clinic 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

Dr. MANO[illegible] KUMAR K.P.
[illegible]
KMCT Dental College
Manassery, Mukkam

IPS SILVER JUBILEE PG CONVENTION

2nd - 4th June 2023, Hyderabad

Reg. No.S375

CERTIFICATE OF APPRECIATION

Awarded to

DR. ARIF JALAL

for presenting table clinic 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

K.M.C.T. DENTAL COLLEGE

Chettinad

Certificate

Of Completion

PROUDLY PRESENTED TO

Dr. ARIF JALAL

for having participated in the Lecture and Hands-on in the 5th Clinical Excellence in Prosthodontics Program, held at **Chettinad Dental College and Research Institute**, from **21st June to 23rd June, 2024**

Dr. V. Anand Kumar
President TN IPS &
Pondicherry

Dr. K. Sanketh Reddy
Secretary TN IPS &
Pondicherry

Dr. R. Sridharan
Organising Chairman

Dr. R. Eazhil
Scientific Chairman

TNDC APPROVAL NO: [illegible]
18
CDE POINTS

Dr. [illegible] KUMAR
Principal
[illegible] Dental College
[illegible] Mukkam

51st INDIAN PROSTHODONTIC SOCIETY CONFERENCE

7th - 10th December, 2023, Goa
Blending- Skill, Precision & Perfection

CERTIFICATE
OF ATTENDANCE

AWARDED TO

Dr. Arif Jalal

for having participated as a **Delegate** at the 51st Indian Prosthodontic Society Conference at Dr. Shyama Prasad Mukherjee Stadium, Goa on December 7-10, 2023.

Goa State Dental Council
15
CDE
POINTS

Dr. Chethan Hegde
President, IPS

Dr. Jangala Hari
Hon. Secretary, IPS

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

Dr. K. Mahendranadh Reddy
Organizing Chairman

Dr. U V Gandhi
Organizing Chairman

Dr. Sanketh Kethi Reddy
Organizing Secretary

KDC
6 Points
CDE/1000/24/KDC

CERTIFICATE

OF PARTICIPATION

THIS CERTIFICATE IS PRESENTED TO

Dr. Chandana Cn

For being a delegate at **AMRITA MAXFAC 2024**, organized by Amrita Institute of Medical Sciences in association with Indian Prosthodontics Society, Kerala State Branch on 20th to 22nd September 2024 at Amrita School of Dentistry, Kochi, Kerala.

DR MANJU V
Professor & Head
Prosthodontics and Implantology
Secretary
IPS Kerala State Branch

DR SUBRAMANIA IYER
Professor and Chairperson
Head & Neck,
Plastic and Reconstructive Surgery

DR RUPESH P L
President
IPS Kerala State Branch

Scanned with OKEN Scanner

Scanned with OKEN Scanner

MINDS

MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

CERTIFICATE

OF PARTICIPATION

PRESENTED TO

Dr Chandana CN

for active participation in CDE programme **"MAGNETIC MALLETS"** organised by Department of Prosthodontics, Crown & Bridge and Implantology in association with Indian Prosthodontic Society Kerala State Branch, on 29-02-2024 at Mahe Institute of Dental Sciences & Hospital, Chalakkara, Mahe.

DR ANIL MELATH
PRINCIPAL, MINDS

Selvamani
DR M SELVAMANI
VICE PRINCIPAL, MINDS

DR RAJ AC
CHAIRPERSON, DED

DR PRASAD ARAVIND
ORGANISING CHAIRMAN

INDIAN PROSTHODONTIC SOCIETY
KERALA STATE BRANCH

7th IPSKCON'24

IPS KERALA STATE ANNUAL CONFERENCE

RENAISSANCE: FROM CONVENTIONAL TO CUTTING EDGE

CERTIFICATE
OF APPRECIATION

Awarded to

Dr Chandana. C N

for presenting a

Student Paper/Poster titled

Facial scanner in Prosthodontics.

at the 7th IPS Kerala State Branch Annual Conference 'IPSKCON-24' held at Mahe Institute of Dental Sciences and Hospital on 10th & 11th May 2024.

Dr SUDEEP SARATHCHANDRAN
PRESIDENT IPS
KERALA STATE BRANCH

Dr MANJU V
SECRETARY IPS
KERALA STATE BRANCH

Dr PRASAD ARAVIND
ORGANIZING CHAIRMAN
IPSKCON' 24

Dr SREEKUMAR A V
CONFERENCE SECRETARY
IPSKCON' 24

Dr ANAND K S
SCIENTIFIC CHAIRMAN
IPSKCON' 24

Dr ABHINAV MOHAN K
ORGANIZING SECRETARY
IPSKCON' 24

Scanned with OKEN Scanner

Indian Dental Association
Malabar Branch

Sree Anjaneya Institute
of Dental Sciences
Unit of Malabar Medical College

CERTIFICATE

Of PARTICIPATION

This Certificate is proudly presented to

Dr. CHANDANA C N

for actively participating in CDE program on **Immediate Implants** by **Dr Sreekanth A Mallan** organised by Sree Anjaneya Institute of Dental Sciences and IDA Malabar, on 24th August 2024 at Sree Anjaneya Institute of Dental Sciences , Modakkallur.

MR ANIL KUMAR
CHAIRMAN
SREE ANJANEYA MEDICAL TRUST

DR PM SUNIL
DEAN
SREE ANJANEYA
INSTITUTE OF
DENTAL SCIENCES

DR GOPINATH PV
PRINCIPAL
SREE ANJANEYA INSTITUTE OF
DENTAL SCIENCES

DR SREEKANTH A MALLAN
SPEAKER

DR HARISH KUMAR VV
PRESIDENT-IDA MALABAR

DR SAMEERA G NATH
SECRETARY-IDA MALABAR

DR AMIT KUMAR
CDE CONVENOR-IDA
MALABAR

Scanned with OKEN Scanner

IPS SILVER JUBILEE PG CONVENTION

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

Dr. Jangala Hari
Secretary, IPS

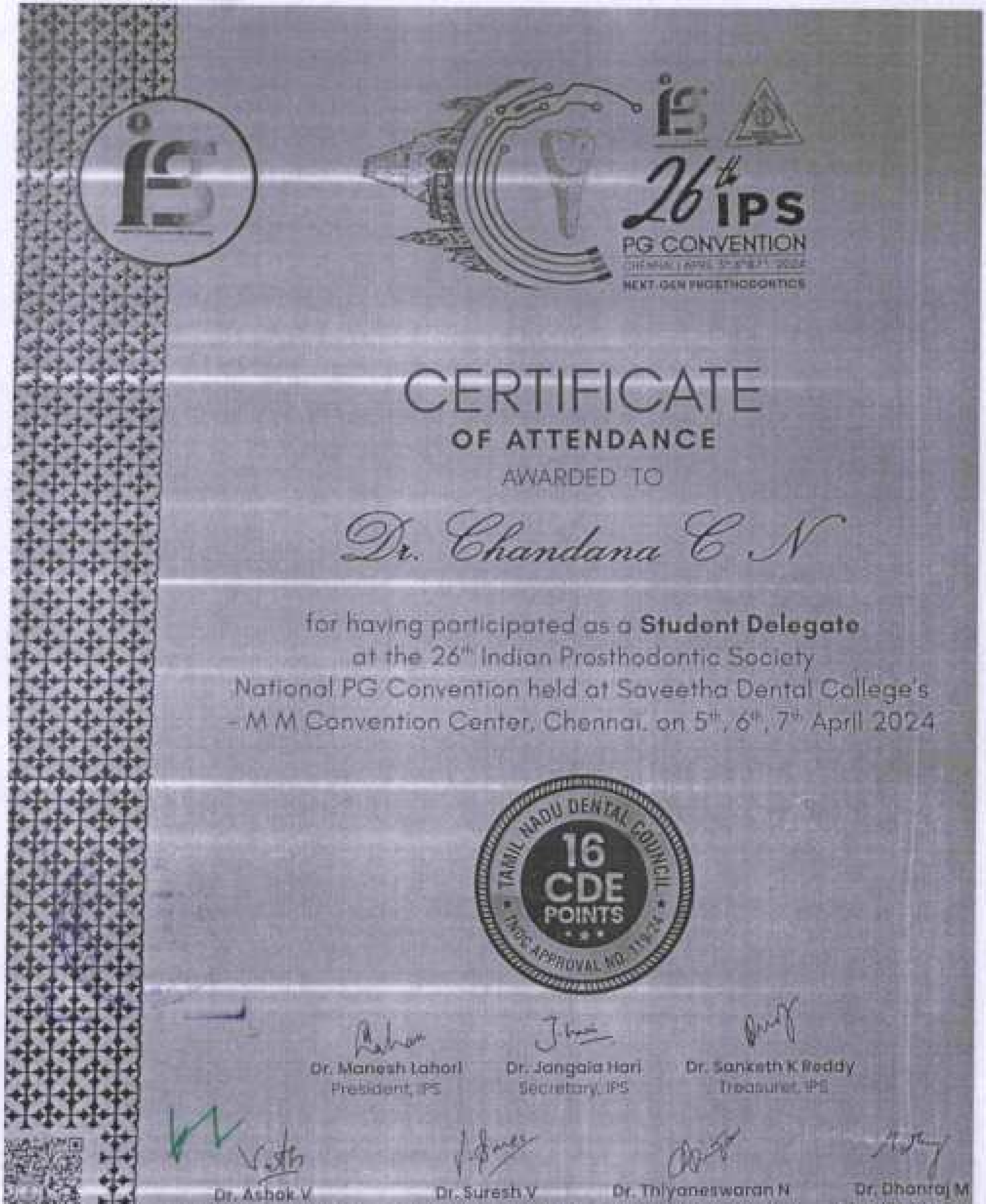
Dr. K. Sanketh Reddy
Treasurer, IPS

Dr. K.Mahendranadh Reddy
Patron

Dr. B. Chittaranjan
Organizing Chairman

Dr. D. Chalapathi Rao
Organizing Secretary

Dr. P. Satheesh Simha Reddy
Scientific Chairman



26th IPS
PG CONVENTION
NEXT-GEN PROSTHODONTICS

CERTIFICATE
OF ATTENDANCE

AWARDED TO

Dr. Chandana C N

for having participated as a **Student Delegate**
at the 26th Indian Prosthodontic Society
National PG Convention held at Saveetha Dental College's
- M M Convention Center, Chennai, on 5th, 6th, 7th April 2024

16 CDE POINTS
TNDC APPROVAL NO. 119/24

Dr. Manesh Lahori
President, IPS

Dr. Jangala Hari
Secretary, IPS

Dr. Sanketh K Reddy
Treasurer, IPS

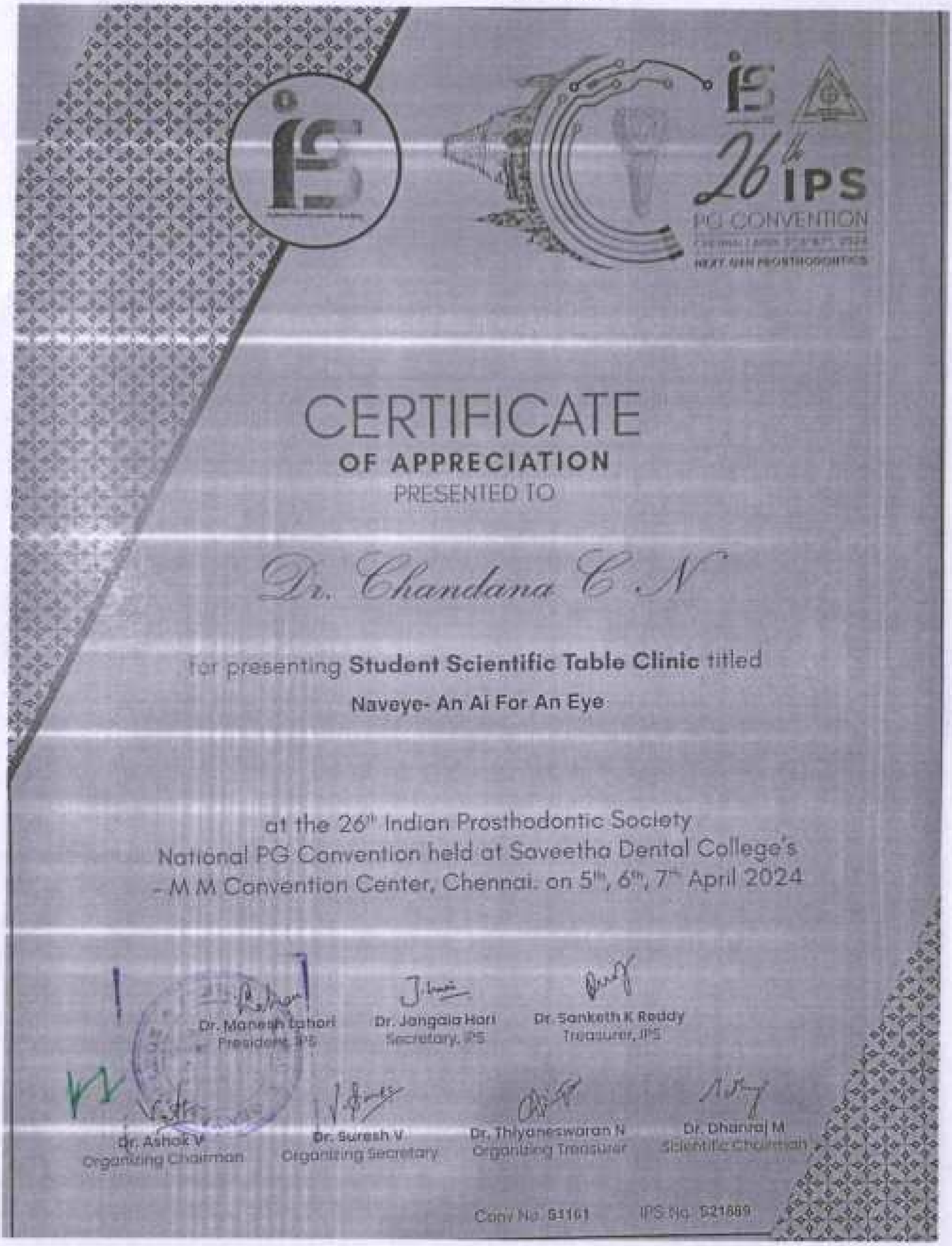
Dr. Ashok V
Organizing Chairman

Dr. Suresh V
Organizing Secretary

Dr. Thiyaneswaran N
Organizing Treasurer

Dr. Dhanraj M
Scientific Chairm

Conv No. **S1161** IPS No. **S21**



26th IPS
PG CONVENTION
NEXT GEN PROSTHODONTICS

CERTIFICATE
OF APPRECIATION

PRESENTED TO

Dr. Chandana C N

for presenting **Student Scientific Table Clinic** titled

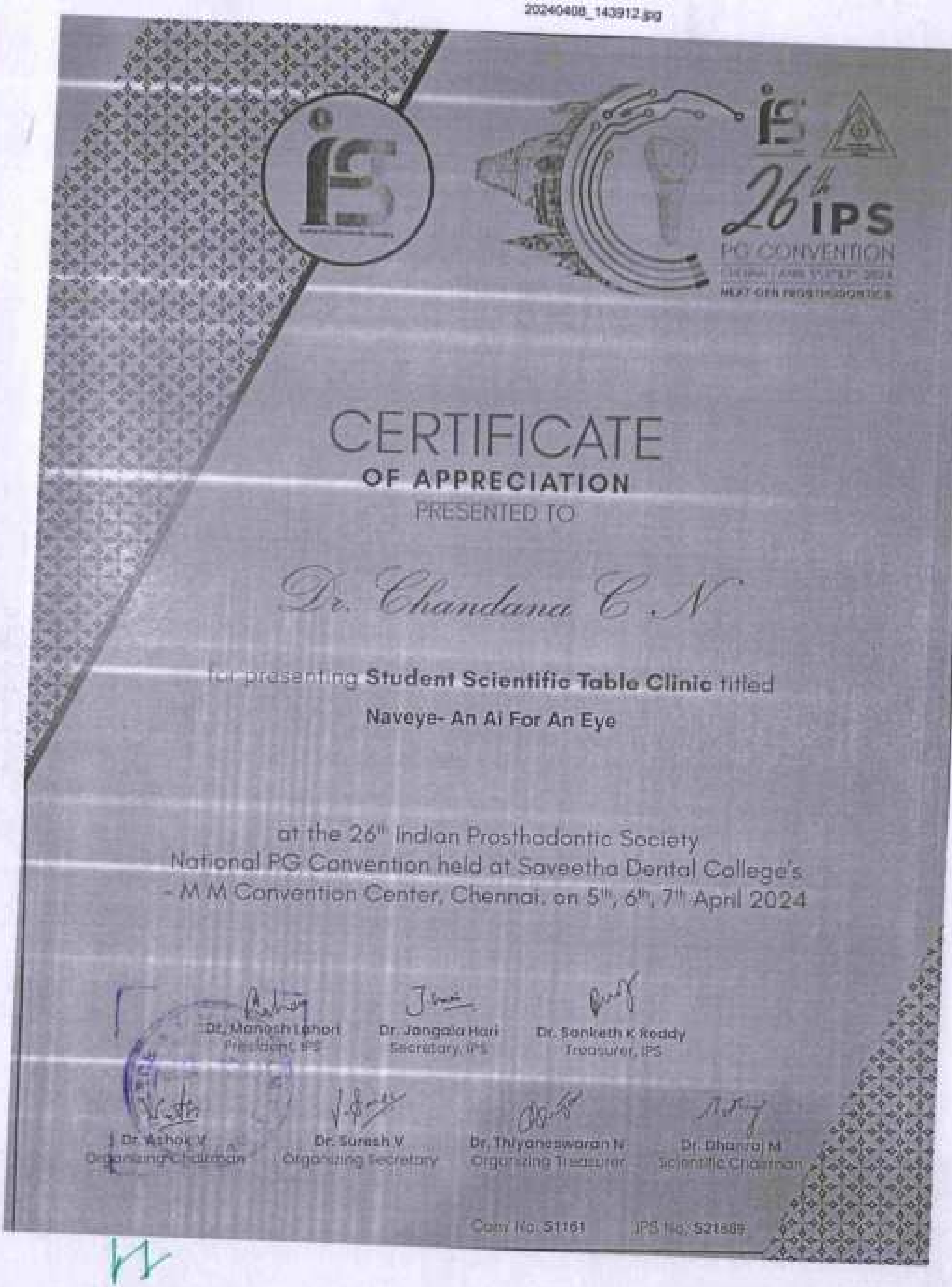
Naveye- An AI For An Eye

at the 26th Indian Prosthodontic Society
National PG Convention held at Saveetha Dental College's
- M M Convention Center, Chennai. on 5th, 6th, 7th April 2024

Dr. Mahesh Lahori President, IPS	Dr. Jangala Hari Secretary, IPS	Dr. Sanketh K Reddy Treasurer, IPS

Dr. Ashok V Organizing Chairman	Dr. Suresh V. Organizing Secretary	Dr. Thiyaneswaran N Organizing Treasurer	Dr. Dhanraj M Scientific Chairman

Conv No. 51161 IPS No. 521889



26th IPS

PG CONVENTION

NEXT GEN PROSTHODONTICS

CERTIFICATE

OF APPRECIATION

PRESENTED TO

Dr. Chandana C N

for presenting **Student Scientific Table Clinic** titled

Naveye- An Ai For An Eye

at the 26th Indian Prosthodontic Society National PG Convention held at Saveetha Dental College's - M M Convention Center, Chennai. on 5th, 6th, 7th April 2024

Dr. Manesh Lahori
President, IPS

Dr. Jangala Hari
Secretary, IPS

Dr. Sanketh K Reddy
Treasurer, IPS

Dr. Ashok V
Organizing Chairman

Dr. Suresh V
Organizing Secretary

Dr. Thiyaneswaran N
Organizing Treasurer

Dr. Dhanraj M
Scientific Chairman

Copy No: 51161 IPS No: 521689

Indian Prosthodontic Society

51st INDIAN PROSTHODONTIC SOCIETY CONFERENCE

7th - 10th December, 2023, Goa

Blending- Skill, Precision & Perfection

CERTIFICATE

OF ATTENDANCE

AWARDED TO

Dr. Chandana C N

for having participated as a **Delegate** at the 51st Indian Prosthodontic Society Conference at Dr. Shyama Prasad Mukherjee Stadium, Goa on December 7-10, 2023.

Goa State Dental Council

15 CDE POINTS

Dr. Chethan Hegde
President, IPS

Dr. Jangala Hari
Hon. Secretary, IPS

Dr. K. Mahendranadh Reddy
Organizing Chairman

Dr. U V Gandhi
Organizing Chairman

Dr. Sanketh Kethi Reddy
Organizing Secretary

521889 5283

INDIAN PROSTHODONTIC SOCIETY
KERALA STATE BRANCH

7th IPSKCON'24

MINDS

IPS KERALA STATE ANNUAL CONFERENCE

RENAISSANCE: FROM CONVENTIONAL TO CUTTING EDGE

CERTIFICATE
OF APPRECIATION

Awarded to

Dr. Sreya Jyothibas

for presenting a

Student Paper/~~Poster~~ titled

Bioregenerative Electric Implant.

at the 7th IPS Kerala State Branch Annual Conference **'IPSKCON-24'** held at **Mahe Institute of Dental Sciences and Hospital** on **10th & 11th May 2024.**

Dr SUDEEP SARATHCHANDRAN
PRESIDENT IPS
KERALA STATE BRANCH

Dr MANJU V
SECRETARY IPS
KERALA STATE BRANCH

Dr PRASAD ARAVIND
ORGANIZING CHAIRMAN
- IPSKCON' 24

Dr SREEKUMAR AV
CONFERENCE SECRETARY
IPSKCON' 24

Dr ANAND KS
SCIENTIFIC CHAIRMAN
IPSKCON' 24

Dr ABHINAV MOHAN K
ORGANIZING SECRETARY
IPSKCON' 24

Scanned with OKEN Scanner

MINDS

MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

CERTIFICATE

OF PARTICIPATION

PRESENTED TO

Sreya Jyothibas

for active participation in CDE programme **"MAGNETIC MALLETS"** organised by Department of Prosthodontics, Crown & Bridge and Implantology in association with Indian Prosthodontic Society Kerala State Branch, on 29-02-2024 at Mahe Institute of Dental Sciences & Hospital, Chalakkara, Mahe.

DR ANIL MELATH
PRINCIPAL, MINDS

Selvamani
DR M SELVAMANI
VICE PRINCIPAL, MINDS

DR RAJ AC
CHAIRPERSON, [illegible]

DR PRASAD ARAVIND
ORGANISING CHAIRMAN

CS CamScanner

KDC

8 Points

CERTIFICATE

OF PARTICIPATION

THIS CERTIFICATE IS PRESENTED TO

Dr. Sreeja Jyothikas

For being a delegate at **AMRITA MAXFAC 2024**, organized by Amrita Institute of Medical Sciences in association with Indian Prosthodontics Society, Kerala State Branch on 20th to 22nd September 2024 at Amrita School of Dentistry, Kochi, Kerala.

DR MANJU V
Professor & Head
Prosthodontics and Implantology
Secretary
IPS Kerala State Branch

DR SUBRAMANIA IYER
Professor and Chairperson
Head, AIMS
Plastic and Reconstructive Surgery

DR RUPESH P L
President
IPS Kerala State Branch

Indian Prosthodontic Society

st

51st INDIAN PROSTHODONTIC SOCIETY CONFERENCE

7th - 10th December, 2023, Goa

Blending- Skill, Precision & Perfection

CERTIFICATE

OF ATTENDANCE

AWARDED TO

Dr. Sreya Jyothibas

for having participated as a **Delegate** at the 51st Indian Prosthodontic Society Conference at Dr. Shyama Prasad Mukherjee Stadium, Goa on December 7-10, 2023.

Goa State Dental Council

15 CDE POINTS

Dr. Chethan Hegde
President, IPS

Dr. Jangala Hari
Hon. Secretary, IPS

Dr. K. Mahendranadh Reddy
Organizing Chairman

Dr. U V Gandhi
Organizing Chairman

Dr. Sanketh Kethi Reddy
Organizing Secretary

521109 5317

IPS SILVER JUBILEE PG CONVENTION

2nd - 4th June 2023, Hyderabad

Reg. No.5800

CERTIFICATE OF APPRECIATION

Awarded to

DR. SREYA JYOTHIBAS

for presenting table clinic under the student category during the convention.

Dr. Chethan Hegde
President, IPS

Dr. Jangala Hari
Secretary, IPS

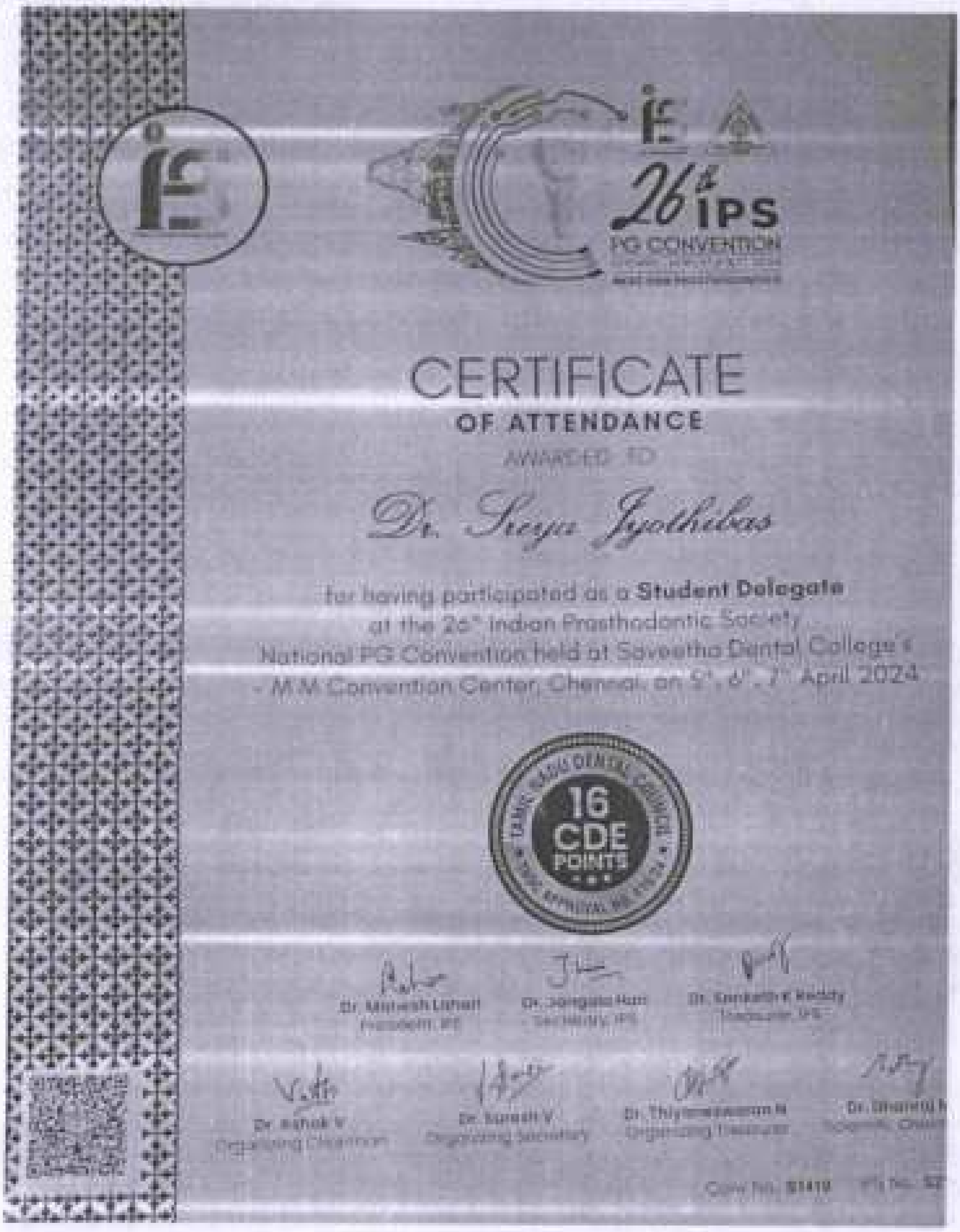
Dr. K. Sanketh Reddy
Treasurer, IPS

Dr. K.Mahendranadh Reddy
Patron

Dr. B. Chittaranjan
Organizing Chairman

Dr. G. Chalapathi Rao
Organizing Secretary

Dr. P. Satheesh Simha Reddy
Scientific Chairman



26th IPS
PG CONVENTION

CERTIFICATE
OF ATTENDANCE

AWARDED TO

Dr. Sreya Jyothibas

for having participated as a **Student Delegate**
at the 26th Indian Prosthodontic Society
National PG Convention held at Saveetha Dental College's
- M.M Convention Center, Chennai, on 5th, 6th, 7th April 2024

16 CDE POINTS

Dr. Mahesh Lohati
President, IPS

Dr. Jangala Hari
Secretary, IPS

Dr. Sanketh K Reddy
Treasurer, IPS

Dr. Ashok V
Organizing Chairman

Dr. Suresh V
Organizing Secretary

Dr. Thiyaneswaran N
Organizing Treasurer

Dr. Dhanraj
Scientific Chair

Conv No. 51419 IPS No. 52

26th IPS
PG CONVENTION
CHENNAI | APRIL 5th,6th&7th 2024
NEXT GEN PROSTHODONTICS

CERTIFICATE
OF APPRECIATION

PRESENTED TO

Dr. Sreya Jyothibas

for presenting **Student Scientific Poster** titled

On 1 Concept : Streamlining Dental Implants For Better Healing

at the 26th Indian Prosthodontic Society National PG Convention held at Saveetha Dental College's - M M Convention Center, Chennai, on 5th, 6th, 7th April 2024

Dr. Manesh Lahori
President, IPS

Dr. Jangala Hari
Secretary, IPS

Dr. Sanketh K Reddy
Treasurer, IPS

Dr. Ashok V
Organizing Chairman

Dr. Suresh V
Organizing Secretary

Dr. Thiyaneswaran N
Organizing Treasurer

Dr. Dhanraj M
Scientific Chairman

Conv No. S1419 IPS No. S21909

25 years of doing the impossible
AMRITA HOSPITAL

KDC
8 Points
10000/24/K

CERTIFICATE
OF PARTICIPATION

THIS CERTIFICATE IS PRESENTED TO

Dr. [illegible] T. Sathyan

For being a delegate at **AMRITA MAXFAC 2024**, organized by Amrita Institute of Medical Sciences in association with Indian Prosthodontics Society, Kerala State Branch on 20th to 22nd September 2024 at Amrita School of Dentistry, Kochi, Kerala.

DR MANJU V
Professor & Head
Prosthodontics and Implantology
Secretary
IPS Kerala State Branch

DR SUBRAMANIA IYER
Professor and Chairperson
Head & Neck,
Plastic and Reconstructive Surgery

DR RUPESH P L
President
IPS Kerala State Branch

ida
Indian Dental Association
Malabar Branch

Sree Anjaneya Institute
of Dental Sciences
Unit of Malabar Medical College

CERTIFICATE

Of PARTICIPATION

This Certificate is proudly presented to

Dr. Sukhil T Sathyan

for actively participating in CDE program on **Immediate Implants** by **Dr Sreekanth A Mallan** organised by Sree Anjaneya Institute of Dental Sciences and IDA Malabar, on 24th August 2024 at Sree Anjaneya Institute of Dental Sciences , Modakkallur.

MR ANIL KUMAR
CHAIRMAN
SREE ANJANEYA MEDICAL TRUST

DR PM SUNIL
DEAN
SREE ANJANEYA INSTITUTE OF DENTAL SCIENCES

DR GOPINATH PV
PRINCIPAL
SREE ANJANEYA INSTITUTE OF DENTAL SCIENCES

DR SREEKANTH A MALLAN
SPEAKER

DR HARISH KUMAR VV
PRESIDENT-IDA MALABAR

DR SAMEERA G NATH
SECRETARY-IDA MALABAR

DR AMIT KUMAR
CDE CONVENOR-IDA MALABAR

MINDS

MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

CERTIFICATE

OF PARTICIPATION

PRESENTED TO

Dr. Sukhil T Sathyan

for active participation in CDE programme **"MAGNETIC MALLETS"** organised by Department of Prosthodontics, Crown & Bridge and Implantology in association with Indian Prosthodontic Society Kerala State Branch, on 29-02-2024 at Mahe Institute of Dental Sciences & Hospital, Chalakkara, Mahe.

DR ANIL MELATH
PRINCIPAL, MINDS

Selvamani
DR M SELVAMANI
VICE PRINCIPAL, MINDS

DR RAJ AC
CHAIRPERSON, DED

DR PRASAD ARAVIND
ORGANISING CHAIRMAN

Scanned with OKEN

51st INDIAN PROSTHODONTIC SOCIETY CONFERENCE

7th - 10th December, 2023, Goa
Blending- Skill, Precision & Perfection

CERTIFICATE
OF ATTENDANCE

AWARDED TO

Dr. Sukhil T. Sathyan

for having participated as a **Delegate** at the 51st Indian Prosthodontic Society Conference at Dr. Shyama Prasad Mukherjee Stadium, Goa on December 7-10, 2023.

Goa State Dental Council
15 CDE POINTS

Dr. Chethan Hegde
President, IPS

Dr. Jangala Hari
Hon. Secretary, IPS

Dr. K. Mahendranadh Reddy
Organizing Chairman

Dr. U V Gandhi
Organizing Chairman

Dr. Sanketh Kethi Reddy
Organizing Secretary

521900 S260

25th IPS PG CONVENTION

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.

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**	

MES DENTAL COLLEGE PERINTHALMANNA

12 CDE POINTS
KDC Approval No
[illegible]

CDE Regn No. 117

FROM BASICS TO BRILLIANCE - IMPLANTOLOGY ESSENTIALS AND ZIRCONIA IMPLANT ADVANCES

Certificate of Participation

Awarded to

Dr. ADHILA · NIHAL

for attending ~~Lecture~~/Lecture with Live Demo/~~Lecture, Live Demo & Hands-on~~ as part of CDE/WORKSHOP : **"FROM BASICS TO BRILLIANCE" - IMPLANTOLOGY ESSENTIALS & ZIRCONIA IMPLANT ADVANCES** organized by the Department of Prosthodontics and Crown & Bridge, MES Dental College & Hospital, Perinthalmanna on August 27th-28th, 2024.

Prof. Dr Sachin Aslam
Principal, MES Dental College
(Patron)

Prof. Dr Nandakumar K
HOD, Dept. of Prosthodontics,
MESDC (Organizing Chairman)

Dr Pravish Vishnudas
(Guest Faculty)

Dr Kesav Babu
(Guest Faculty)

INDIAN PROSTHODONTIC SOCIETY
KERALA STATE BRANCH

7th IPSKCON'24

MINDS

IPS KERALA STATE ANNUAL CONFERENCE

RENAISSANCE: FROM CONVENTIONAL TO CUTTING EDGE

17
Credit Points
[illegible]
KDC Observer
Dr. Sreekumar A.V

CERTIFICATE

OF ATTENDANCE

Awarded to

Dr. Sameem P

for having participated as a **Delegate**
at the 7th IPS Kerala state Branch
Annual Conference **'IPSKCON-24'** held
at **Mahe Institute of Dental Sciences
and Hospital** on **10th & 11th May 2024.**

Dr SUDEEP SARATHCHANDRAN
PRESIDENT IPS
KERALA STATE BRANCH

Dr MANJU V
SECRETARY IPS
KERALA STATE BRANCH

Dr PRASAD ARAVIND
ORGANIZING CHAIRMAN
IPSKCON' 24

Dr SREEKUMAR AV
CONFERENCE SECRETARY
IPSKCON' 24

Dr ANAND KS
SCIENTIFIC CHAIRMAN
IPSKCON' 24

Dr ABHINAV MOHAN K
ORGANIZING SECRETARY
IPSKCON' 24

INDIAN PROSTHODONTIC SOCIETY
KERALA STATE BRANCH

7th IPSKCON'24

IPS KERALA STATE ANNUAL CONFERENCE

RENAISSANCE: FROM CONVENTIONAL TO CUTTING EDGE

CERTIFICATE
OF APPRECIATION

Awarded to

Dr SAMEEM P

for presenting a
Student Paper/Poster titled

at the 7th IPS Kerala State Branch Annual Conference **'IPSKCON-24'** held at **Mahe Institute of Dental Sciences and Hospital** on **10th & 11th May 2024.**

Dr SUDEEP SARATHCHANDRAN
PRESIDENT IPS
KERALA STATE BRANCH

Dr MANJU V
SECRETARY IPS
KERALA STATE BRANCH

Dr PRASAD ARAVIND
ORGANIZING CHAIRMAN
IPSKCON' 24

Dr SREEKUMAR AV
CONFERENCE SECRETARY
IPSKCON' 24

Dr ANAND KS
SCIENTIFIC CHAIRMAN
IPSKCON' 24

Dr ABHINAV MOHAN K
ORGANIZING SECRETARY
IPSKCON' 24

Dew 24
DENTAL EXTRAVAGANZA WAYANAD

54th
Kerala State
Dental Conference
on 5th, 6th, 7th January 2024
Hosted by: ida WAYANAD

CERTIFICATE OF ACHIEVEMENT

This is to certify that

SAMEEM . P

has secured the First / Second / Third place for
paper/e-poster presentation in
UG / PG / Faculty / Practitioner
category at the 54th Kerala State Dental Conference,
Sulthan Bathery, Wayanad

Dr. Sangeeth K Cheriyan
President
IDA Kerala State Branch

Dr. Deebu J Mathew
Hon. Secretary
IDA Kerala State Branch

Dr. Joseph C C
Conference Secretary
54th KSDC

Dr. George Abraham
Organising Chairman
54th KSDC

Dr. Ranjith C K
Organising Secretary
54th KSDC

Dr. Biswas P P
Chairman-Scientific Committee
54th KSDC

ida
KERALA STATE BRANCH

26th IPS
PG CONVENTION
CHENNAI | APRIL 5th,6th&7th, 2024
NEXT-GEN PROSTHODONTICS

CERTIFICATE
OF PARTICIPATION
PRESENTED TO

Dr. Sameem Paikkatt

FOR ATTENDING THE PRE-CONVENTION COURSE

"Simple, Economical And Effective Approach To Rehabilitate Elderly Patients With Pneumatized Sinuses And Atrophic Mandible"

at the 26th Indian Prosthodontic Society National PG Convention held at Saveetha Dental College's - M M Convention Center, Chennai. on 5th, 6th, 7th April 2024

Dr. Manesh Lahori
President, IPS

Dr. Jangala Hari
Secretary, IPS

Dr. Sanketh K Reddy
Treasurer, IPS

Dr. Ashok V
Organizing Chairman

Dr. Suresh V
Organizing Secretary

Dr. Thiyaneswaran N
Organizing Treasurer

Dr. Dhanraj M
Scientific Chairman

Dr. Rakshagan V
Pre-Convention Committee Chairman

Conv No. **51187** IPS No. **523157** PCC No. **PCC31**

26th IPS
PG CONVENTION
CHENNAI | APRIL 5th,6th&7th, 2024
NEXT-GEN PROSTHODONTICS

CERTIFICATE
OF ATTENDANCE

AWARDED TO

Dr. Sameem Paikkatt

for having participated as a **Student Delegate** at the 26th Indian Prosthodontic Society National PG Convention held at Saveetha Dental College's - M M Convention Center, Chennai. on 5th, 6th, 7th April 2024

TAMIL NADU DENTAL COUNCIL
16 CDE POINTS
TNDC APPROVAL NO. 119/24

Dr. Mahesh Lahori
President, IPS

Dr. Jangala Hari
Secretary, IPS

Dr. Sanketh K Reddy
Treasurer, IPS

Dr. Ashok V
Organizing Chairman

Dr. Suresh V
Organizing Secretary

Dr. Thiyaneswaran N
Organizing Treasurer

Dr. Dhanraj M
Scientific Chairman

Conv No. **S1187** IPS No. **S23157**

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-cantered 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.

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

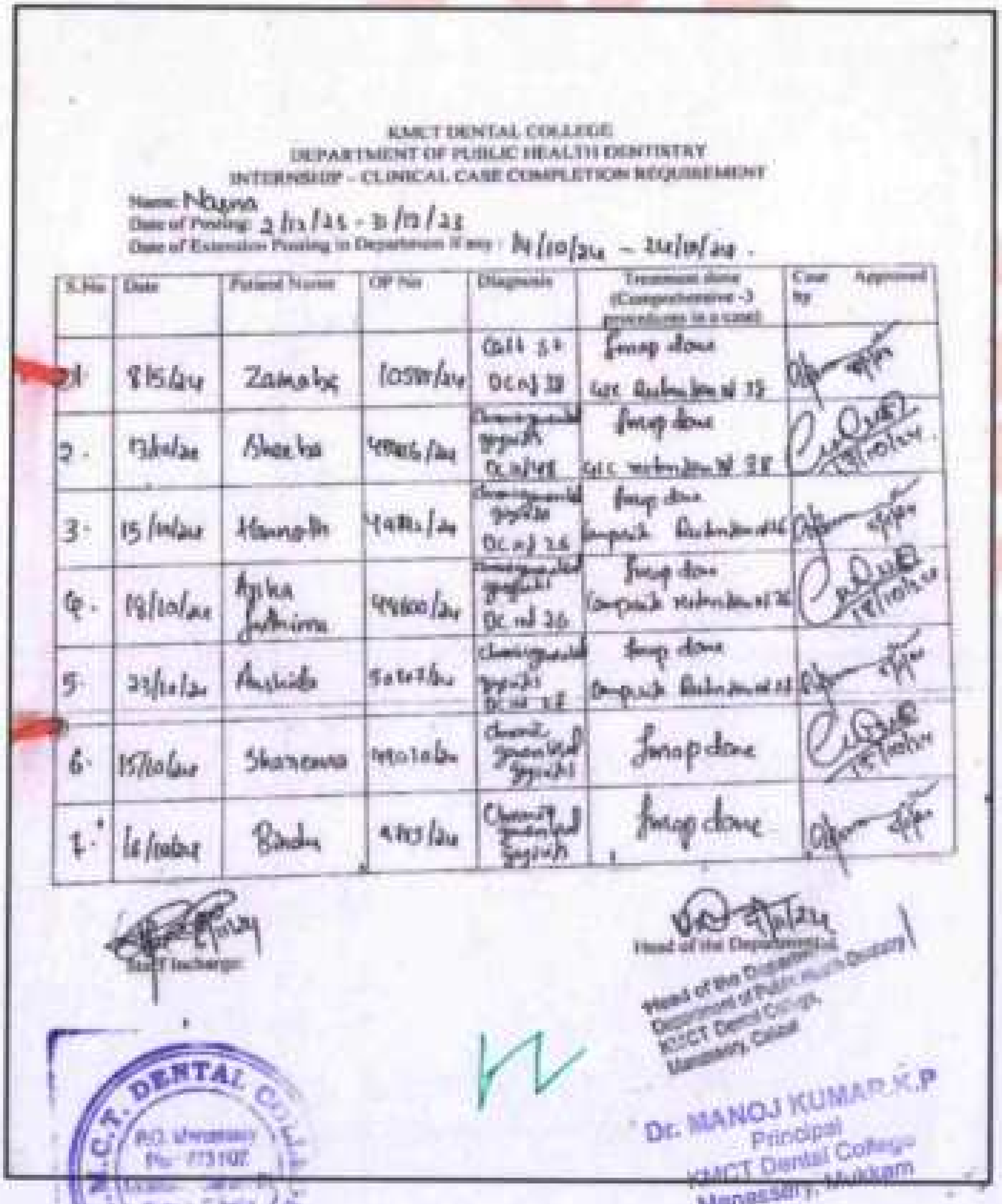
DEPARTMENT OF PUBLIC HEALTH DENTISTRY

PATIENT CENTRIC AND EVIDENCE BASED LEARNING

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

vi) PATIENT CENTRIC AND EVIDENCE BASED LEARNING

On behalf of the patient centric methodologies conducted, the students posted at the department of Public Health Dentistry are trained to do various comprehensive treatments to the patients referred to the department as well as at the camp sites. Treatments which consists of two different procedures are considered to be a comprehensive case.The interns are encouraged to take cases at the department and are guided by the faculties at the department.



KMCT DENTAL COLLEGE
DEPARTMENT OF PUBLIC HEALTH DENTISTRY
INTERNSHIP - CLINICAL CASE COMPLETION REQUIREMENT

Name: Nayana
Date of Posting: 2/12/23 - 31/12/23
Date of Extension Posting in Department if any : 14/10/24 - 26/10/24 .

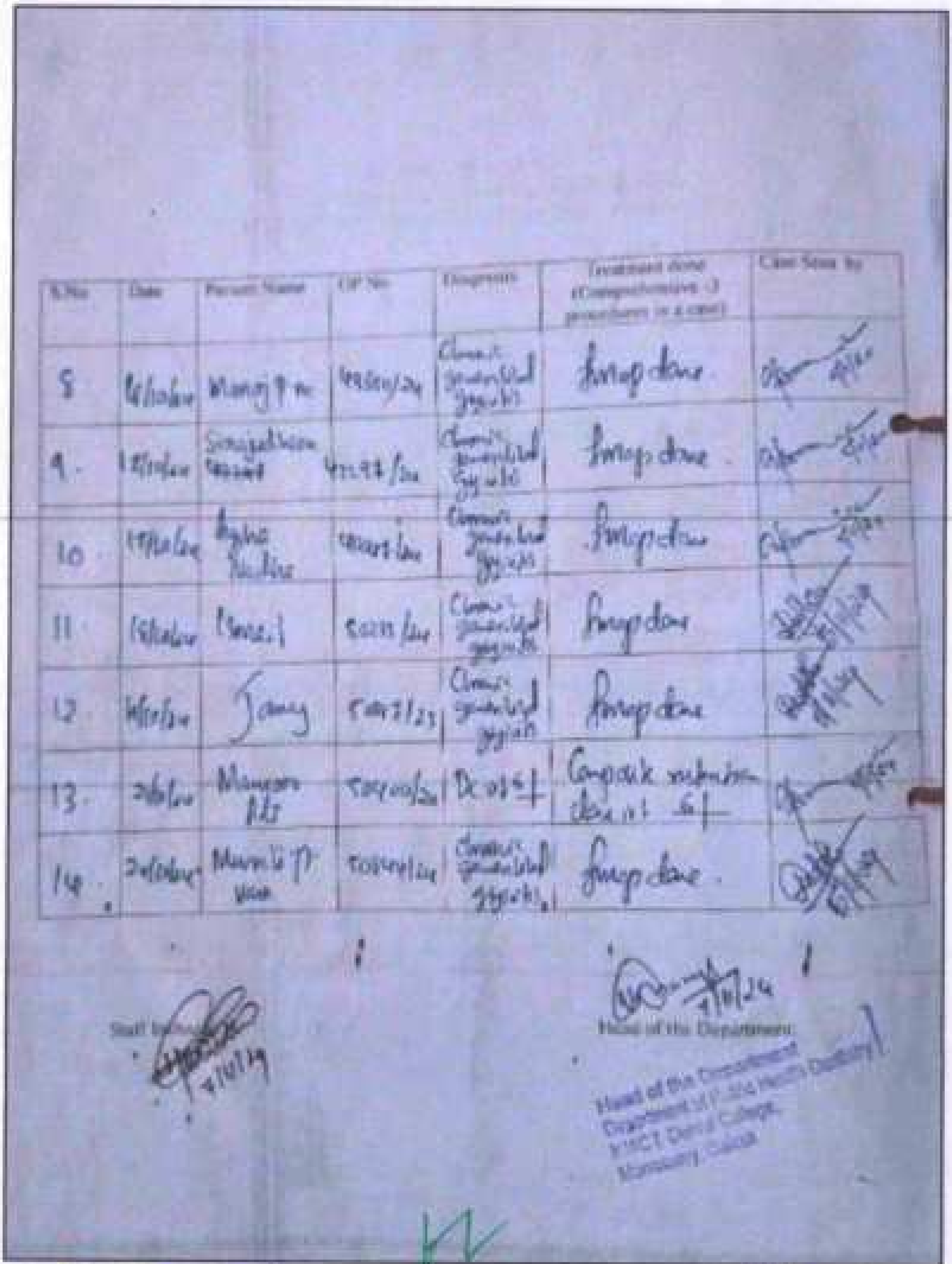
S.No	Date	Patient Name	OP No	Diagnosis	Treatment done (Comprehensive -3 procedures in a case)	Case Approved by
1	8/5/24	Zainaba	10538/24	CGII 54 DC i.r.t 33	Scaling done GIC Restoration wrt 15	
2.	13/10/24	Sheeba	49865/24	Chronic generalised gingivitis DC i.r.t 48	Scaling done GIC restoration wrt 38	18/10/24
3.	15/10/24	Hamsath	49882/24	Chronic generalised gingivitis DC i.r.t 36	Scaling done Composite Restoration wrt 46	
4.	19/10/24	Ayisha Fathima	49800/24	Chronic generalised gingivitis DC i.r.t 36	Scaling done Composite restoration wrt 36	18/10/24
5.	23/10/24	Aswathi	50107/24	Chronic generalised gingivitis DC i.r.t 38	Scaling done Composite Restoration wrt 38	
6.	15/10/24	Shareena	49010/24	Chronic generalised gingivitis	Scaling done	18/10/24
7.	16/10/24	Bindu	4903/24	Chronic generalised gingivitis	Scaling done	

Staff Incharge

Head of the Department

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



S.No	Date	Patient Name	OP No	Diagnosis	Treatment done (Comprehensive -3 procedures in a case)	Case Seen by
8	[illegible]	Manoj P.K	[illegible]	Chronic generalised gingivitis	Scrap done	[illegible]
9.	[illegible]	Sangeetha [illegible]	[illegible]	Chronic generalised gingivitis	Scrap done	[illegible]
10	[illegible]	[illegible]	[illegible]	Chronic generalised gingivitis	Scrap done	[illegible]
11	[illegible]	[illegible]	[illegible]	Chronic generalised gingivitis	Scrap done	[illegible]
12	[illegible]	Jaimy	[illegible]	Chronic generalised gingivitis	Scrap done	[illegible]
13.	[illegible]	[illegible] Ali	[illegible]	Dc [illegible]	Composite restoration done [illegible]	[illegible]
14.	[illegible]	Murali [illegible]	[illegible]	Chronic generalised gingivitis	Scrap done	[illegible]

Staff Incharge
7/11/24

7/11/24
Head of the Department

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

The treatments provided are well discussed to the patients and finalized before the start of the treatment. Special care on the risk and causative factors which led to the disease are well explained and various health promotive techniques are also advised to the patients at the department and camp sites.

Dr. MANOJ KUM
Principal
KMCT Dental College
Manassery, Mukkam

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PATIENT-CENTRIC AND EVIDENCE-BASED LEARNING

COMPULSORY ROTATIONAL RESIDENTIAL INTERNSHIP:

INTERN LOG BOOK

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Certificate

This is to certify that Mr/Ms ANJANA SATHEESH *a bonafide student of KMCT Dental College, Manassery, Kozhikode has satisfactorily completed his/her* ***Compulsory Rotating Resident Internship*** *in the Department of Conservative Dentistry and Endodontics, from* 2/12/23 1/11/22 *to* 16/1/23 30/11/24 *for a period of* 45 *days, according to the requirements of the Kerala University of Health Science.*

Head of the Department

Place : Manassery
Date : 1/9/24

Posting Period

Summary of Cases Done

1	Total no. of amalgam restoration	
	Class I	23
	Class II	7
2	Total No. of GIC restorations	36
3	Total no. of indirect pulp capping done	7
4	Total no. of composite restorations	55
5	Total no. of RCT done	3
6	Emergency access opening & pulpectomy / pulpotomy	1
7	Others	

Signature of HOD

Sl. No	Op. No.	Name	Age/Sex	Treatment
01	17640/21	Kiran	21/M	Class II Amalgam at 26
02	66792/23	Yadhu	20/M	Composite at 11, 21
03	55793/23	Raghavan	56/M	E & C at 26
04	54119/23	Jewel Mary	17/F	Class II AF at 24,25
05	54320/23	Abdulla	14/M	Class I AF at 27
06	54214/23	Jaseela	23/F	Composite core buildup at 21
07	54661/23	Ashis	19/M	Ellis class II fracture composite at 21
08	47954/23	Abdulla Ameen	18/M	E & C - AF at 48
09	51042/23	Rukkiya	49/F	E & C - composite at 34
10	47233/23	Jamsheela	36/F	GIC at 47
11	47320/23	Sarafunnisa	43/F	TF at 14,15
12	47211/23	Ann Mariya	18/F	Class I AF 46,47
13	53176/23	Juariya	42/F	GIC at. 16, 46
14	54612/23	Mhd Aslam	27/M	Class I composite 46 GIC at 47
15	55564/23	Latrina	35/F	Composite at 21
16	50863/23	Saifunnisa	39/F	E & C, TF at 36
17	12174/23	Minnu Nagesh	35/F	Composite at 16
18	49667/23	Mhd Irshad	16/M	Class I Amalgam at 26
19	61545/23	Naseera	33/F	E & C, composite at 23
20	52443/23	Raheel Rahman	28/M	Class I AF at 36,37

Signature of HOD

Sl. No	Op. No.	Name	Age/Sex	Treatment
21	22364/23	Yaseen	22/M	composite core buildup i/t 6|
22	39773/23	Supriya	53/F	C & C i/t 6| (GIC + dycal)
23	66164/23	Suhara	44/F	C & C GIC i/t 5|
24	56166/23	Shamas	32/M	composite core buildup i/t 6|
25	54232/23	Mhd Faiz	22/M	composite core buildup i/t |6
26	44462/23	Rajini	44/F	composite core buildup i/t 5|
27	11336/22	Amrantha	23/F	class III composite i/t 1|1 class I AF i/t 6|
28	58166/23	Shabeer	39/M	class I composite 6| class II AF 5|
29	55413/23	Naser	54/M	class I GIC i/t 76| cervical abrasion i/t 3|
30	49761/23	Safiya	41/F	E&E (GIC) i/t 5|
31	58832/23	Mhd Salih	17/M	E&E (ZOE) i/t |6
32	58628/23	Haseena	30/F	class II composite i/t 6|
33	642/24	Arif Rafis	16/M	class III composite i/t 21|
34	15327/23	Safa Mubashira	21/F	E&E (composite) i/t 5|
35	1859/22	Naseena	30/F	class I AF i/t 7|7
36	674/24	Mhd Yaseen	38/M	Composite core buildup i/t |6
37	744/24	Raihanath	45/F	Class II GIC i/t |7
38	1353/24	Ajna	25/F	Class II AF i/t 5|
39	764/24	Shareena	45/F	Class II composite i/t |6
40	57216/23	Gopinathan	59/M	cervical abrasion with GIC i/t 4321|12345

Signature of HOD

Sl. No	Op. No.	Name	Age/Sex	Treatment
41	742/24	Salmanul Fayis	14/M	class I AF wrt |67
42	766/24	Gireesh	24/M	class II AF wrt |5
43	1633/24	Nihal	14/M	class I AF wrt 16|
44	62/24	Mhd Miftah	15/M	class I GIC wrt |7 |9
45	52843/24	Bushara Noushad	38/F	class V GIC wrt |9
46	63966/24	Subaida	46/F	class I composite wrt |8
47	644/24	Ramla	45/F	class II composite wrt |5 class I composite wrt |4
48	520/24	Naseer	36/M	class II composite wrt 7|
49	58846/24	Aleena George	26/F	class II composite wrt |3 class I composite wrt |2
50	56656/23	Rajesh	33/M	class I composite wrt |6 class I composite wrt |7
51	566/24	Rejula	31/F	class I AF wrt 7|
52	57784/24	Mhd Uvais	14/M	E & F GIC wrt |7
53	578/24	Aboobucker	23/M	class I AF wrt |6
54	533/24	Farsana	26/F	class I AF wrt |7 class I GIC wrt |8
55	584/24	Balakrishnan	58/M	cervical abrasion with GIC wrt
56	57662/24	Shamas	19/M	E & F – class V GIC wrt |7
57	573/24	Femina	21/F	E & F GIC wrt |7
58	22777/24	Shahira	37/F	class I AF wrt |7
59	566/24	Mhd Jabir	22/M	class II composite wrt 4|
60	15731/24	Anusha dinesh	26/F	composite core build up wrt |6

Signature of HOD

Sl. No	Op. No.	Name	Age/Sex	Treatment
61	56620/23	Ajna	20/F	E & E GIC irt $\underline{5|}$
62	57202/23	Mhd Jamshid	24/m	class I AF irt $\overline{|7}$
63	646/24	Fathima Suhana	47/F	class I GIC & dycal irt 67
64	54411/23	Ravi P.P	64/m	class V GIC irt 4321
65	56637/23	Hiba Mhd	20/F	E & E - GIC & Dycal irt $\underline{4|}$
66	57722/23	Haseena	39/F	class III composite irt $\overline{|2}$
67	1119/24	Mhd Basheer	48/m	composite corebuild up irt $\overline{|7}$
68	54213/23	Nasla	38/F	Composite irt $\underline{|5}$
69	586/24	Arjun	21/m	Composite irt $\overline{|6}$
70	11226/23	Shaji kumar	44/m	class I irt $\overline{|6}$ GIC irt $\overline{|456}$
71	52273/23	Mhd Jabir	26/m	Composite class V irt $\overline{|5}$
72	3266/23	Sorakutty	59/F	Composite irt $\underline{45|}$
73	42413/23	Nabid	21/m	TF irt $\underline{|67}$ GIC pit irt $\overline{7|}$
74	673/24	Rukkiya	65/F	class II GIC irt $\overline{|3}$
75	354/24	Sahabas	21/m	class I $\underline{|7}$ AF
76	56495/23	Shabeer	36/m	composite irt $\underline{7|}$
77	634/24	Fardan	29/m	Core build up irt $\overline{|6}$
78	57842/23	Mhd Shahaib	21/m	Class II composite irt $\overline{|6}$
79	57858/23	Muhammed	51/m	Core buildup irt $\underline{|6}$
80	11226/21	Shaji kumar	44/m	E & E composite irt $\underline{7|}$

Signature of HOD

Sl. No	Op. No.	Name	Age/Sex	Treatment
61	11236/24	Ahmed	36/m	Core build up wrt 47
62	342/24	Rukkiya	56/F	TF wrt 48
63	692/24	Justin joseph	50/m	class II composite wrt 25
64	533/24	Khairunnisa	44/F	class II composite wrt 14
65	4663/24	Vipindas	33/m	class I composite 46
66	378/24	Maya	16/F	class III composite 11
67	9224/24	Subaida	45/F	RCT done wrt 22
68	52231/24	Ummusalma	53/F	RCT done wrt 12
69	67312/24	Ashraf	42/m	RCT done wrt 21

Signature of HOD

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

Signature of HOD

KMCT
DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

PATIENT CENTRIC LEARNING

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

DEPARTMENT OF PROSTHODONTICS

PATIENT CENTRIC LEARNING

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.

Patient centric teaching begins in the OP. Examination will be done with the respective OP staff and senior staff. Schedules 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.

Interns maintain logbook to record their case exposure

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

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

Diagnosis and treatment planning - detailed discussion

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

KMCT-DENTAL COLLEGE, MANASSERY, KOZHIKODE.

Clinical posting for 3rd year regular batch 2022-23 (DEC 2023 Exam Batch)

Date	OMFS	PROSTHO	CD & ENDO	Batches
08-02-2023 to 09-03-2023	I	II	III	Batch I Roll No: 01 to 16
10-03-2023 to 30-05-2023	II	III	I	Batch II Roll No: 17 to 32
31-05-2023 to 19-07-2023	III	I	II	Batch III Roll No: 33 to 48

Date	OMR	PERIO	PHD	ORTHO	PEDO	Batches
08-02-2023 to 09-03-2023	A	B	C	D	E	Batch A Roll No: 49 to 58
10-03-2023 to 11-04-2023	E	A	B	C	D	Batch B Roll No: 59 to 68
12-04-2023 to 19-05-2023	D	E	A	B	C	Batch C Roll No: 69 to 78
20-05-2023 to 16-06-2023	C	D	E	A	B	Batch D Roll No: 79 to 88
19-06-2023 to 19-07-2023	B	C	D	E	A	Batch E Roll No: 89 to 99

Date	OMFS	PROSTHO	CD & ENDO	Batches
20-07-2023 to 14-09-2023	IV	V	VI	Batch IV Roll No: 49 to 65
15-09-2023 to 08-11-2023	V	VI	IV	Batch V Roll No: 66 to 82
09-11-2023 to 28-12-2023	VI	IV	V	Batch VI Roll No: 83 to 99

Date	OMR	PERIO	PHD	ORTHO	PEDO	Batches
20-07-2023 to 11-08-2023	F	G	H	I	J	Batch F Roll No: 01 to 10
12-08-2023 to 15-09-2023	J	F	G	H	I	Batch G Roll No: 11 to 20
16-09-2023 to 30-10-2023	I	J	F	G	H	Batch H Roll No: 21 to 30
31-10-2023 to 28-11-2023	H	I	J	F	G	Batch I Roll No: 31 to 39
29-11-2023 to 28-12-2023	G	H	I	J	F	Batch J Roll No: 40 to 48

TENTATIVE EXAM DATE :

1st Internal Examination: 09th,10th,11th Aug 2023
[illegible] Internal Examination: 07,08,09 Aug
[illegible] Examination: 27,28, Nov, 01 December

General Medicine, General Surgery, Oral Pathology, Prostho PreClinicals Batches
Batch A: Roll No: 1 to 33
Batch B: Roll No: 34 to 66
Batch C: Roll No 67 to 99

Copy To:
1. All Concerned HODs
2. P, AO
3. Notice Board
4. File

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

Clinical Posting for 3rd year BDS Supplementary batch 2023-24. (2024 July Exam Batch)

Date	OMFS		PROSTHO	CD & ENDO	Batches
03/08/2023 to 28/09/2023	I		II	III	Batch I Role No: 1 to 3 Batch II Role No: 4 to 8 Batch III Role No: 9
29/09/2023 to 22/11/2023	II		III	I	
23/11/2023 to 10/01/2024	III		I	II	

Date	OMR	PERIO	PHD	ORTHO	PEDO	Batches
03/08/2023 to 05/09/2023	A	B	C	D	E	Batch A Role No: 10 Batch B Role No: 11 to 12 Batch C Role No: 13 to 15 Batch D Role No: 16 Batch E Role No: 17 to 18
07/09/2023 to 07/10/2023	E	A	B	C	D	
09/10/2023 to 11/11/2023	D	E	A	B	C	
13/11/2023 to 10/12/2023	C	D	E	A	B	
12/12/2023 to 10/01/2024	B	C	D	E	A	

1st Internal Examination: 02,03,04 November

For General Medicine, General Surgery , Oral Pathology & Prosthodontics Preclinical

Batch A Roll No: 1 to 9 **Batch B Roll No: 10 to 19**

Copy to:

1. HOD Oral Pathology
2. HOD General Medicine
3. HOD General Surgery
4. HOD Oral Medicine & radiology
5. HOD Orthodontics
6. HOD Periodontics
7. HOD Public Health Dentistry
8. HOD OMFS
9. HOD Prosthodontics
10. HOD Conservative Dentistry
11. HOD Pedodontics
12. File
13. Notice Board

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

KMCT DENTAL COLLEGE

MANASSERY, KOZHIKODE.

POSTING ORDER FOR FINAL YEAR PART 1 BDS REGULAR BATCH – 2022-23 (JAN -2024 Exam batch)

Date	OMR	PROSTHO	PHD	CONS	ORTHO	OMFS	PERIO	PEDO
20/02/2023 to 23/03/2023	I	II	III	IV	V	VI	VII	VIII
24/03/2023 to 29/04/2023	II	III	IV	V	VI	VII	VIII	I
02/05/2023 to 05/06/2023	III	IV	V	VI	VII	VIII	I	II
06/06/2023 to 06/07 /2023	IV	V	VI	VII	VIII	I	II	III
07/07/2023 to 11/08/2023	V	VI	VII	VIII	I	II	III	IV
12/09/2023 to 28/09/2023	VI	VII	VIII	I	II	III	IV	V
29/09/2023 to 03/11/2023	VII	VIII	I	II	III	IV	V	VI
04/11/2023 to 13/12/2023	VIII	I	II	III	IV	V	VI	VII

Batch: I – 1 to 8, Batch: II – 9 to 15, Batch: III – 16 to 23, Batch: IV – 24 to 31,

Batch: V – 32 to 38 Batch: VI – 39 to 45, Batch: VII – 46 to 49, Batch: VIII – 50 to 54

Manassery
25/09/2023

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

KMCT DENTAL COLLEGE

MANASSERY, KOZHIKODE

POSTING ORDER FOR FINAL YEAR PART 1 BDS SUPPLEMENTARY BATCH – 2023-24 (JULY 2024 Exam batch)

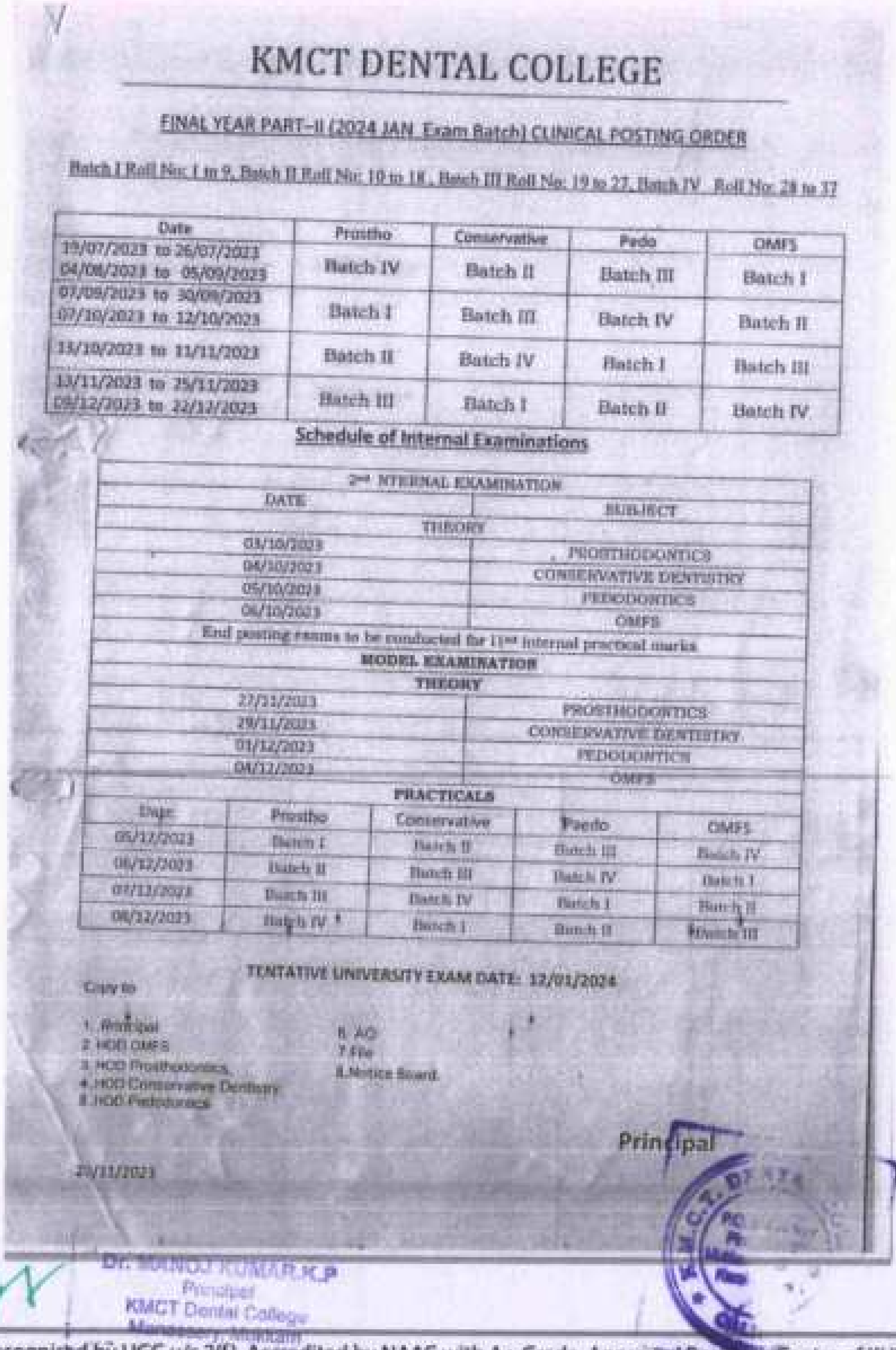
Date	OMR	PROSTHO	PHD	CONS	ORTHO	OMFS	PERIO	PEDO
10/08/2023 to 29/09/2023	I	II	III	IV	V	VI	VII	VIII
30/09/2023 to 09/11/2023	II	III	IV	V	VI	VII	VIII	I
10/11/2023 to 12/12/2023	III	IV	V	VI	VII	VIII	I	II
13/12/2023 to 20/01/2024	IV	V	VI	VII	VIII	I	II	III
22/01/2024 to 28/02/2024	V	VI	VII	VIII	I	II	III	IV
29/02/2024 to 01/04/2024	VI	VII	VIII	I	II	III	IV	V
02/04/2024 to 04/05/2023	VII	VIII	I	II	III	IV	V	VI
06/05/2024 to 11/05/2024 25/05/2024 to 19/06/2024	VIII	I	II	III	IV	V	VI	VII

Batch: I – 1 to 5, Batch: II – 6 to 10, Batch: III – 11 to 15, Batch: IV – 16 to 20,

Batch: V – 21 to 25, Batch: VI – 26 to 31, Batch: VII – 32 to 37, Batch: VIII – 38 to 43

Manassery
25/09/2023

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



KMCT DENTAL COLLEGE

FINAL YEAR PART–II (2024 JAN Exam Batch) CLINICAL POSTING ORDER

Batch I Roll No: 1 to 9, Batch II Roll No: 10 to 18 , Batch III Roll No: 19 to 27, Batch IV Roll No: 28 to 37

Date	Prostho	Conservative	Pedo	OMFS
19/07/2023 to 26/07/2023 04/08/2023 to 05/09/2023	Batch IV	Batch II	Batch III	Batch I
07/09/2023 to 30/09/2023 07/10/2023 to 12/10/2023	Batch I	Batch III	Batch IV	Batch II
13/10/2023 to 11/11/2023	Batch II	Batch IV	Batch I	Batch III
13/11/2023 to 25/11/2023 09/12/2023 to 22/12/2023	Batch III	Batch I	Batch II	Batch IV

Schedule of Internal Examinations

2nd INTERNAL EXAMINATION	
DATE	SUBJECT
THEORY	
03/10/2023	PROSTHODONTICS
04/10/2023	CONSERVATIVE DENTISTRY
05/10/2023	PEDODONTICS
06/10/2023	OMFS
End posting exams to be conducted for IInd internal practical marks	
MODEL EXAMINATION	
THEORY	
27/11/2023	PROSTHODONTICS
29/11/2023	CONSERVATIVE DENTISTRY
01/12/2023	PEDODONTICS
04/12/2023	OMFS

PRACTICALS

Date	Prostho	Conservative	Paedo	OMFS
05/12/2023	Batch I	Batch II	Batch III	Batch IV
06/12/2023	Batch II	Batch III	Batch IV	Batch I
07/12/2023	Batch III	Batch IV	Batch I	Batch II
08/12/2023	Batch IV	Batch I	Batch II	Batch III

TENTATIVE UNIVERSITY EXAM DATE: 12/01/2024

Copy to

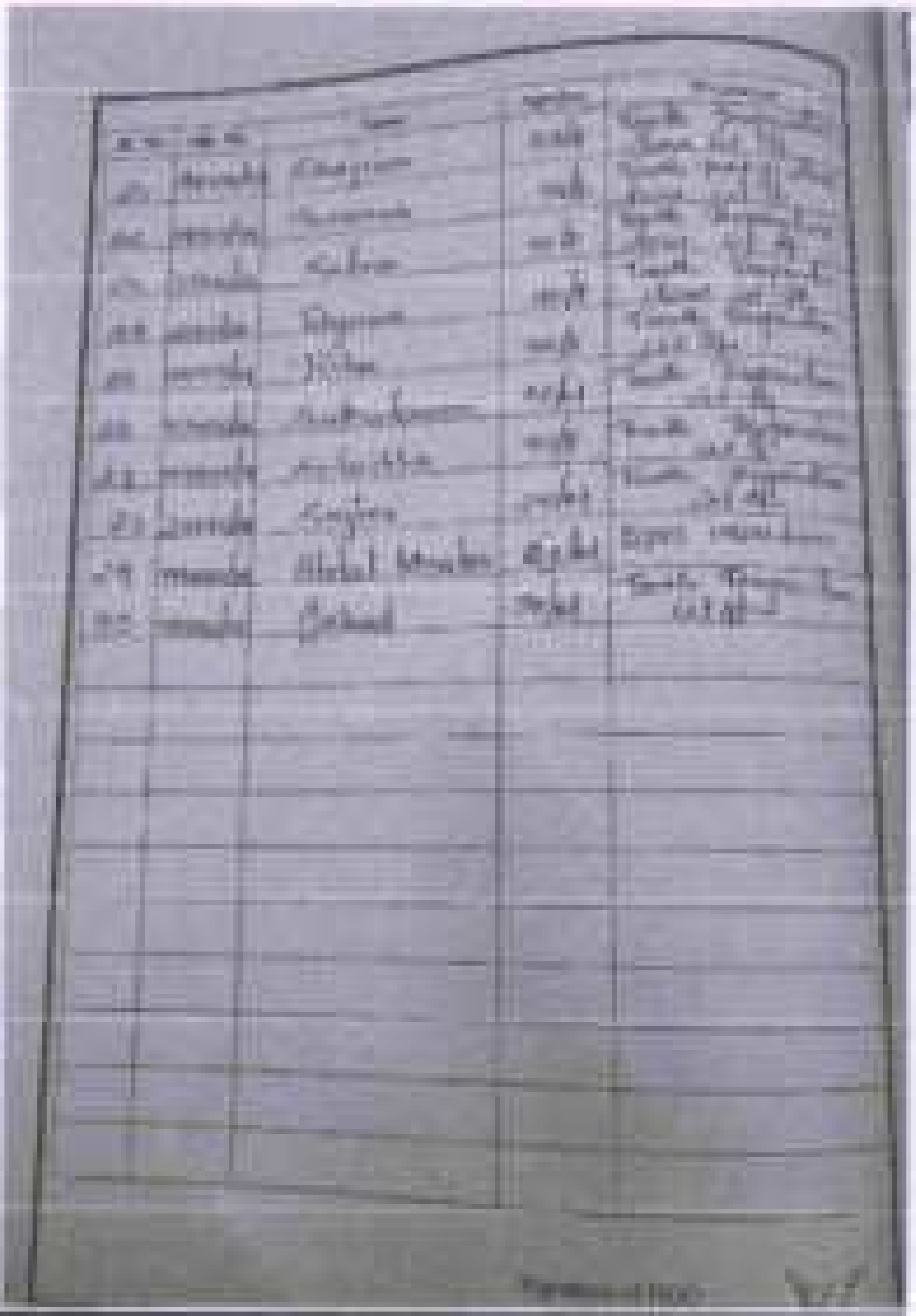
1. Principal
2. HOD OMFS
3. HOD Prosthodontics,
4. HOD Conservative Dentistry
5. HOD Pedodontics
6. AO
7. File
8. Notice Board

Principal

27/11/2023

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

INTERNS LOGBOOK



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

UG DEMONSTRATION AND DISCUSSION

DISCUSSION OF OP CASES WITH STAFF

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

PATIENT CENTRIC LEARNING - DISCUSSION OF CASES WITH STAFF

Dr. MANOJ KUMAR K
Principal
KMCT Dental College
Manassery, Mukkam

DEPARTMENT OF PERIODONTOLOGY

PATIENT CENTRIC

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

REPORT

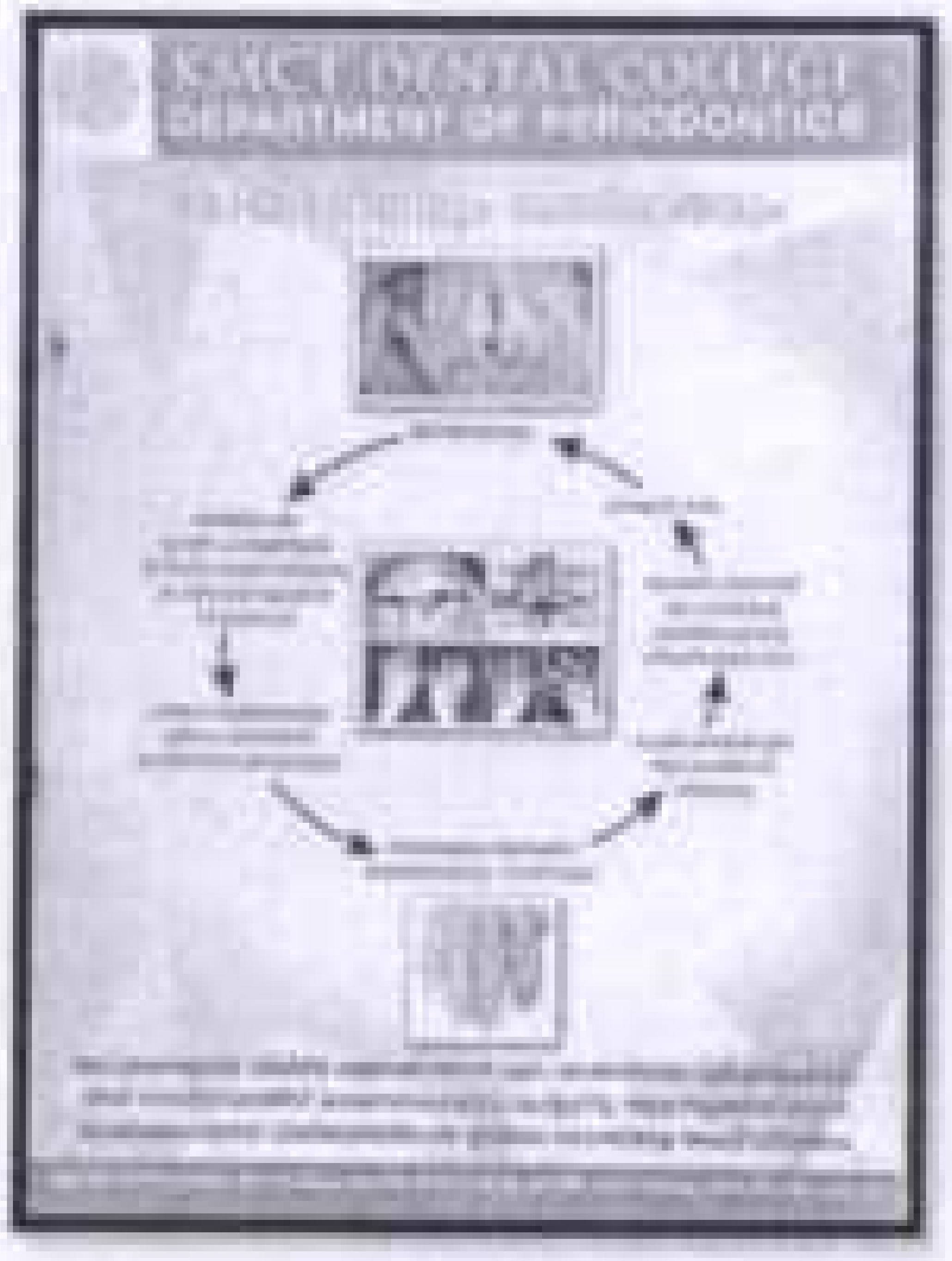
Patient centered care involves understanding the unique needs and concerns of each patient, tailoring treatment to meet those needs. Patients are treated with dignity and respect. They are being provided with the accurate information about their diagnosis, treatment options and prognosis. We take care to reduce anxiety and stress related to the dental care. We encourage effective communication between patient and the health care provider.

KMCT DENTAL COLLEGE
DEPARTMENT OF PERIODONTICS

KMCT DENTAL COLLEGE

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

ദന്തൽ ഇംപ്ലാന്റ്



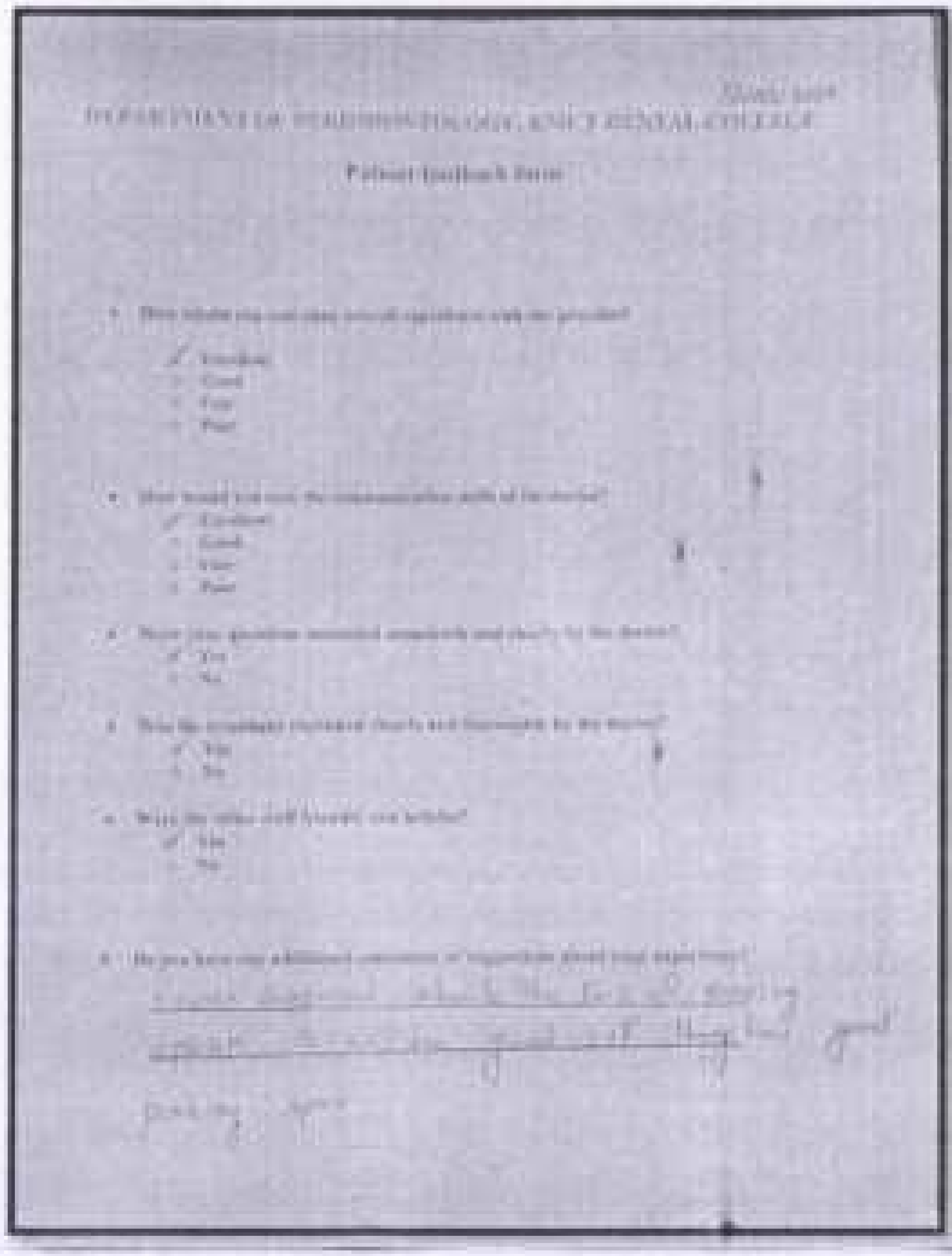
KMCT DENTAL COLLEGE
DEPARTMENT OF PERIODONTICS

Dr. MANOJ KUMAR K.R.
Principal
KMCT Dental College
Manassery, Mukkam

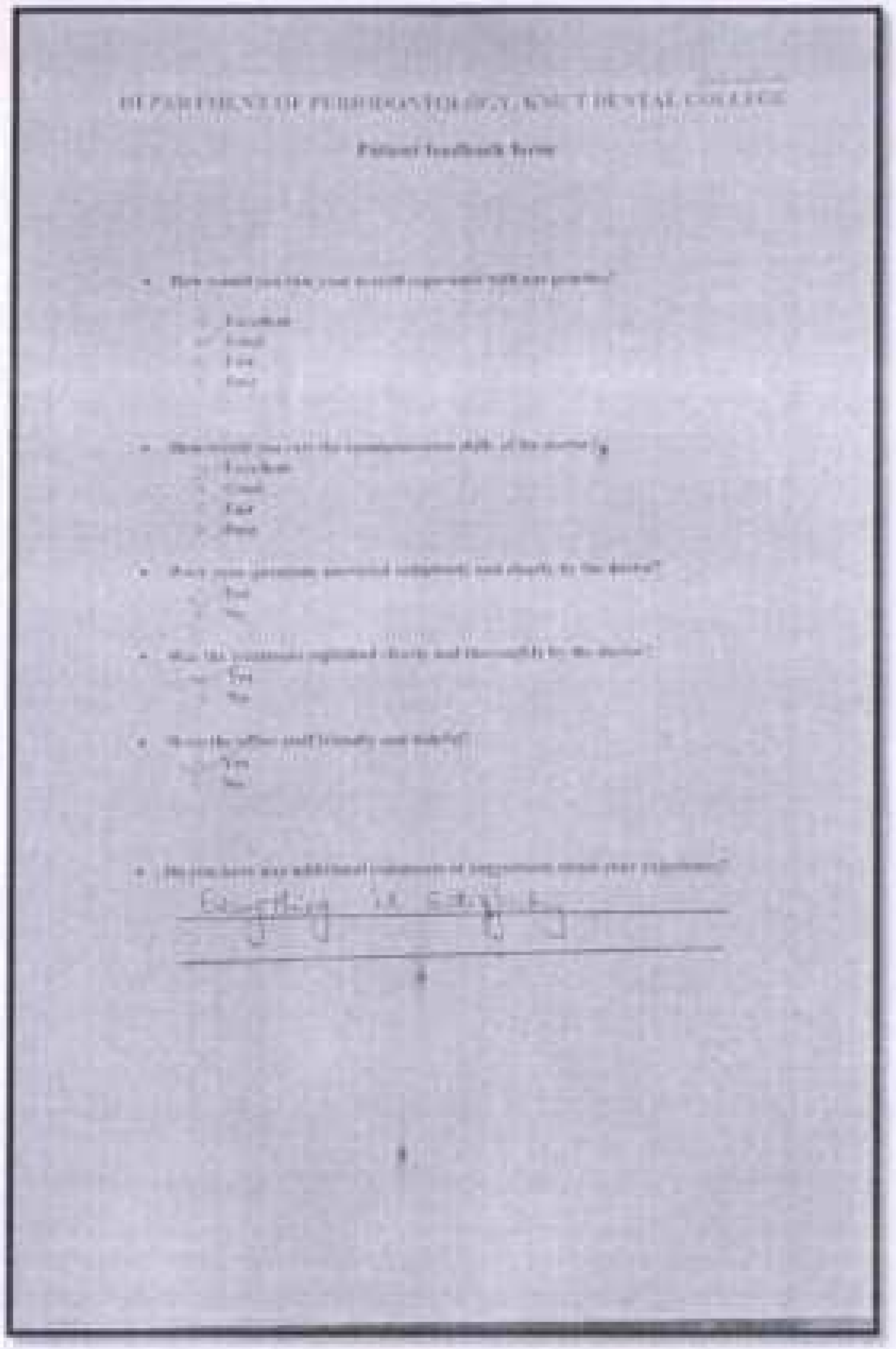
Feedback from patient

Feedback is an essential component of quality care providing the insights into patient's experience, helping healthcare providers to identify areas of strength and weakness and to make improvements in their practice. Patients do appreciate clear and concise explanations of their diagnosis, treatment options and prognosis.

Patients also praised the friendly and helpful office staff, who made them feel welcome and assisted with scheduling and billing. Patient suggested transparent information about the cost and payment options



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



DEPARTMENT OF PERIODONTOLOGY, KMCT DENTAL COLLEGE

Patient feedback form

- How would you rate your overall experience with our practice?
  - Excellent
  - [✓ Good]
  - Fair
  - Poor
- How would you rate the communication skills of the doctor?
  - Excellent
  - Good
  - Fair
  - Poor
- Were your questions answered completely and clearly by the doctor?
  - Yes
  - No
- Was the treatment explained clearly and thoroughly by the doctor?
  - [✓ Yes]
  - No
- Were the office staff friendly and helpful?
  - [✓ Yes]
  - No
- Do you have any additional comments or suggestions about your experience?

Everything is satisfactory

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

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

PATIENT CENTRIC LEARNING

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

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

CASE DISCUSSION ON PATIENTS

Case discussions are done with the students to enhance clinical reasoning and diagnostic skills and to integrate theoretical knowledge with practical applications.

Key points covered:

- History taking and examination.
- Diagnostic reasoning.
- Proposed treatment plan.

Discussion Highlights:

- Evaluation of diagnostic accuracy.
- Comparison of treatment modalities: [E.g., Endodontic therapy vs. Extraction].
- Faculty feedback on student analysis and suggestions.

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

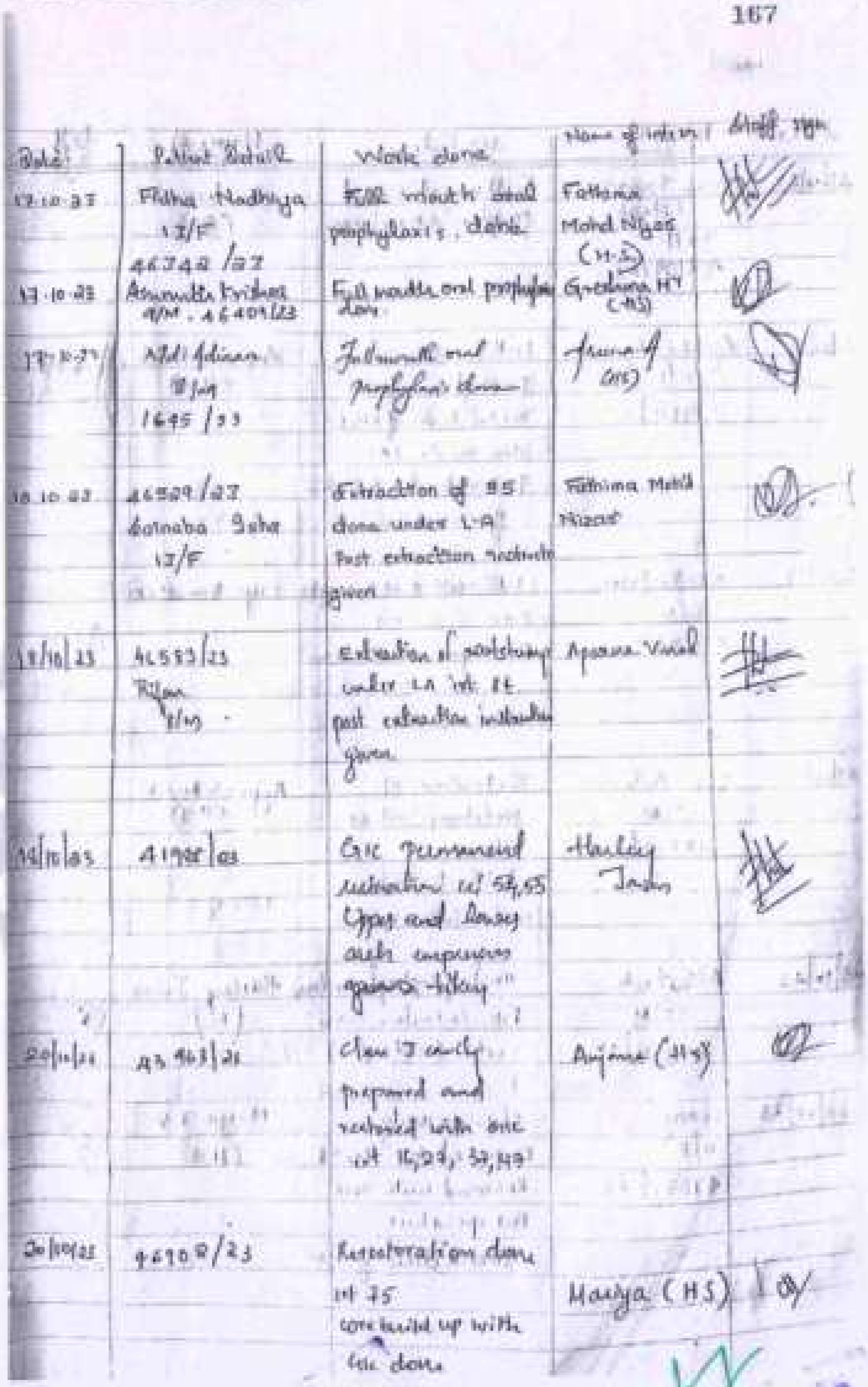
Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery, Mukkam

INTERNS LOG BOOK

The Internship Log Book provides a structured record-keeping system for dental interns during their training period. Its primary aims include:

1. **Tracking Clinical Work and Competency Development**
    - To document daily clinical activities, procedures performed, and cases managed by the intern.
    - To ensure that interns meet the mandatory clinical requirements specified by their institution or regulatory authority.
2. **Facilitating Assessment and Evaluation**
    - To provide supervisors with a detailed overview of the intern's work for regular assessment.
    - To evaluate the intern's progress in acquiring essential skills, clinical judgment, and professionalism.
3. **Promoting Accountability and Consistency**
    - To encourage interns to be diligent and systematic in recording their activities.
    - To create a transparent system for verifying the completion of clinical and academic tasks.
4. **Encouraging Reflection and Continuous Learning**
    - To help interns reflect on their strengths, weaknesses, and learning experiences.
    - To foster a habit of critical thinking and self-assessment.

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



Date	Patient Detail	Work done	Name of intern	Staff sign
12.10.23	Fithra Nadhiya 13/F 46742/23	Full mouth oral prophylaxis, done	Fathima Mohd Nizar (H.S)	
17.10.23	Anamika Krishna 9/M . 46409/23	Full mouth oral prophylaxis done	Greeshma H (HS)	
17.10.23	Mhd Adnan 9/M 1695/23	Full mouth oral prophylaxis done	Aparna A (HS)	
18.10.23	46529/23 Zainaba Saha 13/F	Extraction of 85 done under L.A Post extraction instructions given	Fathima Mohd Nizar	
18/10/23	46583/23 Rifan 8/M	Extraction of root stump under LA irt 84 post extraction instruction given	Aparna Vinod	
19/10/23	41985/23	GIC permanent restoration irt 54,55 Upper and lower arch impression given for study	Hailey Jaison	
20/10/23	43963/23	Class I cavity prepared and restored with GIC irt 16,26,37,47	Anjana (HS)	
20/10/23	46900/23	Restoration done irt 75 core build up with GIC done	Mariya (HS)	

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

168

Date	Patient Name	Work done	Name of Student	Staff Sign
21/10/23	Fida Treesa Roberts 10/F 47109/23	Full mouth oral prophylaxis done.	Greeshma MT (HS)	
21/10/23	Ayisha Liya 9/F 47109/23	Full mouth oral prophylaxis done Extraction of 84,85 done under LA. Post-extraction instructions given	Anjana Subeesh (H.S)	
21/10/23	Md. Rashan 6/M 47122/23	Full mouth oral prophylaxis done Oral hygiene instructions given	Sagh [illegible] (HS)	
21/10/23	Ivan Adam 2/M 47121/23	Extraction of rootstump i/r 61 done. Post-extraction instructions given	Anjana Subeesh (H-S)	
23/10/23	Athikesh 12/M 47394/23	Oral prophylaxis done GIC restoration done i/r/t 86,87,46	Harley James (HS)	
23/10/23	Gangi 4/F 47131/23	Class I cavity Prepared wrt 16, 46 Restored with GIC Post operative instructions given	Maya T.V (H.S)	

(2H) [illegible]

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

Date	Patient Name	Work done	Name of Student	Staff sign
24.10.2023	Athul Raj 47493/23 5½/M	Class I cavity prepared wrt 74, 75, Restored with GIC. 1 Post operative instructions given	Fathima Mohd Nizar	
24/10/2023	Mohammed Mussammil 1150/23 9/M	Extraction wrt 55 done under LA Post ope extraction instructions given	Maiya (H S)	
24/10/2023	Nasra Fathima 47937/23 12/F	Extraction ̄c LA wrt 55 post extraction instructions given	Aparna Vinod (H S)	
24/10/2023	Ishan K 7/M 47521/23	Ishan K O.P Consultation	Fathima Mohd Nizar (H.S)	
24/10/2023	Nowa Faniya 10/F 47510/23	Extraction of 85 done under topical LA Post extraction instructions given.	Maiya (H.S)	
24/10/2023	Siya Fathima 6/F 46260/23	Class I cavity prepared irt 54, 55, 84 Restored with GIC Post operative instructions given.	Maya T.V (H.S)	
24/10/23	Nikam	MOP done.	Raffa k	

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

DATE	PATIENT NAME	WORK DONE	NAME OF STUDENT	SIGN
25/10/23	Nawin Jamala	Scaling done oral hygiene instruction given	Hadiya Fathima	
25/10/23	Ibrahim Faiz	pit & fissure sealant irt 16 & 46 Post operative instruction given	Prasanna K	
25/10/23	Mohsin 7/M 47660/23	Class II cavity prepared irt 84 ~~[illegible]~~ GIC restoration done irt 84 Post instruction given	Fathima Nihal No 205	
26/10/23	Adam A	class I cavity prepared irt 55,75 Restored with GIC Postoperative instructions given	Aparna Vinod (HS)	
26/10/23	Ehan Ahamid 9/M 47750/23	Extraction irt 84 done under LA Post extraction instruction given	Maiya (HS)	
27/10/23	An Ruddha 12/F 44397/23	class I cavity prepared and restored with GIC irt 16,46 Post operative instruction given	Afsana (H.S)	
27/10/23	Rosha, 12/F 48017/23	Pit & fissure sealant irt 46, 37		

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

DATE	PATIENT NAME	WORK DONE	NAME OF INTERN	SIGN
24/10/23	Bishrul Hafi 5/M 49064/23	Box cavity prepared irt 53, 64 Restored with GIC Post operative instruction given	Maya T.V (H.S)	
24/10/23	Nived Manoj 10/M 18144/23	Inop done class I cavity prepared i.r.t 85, 16 GIC restoration done irt 85, 16 post operative instruction given	Harley [illegible]	
24/10/23	Rayan Usman 6/M 40021/23	GIC restoration done irt 64 Post operative instruction given	Hamna (HS)	
24/10/23	Anik A 4/M 47749/23	class I cavity prepared Restored with GIC i.r.t 53, 85. Fluoride varnish applied i.r.t 31 Post operative instruction given	Apoorva Vinod (HS)	
25/10/23	Muhammed Hadi 10/M 45215/23	Class I cavity prepared (GIC) i.r.t 54, 64 Restored with GIC Post operative instructions given	Maya T.V (H.S)	
24/10/23	Fasindhan 9/M 48208/23	Proph done	Amala	

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

205

15/1/24	Muhammed Mishaj 10/M 2439/24	Extraction done irt 63 under LA	Harsha (H3)	
5/1/24	Mhd Migdad 12/M 2440/24	Full mouth oral prophylaxis done	Fathima (H3)	
15/1/24	Mehavin Salam 12/F 2495/24	Class I cavity prepared GIC restoration done irt 16.	Shamiba (H3)	
16/1/24	Ayisha Faiha 12/F 55514/23	Class I cavity prepared GIC restoration done irt 26, 36.	Shamiba (H3)	
16/1/24	Fathima Ajwa 9/F 14440/24	Extraction of 54 done U LA.	Fathima (H3)	
16/01/24.	Sandra [illegible] 9/F 14207/23	Extraction of 64 done under LA.	SAHLA (H5).	
16/1/24	Vidyuth 8/M 2574/24	Class I buccal pit prepared irt 36, 46 GIC restoration done	Harsha (H3)	
16/1/24	Fathima Shaba 10/F 2635/24	Extraction done irt 73, 83	Abhiraj (H3)	

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam

206

16/1/24	Naiza Maryam 12/F 8660/24	Extraction irt 55 under LA.	Shanta (HS)	
16/1/24 ~~[illegible]~~	Mhd Aryaz 12/M 2638/24	Re-restoration done with GIC.	Fathima (HS)	
17/1/24	Fathima Elham 15/F 51841/23	Restoration using GIC irt 75 (mesial)	Afreen (HS)	
17/01/24	Zeeha Fathima 10/F 1063/24.	Class I cavity prepared irt 16, 26. Composite restoration done irt 16, 26.	Sanea (HS)	
17/01/24	Mehajabin 5/F 1387/24	Class I cavity prepared irt 75, 74 GIC Restoration done	Shamila (HS)	
17/1/24	Ishan Muhammed 13/M 1292/24	Pit & fissure sealant applied irt 46	Chandni (HS)	
17/01/24	Rohith Lal Krishna 11/M 2888/24	Extraction done irt 65 under LA	Sama (HS)	
17/1/24	Athul Krishna 12/M 9963/24	Extraction done irt 64 under LA	Hasla (HS)	
17/1/24	Muhammed Lithesh 10/M 53853/23	Class I cavity prepared irt 85, 46 GIC restoration done	Nithya (HS)	

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

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

-CASE SCENARIO

SL NO	TOPIC	DATE
1.	MANAGEMENT OF DISTAL EXTENTION CASE	14/11/2023
2.	MANAGEMENT OF REDUCED INTERARCH DISTANCES	16/11/2023
3.	MANAGEMENT OF HEAVY BONY PROMINENCE	06/09/2023

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

KMCT
DENTAL COLLEGE

CASE SCENARIO-1

Name: Mr.Harikrishnan

Patient: 67-year-old male
Chief Complaint: difficulty chewing and want to replace my missing teeth.

Medical History:

- Hypertension, controlled with medication (Losartan 50 mg daily)
- Non-smoker, occasional alcohol use
- No known allergies

Dental History:

- Periodontal disease resulting in the loss of several teeth over the years
- Partial dentures worn for the last five years, but the patient reports discomfort and dissatisfaction with fit and retention.
- Teeth #3, #4, #5, #12, #13, #14 are missing in the maxilla
- Teeth #18, #19, #30, #31 are missing in the mandible

Clinical Examination:

- The remaining teeth are stable but show moderate wear due to parafunctional habits (bruxism)
- Adequate bone structure in both jaws, confirmed by panoramic radiograph
- Mild temporomandibular joint (TMJ) discomfort due to malocclusion

Diagnosis:

- Partially edentulous maxillary and mandibular arches
- Generalized wear on existing teeth
- Mild TMJ disorder due to malocclusion and possible parafunctional habits

Treatment Plan:

1. **Phase 1: Diagnostic Work-Up**
   - Full-mouth impressions for study models
   - Diagnostic wax-up to assess occlusion and aesthetics
   - CBCT scan to assess bone density and implant planning
2. **Phase 2: Initial Therapy**
   - Fabrication of a new set of temporary partial dentures for interim use
   - Management of TMJ discomfort with occlusal splint therapy
   - Oral hygiene improvement to prevent further periodontal deterioration
3. **Phase 3: Implant Placement**
   - Implant surgery for teeth #3, #4, #5 in the maxilla and #18, #19 in the mandible (4 implants total)
   - Healing period of 3-6 months with interim dentures for aesthetics and function
4. **Phase 4: Prosthetic Rehabilitation**

- Fabrication of implant-supported crowns for the implants placed
- Metal-ceramic crowns on the remaining worn teeth to improve function and aesthetics
- Occlusal adjustment and final restoration to correct malocclusion and address TMJ issues

5. **Phase 5: Maintenance**
    - Regular follow-up to monitor the condition of implants and natural teeth
    - Reinforcement of oral hygiene instructions and possible night guard for bruxism management

Discussion Points:

1. **Patient Management and Expectations:**
    - Discuss the patient's expectations for aesthetics and functionality, ensuring realistic outcomes.
    - Explain the importance of interim dentures and phased treatment to manage immediate concerns while planning definitive restoration.
2. **Treatment Alternatives:**
    - Fixed partial dentures vs. implant-supported restorations
    - Full-arch fixed prostheses (e.g., All-on-4 implants) if the patient prefers more permanent solutions and can afford the cost
3. **Complications and Risk Management:**
    - Potential complications related to implant placement (e.g., infection, bone loss, implant failure)
    - Managing parafunctional habits like bruxism to prevent damage to restorations
4. **Prognosis:**
    - The prognosis for long-term success of implants and prosthetic work depends on maintaining periodontal health, patient compliance with hygiene, and proper use of night guards for bruxism control

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

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

KMCT
DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

CASE SCENARIO –ATTENDANCE

TOPIC:

SL NO	STUDENT NAME	SIGNATURE
1.	AADRA	
2.	ABHIRAMI	
3.	AKSHAYA	Akshaya
4.	AMNA	
5.	AMRUTHA	
6.	ANJANA	
7.	ANUSHRI	

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

CASE SCENARIO:2

Name: Mrs Vasanthi
Age: 67
Gender: Female
Chief Complaint: "I can't chew properly, and I feel embarrassed by my missing teeth."

Medical History:

- **Diabetes Mellitus (Type 2)**: Controlled with Metformin 500 mg twice daily.
- **Hypertension**: Controlled with Amlodipine 10 mg daily.
- **No history of smoking.**
- **No known allergies.**
- **Occasional dry mouth** due to medication.

Dental History:

- **Completely edentulous** in both maxillary and mandibular arches for the past 5 years.
- Previous dentures worn for 4 years but now loose and uncomfortable, causing difficulty with eating and speaking.
- History of **severe periodontal disease**, which resulted in tooth loss over several years.
- **No history of bruxism** or temporomandibular joint (TMJ) disorders.

Clinical Examination:

Extraoral Examination:

- **Facial Appearance**: Loss of vertical dimension of occlusion (VDO), giving the patient a collapsed, aged facial appearance with deep nasolabial folds.
- **Lips**: Thinning and lack of support due to denture collapse.
- **TMJ**: No tenderness or discomfort.

Intraoral Examination:

- **Maxillary Ridge**: Moderate ridge resorption with flabby tissue in the anterior region.
- **Mandibular Ridge**: Advanced resorption with knife-edge ridge, making denture retention more challenging.
- **Mucosa**: Dry and thin, indicating reduced salivary flow, likely due to medication (xerostomia).
- **Existing Dentures**: Worn, poorly fitting with significant loss of retention and stability. Teeth are worn down, and the acrylic base shows signs of excessive wear.

Radiographic Examination:

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

- Panoramic radiograph shows **adequate bone density** in the maxilla but **severe resorption** in the mandible, especially in the posterior regions.
- No signs of pathology or abnormalities.

- **Completely Edentulous Maxillary and Mandibular Arches**.
- **Severe Ridge Resorption** in the mandible, especially posteriorly.
- **Flabby Ridge** in the anterior maxilla, causing instability in the denture fit.
- **Inadequate Retention and Stability** with the current dentures.
- **Loss of Vertical Dimension of Occlusion (VDO)**, resulting in facial collapse.
- **Xerostomia** due to medications, contributing to discomfort and poor retention.

Treatment Plan:

Phase 1: Diagnostic and Preparatory Phase

- **Initial Impressions**: Preliminary alginate impressions of both arches for study models.
- **Occlusal Analysis**: Assessment of vertical dimension of occlusion (VDO) using existing dentures and facial landmarks.
- **Diagnostic Wax Rims**: Creation of wax rims to establish the correct VDO and assess esthetics, lip support, and phonetics.
- **Patient Education**: Discussion about the treatment plan, including the limitations of conventional complete dentures and potential challenges due to ridge resorption.

Phase 2: Fabrication of Complete Dentures

- **Custom Trays**: Fabrication of custom trays for final impressions to capture accurate details of the ridges.
- **Border Molding**: Functional border molding using a custom tray to achieve maximum retention by recording the dynamic tissue movements.
- **Final Impressions**: Using elastomeric impression material to capture the best possible detail for denture fabrication.
- **Recording Jaw Relations**: Using wax rims to record centric relation, VDO, and esthetics.
- **Try-In Stage**: Wax try-in of the dentures to verify fit, occlusion, phonetics, and esthetics. The patient can provide feedback on appearance and comfort.
- **Denture Delivery**: Final dentures will be delivered after processing in acrylic resin, with adjustments made to ensure proper fit and function.

Phase 3: Management of Post-Delivery Issues

- **Post-Insertion Adjustments**: The patient will be seen after 24-48 hours and again after one week to address sore spots or discomfort.
- **Managing Xerostomia**: Recommendations for artificial saliva substitutes and frequent hydration to combat dry mouth, which affects denture retention.
- **Masticatory Advice**: Encouraging the patient to chew slowly and evenly on both sides to ensure even pressure and prevent instability.

Phase 4: Maintenance Phase

- **Follow-Up Visits**: Regular check-ups every 6 months to monitor the condition of the dentures and the patient's oral health.
- **Relining of Dentures**: If ridge resorption progresses, a soft or hard reline may be needed within 1-2 years to maintain proper fit.
- **Oral Hygiene Maintenance**: Educating the patient on proper denture care, including cleaning techniques and maintaining oral mucosa health.

Discussion:

1. Patient Expectations and Communication:

- The patient expresses concerns about difficulty chewing and the social embarrassment of tooth loss. It's essential to set **realistic expectations** for complete dentures, especially given the challenges of **severe mandibular ridge resorption**. The patient must understand the potential need for future adjustments or relining as bone resorption progresses.

2. Treatment Challenges:

- **Mandibular Ridge Resorption**: The lower denture may have less stability and retention due to the knife-edge ridge, which can make it more challenging to achieve a secure fit.
- **Xerostomia**: Dry mouth can exacerbate retention problems with complete dentures. Moisturizing strategies or saliva substitutes may be necessary.

3. Treatment Alternatives:

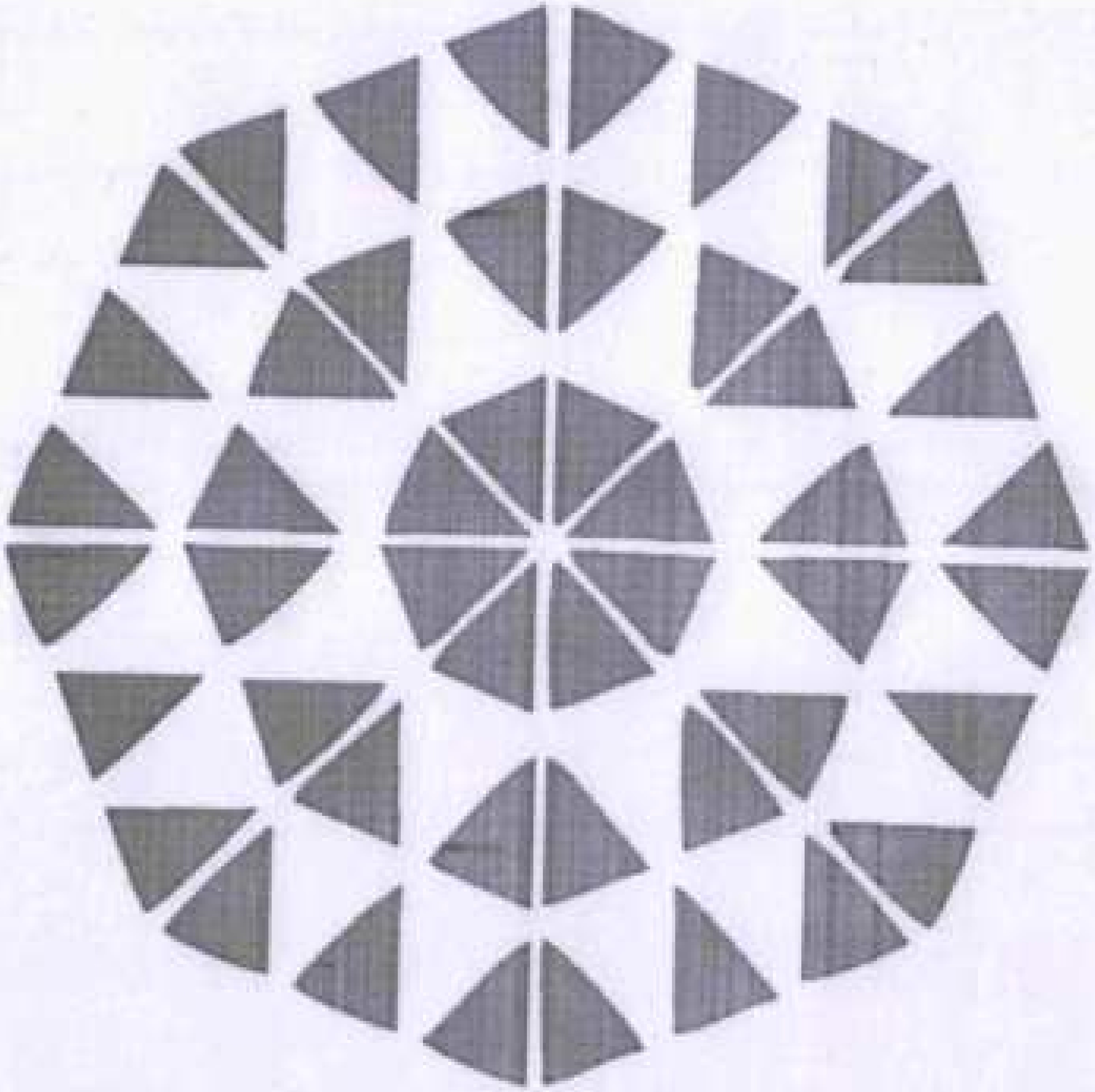
- **Implant-Supported Overdentures**: In cases of severe mandibular ridge resorption, implant-supported overdentures could offer increased stability and retention, especially in the lower arch. However, this option may depend on the patient's financial capacity and willingness to undergo implant surgery.
- **Soft Liner or Suction Dentures**: A soft liner could be an alternative in the mandibular denture to improve comfort, while suction denture techniques could be explored to enhance retention.

4. Prognosis:

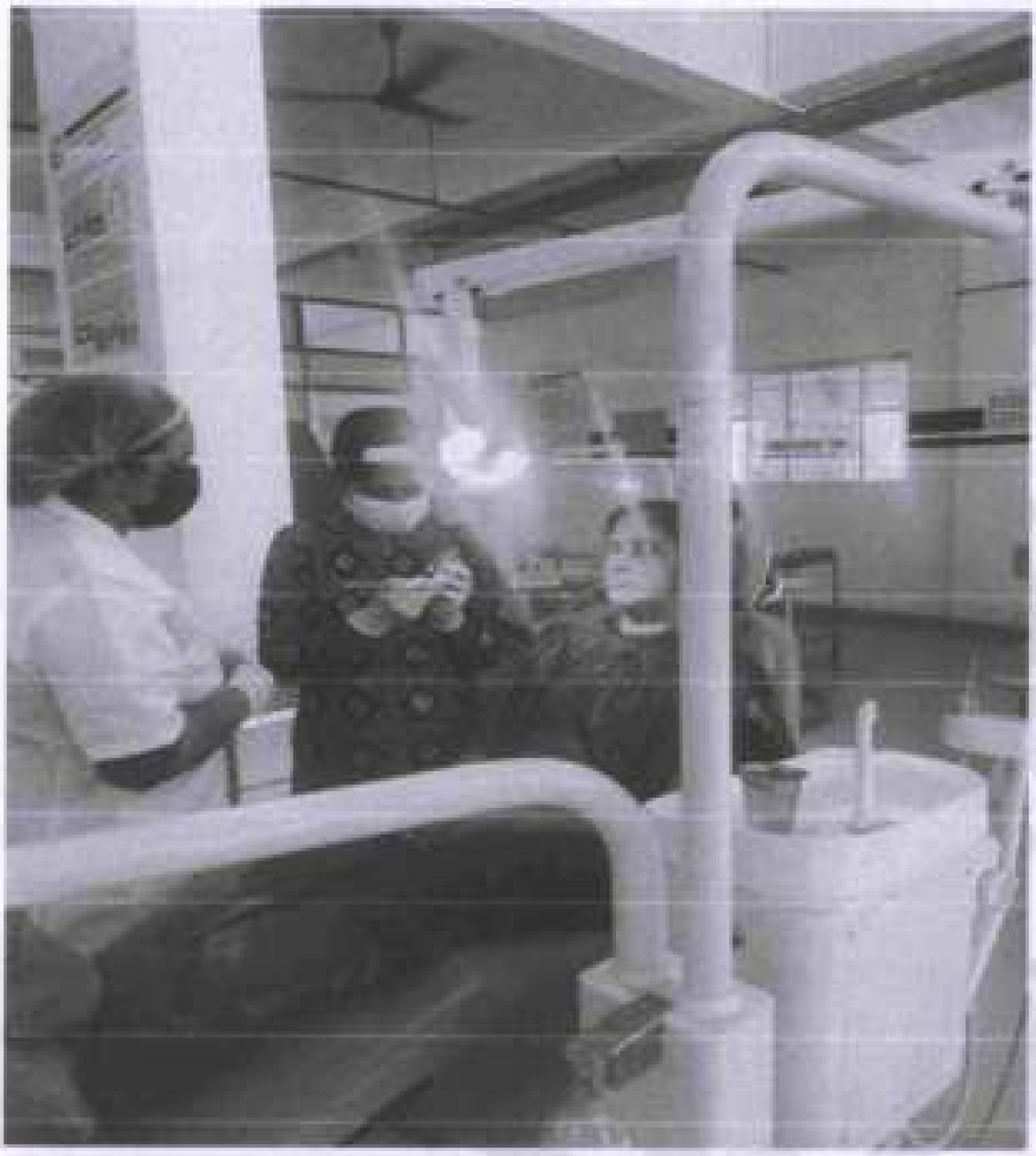
- The prognosis is **good for the maxillary denture** due to adequate bone structure and less resorption. However, the **mandibular denture** may present long-term retention challenges. The patient's commitment to **follow-up care, regular relining**, and **proper oral hygiene** will play a significant role in the success of the treatment.

Conclusion:

This case involves the rehabilitation of a completely edentulous female patient with significant ridge resorption and xerostomia. A phased approach to complete denture fabrication, with careful attention to ridge anatomy, vertical dimension, and patient expectations, will help achieve optimal results. Implant-supported overdentures may be future consideration if conventional dentures prove unsatisfactory, particularly for the mandibular arch. Regular follow-up care is crucial to ensure the ongoing success of the prosthesis.



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



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

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

CASE SCENARIO –ATTENDANCE

TOPIC:

SL NO	STUDENT NAME	SIGNATURE
1.	WAFRA ISMAIL	
2.	ZUHARA	Zuhara
3.	AKHILA	Akhila
4.	ANILA	Anila
5.	GOPIKA	Gopika
6.	HEBA	Heba
7.	REMYA	Remya

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

Case Scenario :3

Patient Information:

Name: Mr.Vasudev
Age: 66
Gender: Male
Chief Complaint: Difficulty chewing and dissatisfaction with partial dentures.

Medical History:

- **Hypertension**: Controlled with Losartan 50 mg daily.
- **Other Relevant Information**: Occasional alcohol use, non-smoker.
- **No known allergies.**

Dental History:

- History of **periodontal disease** resulting in the loss of multiple teeth.
- Patient has worn **partial dentures** for the past five years but reports discomfort and poor retention.
- **Missing Teeth:**
    - Maxillary Arch: Teeth #3, #4, #5, #12, #13, #14
    - Mandibular Arch: Teeth #18, #19, #30, #31
- **Existing dentition** shows moderate wear, likely due to bruxism (night grinding).
- Patient reports **mild TMJ discomfort**, likely related to malocclusion.

Clinical Examination:

- **Intraoral Examination**:
    - Remaining teeth are stable with adequate periodontal support, though moderate occlusal wear is evident.
- **Radiographic Examination**:
    - Panoramic X-ray and CBCT scan confirm **adequate bone structure** in both arches, making the patient a potential candidate for implant placement.
- **TMJ Examination**:
    - Mild discomfort, no clicking or popping, tenderness on palpation, related to occlusal discrepancies.

Diagnosis:

- **Partially Edentulous Maxillary and Mandibular Arches**: Class I Kennedy classification (bilateral posterior edentulism).
- **Moderate Generalized Occlusal Wear**: Due to parafunctional habits (bruxism).
- **Mild Temporomandibular Joint Disorder**: Secondary to malocclusion.
- **Poor Retention of Existing Partial Dentures**: Likely due to resorption of alveolar bone and ill-fitting prosthesis.

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

Treatment Plan:

Phase 1: Diagnostic Phase

- **Comprehensive Oral Examination** and study models for treatment planning.
- **Occlusal analysis** to evaluate existing wear and determine potential adjustments.
- **Diagnostic Wax-Up**: To simulate the final restoration and guide treatment.
- **CBCT Scan**: To assess bone density and plan for implants.

Phase 2: Initial Therapy

- **Occlusal Splint** to address bruxism and relieve TMJ discomfort.
- **Interim Partial Dentures**: Fabrication of new, better-fitting temporary dentures to improve function and aesthetics during the healing period.
- **Oral Hygiene Education**: Reinforcement of periodontal care to maintain remaining teeth and ensure implant success.

Phase 3: Surgical Phase:

- **Implant Placement**:
    - **Maxilla**: Implants in sites #3, #4, #5 to restore posterior support.
    - **Mandible**: Implants in sites #18, #19 for posterior support.
- **Healing Phase**: A 3-6 month healing period with interim partial dentures.

Phase 4: Prosthetic Rehabilitation

- **Implant-Supported Crowns**: Restoration of the maxillary and mandibular posterior teeth.
- **Fixed Crowns on Remaining Teeth**: To restore function, improve aesthetics, and manage occlusal discrepancies.
- **Occlusal Adjustment**: Correct malocclusion to relieve TMJ symptoms and prevent further wear.

Phase 5: Maintenance Phase

- **Regular Follow-Up Visits**: To monitor implant stability and check occlusion.
- **Night Guard**: Fabrication of a night guard for bruxism control.
- **Oral Hygiene Reinforcement**: Regular professional cleanings and patient adherence to a strict oral hygiene regimen to ensure long-term success.

Discussion:

1. Patient Management:

The patient's chief concerns are difficulty chewing and dissatisfaction with existing partial dentures. Clear communication about the step-by-step treatment plan is essential to manage expectations, particularly regarding the phased approach with implants and interim prosthesis.

Dr. MANOJ KUMAR K.P
Principal
Manassery, Mukkam

2. Treatment Alternatives:

- **Conventional Removable Partial Denture**: Could be an option if the patient prefers not to undergo implant surgery, though it would not provide the same level of function or comfort as fixed restorations.
- **Full Arch Implant Solutions**: Depending on budget and preference, treatments like All-on-4 or overdentures could be considered, though they are more invasive and costly.

3. Prognosis:

- The prognosis is **favorable** for implant placement and restoration, as the patient has adequate bone density, good periodontal health of the remaining teeth, and is motivated for long-term care.
- Long-term success depends on managing **bruxism** with a night guard and regular maintenance to monitor the condition of both implants and remaining teeth.

4. Potential Complications:

- Risks include **implant failure** (especially if bruxism is not controlled), infection, or post-operative complications like **peri-implantitis**.
- **TMJ symptoms** could worsen if the occlusal adjustments are not carefully planned and executed.

Conclusion:

This case illustrates the management of a partially edentulous patient with a combination of prosthetic and implant therapy. Careful treatment planning and patient compliance will be essential for achieving both functional and aesthetic success, while attention to TMJ health and occlusal balance will help minimize complications.

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

Case Scenario Discussion Feedback for Students

Name :

Year

5. Long-Term Care and Follow-Up:

- **Did the student appropriately address the need for long-term maintenance, including follow-up visits and relining of dentures?**
    - ☐ Yes ☐ No
- **Was the potential for future challenges, such as further ridge resorption, considered in the treatment plan?**
    - ☐ Yes ☐ No

6. Critical Thinking:

- **Did the student display critical thinking in addressing the complexity of the case, including the impact of the patient's medical conditions (diabetes, xerostomia)?**
    - ☐ Yes ☐ No
- **potential complications and how to manage them adequately discussed (e.g., denture instability, implant failure risks)?**
    - ☐ Yes ☐ No

7. Overall Performance:

- **Did the student demonstrate a strong understanding of the case and clinical decision-making?**
    - ☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

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

KMCT
DENTAL COLLEGE

KMCT DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS

CASE SCENARIO –ATTENDANCE

TOPIC:

SL NO	STUDENT NAME	SIGNATURE
1.	MOHAMMED ANFAD	
2.	NAYANA MC	
3.	REETHU M	Reethu
4.	SHAFLI SUMI	
5.	SHAMSATH	
6.	SREE GANESH	Ganesh
7.	UMMU HANI	

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

Case Scenario Discussion Feedback for Students

Name : Muhammed Anfad

Year Part I

Date 25/6/23

1. Understanding of the Case:

- **Did the student demonstrate a thorough understanding of the patient's condition (completely edentulous, medical history, and ridge resorption)?**
    - ☑ Yes ☐ No
- **Was the student able to explain the challenges of treating edentulous patients, particularly with respect to ridge resorption and xerostomia?**
    - ☑ Yes ☐ No

2. Treatment Planning:

- **Did the student develop an appropriate and logical treatment plan for the patient?**
    - ☑ Yes ☐ No
- **Were all phases of treatment clearly outlined (diagnosis, impressions, VDO, denture fabrication, follow-up care)?**
    - ☑ Yes ☐ No
- **Was the student able to discuss alternative treatment options (e.g., implant-supported overdentures)?**
    - ☑ Yes ☐ No

3. Clinical Considerations:

- **Did the student correctly identify the key clinical challenges, such as ridge resorption and xerostomia, and propose solutions?**
    - ☑ Yes ☐ No
- **Did the student understand the importance of restoring vertical dimension of occlusion (VDO) and its impact on esthetics and function?**
    - ☑ Yes ☐ No
- **Were the impression techniques (e.g., custom trays, border molding) explained in a detailed and accurate manner?**
    - ☑ Yes ☐ No

4. Communication Skills:

- **Was the treatment plan communicated in a way that a patient could understand?**
    - ☑ Yes ☐ No

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

INTERN LOG BOOK

Certificate

This is to certify that ~~Mr~~/Ms Maya. T.V 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 29/07/24 to 26/9/24 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 : 12/10/2024

Posting Period

Summary of cases done

1.	Total no. of extractions done	52
2	Total no. of minor surgery done	–
3	Total no. of minor surgery assisted	12
4	Total no. of major surgery attended	1

Signature of HOD

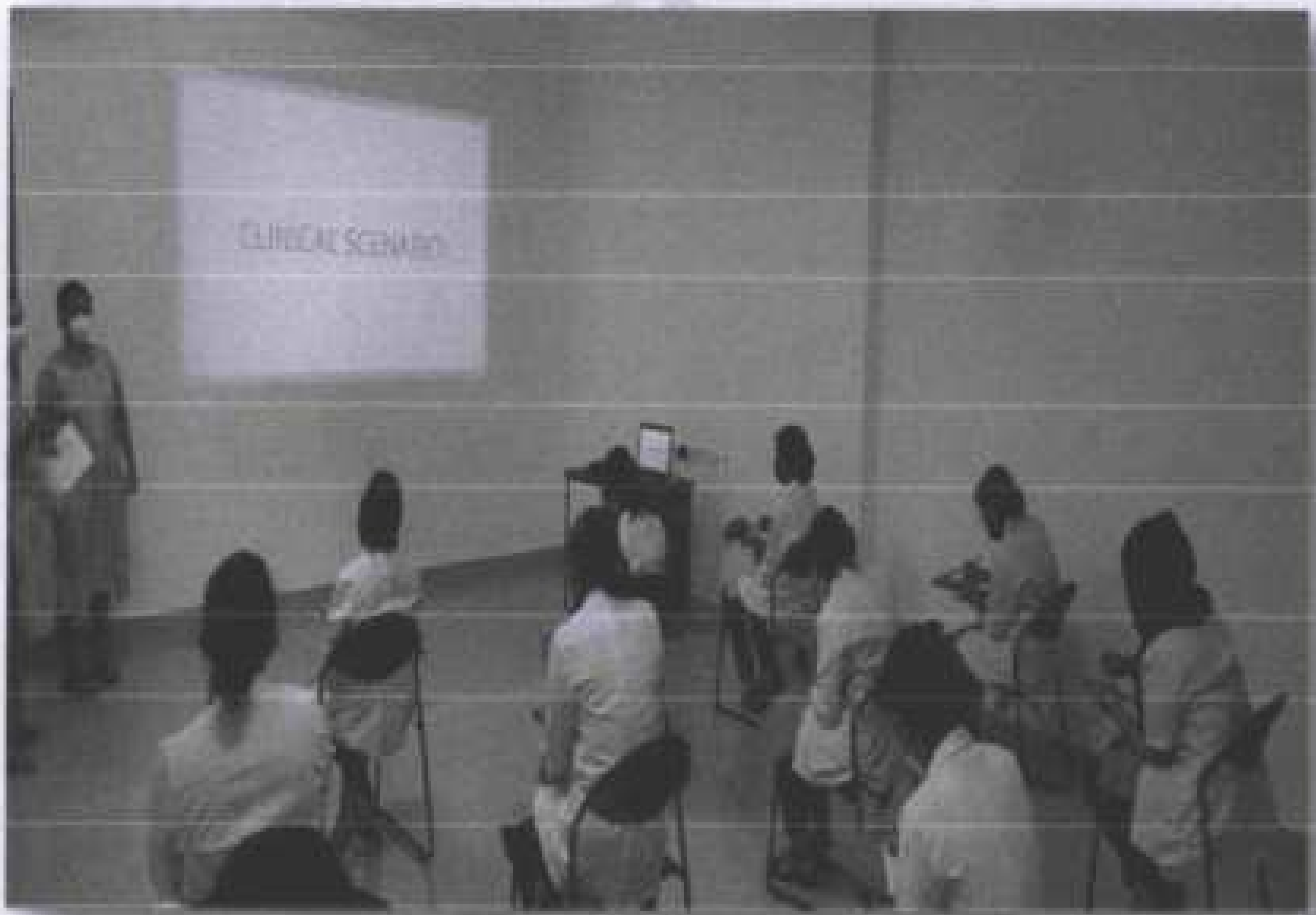
HEAD OF DEPARTMENT
DEPT. OF ORAL &
MAXILLOFACIAL SURGERY
KMCT DENTAL COLLEGE
MUKKAM, CALICUT

Sl No	Op. No.	Name	Age/Sex	Treatment
1	25587/24	Pathumma	62/F	Suture removal
				done in $\underline{\lvert 3}$
2	35036/24	Santha	44/F	OP consultation
3	35633/24	Fenin shadiya	29/F	Extraction of $\underline{8 \rvert}$
4	35776/24	Abdul Rasag	47/M	OP consultation
5	32165/24	Shamla · N.K	36/F	OP consultation
6	33409/24	Ramla	62/F	OP consultation
7	34707/24	Amina	44/F	Extraction of $\underline{32 \rvert}$
8	35036/24	Santha	44/F	OP consultation
9	36134/24	Sulaikha	47/F	OP consultation
10	29117/24	Hymavathy	61/F	OP consultation
11	17357/24	Shamna	19/F	Extraction of $\frac{4 \rvert}{4 \rvert}$
12	34512/24	Prema	55/F	Suture removal
				done in $\underline{4 \rvert}$
13	36427/24	Pathumma	63/F	OP consultation
14	22066/24	Abdul Rahman	63/M	OP consultation
15	34495/24	Ameeruetheen	26/M	OP consultation
16	15490/24	Muhammed Ameen	14/M	OP consultation
17	29563/24	Fathima Rasni	18/F	Extraction of $\frac{\lvert 4}{\lvert 4}$
18	32704/24	Bushara Beevi	46/F	Extraction of $\underline{\lvert 7}$

Signature of HOD

CASE BASED LEARNING

Actual and hypothetical case scenarios are presented to students, encouraging them to formulate proper, logical treatment plan options based on their knowledge.



CASE BASED DISCUSSIONS

Monthly clinical club meetings are held to promote knowledge on special clinical case scenarios and teach students the concept of multidisciplinary and interdisciplinary dentistry.

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.

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

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.

Principal
KMCT Dental College
Manassery, Mukkam

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

LEARNING IN THE HUMANITIES

vii) LEARNING IN THE HUMANITIES

The interns of KMCT Dental College are provided extra learning experience at Institute of Palliative Medicine during their clinical posting at the Department of Public Health Dentistry. These postings provide an opportunity for the upcoming interns to create a clinical practice embedded with a humanity touch

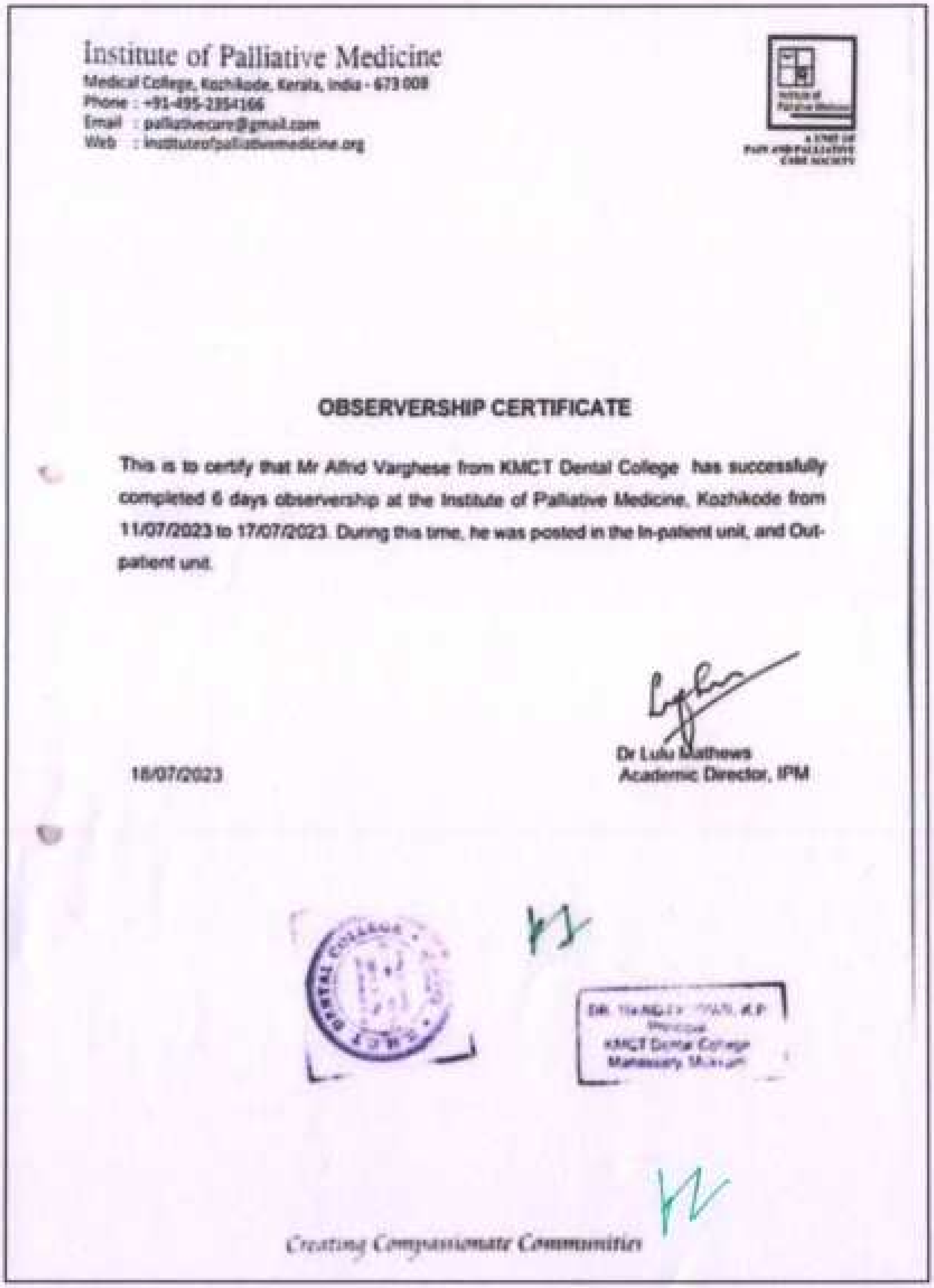
KMCT DENTAL COLLEGE
DEPARTMENT OF PUBLIC HEALTH DENTISTRY
INTERN POSTING SCHEDULE 2022-23
18-6-2023 to 17-7-2023

DATE	DEPARTMENT PHD	MEENCHANDA HEALTH CENTER/MAVOOR CENTER	PANNIKODE CENTER	INSTITUTE OF PALLIATIVE MEDICINE
18-6-2023 to 25-6-2023	AKHIL C ALFRID VARGHESE	HELNA HANISH K	SAGAR BHARATH VRINDA A S	VAISAKH T
26-6-2023 to 03-7-2023	VAISAKH T	AKHIL C ALFRID VARGHESE	HELNA HANISH K	SAGAR BHARATH VRINDA A S
04-7-2023 to 10-7-2023	SAGAR BHARATH VRINDA A S	VAISAKH T	AKHIL C ALFRID VARGHESE	HELNA HANISH K
11-7-2023 to 17-7-2023	HELNA HANISH K	SAGAR BHARATH VRINDA A S	VAISAKH T	AKHIL C ALFRID VARGHESE

17/6/23

Head of the Department
Department of Public Health Dentistry
KMCT Dental College,
Manassery, Calicut

Principal
KMCT Dental College
Manassery, Mukkam



Institute of Palliative Medicine
Medical College, Kozhikode, Kerala, India - 673 008
Phone : +91-495-2354166
Email : palliativecare@gmail.com
Web : instituteofpalliativemedicine.org

OBSERVERSHIP CERTIFICATE

This is to certify that Mr Afrid Varghese from KMCT Dental College has successfully completed 6 days observership at the Institute of Palliative Medicine, Kozhikode from 11/07/2023 to 17/07/2023. During this time, he was posted in the In-patient unit, and Out-patient unit.

18/07/2023

Dr Lulu Mathews
Academic Director, IPM

DR. [illegible] K.P.
Principal
KMCT Dental College
Manassery, Mukkam

Creating Compassionate Communities

PROJECT BASED LEARNING

KMCT
DENTAL COLLEGE

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.

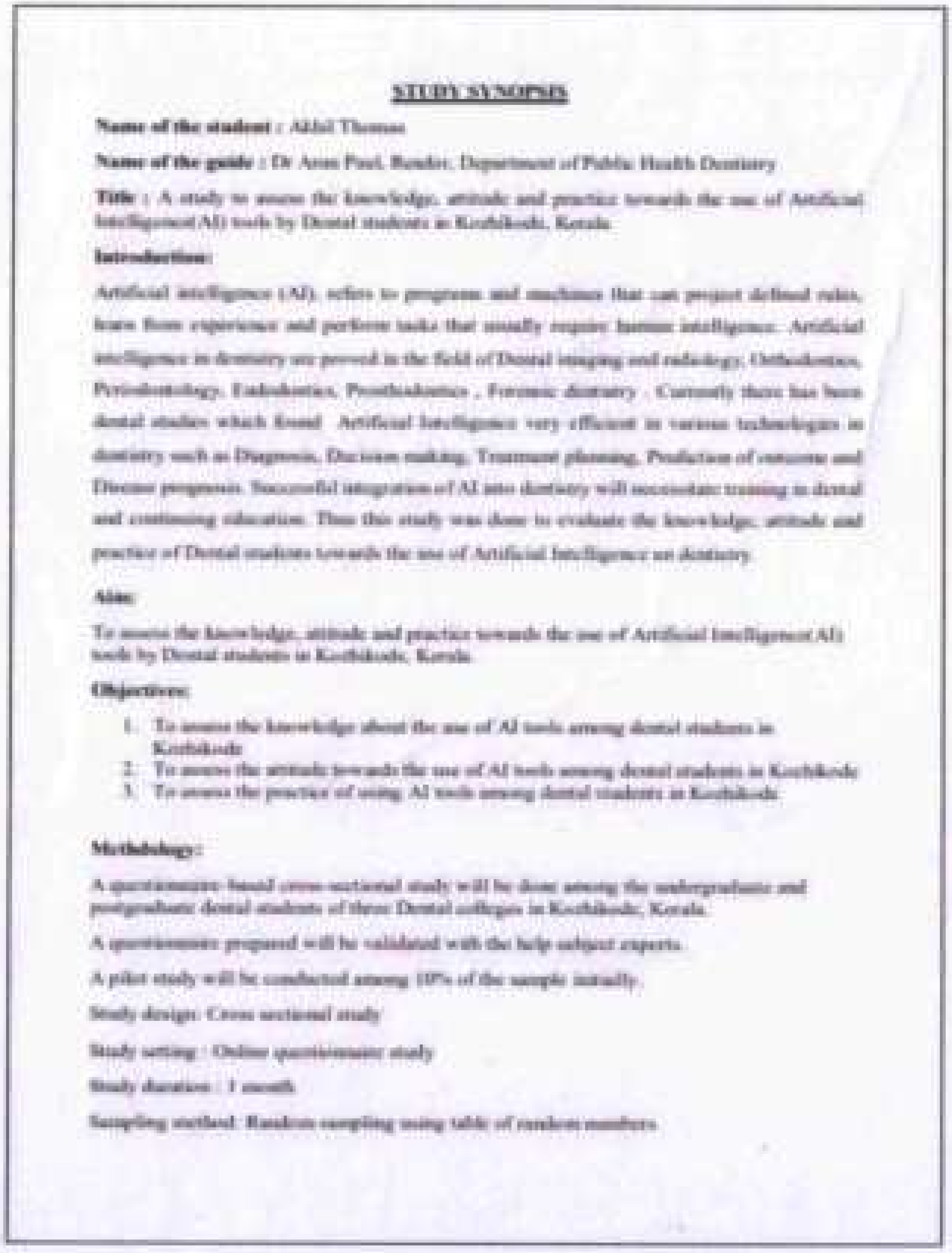
DEPARTMENT OF PUBLIC HEALTH DENTISTRY

UG RESEARCH PROJECTS

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassery Mukkam

viii) UG RESEARCH PROJECTS

Students are given an over view and are encouraged to do research projects. Students get their research topics approved and design their project methodology. The study will be progressed during their internship period and are also guided to participate in various state and national conferences to present their research projects.



STUDY SYNOPSIS

Name of the student : Akhil Thomas

Name of the guide : Dr Arun Paul, Reader, Department of Public Health Dentistry

Title : A study to assess the knowledge, attitude and practice towards the use of Artificial Intelligence(AI) tools by Dental students in Kozhikode, Kerala

Introduction:

Artificial intelligence (AI), refers to programs and machines that can project defined rules, learn from experience and perform tasks that usually require human intelligence. Artificial intelligence in dentistry are proved in the field of Dental imaging and radiology, Orthodontics, Periodontology, Endodontics, Prosthodontics , Forensic dentistry . Currently there has been dental studies which found Artificial Intelligence very efficient in various technologies in dentistry such as Diagnosis, Decision making, Treatment planning, Prediction of outcome and Disease prognosis. Successful integration of AI into dentistry will necessitate training in dental and continuing education. Thus this study was done to evaluate the knowledge, attitude and practice of Dental students towards the use of Artificial Intelligence on dentistry.

Aim:

To assess the knowledge, attitude and practice towards the use of Artificial Intelligence(AI) tools by Dental students in Kozhikode, Kerala

Objectives:

1. To assess the knowledge about the use of AI tools among dental students in Kozhikode
2. To assess the attitude towards the use of AI tools among dental students in Kozhikode
3. To assess the practice of using AI tools among dental students in Kozhikode

Methdology :

A questionnaire based cross-sectional study will be done among the undergraduate and postgraduate dental students of three Dental colleges in Kozhikode, Kerala.

A questionnaire prepared will be validated with the help subject experts.

A pilot study will be conducted among 10% of the sample initially.

Study design: Cross sectional study

Study setting : Online questionnaire study

Study duration : 1 month

Sampling method: Random sampling using table of random numbers

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

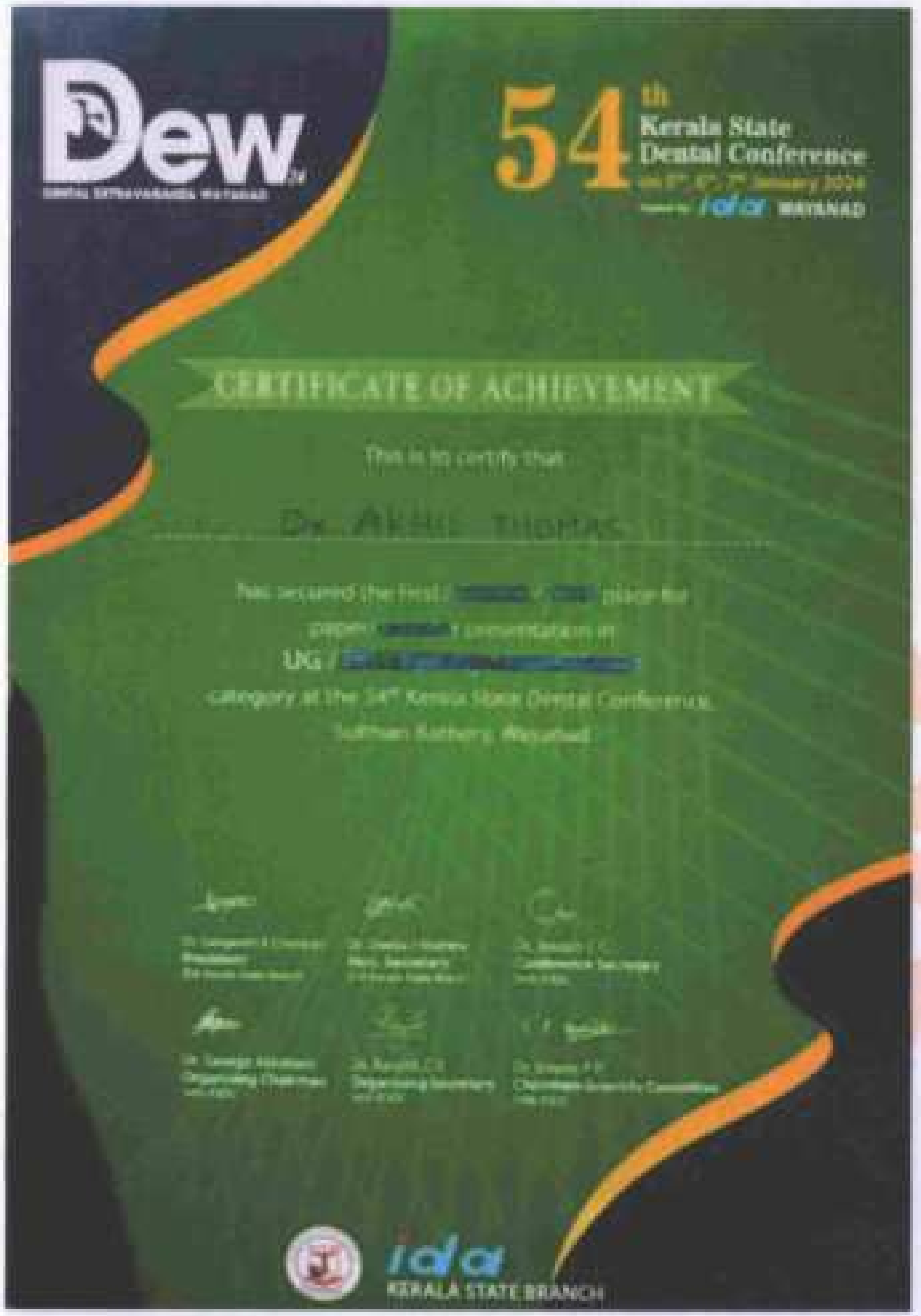
Statistical analysis:

The data was analysed using SPSS version 20. Descriptive statistics were computed for all the independent and dependent variables. Chi-square test was used to find the association between categorical variables. Level of significance kept at, $p<0.05$.

References:

1. Islam NM, Laughter L, Sadid-Zadeh R, Smith C, Dolan TA, Crain G, Squarize CH. Adopting artificial intelligence in dental education: A model for academic leadership and innovation. J Dent Educ. 2022 Nov;86(11):1545-1551. doi: 10.1002/jdd.13010. Epub 2022 Jul 3. PMID: 35781809.
2. Ding H, Wu J, Zhao W, Matinlinna JP, Burrow MF and Tsoi JKH (2023) Artificial intelligence in dentistry—A review. Front. Dent. Med 4:1085251. doi: 10.3389/fdmed.2023.1085251
3. Nguyen TT, Larrivée N, Lee A, Bilaniuk O, Durand R. Use of Artificial Intelligence in Dentistry: Current Clinical Trends and Research Advances. J Can Dent Assoc. 2021 May;87:l7. PMID: 34343070.
4. Singh N, Pandey A, Tikku AP, Verma P, Singh BP. Attitude, perception and barriers of dental professionals towards artificial intelligence. J Oral Biol Craniofac Res. 2023 Sep-Oct;13(5):584-588. doi: 10.1016/j.jobcr.2023.06.006. Epub 2023 Jul 31. PMID: 37576799; PMCID: PMC10415790.
5. Kalaimani G, B S, Chockalingam R M, et al. (September 04, 2023) Evaluation of Knowledge, Attitude, and Practice (KAP) of Artificial Intelligence Among Dentists and Dental Students: A Cross-Sectional Online Survey. Cureus 15(9): e44656. doi:10.7759/cureus.44656
6. Thulasi , M. S. , Sowjanya, B. , Sreenivasulu, K. , & Kumar, M. R. . (2022). Knowledge Attitude and Practices of Dental Students and Dental Practitioners Towards Artificial Intelligence. International Journal of Intelligent Systems and Applications in Engineering, *10*(1s), 248–253.
7. Fernandes, Shoba & Bafna, Yash & Patel, Charmi & Parmar, Dimpal. (2022). Knowledge Attitude and Practice of Dental Students Towards Artificial Intelligence (AI): A Questionnaire based Survey. 10.37896/jxu16.8/029.
8. Abouzeid HL, Chaturvedi S, Abdelaziz KM, Alzahrani FA, AlQarni AAS, Alqahtani NM. Role of Robotics and Artificial Intelligence in Oral Health and Preventive Dentistry - Knowledge, Perception and Attitude of Dentists. Oral Health Prev Dent. 2021 Jan 7;19(1):353-363. doi: 10.3290/j.ohpd.b1693873. PMID: 34259428.

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



Dew24
DENTAL EXTRAVAGANZA WAYANAD

54th Kerala State Dental Conference
on 5th, 6th, 7th January 2024
IDA WAYANAD

CERTIFICATE OF ACHIEVEMENT

This is to certify that

Dr. AKHIL THOMAS

Has secured the first / [redacted] / [redacted] place for
paper / [redacted] presentation in
UG / [redacted]
category at the 54th Kerala State Dental Conference,
Sulthan Bathery, Wayanad

President

Hon. Secretary

Conference Secretary

Organising Chairman

Organising Secretary

Chairman Scientific Committee

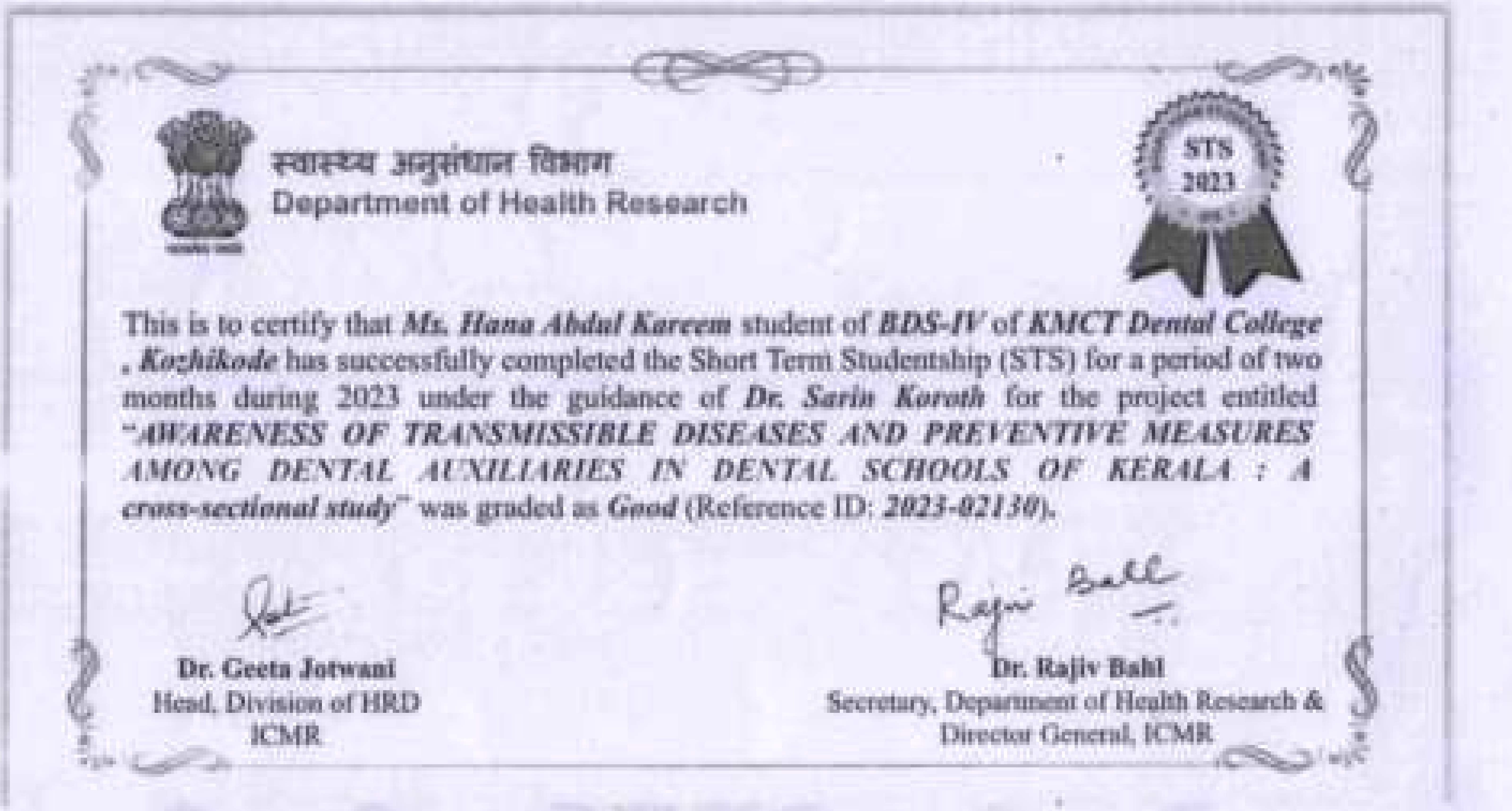
IDA
KERALA STATE BRANCH

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

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PROJECT BASED LEARNING

UG RESEARCH PROJECT



स्वास्थ्य अनुसंधान विभाग
Department of Health Research

STS
2023

This is to certify that ***Ms. Hana Abdul Kareem*** student of ***BDS-IV*** of ***KMCT Dental College, Kozhikode*** has successfully completed the Short Term Studentship (STS) for a period of two months during 2023 under the guidance of ***Dr. Sarin Koroth*** for the project entitled "***AWARENESS OF TRANSMISSIBLE DISEASES AND PREVENTIVE MEASURES AMONG DENTAL AUXILIARIES IN DENTAL SCHOOLS OF KERALA : A cross-sectional study***" was graded as ***Good*** (Reference ID: ***2023-02130***).

Dr. Geeta Jotwani
Head, Division of HRD
ICMR

Rajiv Bahl
Dr. Rajiv Bahl
Secretary, Department of Health Research &
Director General, ICMR

KMCT
DENTAL COLLEGE

KMCT DENTAL COLLEGE
Manassery P.O, Mukkam, Kozhikode – 673 602

SCIENTIFIC REVIEW COMMITTEE

Certificate

Date: 23/07/2024

Certified that the study proposal with the below mentioned details was reviewed by this committee for its scientific and technical correctness at its meeting held on 22.01.2024, and is recommended for review by the Institutional Ethics Committee, KMCT Dental College.

Name of the Applicant: AINA ROSILR

Name of the Guide: Dr. ROHIT MATHEW

Title of Proposal :

ANALYSIS OF AWARENESS OF HYPERTENSION ,ITS PREDISPOSING FACTORS AND RELEVANCE IN DENTISTRY AMONG PATIENTS IN A DENTAL COLLEGE OF IN KERALA

(Prof. Dr. Harish Kumar V V)
Scientific review committee
Chairman

CHAIRMAN
Scientific Review Committee
KMCT Dental College

Recognised by UGC u/s 2(f), Accredited by NAAC with A+ Grade, Approved Research Centre of KUHS

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

KMCT
DENTAL COLLEGE

KMCT DENTAL COLLEGE

MANASSERY P.O, MUKKAM, KOZHIKODE - 673602

Communication of Decision of the Institutional Ethics Committee (IEC)/ Institutional Review Board (IRB)

IEC/IRB No: KMCTDC/IEC/C/2024/55

Protocol Title:
ANALYSIS OF AWARENESS OF HYPERTENSION ,ITS PREDISPOSING FACTORS AND RELEVANCE IN DENTISTRY AMONG OUTPATIENTS IN A DENTAL COLLEGE IN KERALA.

Investigator: AINA ROSE R

Guide : Dr ROHIT MATHEW

Name & Address of Institution : KMCT DENTAL COLLEGE,
MANASSERY P.O, MUKKAM, KOZHIKODE-673602

☑ Full committee review ☐ Exemption from review ☐ Expedited review

Date of Review (DD/MM/YYYY) : 24/07/2024
Date of Previous Review, if Revised Application : NA

Decision of the IEC/IRB :
☑ Recommended ☐ Recommended with suggestions
☐ Revision ☐ Rejected

Suggestions/ Reasons/ Remarks : Nil

Recommended for a period of : 6 months

Please note*

- Inform IEC/IRB immediately in case of any adverse events and serious adverse events.
- Inform IEC/IRB in case of any change of study procedure, site and investigator
- This permission is only for period mentioned above. Annual report to be submitted to IEC/IRB
- Members of IEC/IRB have right to monitor the trial with prior intimation.

Signature of Member Secretary
IEC/IRB

MEMBER SECRETARY
KMCT DC ETHICS COMMITTEE
KMCT DENTAL COLLEGE

PG RESEARCH PROJECT

7. You shall submit your acceptance of this fellowship within 02 working days (by sending a softcopy of this letter) and join the fellowship not later than seven (07) days from the date of receipt of this fellowship award letter, failing which this award may be cancelled.
8. You are also required to submit the joining form along with all the self-attested documents, such as all education qualification mark sheets, certificates, Aadhar card, PAN card, and declaration letter (having mentioned that you are not availing any other fellowship). The joining form should be duly endorsed by the supervisor.

Regards,

Rajeev Pandey
CEO (Interim), IHUB ANUBHUTI-IIITD FOUNDATION

IIIT-Delhi
G.B. Pant Extension
Okhla Phase-III

Acknowledgement of Acceptance

I/ we hereby have read and understood the terms of this Fellowship Grant Letter and hereby accept this grant in accordance with the terms and conditions as enumerated above

Nikitha Rajeev
15/04/24
Signature(s) of the candidate with date

Ravi.V.
15/04/2024
Signature of the Supervisor with date

Dr. RAVI S.V
Reader
Department of Conservative Dentistry
& Endodontics
KMCT Dental College, Calicut

KMCT
DENTAL COLLEGE

IHUB ANUBHUTI-IIITD FOUNDATION
(A Section 8 Company Promoted by IIIT-Delhi)

Joining Report

(To be submitted by the Fellow)

Date: 19/04/24

To,
The Chief Executive Officer,
iHub Anubhuti-IIITD Foundation

Subject: Joining Report as CHANAKYA Post Graduate Fellow

Dear Sir,

With reference to the Grant Letter No. iHub Anubhuti/CHANAKYA Fellowship Grant PG/21 dated April 12, 2024, I would like to inform you that I have reported for my duties as a CHANAKYA Post Graduate Fellow under the supervision of DR RAVI SV **w.e.f. April 22, 2024**.

I hereby declare that as on date I am not availing of any recurring Fellowship/ Grant and will also not avail of any Fellowship during the tenure of the CHANAKYA Fellowship Program from iHub Anubhuti-IIITD Foundation.

As required, a canceled cheque has been enclosed herewith and details of my bank account are as below:

- Account Holder's Name: NIKITHA RAJEEV
- Bank Name: SOUTH INDIAN BANK
- Branch Address: KUTTANELLUR, THRISSUR, KERALA
- Account Number: 0535053000008494
- IFSC Code: SIBL0000535
- PAN Card Number: FRFPR3406C

Dr. RAVI S.V
Reader
Department of Conservative Dentistry
& Endodontics
KMCT Dental College, Calicut

Thanking you,
Yours sincerely,
DR NIKITHA RAJEEV

19/04/24

19/04/24

Signature of the Fellow with Date

Signature of the Supervisor with Date and Seal

Regd. Office: GB Pant Polytechnic Extension, Okhla Phase-III, Delhi-[illegible], South Delhi, India
Tel: [illegible] CIN: [illegible]

THESIS TOPIC-2023 BATCH

SI NO	TOPIC	DONE BY	GUIDE
1	Comparative evaluation of flexural strength &degree of conversion of 3D printed versus conventionally prepared provisional acrylic crown	Dr Rose	Dr Ravi
2	Composition study of Portland cement & MTA &the presence of arsenic using SEM EDS &ICP MS:An In vito study	Dr Athira S	Dr Ravi
3	Retreatability of root canals obturated with bioceramic single cone technique using rotary instrumentation &citric acid od two different concentration:In vito CBCT Study	Dr Athira R	Dr Elsy P Simon
4	Comparative evaluation of voids in single cone obturation technique &thermoplasticized obturation technique with bioceramic sealer by using CBCT:An In vitro study	Dr Shehin P K	Dr Mohammed Ashik
5	Influence of bioceramic intra canal medication on the push out bond strength &sealer penetration of bioceramic sealer & AH plus sealer :An in vitro study	Dr Aleena	Dr Elsy P Simon

KMCT
DENTAL COLLEGE

SHORT STUDY TOPIC

SI NO	TOPIC	DONE BY
1	Assessment of damage to micro endo tweezers after multiple use	Dr Parvathy
2	A Comparative evaluation of efficacy of smear layer removal using a novel handpiece mounted continuous irrigation system.An In vitro stereomicroscopic study	Dr Sneha
3	Evaluation of microleakage in conventional and clarks class 2 composite restoration by dye penetration technique.	Dr Vibin
4	Application of SEM-EDS and XRD metal material detection used in Rubberdam clamps.	Dr Nikitha
5	Efficiency of Dental operating microscope over stereomicroscope in early detection of surface defects of NiTi rotary instruments.	Dr Rishana
6	Steriomicroscopic evaluation of intracanal smear layer following spring irrigation and continuous irrigation	Dr Vibin
7	Application of SEM EDS in composition study of Portland cement and MTA	Dr Nikitha
8	Comparative evaluation of effect of different torque on dentinal crack formation after root canal preparation using heat treated rotary instruments: An In vitro study.	Dr Sneha
9	Assessement of heat treated rotary NiTi files defects prior to separation	Dr Parvathy
10	Comparation of antimicrobial activity of a bioperamic intra canal medicament with chlorhexidine and calcium hydroxide against E fecalis :In vitro study.	Dr Aleena
11	Evaluation of solubility of four root canal sealers in distilled water	Dr Shehin
12	Sorption and Solubility of two types of nano hybrid composite resins in a mouth wash.	Dr Athira S
13	Evaluation of disinfection time of different herbal agents on gutta percha :An in vitro study	Dr Athira R
14	To ompare and evaluate the microleakage of two types of composite in class 5 cavities.	Dr Rose

DEPARTMENT OF
ORAL & MAXILLOFACIAL SURGERY

Dissertation

SL NO	YEAR OF STUDY	STUDY	STATUS
1	2021-2024	COMPARISON OF PHYSICS FORCEPS WITH CONVENTIONAL FORCEPS IN ORTHODONTIC EXTRACTIONS A RANDOMIZED CONTROL STUDY	COMPLETED
2	2021-2024	COMPARISON OF EXTRACTIONS USING PERIOTOME WITH CONVENTIONAL TECHNIQUE, A RANDOMIZED CONTROL TRIAL	COMPLETED
3	2021-2024	EVALUATION OF CHITOSAN IN HEALING OF EXTRACTION SOCKET,A SPLIT MOUTH STUDY	COMPLETED
4	2022-2025	COMPARISON OF N-BUTYL 2 CYANOACRYLATE TISSUE ADHESIVE AND NYLON SUTURES IN EXTRAORAL MAXILLOFACIAL LACERATIONS AND INCISIONS – A RANDOMISED CONTROLLED TRIAL (WAITING FOR APPROVAL)	ONGOING
5	2022-2025	EVALUATION OF MEMBRANE THICKNESS, MAXILLARY SINUS VOLUME DISTANCE BETWEEN MAXILLARY SINUS FLOOR AND OSTIUM AFTER LEFORT 1 OSTEOTOMY WITH SUPERIOR IMPACTION AN OBSERVATIONAL LONGITUDINAL STUDY (WAITING FOR APPROVAL)	ONGOING
6	2022-2025	COMPARITIVE EVALUATION OF BONE DENSITY, IMPLANT STABILITY, AND RIDGE DIMENSION FOLLOWING OSSEODENSIFICATION TECHNIQUE AND CONVENTIONAL OSTEOTOMY TECHNIQUE IN MAXILLARY ARCH- A RANDOMISED CONTROLLED TRIAL. (WAITING FOR APPROVAL)	ONGOING

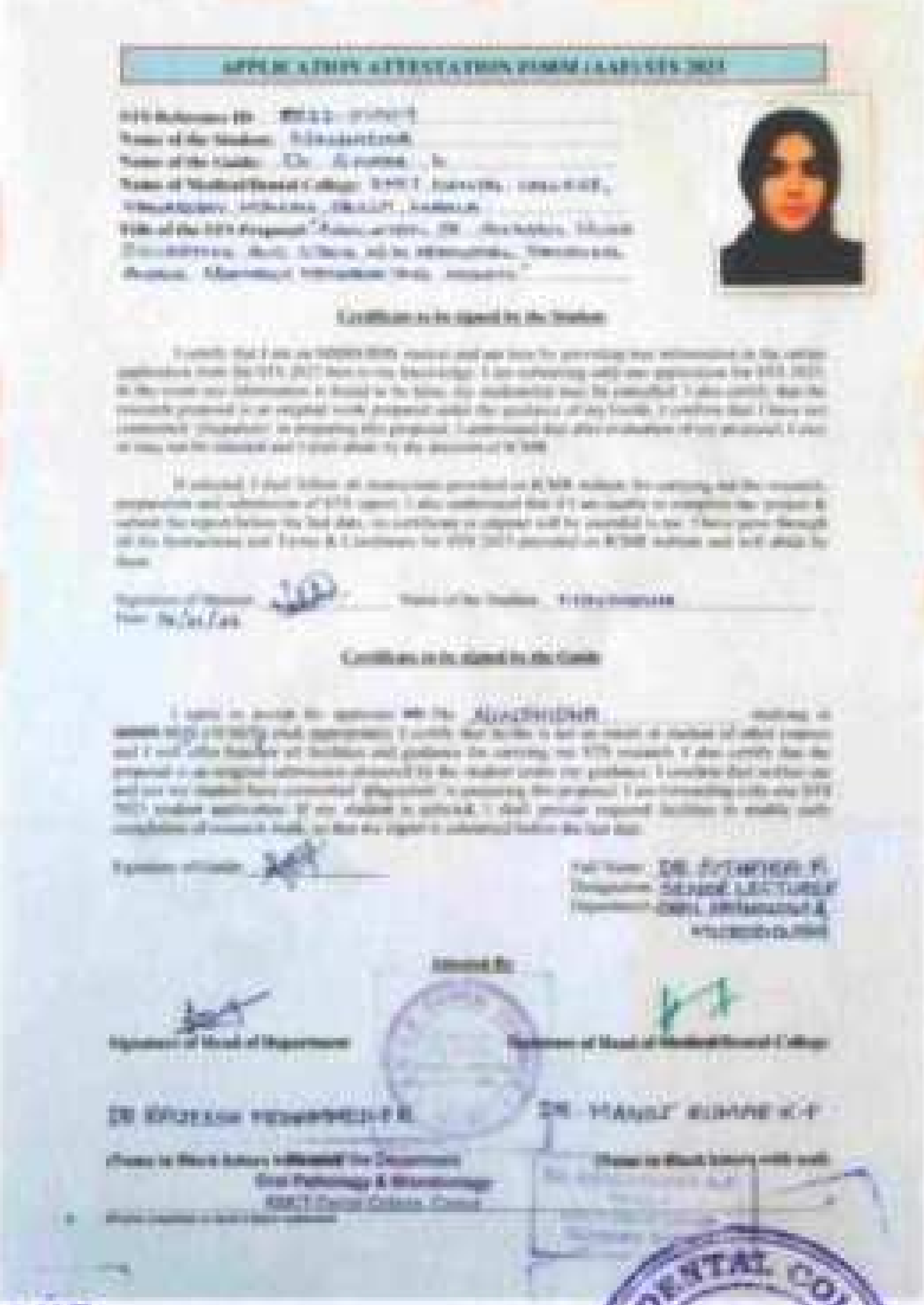
7	2022-2023	A PROSPECTIVE SPLIT MOUTH STUDY TO ASSESS BONE REGENERATION POTENTIAL OF SIMVASTATIN VS PLATELET RICH FIBRIN IN THIRD MOLAR SURGICAL SOCKET (WAITING FOR APPROVAL)	ONGOING
8	2022-2025	3D FINITE ELEMENTAL ANALYSIS OF DIFFERENT TECHNIQUES OF INTERNAL FIXATION IN MANDIBULAR PARASYMPHYSIS FRACTURE UNDER VARIABLE BITE FORCES: AN INVITRO STUDY (WAITING FOR APPROVAL)	ONGOING
9	2023-2026	EFFICIENCY OF LOW-LEVEL LASER THERAPY ON PAIN, TRISMUS,SWELLING AFTER SURGICAL REMOVAL OF IMPACTED THIRD MOLARS	ONGOING
10	2023-2026	EVALUATION OF THE ANTIBIOTIC SENSITIVITY AND RESISTANCE OF MICRO ORGANISMS IN ODONTOGENIC SPACE INFECTIONS-A HOSPITAL BASED CROSS SECTIONAL STUDY	ONGOING
11	2023-2026	EVALUATION OF MAXILLARY SINUS CHANGES PRE-OPERATIVELY AND POST OPERATIVELY IN ZYGOMATICO MAXILLARY COMPLEX FRACTURES, AN OBSERVATIONAL PROSPECTIVE STUDY	ONGOING
12	2023-2026	EVALUATION OF THE CLINICAL OUTCOMES OF INTRA ARTICULARPLATELET RICH FIBRIN INJECTION VERSUS OCCLUSAL SPLINT THERAPY FOR THE TREATMENT OF TEMPOROMANDIBULAR DISORDERS –A COMPARATIVE STUDY	ONGOING
13	2023-2026	CORRELATION OF IMPACTED MAXILLARY THIRD MOLARS IN TEMPOROMANDIBULAR DISORDERS-A LONGITUDINAL OBSERVATIONAL STUDY	ONGOING

VIII. PROJECT BASED LEARNING

1. UG Research projects:

REPORT

UG Research project Proposal was submitted by **Ms Ninshidha**, Final year Part 1 UG student under the guidance of **Dr Sithara K, Senior Lecturer, Department of Oral Pathology and Microbiology** to **ICMR STS (2023)** on the topic **"To analyse stress and occurrence of Aphthous ulcer during various phases of Menstrual cycle".**



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

KMCT
DENTAL COLLEGE

Manassery,

[illegible]

From

Ms. [illegible]

Part 2 student

KMCT Dental College, Manassery, Calicut.

Through

Dr Rajeesh Mohammed P K

HOD, Department of Oral Pathology & Microbiology

KMCT Dental College, Manassery, Calicut.

To

The Chairman

Institutional Ethical Committee

KMCT Dental College, Manassery, Calicut.

Respected Sir,

Subject: Submission of UG Research Proposal to Institutional Ethical Committee for approval.

I, Ms [illegible], Part 2 student of KMCT Dental college, Calicut, is hereby submitting my Undergraduate research proposal titled "To analyse stress and occurrence of Aphthous ulcer during various phases of Menstrual cycle: a cross sectional study" to Institutional Ethical Committee for ethical clearance and approval. This study will be conducted under the guidance of Dr [illegible], Senior Lecturer, Department of Oral Pathology & Microbiology.

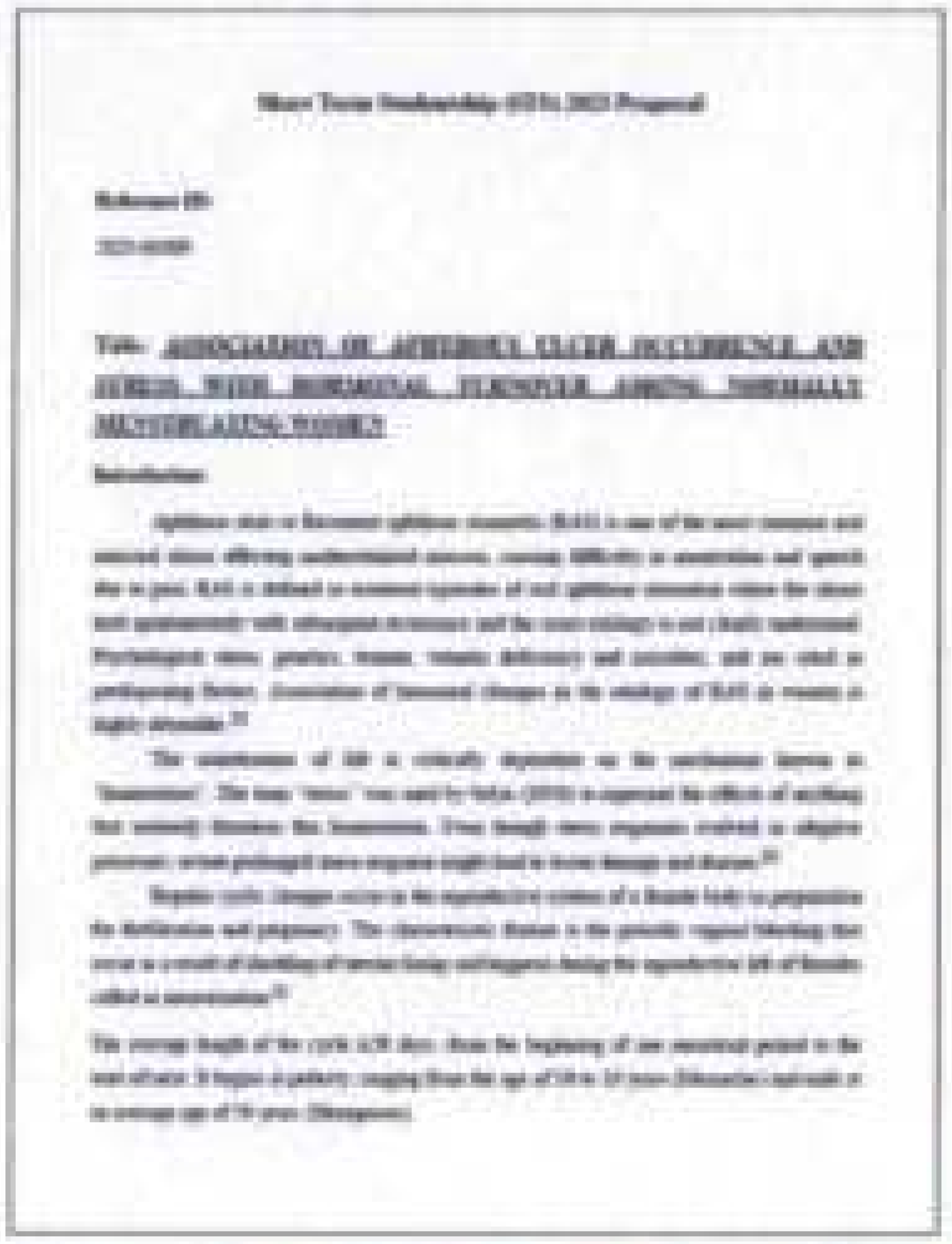
There is no conflict of interest. Kindly request you to do the needful.

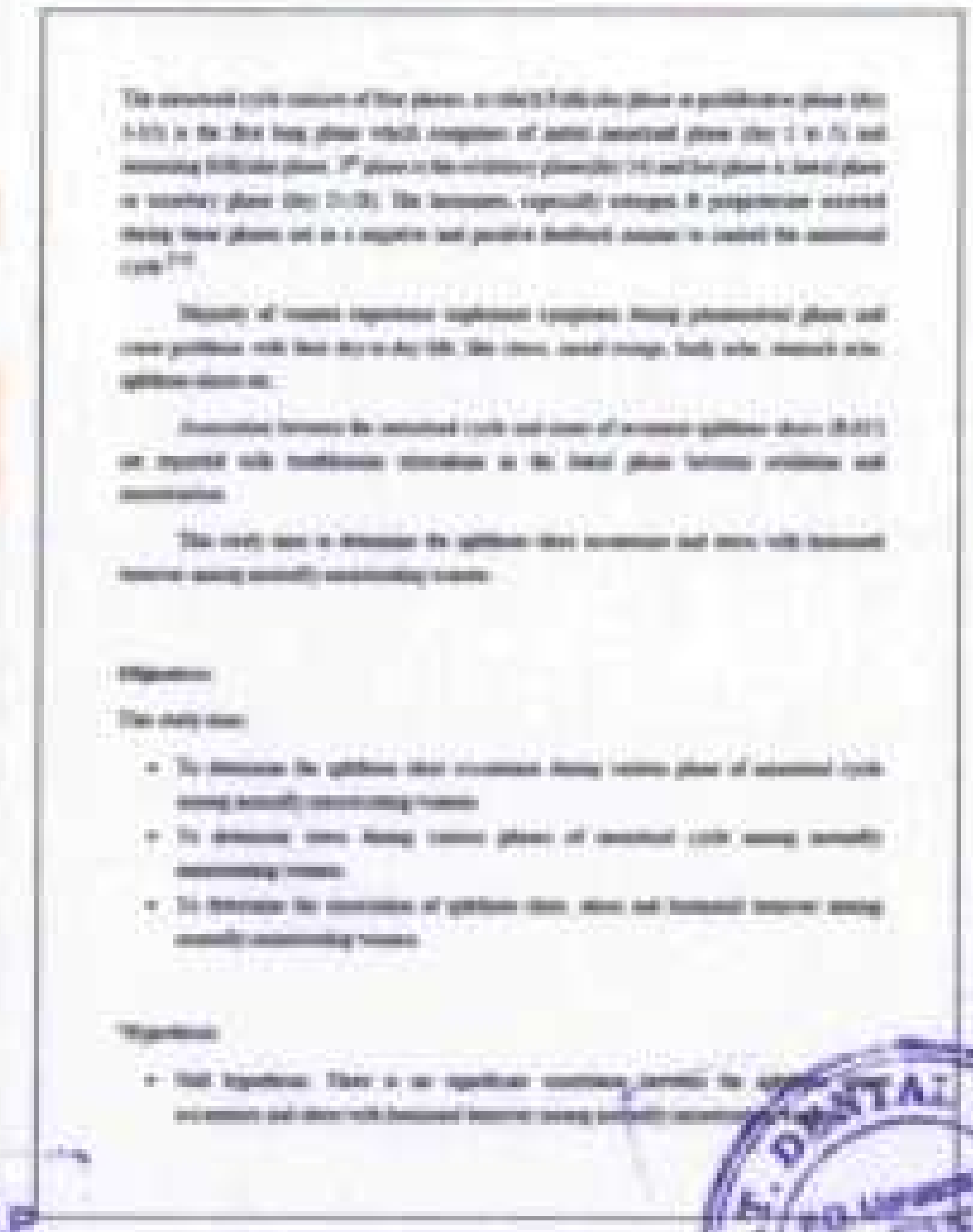
Thanking you,

Your's sincerely,

Ms [illegible].

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





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

2. Pg research projects:

REPORT

PG students have done research projects as part of their thesis. Research works improves research skills, problem solving, self-directed learning and critical thinking. Some projects have been completed and some are ongoing.

NAME OF THE STUDENT	NAME OF THE GUIDE	THESIS TITLE
DR. ANU PV (2020-21)	Dr. Rajeesh Mohammed P K	"A COMPARATIVE EVALUATION OF QUANTITATIVE CHANGES IN THE ORAL STREPTOCOCCAL COLONIES DURING FIXED ORTHODONTIC TREATMENT AND IN RETENTION."
DR. ANNA ALI AKBAR E (2020-21)	Dr. Mayeesh Radhakrishna	"A COMPARATIVE EVALUATION OF QUANTITATIVE CHANGES IN ORAL CANDIDA COLONIES DURING FIXED ORTHODONTIC TREATMENT AND IN RETENTION."
Dr. Akhila Stanly (2021-22)	Dr. Rajeesh Mohammed P K	**"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" (Submitted)**

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

Dr Sabeenath P (2021-22)	Dr. Mayeesh Radhakrishna	"EVALUATION OF UNSTIMULATED SALIVARY FLOW RATE, pH, BUFFERING CAPACITY AND THEIR CORRELATION WITH BACTERIAL COUNT (S. MUTANS & P. GINGIVALIS) DURING PREGNANCY AND POST PREGNANCY- A PROSPECTIVE STUDY" (Submitted)
Dr Gopika S Raj (2022-23)	Dr. Mayeesh Radhakrishna	"EFFICACY OF SALIVARY GLUCOSE AND SALIVARY α-AMYLASE LEVELS IN THE DIAGNOSIS OF TYPE Ⅱ DIABETES MELLITUS – A CROSS-SECTIONAL ANALYTICAL STUDY" (Ongoing)
Dr Lakshmi Priya Raghu (2022-23)	Dr. Rajeesh Mohammed P K	"COMPARISON OF SALIVARY ARGINASE AND NITRIC OXIDE IN ORAL LICHEN PLANUS PATIENTS – A CASE CONTROL STUDY" (Ongoing)
Dr Jyotsna K V (2022-23)	Dr. Usha Balan	"IMMUNOHISTOCHEMICAL ANALYSIS OF EPITHELIAL MESENCHYMAL TRANSITION MARKERS–E-CADHERIN, VIMENTIN AND β- CATENIN IN VARYING GRADES OF ORAL SQUAMOUS CELL CARCINOMA- A CROSS-SECTIONAL ANALYTICAL STUDY" (Ongoing)

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PERIODONTOLOGY

PROJECT BASED LEARNING

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College
Manassary, Mukkam

REPORT

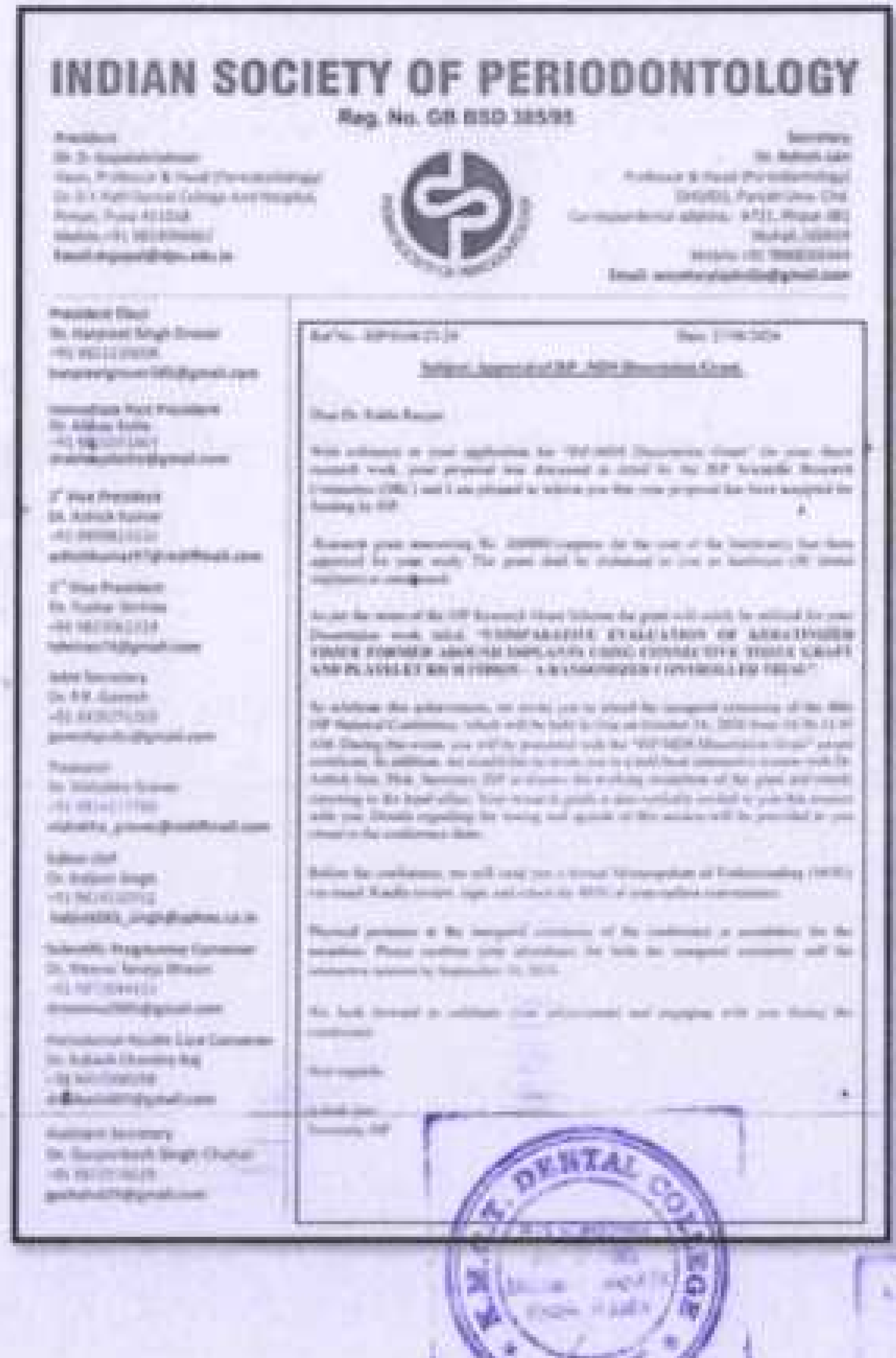
Project based learning (PBL) is an educational approach involving students both UG and PG working on real world projects to develop skills, knowledge and competencies. PBL is a valuable educational approach for approach for postgraduate students in periodontology, promoting deep learning, critical thinking and problem solving.

Students do submit a written report, detailing their project objectives, methods, results and conclusions. Students present their projects, using visual aids and communicating their findings effectively. Faculty member provide feedback and assess student projects, using clear criteria and rubrics.

UG Research Projects

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

PG RESEARCH PROJECTS



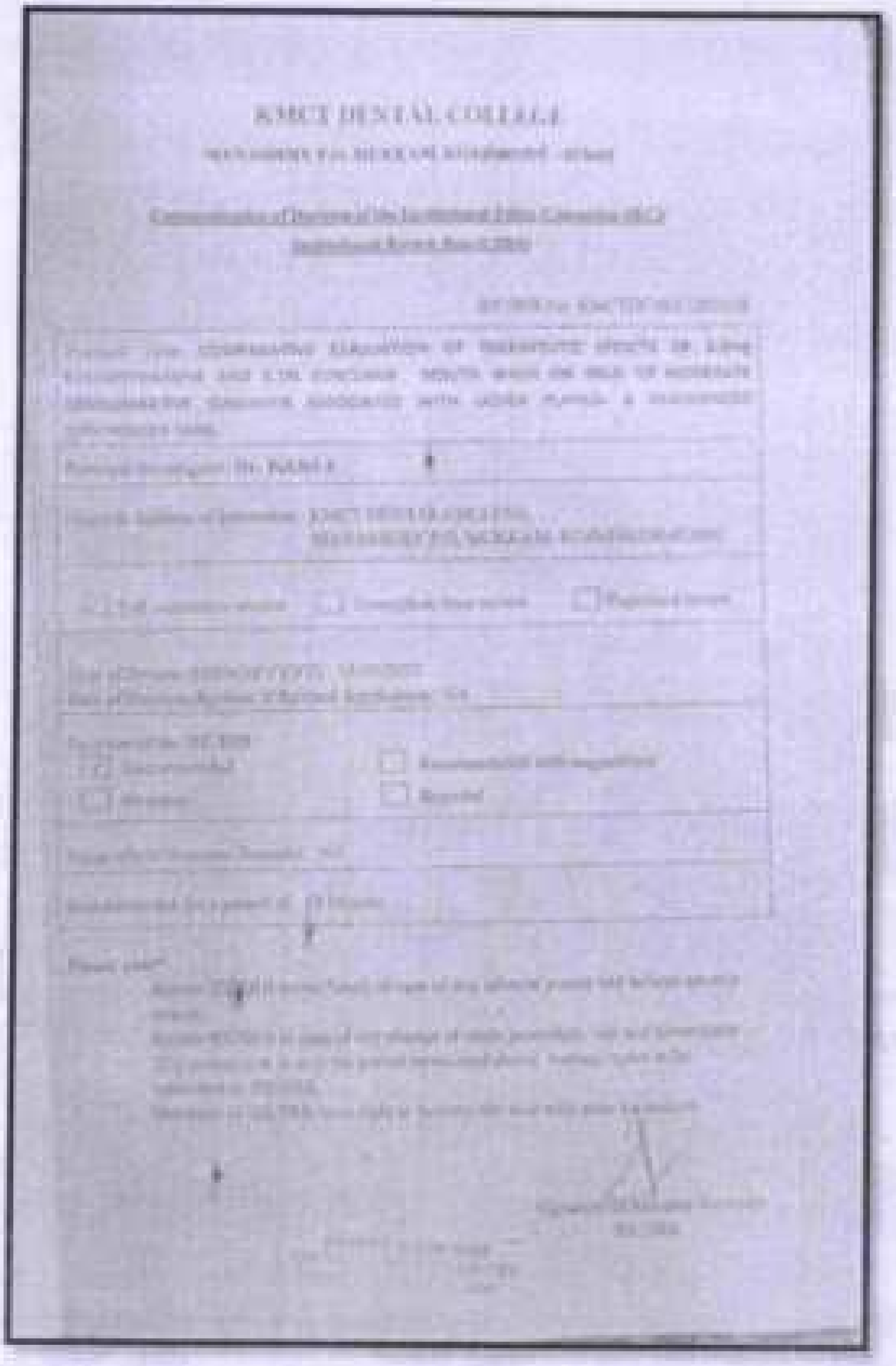
INDIAN SOCIETY OF PERIODONTOLOGY

Reg. No. GB BSD 385/95

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

Dr.Rakhi Rajan receiving grant (theme -Dental Implants) for study.

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



KMCT DENTAL COLLEGE

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

THESIS TOPICS

Aswathi S	Effect of combination of diode laser and 10% potassium nitrate gel on dentine hypersensitivity -a randomised control trial
Ritu Sennu T	Effect of Probiotic Lozenge containing Lactobacillus reuteri on periodontal status after flap surgery -A randomised controlled trial
Abad Shibily	Effect of Diode laser on healing in conventional flap surgical cases: A split mouth study
Athira Vijayan PV	Effectiveness of decortication with and without membrane in the management of coronally exposed implant on gingival biotype and bone volume gained-A randomized controlled trial
Bulna A	Comparative evaluation of therapeutic effect of 0.5mg betamethasone and 2% curcumin mouthwash on mild to moderate desquamative gingivitis associated with Lichen planus -A randomised Controlled trial
Vishnu Ganesh	Comparative study of inverted T shape free gingival graft and connective tissue graft in treatment of type 2 and type 3 gingival recession defects -A randomised controlled trial
Rakhi Rajan	Comparative evaluation of keratinised tissue formed around implants using connective tissue graft and platelet rich fibrin -a randomised controlled trial
Surya S	Evaluation of clinical attachment levels with and without supportive periodontal therapy in patients undergoing fixed orthodontic treatment-a randomised controlled trial
Vachana R	Comparative assessment of postoperative attachment level following flap surgery: efficacy of 1.2% simvastatin gel , 1% metformin gel and conventional flap surgery : randomised controlled trial

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

KMCT
DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

PROJECT BASED LEARNING

DEPARTMENT OF PROSTHODONTICS

PROJECT BASED LEARNING

REPORT

Undergraduate (UG) Research Projects: Students undertake research projects on various aspects of prosthodontics, guided by faculty advisors. These projects encourage exploration of innovative ideas and solutions to real-world dental problems.

Postgraduate (PG) Research Projects: PG students engage in advanced research, often in collaboration with faculty. These projects contribute to the scientific community and provide valuable experience for academic and clinical careers.

PG RESEARCH

PG	TOPIC	GUIDE
DR.PRANAV.AG	Comparative evaluation of bond strength between denture base materials and acrylic teeth with different surface treatments- an invitro study.	DR.RANJITH
DR. PRIYANKA	Comparative evaluation of flexural strength and solubility of glass ionomer luting cement by incorporating various nanoparticles- in vitro study	DR.SWAPNA .C
DR.VARENYA R	Comparative evaluation of the effect of different preparation designs on the marginal adaptation, fracture resistance, and fracture pattern of the porcelain laminate veneers- invitro study	DR.SHEEJITH.M
NEERAJA EV	Comparative evaluation of condylar inclination established using 2 different horizontal reference planes: a CBCT study	DR.SWAPNA .C

DR.SUKHIL.T SATHYAN	Effect of surface treatment on the transverse strength of conventional heat cure, CAD CAM milled and 3D printed denture base resin repaired with auto polymerizing acrylic resin: an in vitro study	DR.SHEEJITH.M
DR.SREYA JYOTHIBAS	Effect of commercial denture cleansers on adherence of Candida albicans and surface roughness of 3D printed and conventional denture base resins: An in vitro study	DR.RANJITH
DR.ADHILA NIHAL	Comparative evaluation of stress distribution of bilateral distal extension implant-assisted removable partial denture (IARPD) using titanium and cobalt-chromium alloy framework on two different implant positions- An in vitro study	DR.SHEEJITH.M
DR.ROOPINA SATHEESH	Comparative evaluation of the efficacy of osseointegration in sandblasted large grit acid etched dental implants with and without injectable platelet rich fibrin- An in vivo split mouth study	DR.SHEEJITH.M
DR.SAMEEM PAIKKATT	Assessment of marginal bone response in early and delayed loading protocols with different implant diameters- An in vivo comparative study utilising digital radiographic imaging technology.	DR.SWAPNA .C
DR.SHADIA S	Accuracy of various digital shade selection methods for esthetic restorations: A comparative in vitro study	DR.SWAPNA .C
DR.TABITHA	Evaluation and comparison of metal copings fabricated from different wax pattern techniques- An invitro study	DR.RANJITH

SHORT STUDY

NAME	TITLE	GUIDE
DR.MELISA CHERIYAN	Comparative evaluation of hardness property and surface roughness of conventional PMMA and bacterial cellulose reinforced PMMA- An invitro study	DR.RANJITH
DR.CHANDANA CN	Antibacterial effect of curcumin and acemannan on bacterial biofilms developed over dental implant surfaces: An in vitro study	DR.SWAPNA.C
DR.GOPIKA MENON	A comparative evaluation of the surface roughness and hydrophilicity of bacterial cellulose produced from two different culture medias- An in vitro study	DR.SWAPNA.C
DR.JINSHA MAJI	Comparative evaluation of effect of mechanical properties on bacterial cellulose produced from different nutrient mediums- An in vitro study	DR.SHEEJITH.M
DR.SUKHIL SATHYAN	The effect of adding titanium oxide nanoparticles to dental porcelain on the translucency and bond strength to lithium disilicate core to conventional porcelain veneered lithium disilicate core	DR.SHEEJITH.M
SHREYA JYOTHIBAS	Effect of commercial denture cleansers on hydrophilicity and color stability of conventional and 3D printed denture base resins- A invitro study	DR.RANJITH

ARIF JALAL	The effect of different temperatures and volumes of saline irrigant on heat generation during implant osteotomy -an in vitro study.	DR.SHEEJITH.M
MELISA CHERIYAN	Comparative evaluation of impact strength and hydrophilicity in conventional PMMA and bacterial cellulose reinforced PMMA:An invitro study	DR.RANJITH
CHANDANA CN	Comparative evaluation of impact strength and surface roughness of 3D printed, CAD CAM milled and heat activated poly methyl methacrylateresins: An invitro study	DR.SWAPNA .C
GOPIKA MENON	Comparative evaluation of micro current electrical stimulation and acupressure of meridian points in controlling gag during prosthodontic treatment	DR.SWAPNA .C
JINSHA MAJI K	Comparative evaluation of effect of surface roughness on microbial adhesion to milled 3D printed and conventional PMMA denture base resin: An invitro study	DR.SHEEJITH.M

UG RESEARCH

NAME	TITLE	GUIDE
ATHEENA	Corelation between mental health, esthetics and prosthetic needs among the adults of northern region of Kerala. Epidemiological Investigations	Dr. Niveditha Prasad

KMCT
DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

SURVEY

INVESTIGATORS	ANU M PAUL ATHIRA MAHEENDRAN AYISHA HISHAN K B SHEBINA
GUIDE	DR NIVEDITHA S PRASAD
TITLE	A SURVEY OF COMMONLY USED IMPRESSION MATERIAL AND TECHNIQUES FOR FIXED PARTIAL DENTURE AMONG DENTISTS IN MALABAR REGION- KERALA

KMCT DENTAL COLLEGE
RECOMMENDATION OF SCIENTIFIC REVIEW COMMITTEE

INVESTIGATORS	ANU M PAUL, ATHIRA MAHEENDRAN A M, AYISHA HISHAN K, B SHEBINA
GUIDE	Dr. NIVEDITHA S PRASAD
BRANCH	PROSTHODONTICS
TITLE	A SURVEY OF COMMONLY USED IMPRESSION MATERIALA AND TECHNIQUES FOR FIXED PARTIAL DENTURE AMONG DENTISTS IN MALABAR REGION- KERALA.

COMMENTS

1. Presentation time : 6 Minutes
2. No modification

Instruction: Please do the necessary correction if mentioned, by discussing with the guide. In case of any title change do inform the Chairman SRC. If there is a change in the study, the investigator should re-submit a single copy of the new research protocol via mail as well as hardcopy to SRC Chairman within one week.

SCIENTIFIC REVIEW COMMITTEE
CHAIRMAN
Dr. HARISH KUMAR V V

MEMBER SECRETARY
KMCT DC ETHICS COMMITTEE
KMCT DENTAL COLLEGE

FROM,

Dr.ANU M PAUL, Dr ATHIRA M, Dr AYISHA HISHAN, Dr B SHEBINA

KMCT DENTAL COLLEGE

MANASSERY, CALICUT

TO,

THE CHAIRMAN

SCIENTIFIC REVIEW COMMITTEE

KMCT DENTAL COLLEGE

MANASSERY, CALICUT

THROUGH DR SHEEJITH M, HOD DEPARMENT OF PROSTHODONTICS

SUBJECT: Submission of UG research to scientific committee for approval.

Respected Sir,

We, Interns of KMCT Dental College, Calicut, is here by submitting our under graduate research entitled **"A SURVEY OF COMMONLY USED IMPRESSION MATERIALS AND TECHNIQUES FOR FIXED PARTIAL DENTURE AMONG DENTISTS IN MALABAR REGION - KERALA "** to the Scientific review Committee for review and approval. This study will be conducted under the guidance of Dr. Niveditha S Prasad, Senior lecturer, department of prosthodontics. There is no conflict of interest. I kindly request you to do the needful.

Thanking you,

Yours' sincerely,

DR Dr.ANU M PAUL, Dr ATHIRA M, Dr AYISHA HISHAN, Dr B SHEBINA

DATE: 04/10/2022

PLACE: MUKKAM

6/11/22

[illegible]

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

TITLE

A SURVEY OF COMMONLY USED IMPRESSION MATERIALS AND TECHNIQUES FOR FIXED PARTIAL DENTURE AMONG DENTISTS IN MALABAR REGION – KERALA

PRINCIPAL INVESTIGATORS

- ☐ ANU M PAUL
- ☐ ATHIRA MAHEENDRAN A M
- ☐ AYISHA HISHAN K
- ☐ B SHEBINA

  INTERNS AT KMCT DENTAL COLLEGE

GUIDE

- ☐ DR. NIVEDITHA S PRASAD
- ☐ ASSISTANT PROFESSOR OF THE DEPT.OF PROSTHODONTICS & CROWN & BRIDGE
- ☐ KMCT DENTAL COLLEGE

CONTENTS

- ☐ INTRODUCTION
- ☐ RATIONALE
- ☐ REVIEW OF LITERATURE
- ☐ AIM
- ☐ OBJECTIVES
- ☐ METHODOLOGY
- ☐ STUDY QUESTION
- ☐ STUDY HYPOTHESIS
- ☐ STUDY DESIGN
- ☐ SAMPLE SIZE CALCULATION
- ☐ STUDY CRITERIA
- ☐ MATERIALS AND METHODS
- ☐ STUDY PERIOD
- ☐ STUDY SETTING
- ☐ STATISTICAL ANALYSIS
- ☐ REFERENCES

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.

Prosthodontics as a specialty has evolved abundantly in the past few years. The materials and methods of fabricating fixed partial dentures keep evolving with more accuracy in day to day practice.[2] The success of fixed prosthodontics treatment is dependent on many factors such as selection of patients, diagnosis and treatment planning, impression making, cementation of prosthesis, communication with the dental laboratory, satisfaction of the patients, and proper follow-up.[3] As in general, most of the dental practitioners pay more attention to patient's flow, cost, and treatment time.[4] A mutual knowledge of the individual limitations plays a key role in developing a clinical judgment and a thorough knowledge of understanding the procedures. [5]

Most of the dental practitioners pay more attention to patients flow, cost and treatment time and less focus towards the appropriate technique, material and armamentarium which are required for long- term success [6]. 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 [7].

As fixed prosthodontics 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 [8]. The ability to identify and analyse inaccurate impressions and to understand how to avoid them is key to successful treatment [9]. 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.

RATIONALE

- The main aim of the study is to identify the most preferred impression material and technique among the dentist in the Malabar region.
- The impression materials and techniques used in general dental practice for fixed partial dentures vary from those taught in dental schools.
- There is a direct and significant relation between the impression material and the technique for success of FPD.

REVIEW OF LITERATURE

- **Moldi et al (2013)** [10] conducted survey of Impression Materials and Techniques in Fixed Partial Dentures among the Practitioners in India. They came to a conclusion that the ideal materials, technique, and armamentarium are required for the long-term success of the treatment for fixed partial denture. Also, if the ideal procedure is not followed, it will lead to a compromised fit of the final prosthesis and failure of the treatment

- **Shetty et al (2019)** [11] conducted a pilot study on impression materials and techniques used for fixed partial prosthesis fabrication among the dental practitioners in the Makah region of Saudi Arabia. They came to a conclusion that the ideal materials, technique, and armamentarium are required for the long-term success of the treatment for fixed dental prosthesis. Also, if the ideal procedure is not followed, it will lead to a compromised fit of the final prosthesis and failure of the treatment
- **Al-Odhinee et al (2020)** [12] Evaluated the quality of fixed prosthesis impressions in private laboratories in a sample from Yemen. They concluded that high frequency of detectable errors was found in fixed prosthesis impressions received by private dental laboratories. This high frequency is of serious concern, as this will result in poor fitted fixed prosthesis provided to patients.
- **Pathak et al (2021)** [13] conducted a study on Impression Materials and Techniques Used in Fixed Prosthodontics among Nepalese Dentists. They came to a conclusion that most of the responses on use of impression materials and techniques were significantly associated with the level of education and clinical experience
- **Ansari S A et al (2021)** [14] conducted a questionnaire-based survey to evaluate the knowledge and practice about Impression materials and techniques used in fixed prosthodontics of dental students in Riyadh city. They concluded that the dental students in Riyadh city have a strong inclination toward a particular material, either for primary or secondary impressions or gingival retraction options

AIM AND OBJECTIVES

AIM

To identify the most preferred impression material and technique among the dentist in the Malabar region.

OBJECTIVES

- To assess the most preferred impression material for making FPD impression among dentist of Malabar region
- To assess the most preferred impression technique for making FPD impression among dentist of Malabar region

METHODOLOGY

- Study question
- Study hypothesis
- Study design
- Sample size calculation
- Study criteria
- Materials and methods
- Study period
- Study setting
- Statistical analysis

STUDY QUESTION

- Which are the commonly used impression materials and techniques for fixed partial denture among dentists in Malabar region.

STUDY HYPOTHESIS

Null hypothesis: The impression materials and techniques used in general dental practice for fixed partial dentures do not vary from those taught in dental schools.

STUDY DESIGN

- It is a cross sectional study.

SAMPLE SIZE CALCULATION

$n = 4pq/d^2$

p = 66% (Proportion of impression material – Addition Silicon used)

q = 1-p

d = 10%

n = 225

STUDY CRITERIA

INCLUSION CRITERIA

All dentists who do fixed prosthetic rehabilitation.

EXCLUSION CRITERIA

Dentists who do conservative treatment or implant rather than tooth preparation.

MATERIALS AND METHODS

This study will be conducted among general dentist and specialist among dentists of Malabar region.

225 dentists practicing in the Malabar region are to be selected for the study. Approval of Institutional Ethics Committee shall be obtained before starting the investigation. Informed consent shall be obtained from the participants.

A cross-sectional questionnaire based online survey will be conducted among the dental practitioners including general dentist and specialists in Malabar region of Kerala. Confidential questionnaire will be designed and adapted to suit the local context to assess the details of impression materials and techniques .Purpose of the study will be explained to all the dentists. Questionnaire will be developed in Google forms and it will be posted to the dentist through groups in WhatsApp, Facebook and Instagram . The first section of the questionnaire consists of personal and demographic information of the participants. Second and third sections accessing the use of impression material and techniques used in dentistry.

STUDY PERIOD

- Duration of the study will be for two months

STUDY SETTING

- Department of Prosthodontics, KMCT Dental College
- Dentists practicing in Malabar region

STATISTICAL ANALYSIS

Data will be entered in Microsoft excel and analyzed. Base line data will be tabulated as frequencies or percentages or mean standard deviations which eve is applicable. Prevalence of outcomes will be calculated using the data. Association of the outcomes with baseline variables will be found using test of proportions. P value of less than 0.05 will be taken as statistically significant.

REFERENCES

1. M. Talwar and H. Chawla, "Geriatric dentistry: is rethinking still required to begin undergraduate education?" Indian Journal of Dental Research, vol. 19, no. 2, pp. 175–177, 2008.

2. Amini Parviz1, Amin Rahpeyma, Maryam Hejazi - Comparative Analysis Of Dimensional Accuracy Of Two Types Of Silicone Impression Materials: Optosil And Elite-Hd. Jdmt 2017 ; 6(1) :1-6

3. Coornaert J, Adriaens P, De boever J - Long-term clinical study of porcelain- fused-to-gold restorations. J prosthet dent 1984;51:338-41.

4. Amrita pritam, Nivedita mall - Estimation and evaluation of relative satisfaction levels in patients with fixed partial denture: a survey based original study, International Journal of medical and health research, 2017 ;3(9):73-76.

5. Adriana Cláudia lapria faria, Renata Cristina Silveira Rodrigues, Ana Paula Macedo, Maria dagloria Chiarello de Mattos, Ricardo Faria Ribeiro - Accuracy of stone casts obtained by different impression materials Braz Oral Res 2008 ; 22 (4): 293-8

6. Jenkins S, Lynch CD, Sloan AJ, Gilmour ASM. Quality of prescription and fabrication

of single unit crowns by general dental practitioners in Wales. J Oral Rehabil 2009; 36: 150-6.

7. Hamalian TA, Nasr E, Chidiac JJ. Impression materials in fixed prosthodontics: influence of choice on clinical procedure. J Prosthodont 2011; 20: 153-60.
8. Kannan A, Venugopalan S, Ganapathy DM, Jain AR. A knowledge, attitude, and practice survey on" the methodology followed in the fabrication of fixed partial denture amongst private practitioners". Drug Invent Today 2018; 10: 1349-56.
9. Anshul Chugh, Aman Arora, Vijay Pratap Singh - Accuracy Of Different Putty Wash Impression Techniques With Various Spacer Thickness International Journal Of Clinical Pediatric Dentistry 2012;5(1):33-38.
10. Moldi A, Gala V, Puranik S, Karan S, Deshpande S, Neela N. Survey of Impression Materials and Techniques in Fixed Partial Dentures among the Practitioners in India.ISRN dentistry 2019:1-5.
11. Shetty K, Wali O, ShammasM, Basutkar N, Sharma R. Survey of impression materials and techniques used for fixed partial prosthesis fabrication among the dental practitioners- a pilot study in the makkah region of saudi arabia . Int. J. Adv. Res. 7(3), 815-824.
12. Odinee N, Al-Hamzi M, Ibrahim Z. ,Al-shami , Ahmed Madfa et al. Evaluation of the quality of fxed prosthesis impressions in private laboratories in a sample from Yemen. BMC Oral Health. 2020; 20:304
13. Pathak B, Dahal S,Khapung A. Survey of Impression Materials and Techniques Used in Fixed Prosthodontics among Nepalese Dentists. Nepal Med Coll J December 2021; 23 (4): 308-14.
14. Ansari AS, Alsaidan M A . Algadhi S Ket al. Impression materials and techniques used in fixed prosthodontics: A questionnaire-based survey to evaluate the knowledge and practice of dental students in Riyadh city. Journal of Family Medicine and Primary Care. 2021;10 (1): 514-520.

A SURVEY OF COMMONLY USED IMPRESSION MATERIALS AND TECHNIQUES FOR FIXED PARTIAL DENTURE AMONG DENTISTS IN MALABAR REGION – KERALA

QUESTIONNAIRE.

- Name :
- Date :
- Address:
- Phone Number:
- Age :
- Sex :
- Education :
- Martial status:

1. Do you all make diagnostic impression for fabrication of study cast?

   a. Always

   b. Never

2. Do you take a preoperative radiograph for abutment tooth / teeth evaluation?

   a. Always

   b. Rare

3. Which material do you habitually use for diagnostic impression before tooth preparation?

   a. alginate

   b. agar

   c. agar-alginate

   d. other (specify)

4. Which tray do you all prefer for making the impression after tooth preparation?

    a. Dual arch tray

    b. complete arch / stock tray

    c. sectional tray

    d. custom made acrylic tray

5. Do you do vitality test for restored abutment tooth before beginning preparation?

    a. Often

    b. Rare

6. Which material do you routinely use for impression after tooth preparation?

    a. condensation silicone

    b. addition silicone

    c. polyether

    e. alginate hydrocolloid

    h. other -specify

7. If you are using elastomeric impression material, then which impression technique do you use?

    a. Single mix technique

    b. putty resin / dual mix technique with spacer

    c. putty resin / dual mix technique without spacer

    d. multiple mix technique

8. Do you all retract gingiva before final impression?

    a. often

    b. rare

9. What do you all practice routinely for gingival retraction?

    a. gingival retraction cord

b. electro surgery

c. laser

d. rotary curettage

e. others.

10. With what material is cast poured?

a. Dental plasters (Type II)

b. Dental stone (Type III)

c. Dental stone high strength (Type IV)

e. other if specify

11. Do you pour the cast in clinic?

a. Yes (within how much time after making impression)

b. No (within how much time you send the impression to lab).

12. Do you give provisional prosthesis to all patients after tooth preparation?

a .Yes

b. No

13. Communication method with dental laboratory?

a. verbal

b. written

c. verbal and written

14. Reason for any short comings observed in an FPD treatment?

a. clinical error

b. Lab error

c. both clinical and lab error

c. Patients Mental Attitude

d. No short comings

15. What is your observation during 1 year follow up appointment of patients with FPD?

a. food lodgement

b. secondary caries

c. Mobility /periodontal disease

d. fracture / dislodgement

e. No abnormal findings observed

International Journal Dental and Medical Sciences Research
Volume 5, Issue 2, Mar - Apr 2023 pp 593-599 www.ijdmsrjournal.com ISSN: 2582-6018

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], AyishaHishan K[5], B Shebina[6]

[1,2] *Assistant Professor, Department of Prosthodontics crown and bridge, KMCT Dental college, Manassery P O Mukkam, Kozhikode 673602.*

[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 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 llife 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

investigation. (KMCTDC/IEC/2022/34)
A cross-sectional questionnaire based online survey was conducted among the dental practitioners including general dentist and specialists in Malabar region of Kerala. Confidential questionnaire was designed and adapted to suit the local context to assess the details of impression materials and techniques .Purpose of the study was explained to all the dentists. Questionnaire was developed in Google forms and posted to the dentist through groups in WhatsApp, Facebook and Instagram. The first section of the questionnaire consists of personal and demographic information of the participants. Second and third sections accessing the use of impression material and techniques used in dentistry.

Dentists interested to take part in this study were requested to fill up and submit the Google form. Informed consent was taken from all the participants. Multiple submissions were avoided by asking the participants to enter the email address. 225 dentists responded to the questionnaire sent via Google form within the given time frame. Data was collected in spreadsheet and exported to Microsoft Excel. Data was then analyzed using SPSS version 22. Data was presented in the form of Frequency, Percentages and Fishers T test was applied to find the association of the various responses. P value of less than 0.05 was taken as statistically significant.

III. RESULT:

After evaluating the survey results it was found that most of the dentists in the Malabar region use recommended impression materials and techniques. The responses of 225 participants regarding the use of impression materials in Fixed Prosthodontics are summarized in Table 1. Majority of dentists 204 (90.6%) responded that they often use alginate as diagnostic impression material before tooth preparation. There are 4.4 % of practitioners who use Agar - Alginate combination, 0.8% of dentists use Agar and 4% of them use other impression material for making diagnostic cast. 66.2% of dentists chose the stock tray, 11.5% chose both (stock and custom made), 7.1% reported using a custom made tray, 6.2% reported using sectional tray and 8.8 reported using dual arch tray for making final impression.

TABLE 1: ASSOCIATION OF USE OF COMMONLY USED IMPRESSION MATERIALS IN FIXED PARTIAL DENTURE

SL. NO.	QUESTIONS	RESPONSES	NO	%	P VALUE
1.	Which material do you habitually use for diagnostic impression before tooth preparation	Alginate	204	90.6	1.0863E-256
		Agar – Alginate	10	4.4	
		Others	9	4	
		Agar	2	0.8	
2.	Which tray do you all prefer for making the impression after tooth preparation	Complete Arch/Stock Tray	149	66.2	2.3616E-226
		Sectional Tray	14	6.2	
		Dual Arch Tray	20	8.8	
		Custom Made Acrylic Tray	16	7.1	
		Compete Arch Tray	26	11.5	
3	Which material do you routinely use for impression after tooth preparation	Addition silicon	102	45.3	4.9555E-190
		Alginate hydrocolloid	93	41.3	
		Polyether	9	4	
		Agar	4	1.77	

		hydrocolloid			
		Agar-Alginate combination	4	1.77	
		Condensation silicon	9	4	
		Poysufide	1	0.4	
		Others	3	1.3	
4	With what material is cast poured	Dental stone Type III	80	35.5	4.9546E-167
		Dental Plaster Type II	18	8	
		Dental stone high strength Type IV	123	54.6	
		Others	3	1.3	
		Dental stone high strength, high expansion Type V	1	0.4	

***E – Exponential value, P value<0.05 statistically significant**

Majority of dentists used addition silicone for final impression and average responses overall for each material for final impression were: Addition silicone 102(45.3%), Alginate 93(41.3%), Condensation silicone 9(4%), Polyether 9(4%), Agar hydrocolloid 4(1.77%), Agar – Alginate Combination 4(1.77%), Polysulfide 1(0.4%), Others 3(1.3%). Out of 225 dentists 123(54.6%) of them use dental stone high strength type IV for pouring the master cast. 35.5% of them preferred Type III Dental stone and only 0.4% preferred Dental stone high strength high expansion Type V for the same.

Table 2 shows all the responses of impression techniques utilized in Fixed Partial Denture. Most of the dentists 190 (84.4%) responded that they often made diagnostic impression for fabrication of study cast. There are 15.5% of practitioners who never made diagnostic impressions and proceed with the tooth preparation after the clinical intraoral examination. 64.8% of dentists always took a preoperative radiograph for the abutment tooth/ teeth and 43.5% of dentists always did vitality test for restored abutment before tooth preparation. 41.1% of dentists indicated that they always retracted the gingiva before final impression and among the dentists who use elastomeric impression material 84(37.33%)% used putty resin/dual mix technique without spacer, 79(35.11%)% used putty resin/dual mix technique with spacer, 24%% used single mix (Monophase) technique and 3.5% used multiple mix technique.

Table 2: Association of commonly used impression techniques in Fixed Partial Denture

Sl no.	Questions	Responses	No	%	P value
1.	Do you all make diagnostic impression for fabrication of study cast	Always	190	84.4	1.6359E-249
		Never	35	15.5	
2.	Do you take a preoperative radiograph for abutment tooth / teeth evaluation	Always	146	64.8	2.15E-224
		Rare	45	20	
		Often	34	15.1	
		Never	0	0	
3	Do you do vitality test for restored abutment tooth before begining preparation	Rare	127	56.4	1.08E-210
		Often	98	43.5	

4	If you are using elastomeric impression material ,then which impression technique do you use	Putty Resin/ Dual Mix Technique with Spacer	79	35.11	7.5334E-166
		Putty Resin/ Dual Mix Technique without Spacer	84	37.33	
		Single Mix Technique	54	24	
		Multiple Mix Technique	8	3.55	
5	Do you all retract gingiva before final impression	Often	93	41.3	5.97E-181
		Rare	132	58.6	
6	What do you all practice routinely for gingival retraction	Gingival retraction cord	186	82.6	9.325E-248
		Laser	7	3.1	
		Electrosurgery	8	3.5	
		Others	21	9.3	
		Rotary Curettage	3	1.3	
7	Do you pour the cast in clinic	Yes	168	74.6	1.26E-237
		No	57	25.3	
8	Do you give provisional prosthesis to all patients after tooth preparation	Yes	147	65.3	9.45E-225
		No	78	34.6	
9	Communication method with dental laboratory	Verbal	17	7.5	6.01E-204
		Written	36	16	
		Both verbal and written	172	76.4	
10	Reason for any short comings observed in an FPD treatment	Clinical error	16	7.1	6.0071E-204
		Lab error	50	22.2	
		Patients Mental Attitude	9	4	
		No short comings	32	14.2	
		Both Clinical and Lab error	118	52.4	
11	Observation of dentist during 1 year follow up appointment of patients with FPD	Food lodgement	72	32	3.6482E-157
		Secondary caries	7	3.1	
		Mobility /periodontal disease	13	5.7	
		Fracture / dislodgement	28	12.4	
		No abnormal findibgs observed	105	46.6	

***E – Exponential value, P value<0.05 statistically significant**

82.6% of dentists most commonly used plain gingival retraction cord, 3.1% of them used Laser, 3.5% used electro surgery and 1.3% used rotary curettage. 74.6% of dentists always pour the cast in the clinic while 25% of them send the impression to the lab. 65.3% of the respondents always provided provisional crown or bridge after tooth preparation and 34.6% never provided provisionals. 76.4% of dentists had both verbal and written communication with the dental laboratory, 7.5% used verbal communication only while 16% of dentists used written prescription as communication method.52.4% of the dentists observed short comings in Fixed Partial Denture treatment due to both clinical and lab error. 46.6% of them noted no abnormal finding during 1 year follow up appointment of patients with FPD, 32% found food lodgement and 12.4% observed fracture or dislodgement after 1 year.

Most of the responses regarding the use of materials and techniques were correlated significantly as shown in Table 1 and 2. Differences in selecting materials and techniques evolved by level of education and years of clinical practice/experience. This study found that a positive correlation between the respondents and the test is statistically significant for P<0.05.

IV. DISCUSSION

Prosthetic dentistry has evolved abundantly in the past few years. Fixed Prosthodontic treatment provides an exceptional satisfaction for both patients and dentists at primary care level. Fixed prosthesis should restore the form, function and promote the health of the masticatory unit and provide longevity[6].These criteria are influenced by the quality of the clinical procedures, the standards of the laboratory work, and the oral condition prevailing in patient[7].Fabrication of study models and evaluation of the abutment is considered as an essential part in diagnosis and treatment planning for fixed partial denture restorations[8, 9]. It helps in assessing the treatment outcome that is planned and any other treatment if required before proceeding with the fixed partial denture treatment[10].The results revealed that most of the study participants (43.3%) used addition silicon as the material of choice when taking final impression. However, a study conducted in Pakistan reported that more than 90% of their participants used alginate as a material of choice for final impression[11].

The current survey showed that 84.4% of participants always fabricated diagnostic casts routinely before starting treatment. 146 (64.8%) of participants always used radiographs for abutment tooth evaluation. Vitality test for restored abutments were always done by 127 (56.4%) respondents. Mohamed AB et al. found that the majority of the surveyed practitioners rarely used study casts 56 (38.1%) and 35.6% rarely use radiograph for the abutment tooth and 68 (46%) of surveyed practitioners never used vitality test for abutment tooth[12].A study showed that 78.3% of the participants assessed abutment tooth radiographically, also most of them (37.2%) fabricated study cast before starting crown and bridge procedures[13].

When the preference of trays for final impression was concerned, it was revealed that around 66.2% of participants preferred using a stock tray instead of custom tray. On the other hand, a study conducted by Vohra et al. (2015) reported that more than 65% of their study participants were in favor of custom trays for taking final impression, which is not in favor with the findings of this study[14]. In addition to take the primary impressions, study participants preferred alginate impression material (90.6%) as a first choice. However, a study conducted in the University of Medical Sciences, Tabriz, Iran, reported even higher number of study participants(96%) using alginate as the material of choice for primary impression[15]. Another study done by Moldi et al. (2013) states that 29% of dental practitioners do not take diagnostic or preliminary impressions and directly proceed with tooth preparation after clinical intraoral examination[16]. Another study conducted in Khartoum showed that alginate (68.2%) was the most commonly used impression material[17].

Gingival retraction before a final impression is an integral procedure during fixed partial denture treatment but can be very time consuming. Many different techniques have been developed over the years to overcome this. The current survey showed that most of private practitioners (41.3%) prefer to record impressions without any gingival retraction which is in accordance with the study conducted by Kannan A et al in 2018[18].Similar study conducted in Sudan indicated that 53.69% never used the retraction cord.[17] In another study, 62% preferred the use of gingival displacement technique for successful clinical practice while 38 % of them did not follow the procedure believing it does not make major difference in clinical practice[19].

The choice of material used for gingival retraction revealed that exceedingly high number of participants (82.6%) preferred gingival retraction cord, whereas a similar study conducted in Romania among their dental students revealed that around 78% chose retraction cord as the material of choice for gingival retraction[20].Similar study conducted by Al Houmaidan et al. in Qaim region of Saudi Arabia reported that 40.3% of dental practitioners always used retraction cord[21]. Interestingly, the findings of this study showed that majority of dentists(82.6%) preferred using retraction cord for the purpose of gingival retraction and 3% of them preferred laser,3.5% preferred electrosurgery and only 1.3% were using rotary curettage. Similar findings were reported by KarunakarShetty et al. in Makkah region of Saudi Arabia that 80% of dentists were using retraction cord for gingival retraction, whereas only 5% of them using elecrosurgery and 6.6% of them were using gingifoam and the study participants who were using retraction cord along with hemostatic agent comprised 94.5% and plain were 5.5%.[22] Regarding impression technique used for final impression, Putty resin/dual mix technique with and without spacer were mostly used by dentists 36.2% .Another study found that elastomeric impression technique practiced most commonly is putty reline with/without spacer (77.2%)[18].

Proper communication between laboratory technicians and dentists has a predictable role in success of the fixed prosthesis. In a study done in Ireland, Fixed prosthodontics laboratories revealed that the technicians are often dissatisfied with the information provided in work authorizations. Poor communication between dental practitioners and dental technicians for fixed prosthodontics was cited. Poor or no written instructions were provided in 55% of cases examined and three-quarters of written instructions for FPDs do not specify the number of pontics to be included in its design[23].About 64% of technicians had an agreed protocol between lab and clinic, and 40.74% of Prosthodontists notified technicians through notes on impression bags[24].76.4% of dentists had both verbal and written communication with the dental laboratory, 7.5% used verbal communication only while 16% of dentists used written prescription as communication method in this study

More than one third of the investigated dental practitioners (36%) in Sudan never made provisional crown and bridge restorations, and the majority of the two thirds often make it,[12] while the current study showed that 65.3% of the dentists always provided provisional crown or bridge and 34.6% rarely provided provisionals after tooth preparation. The utilization of properly fabricated provisional prostheses will permit a higher rate of success of the definitive treatment[25]. A Survey shows that many practitioners prefer dental stone (Type III) as a material of choice because of its low cost. But literature shows that Die stones i.e. high strength stones (Type IV) are most successful die materials because of their high strength and greater abrasion resistance which s in accordance with our study[26].

V. CONCLUSION :

Within the limitations of this study, it can be concluded from present investigations that dentists in Malabar region have a strong inclination toward a particular material for primary or secondary impressions or gingival retraction options and it was found that most of the dentists consistently follow recommended impression materials and techniques. Most of the dentists are using standard procedures for impression techniques and materials, including alginate for diagnostic impressions, retraction cord for gingival retraction and polyvinyl-siloxanematerial(Addition silicon) for final impressions. However to further enhance the knowledge and proficiency; there is a need to encourage and instruct them about the use of various materials having different properties. The cast should be poured preferably in dental clinics. Proper manufacturer's instructions should be followed about the recommended time for pouring of the cast for particular impression material to avoid distortion. If impression is being sent to the laboratory; communication with the laboratory should be clear. The die stones are preferred over dental stone. Provisional restorations should be given after tooth preparation. Recall examinations are especially important for patients with fixed dental prosthesis and should be carried out by the dentist. Patient must understand the limitations of fixed prosthesis before treatment begins. Ideal materials, technique, and armamentarium are required for the long-term success of the treatment for fixed partial denture. If ideal procedures are not followed, it will lead to a compromised fit of the final prosthesis and failure of the treatment.

CONFLICT OF INTEREST:

The authors have no conflicts of interest regarding this investigation.

ACKNOWLEDGMENTS:

The authors would like to thank all the practioners in Malabar region kerala Pune for their kind support and participation during this research .

REFERENCES :

[1]. Talwar M, Chawla H. Geriatric dentistry: is rethinking still required to begin undergraduate education? Indian J Dent Res. 2008;19(2):175-177.

[2]. Parviz A, Rahpeyma A, Hejazi M. Comparative Analysis Of Dimensional Accuracy Of Two Types Of Silicone Impression Materials: Optosil And Elite-Hd. Jdmt. 2017;6(1):1-6.

[3]. Coornaert J, Adriaens P, De boever J. Long-term clinical study of porcelain-fused-to-gold restorations. J prosthet dent. 1984;51:338-41.

[4]. Pritam A, Mall N. Estimation and evaluation of relative satisfaction levels in patients with fixed partial denture: a survey based original study. Int. j. med. health res. 2017;3(9):73-76.

[5]. Faria AC, Rodrigues RC, Macedo AP, MattosMda G, Ribeiro RF. Accuracy of stone casts obtained by different impression materials. Braz Oral Res. 2008;22(4):293-8.

[6]. Albashaireh ZS, Alnegrish AS. Assessing the quality of clinical procedures and technical standards of dental laboratories in fixed partial denture therapy. Int J Prosthodont 1999;12:236–41.

[7]. Assif D, Antopolski B, Helft M, Kaffe I. Comparison of methods of clinical evaluation of the marginal fit of complete cast gold crowns. J Prosthet Dent 1985;54:20-24.

[8]. Prudon II WH. The role of study casts in diagnosis and treatment planning. J Prosthet Dent 1960;10:707-10.

[9]. Talabani RM. Influence of abutment evaluation on designing of fixed partial denture: A clinical study. Int J Oral Health Med Res 2016;3:1-7.

[10]. Mitchell ST, Ramp MH, Ramp LC, Liu PR. A preliminary survey of impression trays used in the fabrication of fixed indirect restorations. J Prosthodont 2009;18:582-8.

[11]. Hanif A, Khan J, Bangash MFK. Impression techniques and materials used for fabrication of complete denture: A survey. Pakistan Oral & Dental Journal 2014;34:170-173.

[12]. Mohamed A, Abu-Bakr NH. Assessment of crown and bridge work quality among Sudanese dental practitioners. J Indian ProsthodontSoc 2010;10:53- 6.

[13]. Alhoumaidan A, Mohan MP, Doumani M. The knowledge, attitude and practice of fixed prosthodontics: A survey among Qassim dental practitioners. J Family Med Prim Care 2019;8:2882-887.

[14]. Vohra F, Rashid H, Hanif A, Ghani SM, Najeeb S. Trends in complete denture impressions in Pakistan. J Ayub Med Coll Abbottabad 2015;27:108-12.

[15]. Koodaryan R, Hafezeqoran A. Attitude of dental practitioners towards complete denture impression procedures. Biomed Pharmacol J 2016;9:345-348.

[16]. Moldi A, Gala V, Puranik S, Karan S, Deshpande S, Neela N. Survey of impression materials and techniques in fixed partial dentures among the practitioners in India. ISRN Dent 2013;1:5.

[17]. Mohamed AH, Abu-Bakr NH. Assessment of crown and bridge work quality among Sudanese dental practitioners. J Indian ProsthodontSoc 2010;10:53-6

[18]. Kannan A, Venugopalan S, Ganapathy DM, Jain AR. A knowledge, attitude, and practice survey on" the methodology followed in the fabrication of fixed partial denture amongst private practitioners". Drug Invent Today 2018;10:1349-56

[19]. Gadhavi MA, Nirmal N, Arora H. A survey on the use of various gingival displacement techniques in fixed partial denture by the prosthodontists in vadodara city. Indian J Dent Res 2018;29:176-80

[20]. Luchian I, Martu I, Ioanid N, Surlari Z, Diaconu-Popa D, Vitalariu A, et al. An evaluation of different gingival eviction techniques used by dental students worldwide. Romanian Journal of Oral Rehabilitation 2017;9:94-98.

[21]. Al Houmaidan A, Mohan MP, Doumani M. The knowledge, attitude and practice of fixed prosthodontics: A survey among Qassim dental practitioners. J Family Med Prim Care 2019;8:2882-7.

[22]. Karunakar S, Othman W, Mohammed S, Narendra B, Rahul S. Survey of impression materials and techniques used for fixed partial prosthesis fabrication among the dental practitioners-A pilot study in Makkah region of Saudi Arabia. Int J Adv Res 2019;7:815-24

[23]. Lynch C, Allen P. Quality of communication between dental practitioners and dental technicians for fixed prosthodontics in Ireland. J Oral Rehabil 2005;32:901-5.

[24]. Sedky NA. Evaluation of practice of cross infection control for dental impressions among laboratory technicians and prosthodontists in KSA. Int J Infect control 2014;10:1-12.

[25]. Chiramana S, Dev RRJ, Banka M, Psav S, Rao K, Chvn SK. Provisional Restoration in Prosthodontics: A Review. J Adv Med Dent Sci Res 2019;7:46-51.

[26]. Anusavice, Shen, Rawls. Phillips' science of dental materials;12th ed.St.Louis,Missouri:sounders 2006:318

ROLE PLAY

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**

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

ROLE PLAY

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

ix) ROLE PLAY

Role play is an interactive teaching method followed in learning process where the students assume the roles played in the skit in a simulated scenario and so they can memorize the concept well better. The role play will be enacted by the students during the class hours and the students posted in the department of Public Health Dentistry in their clinical hours will be trained for the act.

Dr. MANOJ KUMA
Principal
KMCT Dental College
Manassery, Mukkam

ROLE PLAY SCRIPT:

KMCT DENTAL COLLEGE
DEPARTMENT OF PUBLIC HEALTH DENTISTRY
FINAL YEAR PART 1 REGULAR – BATCH (2023-2024)
ROLE PLAY – SCRIPT

ROLE PLAY TOPIC : IMPORTANCE OF DENTAL FLOSS

CHARACTERS : MOHAMMED ANAS - DENTIST , LEZIN FATHIMA -PATIENT

DENTIST: Good morning Miss Lezin. How are you ?

PATIENT: Good morning Dr Mohammed Anas. I m doing well. But I have been wondering about something you mentioned during my last dental visit

DENTIST: Of course, What's in your mind?

PATIENT: You told me to start flossing but I have never used it before and I am not sure why it is necessary. Isnt brushing enough?

DENTIST: Brushing is essential, but it only cleans about 60% of your teeth surfaces. Flossing helps to remove plaque and food particles from areas your toothbrush cant reach like between your teeth and under the gum line

PATIENT: But I don't see or feel food stuck between my teeth ?

DENTIST: Absolutely! Even if you don't see food, bacteria can accumulate between your teeth and lead to plaque formation. Over time this can cause cavities , gum disease or even bad breadth

PATIENT: But wont it hurt my gums?

DENTIST: Its common to bleed a little when you start flossing. That's usually a sign of inflammation caused by plaque. With regular use bleeding stops and gums become healthier.

PATIENT: Can u explain the proper way to floss?

DENTIST: Ofcourse! Take a 18 inches of floss, wrap most of it around your middle fingers and hold a small section tightly between your thumbs and index fingers. Gently slide the floss between your teeth curve it into a C shape around each tooth and move it up and down. Avoid snapping it into your gums.

PATIENT: Got it! How often should I floss?

DENTIST: Ideally once a day. Especially before food. Just be consist and patient.

PATIENT: Thanks for explaining it so clearly!

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

IX. ROLE PLAY

REPORT:

Role plays improve the better understanding of complicated concepts explained in theory classes and that will eventually improve the learning outcome.

First year undergraduate students have been instructed to perform role play on the topic **"Sailor concept of Periodontal ligament traction theory of tooth eruption"** as part of learning mechanism during their Dental anatomy and oral histology lecture hour on 15/05/5024 from 10am to 11am.

Role plays script was verified and role play was monitored by Dr Sithara K, who has dealt with the topic in theory class. 4 students have been picked randomly and asked to prepare script for the same prior. 4 of them participated actively in the script writing and acting part. Whole class got benefitted by the act. Role play improve the better understanding of complicated concepts and which will eventually improve the learning outcome.

- **Script:**

Characters:

1. ***Sailor (Fibroblast)***: guides the sail (tooth) upwards.
2. ***Rope (Collagen)***: provides the support and traction for the sail to move.
3. ***Sail (Tooth)***: the structure being guided upwards by the sailor.

(The scene opens with the Sailor standing on the "sea floor," representing the jawbone. The Rope is attached to the Sail, which is still below the "waterline," representing the gum line.)

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

Sailor: (to the audience) Hey people...! Welcome to the Sailor concept of tooth eruption... proudly presenting "Periodontal ligament traction theory"....!

I'm the Sailor, also known as the fibroblast. I provide rope (collagen fiber) for movement of sail(tooth) and am immensely grateful to Mr Fibronexus for helping me throughout to hold the rope, without you our sail would not have been moved forward. Thank you Mr. Fibronexus.

Rope: (to the Sailor) Hey, Sailor! I'm the Rope, or collagen. I provide the support and traction for the Sail to move.

Sail: (to the Sailor and Rope) And I'm the Sail, or tooth! I'm ready to set sail... er, erupt!

Sailor: (to the audience) I provide rope (collagen fiber) for movement of sail(tooth) and am immensely grateful to Mr Fibronexus for helping me throughout to hold the rope, without you our sail would not have been moved forward. Thank you Mr. Fibronexus.

Sailor: (to the Sail) Hey Sail...Don't hurry...I need to guide you upwards through the jawbone and Mr rope...don't panic. Please maintain your oblique orientation, or else this is not going to happen. Relax...!

(Sailor begins to pull on the Rope, which in turn pulls the Sail upwards.)

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College
Mukkam

Rope: (to the Sailor) Heave ho, Sailor. Pull me gently, please...that am working tirelessly...! I'm providing the traction you need to guide the Sail.
Sail: (to the Sailor and Rope) Wheeee! I'm moving upwards!

(As the Sail continues to rise, the Sailor and Rope work together to guide it through the jawbone. Sailor coils the rope to the deck (collagen remodelling.)

Sailor: (to the audience) Hey ladies and gentlemen., the Sailor concept of PDL traction theory explains how the fibroblast (me) guides the tooth (Sail) through the jawbone using collagen (Rope) for support and traction. Not to forget the help of Mr Actin, Myosin and Fibronexus. We appreciate your sincere attempt to help us in this difficult time.

Rope: (to the Sailor and Sail) And it's a team effort! Without the Sailor, the Rope, and the Sail working together, tooth eruption wouldn't be possible.

Sail: (to the Sailor and Rope) Thanks, mates! I'm finally above the gum line!

(The scene ends with the Sail proudly above the "waterline," the Sailor and Rope having successfully guided it into place.)

(The end.)

Dr. MANOJ KUMAR.K.P
Principal

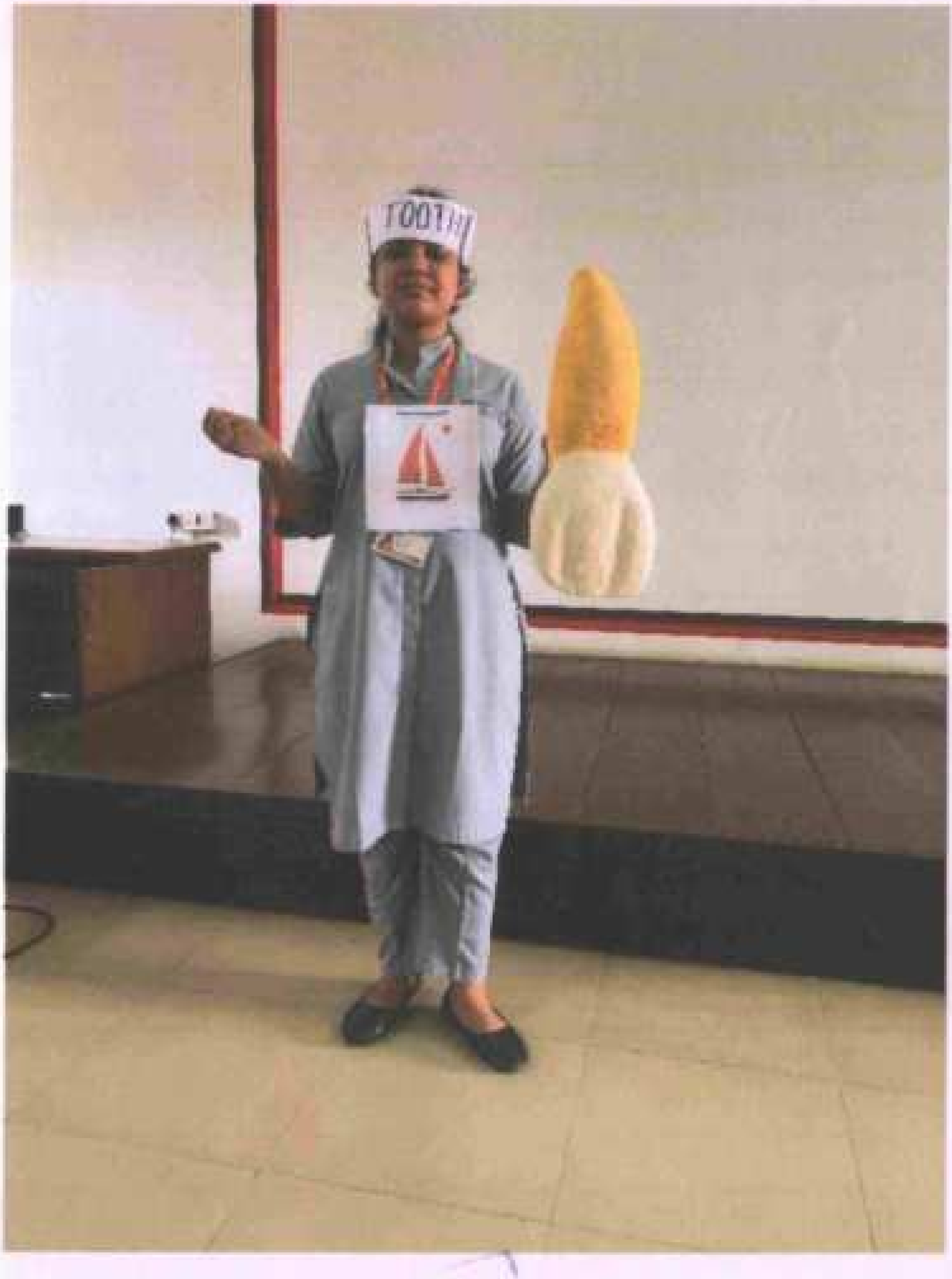
- Arrangements for Role play

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College

Scene 1: Introduction- Students introduced themselves as Sailor, Rope and the Sail

Dr. MANOJ KUMAR KP
Principal
KMCT Dental College
Manassery, Mukkam

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



Dr. MANOJ KUMAR K.R
Principal

Dr. MANOJ KUMAR K.P

Scene 2: Sailor(fibroblast) ready to move the sail(tooth) by pulling the rope(collagen fiber):

Portrays the Eruption movement by the action of PDL

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

Scene 3: Sail has moved (erupted tooth)

Scene 4: Final scene: Briefing on PDL traction theory by the student

- **Students participated in the role play:**
  1. Fathima
  2. Seethu
  3. Revathy
  4. Vaishnavi

  (1st year BDS Students)

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

DEPARTMENT OF
ORAL & MAXILLOFACIAL SURGERY

ROLEPLAY

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam

REPORT

Through role-playing activities, students might pretend to be someone else or act out a scenario. Students can act out these roles individually, in couples, or in groups to act out a more complicated situation. Students are exposed to "stressful, unfamiliar, complex, or controversial" real-life situations or scenarios through role-playing, which forces them to consider their own attitudes regarding these situations.

Following each topic covered by students, roleplaying is done in our department and classroom to encourage active participation from the students.

Dr. MANOJ KUMAR
Principal
KMCT Dental College
Manassery, Mukkam

(The receptionist is seated at the front desk, typing on a computer. A patient walks in nervously, clutching a referral slip.)

Receptionist: *(looks up briefly)* How can I help you?
Patient: I was sent from the othis building... they said I need to have two teeth removed.
(The receptionist nods, continues typing, and picks up a file. She hands it to House Surgeon 1, who is standing nearby.)

SCENE 2: Dental Clinic

(House Surgeon 1 is dressed in scrubs, wearing gloves and a mask. He picks up a set of OP instruments and calls for the patient in a loud voice.)

House Surgeon 1 (HS 1): *[in a loud, clear voice]* TIJIN...

(Tijin enters the clinic, visibly nervous. HS 1 gestures for his to sit in the dental chair.)

HS 1: *[in a friendly tone]* Please, have a seat. What seems to be the issue?
Patient: Doctor, two of my upper back teeth have been loose for a while. I can't chew properly.
HS 1: Hmm, I see. How long has this been going on? Any pain?
Patient: It's been about a year... but I haven't had much pain.

(HS 1 nods, continuing to ask questions about his history. He checks his blood pressure and finds it within the normal range. After completing the initial assessment, he hands the case over to House Surgeon 2.)

SCENE 3: Treatment Room

(HS 2 prepares for the procedure. The patient is seated on the dental chair, now wearing a patient drape. HS 2 carefully loads the local anesthetic syringe.)

Patient: Doctor, I'm really scared of injections...
HS 2: *[reassuringly]* Don't worry, it'll be quick and almost painless.

(As HS 2 administers the LA, the patient suddenly closes his eyes, becomes unconscious, and starts sweating profusely.)

Dr. MANOJ KUMAR K.P
KMCT Dental College
Manassery, Mukkam

HS 2: *[alarmed, shouting]* TIJIN! TIJIN!

(He lightly taps his shoulder, but thise's no response. The situation escalates.)

HS 2: *[urgently]* Someone, help!

(HS 2 quickly reclines the chair into a supine position, elevating the patient's legs. A staff nurse rushes in with a vial of ammonia.)

Staff Nurse: *[calm but firm]* Hise's the ammonia. Let's check his vitals.

(The nurse waves the strong-smelling ammonia under the patient's nose, but thise's no reaction. She checks the patient's blood pressure and finds it alarmingly low.)

Senior Doctor: *[entering the scene and examining the patient]* She's hypoglycemic. Let's get his some glucose immediately.

(The nurse quickly brings sugar syrup and gently pours it into the patient's mouth. After a few tense moments, the patient slowly opens his eyes, confused but responsive.)

HS 2: *[comforting tone]* It's okay, Tijin. Don't panic. You're fine now.

(The patient nods weakly)

HS 2: Make sure you eat something before your next visit. Being well-fed and hydrated is important. The receptionist will help you schedule your next appointment.

(The patient exits the clinic, visibly relieved but still shaken.)

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

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

Dr. MANOJ KUM
Principal
KMCT Dental College
Manassery, Mukkam

DEPARTMENT OF PERIODONTOLOGY

ROLE PLAY

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

REPORT

- **Introduction**

A role play exercise was conducted to demonstrate the placement of a Guided tissue regeneration (GTR). The exercise aimed to educate patients and dental professionals on the procedure and its benefits

- **Objective**

The objective of the role play exercise was to demonstrate the step-by-step procedure of GTR membrane placement, highlighting the importance of proper technique and patient care

- **Methodology**

The role-play exercise involved three participants: a periodontist, a dental assistant and a patient. The scenario was set in a Dept of Periodontics, and the procedure was demonstrated through role play.

- **Results**

The role play exercise successfully demonstrated the placement of a GTR membrane. The periodontist effectively communicated the procedure to the patient, and the dental assistant provided adequate support throughout the exercise.

- **Discussion**

The role play exercise highlighted the importance of effective communication between the periodontist, dental assistant and patient. It also demonstrated the need for proper technique and patient care during the procedure

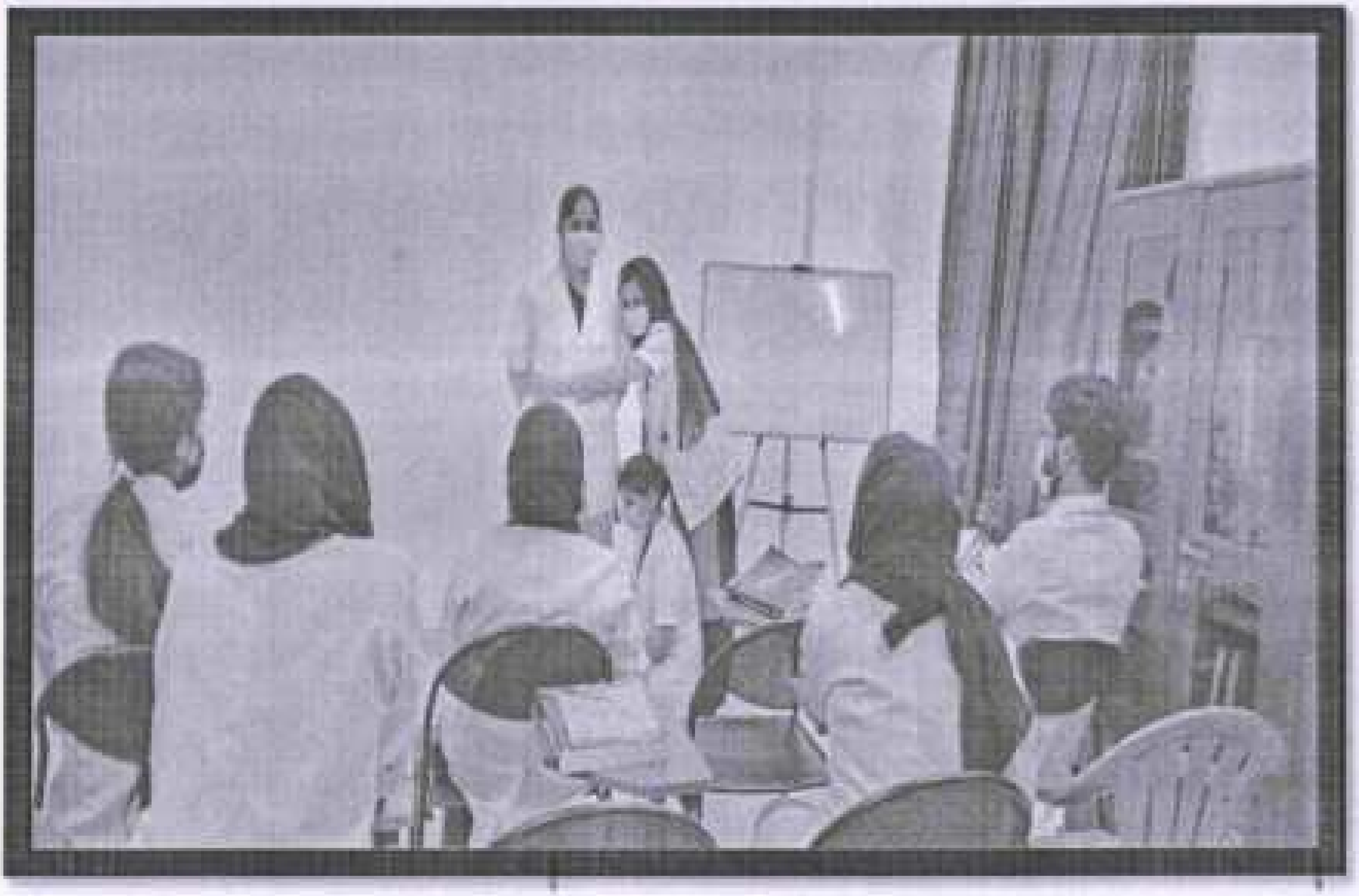
- **Conclusion**

The role play highlights the importance of effective communication, proper technique, and patient care

- **Recommendations**

Conduct regular role play
Emphasize the importance of communication and patient care
Provide ongoing training and support to dental professionals

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



Script for the role play.

Here is a role play for demonstrating a guided tissue regeneration (GTR) membrane

Characters

1.Periodontist
2.Dental assistant
3.Patient.

Settings

Dept of Periodontics

Script

Introduction

Periodontist: "Hello, today we're going to discuss the placement of a guided tissue regeneration membrane to help regenerate lost bone and tissue around your tooth"

Dental Assistant: "Please rinse your mouth with antibacterial mouthwash and sit back comfortably in the chair"

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

Periodontist: We'll start by administering a Local anesthetic to numb the area. Now we will make a small incision in the gum tissue to access the affected area. (Demonstrate the incision and access to the affected area)

Next I 'll carefully remove any infected tissue and bone. (Demonstrate the removal of infected tissue and bone)

Now I'll place the GTR membrane over the affected area. (Demonstrate the placement of the GTR membrane)
This membrane will act as a barrier, allowing bone and tissue to regenerate while keeping gum tissue from growing into the area

Dental Assistant: We 'll now suture the gum tissue back in place. (Demonstrate the suturing process)

Periodontist: "You may experience some discomfort, swelling, or bruising after the procedure. Please follow the post-operative instructions carefully"

Conclusion:

Periodontist: "The GTR membrane will be left in place for 4-6 months to allow for proper healing and regeneration. We'll schedule a follow up appointment to remove the membrane and evaluate the healing progress".

Patient: "Thank you for explaining the procedure. I feel more comfortable now."

Periodontist: "You 're welcome"

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

Role-Playing

Role-playing scenarios were utilized to simulate patient interactions, allowing students to practice communication skills and treatment planning. Constructive feedback was provided on their approach to managing patient concerns, fostering improvement in clinical and interpersonal competencies.

Dr. MANOJ KUMAR K.P
Principal

KMCT
DENTAL COLLEGE

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

ROLE PLAY

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

ROLEPLAY REPORTS

1.Report: Role Play on Factors Affecting Residual Ridge Resorption

Event: Role Play Session on Factors Affecting Residual Ridge Resorption

Department: Prosthodontics

Institution: KMCT Dental College

Participants: Third year Students

Date: 28-07-2023

Introduction

The Department of Prosthodontics at KMCT Dental College conducted a role play session aimed at enhancing students' understanding of residual ridge resorption (RRR). This interactive session utilized character-based role play to personify the various factors influencing RRR, creating an engaging and educational experience for third year students.

Character Assignment: Characters representing genetic factors, trauma, nutrition, aging, and systemic health issues were assigned to different students.

Materials and Resources: Scripts, costumes, and visual aids were prepared to enhance the learning experience and make the session more interactive and memorable.

Execution of the Role Play

Setting: The role play was set in a fantastical court, with each factor represented by a mythical creature, providing a creative and engaging backdrop for the session.

Characters:

Mr. Ridge: Patient

Dr. Prosth: Prosthodontist

Ms. Genetics: Represents genetic factors

Mr. Trauma: Represents trauma to the jaw

Mrs. Nutrition: Represents nutritional factors

Mr. Time: Represents aging

Ms. Illness: Represents systemic health issues

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

Script Summary: Dr. Prosth welcomed Mr. Ridge to the Council of Residual Ridge Resorption, where each factor—Genetics, Trauma, Nutrition, Time, and Illness—explained their impact on bone resorption. Each character emphasized the importance of their respective factor, contributing to a comprehensive understanding of the causes and management of residual ridge resorption.

Detailed Explanations

Ms. Genetics: Discussed how family history and genetic predisposition affect bone density and strength

Mr. Trauma: Highlighted the impact of jaw injuries and surgical trauma on bone resorption.

Mrs. Nutrition: Emphasized the importance of a diet rich in calcium, vitamin D, and other essential nutrients for maintaining bone health.

Mr. Time: Explained the natural process of bone loss due to aging and the importance of regular dental check-ups.

Ms. Illness: Addressed how systemic health issues such as osteoporosis and diabetes can accelerate bone resorption.

Feedback and Reflection

Student Feedback: Students reported a deeper understanding of residual ridge resorption and appreciated the innovative, interactive approach. They found the role play format engaging and educational.

Faculty Feedback: Faculty observed improved student engagement and retention of key concepts. They noted that the session effectively reinforced theoretical knowledge through practical, imaginative storytelling.

Reflection: The session successfully achieved its educational objectives. Suggestions for future improvements included incorporating more frequent role plays on a variety of prosthodontic topics to maintain high levels of student engagement and learning.

Conclusion

The role play session on factors affecting residual ridge resorption was a successful and impactful educational activity. It provided students with a thorough understanding of the contributing factors to RRR through an engaging and interactive format. Future sessions are recommended to cover other significant subjects within prosthodontics to continue enhancing student learning and participation.

Planning and Preparation

Topic Selection: The topic of residual ridge resorption was selected due to its [illegible] importance in prosthodontics.

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

2. Role Play Session on Osseointegration

Department of Prosthodontics, KMCT Dental College

Date: 18-09-2023

Introduction

The purpose of this role play session was to enhance students' understanding of osseointegration by personifying key factors involved in the process. Participants included Third year students of the Department of Prosthodontics.

Planning and Preparation

Topic Selection: The topic of osseointegration was chosen due to its critical importance in prosthodontics

Character Assignment: Characters representing factors such as Ms. Surface, Mr. Stability, Mrs. Health, Mr. Hygiene, and Ms. Bone Quality were assigned to students.

Materials and Resources: Scripts, costumes, and visual aids were prepared to enhance the learning experience.

Execution of the Role Play

Setting: Dr. Bone's clinic was visualized as a magical assembly inside the patient's mind.

Characters: Ms. Surface explained implant surface properties, Mr. Stability discussed initial stability, etc.

Script Summary: The role play highlighted the importance of each factor in the osseointegration process

Detailed Explanations

Ms. Surface: Explained the role of titanium and surface treatments in promoting bone integration.

Mr. Stability: Emphasized the need for proper surgical techniques to ensure initial stability.

Mrs. Health: Discussed the impact of overall health on bone regeneration and healing.

Feedback and Reflection

Student Feedback: Students reported a better understanding of osseointegration and appreciated the interactive approach.

Faculty Feedback: Faculty found the session effective in engaging students and reinforcing key concepts.

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

Reflection: The session was successful, with recommendations for more frequent role plays on various topics.

Conclusion

The role play session on osseointegration was a successful educational activity that provided students with a deeper understanding of the topic. Future sessions are recommended to cover a broader range of subjects within prosthodontics.

3. Report: Dental Implant Symposium Role Play

Event: Role Play Session on Dental Implants

Department: Prosthodontics

Institution: KMCT Dental College

Participants: Third Year BDS Students

Date: 11-11-2023

Introduction

The Department of Prosthodontics at KMCT Dental College conducted a role play session titled "Dental Implant Symposium" for Third Year BDS students. The objective was to deepen students' understanding of dental implant components and their roles through an interactive and engaging role play.

Planning and Preparation

Topic Selection: The topic of dental implants was chosen due to its relevance and importance in prosthodontics.

Character Assignment: Characters representing various parts of dental implants (implant fixture, abutment, and dental crown) were assigned to students.

Materials and Resources: Scripts, costumes, and visual aids were prepared to enhance the learning experience and make the session more engaging.

Execution of the Role Play

Setting: The role play was set in Dr. Prostho's clinic, envisioned as a magical symposium within the patient's mouth.

Characters:

Patient Denture: The patient

Dr. Prostho: The prosthodontist

Ms. Fixture: Represents the implant fixture

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

Mr. Abutment: Represents the abutment

Mrs. Crown: Represents the dental crown

Script Summary: Dr. Prostho introduced Patient Denture to the essential parts of a dental implant in a symposium setting. Each character—Ms. Fixture (implant fixture), Mr. Abutment (abutment), and Mrs. Crown (dental crown)—explained their role in the implant process. Ms. Fixture provided the stable base, Mr. Abutment connected the fixture and crown, and Mrs. Crown restored the tooth's appearance and function.

Detailed Explanations

Ms. Fixture: Described as the foundation of the dental implant, surgically placed into the jawbone and fusing with it through osseointegration.

Mr. Abutment: Explained as the intermediary connecting the implant fixture and the dental crown, ensuring stability.

Mrs. Crown: Highlighted as the visible part of the implant that restores the appearance and function of the missing tooth, matching the natural teeth.

Feedback and Reflection

Student Feedback: Students reported a better understanding of dental implant components and appreciated the creative, interactive approach. They found the role play format engaging and educational.

Faculty Feedback: Faculty observed enhanced student engagement and retention of key concepts. The session effectively reinforced theoretical knowledge through practical, imaginative storytelling.

Reflection: The session successfully met its educational objectives. Suggestions for future improvements included more frequent role plays on various topics in prosthodontics to maintain high levels of student engagement and learning.

Conclusion

The dental implant symposium role play session was a successful educational activity that provided students with a thorough understanding of dental implant components through an engaging and interactive format. Future sessions are recommended to cover other significant subjects within prosthodontics to continue enhancing student learning and participation.

4. Report: Maxillofacial Prosthesis Summit Role Play

Event: Role Play Session on Maxillofacial Prostheses

Department: Prosthodontics

Institution: KMCT Dental College

Participants: Third year Students

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

Date: 27-12-2023

Introduction

The Department of Prosthodontics at KMCT Dental College conducted a role play session titled "Maxillofacial Prosthesis Summit" to enhance students' understanding of maxillofacial prostheses. The objective was to provide an engaging and informative experience about the various types of maxillofacial prostheses and their roles in restoring function and aesthetics.

Planning and Preparation

Topic Selection: Maxillofacial prostheses were selected due to their critical role in restoring facial defects and improving patients' quality of life.

Character Assignment: Characters representing different types of maxillofacial prostheses (ocular, auricular, nasal, palatal obturator, and facial prostheses) were assigned to students.

Materials and Resources: Scripts, costumes, and visual aids were prepared to enhance the interactive learning experience.

Execution of the Role Play

Setting: The role play was set in Dr. Restora's clinic, a magical summit within the patient's mind.

Characters:

Patient Max: The patient

Dr. Restora: The maxillofacial prosthodontist

Ms. Eye Prosthesis: Represents ocular prostheses

Mr. Ear Prosthesis: Represents auricular prostheses

Mrs. Nose Prosthesis: Represents nasal prostheses

Ms. Palatal Obturator: Represents palatal obturators

Mr. Facial Prosthesis: Represents general facial prostheses

Script Summary: Dr. Restora welcomed Patient Max to meet the team of maxillofacial prostheses. Each character—Ms. Eye Prosthesis, Mr. Ear Prosthesis, Mrs. Nose Prosthesis, Ms. Palatal Obturator, and Mr. Facial Prosthesis—explained their specific roles in restoring facial function and aesthetics. The prostheses discussed their materials and how they are customized to meet individual patient needs.

Detailed Explanations

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

Ms. Eye Prosthesis: Explained as being made from medical-grade acrylic resin, designed to match the natural eye for appearance and symmetry.

Mr. Ear Prosthesis: Crafted from medical-grade silicone for flexibility and realism, matching the natural skin tone.

Mrs. Nose Prosthesis: Made from medical-grade silicone to recreate the natural contours of the nose, enhancing facial harmony.

Ms. Palatal Obturator: Typically made from heat-cured acrylic resin to fit the palate perfectly, aiding in speech and eating.

Mr. Facial Prosthesis: Often made from a combination of medical-grade silicone and acrylic resins for both function and aesthetics.

Feedback and Reflection

Student Feedback: Students reported a deeper understanding of the various types of maxillofacial prostheses and appreciated the creative, interactive approach. They found the role play format engaging and educational.

Faculty Feedback: Faculty observed enhanced student engagement and retention of key concepts. The session effectively reinforced theoretical knowledge through practical, imaginative storytelling.

Reflection: The session successfully achieved its educational objectives. Recommendations for future improvements included incorporating more frequent role plays on a variety of prosthodontic topics to maintain high levels of student engagement and learning.

Conclusion

The maxillofacial prosthesis summit role play session was a successful and impactful educational activity. It provided students with a thorough understanding of the different types of maxillofacial prostheses and their roles in restoring facial function and aesthetics through an engaging and interactive format. Future sessions are recommended to cover other

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

significant subjects within prosthodontics to continue enhancing student learning and participation.

ROLE PLAY - SCRIPTS

1.The Council of Residual Ridge Resorption

Characters:

Mr. Ridge - Patient

Dr. Prosth - Prosthodontist

Ms. Genetics - Represents genetic factors

Mr. Trauma - Represents trauma to the jaw

Mrs. Nutrition - Represents nutritional factors

Mr. Time - Represents aging

Ms. Illness - Represents systemic health issues

Setting: A fantastical court, where each factor is represented by a mythical creature.

Role Play Script:

Dr. Prosth: (Opening the grand doors) Welcome, Mr. Ridge, to the Council of Residual Ridge Resorption. Please, step inside.

Mr. Ridge: (In awe) Wow, what is this place?

Dr. Prosth: Here, each factor influencing your residual ridge resorption is embodied by a mystical entity. Let me introduce them.

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

Ms. Genetics: (A graceful elf with shimmering eyes) Greetings, Mr. Ridge. I am Ms. Genetics. Your family's legacy runs through your bones like ancient magic. Our lineage shapes our strength and our frailties.

Mr. Trauma: (A towering golem with cracked stones) I am Mr. Trauma. The battles and hardships faced by your jaw are etched into your very being. Every fall and injury leaves a mark.

Mrs. Nutrition: (A nurturing dryad surrounded by a halo of fruits and vegetables) I am Mrs. Nutrition. The sustenance you provide to your body is my domain. Bones thrive on the bounty of nature's gifts.

Mr. Time: (An ethereal being with a cloak of shifting sands) I am Mr. Time. The relentless passage of years shapes us all. As the sands of time flow, so does the wear on your bones.

Ms. Illness: (A wise, ancient dragon with scales like emeralds) I am Ms. Illness. The maladies that affect your entire being reflect in your bones. The healthier you are, the stronger you stand against resorption.

Mr. Ridge: (Curiously) So, how do you all impact my condition?

Dr. Prosth: (Smiling) Each of these majestic beings influences your residual ridge resorption in their unique way.

Mrs. Nutrition: (Gently) Provide your body with a cornucopia of nutrients, and I shall fortify your bones.

Mr. Trauma: (Gravely) Avoid unnecessary harm, for each impact weakens the foundations.

Ms. Genetics: (Wisely) Though you cannot change your heritage, understanding it is a shield in itself.

Mr. Time: (Calmly) Keep a vigilant eye on the march of years, for regular check-ups are key.

Ms. Illness: (Warmly) Tending to your overall health wards off the greater threats.

Dr. Prosth: (Confidently) Together, we shall craft a strategy to slow down the resorption process. Let's embark on this journey with knowledge and care.

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

1.

Scenario: The Assembly of Osseointegration

2.

Characters:

Patient Osseo - The implant patient

Dr. Bone - The prosthodontist

Ms. Surface - Represents the surface properties of the implant

Mr. Stability - Represents initial stability

Mrs. Health - Represents the patient's overall health

Mr. Hygiene - Represents oral hygiene

Ms. Bone Quality - Represents bone quality and quantity

Setting: Dr. Bone's clinic, a magical assembly in the patient's mind.

Role Play Script:

Dr. Bone: (Enthusiastically) Welcome, Patient Osseo! Today, we are honored to have the key factors influencing your osseointegration gathered here.

Patient Osseo: (Curiously) Who are all these mystical beings?

Dr. Bone: Let me introduce you to the Assembly of Osseointegration.

Principal
Manassery, Mukkam

Ms. Surface: (A sleek, shimmering entity) Greetings, I am Ms. Surface. The texture and properties of the implant surface play a crucial role in how well your bone will integrate with it.

Mr. Stability: (A robust, armored warrior) I'm Mr. Stability. Initial stability is essential for successful osseointegration. I ensure the implant remains firmly in place during the early healing phase.

Mrs. Health: (A glowing figure radiating vitality) Hello, I'm Mrs. Health. Your overall health, including factors like nutrition and lifestyle, greatly affects how well your body can support osseointegration.

Mr. Hygiene: (A vigilant guardian with a shining toothbrush) I am Mr. Hygiene. Maintaining excellent oral hygiene is vital to prevent infections that could disrupt the osseointegration process.

Ms. Bone Quality: (A sturdy, rock-like figure) And I am Ms. Bone Quality. The quality and quantity of your bone determine the foundation for the implant. Strong, dense bone promotes successful integration.

Patient Osseo: (Fascinated) How do you all influence the process?

Dr. Bone: Each of these factors works together to ensure successful osseointegration.

Ms. Surface: (Confidently) A well-designed surface encourages bone cells to grow and bond with the implant.

Mr. Stability: (Firmly) Without initial stability, the implant can fail before osseointegration even begins.

Mrs. Health: (Warmly) A healthy body provides the necessary resources for bone regeneration and healing.

Mr. Hygiene: (Watchfully) Regular oral care prevents complications and promotes a healthy environment for the implant.

Ms. Bone Quality: (Strongly) Dense, high-quality bone provides a solid foundation for the implant to anchor into.

Dr. MANOJ KUMAR.K.P
KMCT Dental College
Manassery, Mukkam

Dr. Bone: Together, these factors ensure that your implant becomes a permanent part of your jawbone. We will work closely to monitor and support each aspect of this process.

Patient Osseo: (Optimistically) With all of you by my side, I feel confident about my osseointegration journey.

3. The Dental Implant Symposium

Characters:

Patient Denture - The patient

Dr. Prostho - The prosthodontist

Ms. Fixture - The implant fixture

Mr. Abutment - The abutment

Mrs. Crown - The dental crown

Setting: Dr. Prostho's clinic, a magical symposium inside the patient's mouth.

Role Play Script:

Dr. Prostho: (Welcoming Patient Denture) Welcome, Patient Denture! Today, we're holding a symposium to introduce you to the essential parts of your dental implant. Please, take a seat and meet your new companions.

Patient Denture: (Eagerly) This sounds interesting! Who are these important parts?

Dr. Prostho: Let me introduce them to you.

Ms. Fixture: (Stepping forward with a strong presence) Hello, Patient Denture. I am Ms. Fixture, also known as the implant fixture or implant post. I am the foundation of the dental implant, surgically placed into your jawbone. I fuse with the bone through a process called osseointegration, providing a stable base for the entire implant.

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

Mr. Abutment: (A firm yet friendly character) Greetings! I am Mr. Abutment. Once Ms. Fixture is securely in place, I connect to her, acting as the intermediary between the implant fixture and the dental crown. I ensure a strong connection and stability.

Mrs. Crown: (A polished and elegant figure) Hello there! I am Mrs. Crown, the visible part of the dental implant. I attach to Mr. Abutment and restore your tooth's appearance and function. I am designed to match your natural teeth in color and shape, so you can smile confidently.

Patient Denture: (Curiously) How do you all work together?

Dr. Prostho: Each part of the dental implant plays a crucial role in the overall success of the treatment.

Ms. Fixture: (Confidently) By anchoring into the jawbone, I provide a solid and stable base.

Mr. Abutment: (Proudly) I ensure a secure connection between the implant and the crown, distributing the forces from chewing.

Mrs. Crown: (Elegantly) I restore the function and aesthetics of your missing tooth, allowing you to chew, speak, and smile naturally.

Dr. Prostho: When all these components work together, the dental implant functions just like a natural tooth. This provides you with comfort, stability, and confidence.

Patient Denture: (Enthusiastically) Wow, this is amazing! Thank you all for explaining your roles. I feel much more informed now.

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

4 The Maxillofacial Prosthesis Summit

Characters:

Patient Max - The patient

Dr. Restora - The maxillofacial prosthodontist

Ms. Eye Prosthesis - Represents ocular prostheses

Mr. Ear Prosthesis - Represents auricular prostheses

Mrs. Nose Prosthesis - Represents nasal prostheses

Ms. Palatal Obturator - Represents palatal obturators

Mr. Facial Prosthesis - Represents general facial prostheses

Setting: Dr. Restora's clinic, a magical summit inside the patient's mind.

Role Play Script:

Dr. Restora: (Welcoming Patient Max) Welcome, Patient Max! Today, you'll meet the remarkable team of maxillofacial prostheses dedicated to restoring your appearance and function. Please, take a seat.

Patient Max: (Curiously) Who are these incredible beings?

Dr. Restora: Let me introduce them to you.

Ms. Eye Prosthesis: (A vibrant and expressive figure) Hello, Patient Max. I am Ms. Eye Prosthesis. I am here to restore the appearance and symmetry of your face by replacing lost or damaged eye. I aim to look as natural as possible, blending in seamlessly.

Dr. MANOJ KUMAR K.P
Principal
KMCT Dental College

Mr. Ear Prosthesis: (A friendly and supportive character) Greetings! I am Mr. Ear Prosthesis. My role is to recreate the shape and structure of your ear, ensuring a natural look and helping with the placement of hearing aids if needed.

Mrs. Nose Prosthesis: (A sophisticated and elegant figure) Hello! I am Mrs. Nose Prosthesis. I work to restore the contours and appearance of your nose, enhancing your facial symmetry and confidence.

Ms. Palatal Obturator: (A practical and comforting presence) Hi, I'm Ms. Palatal Obturator. I help to close any openings in the roof of your mouth, making it easier for you to eat, speak, and breathe properly.

Mr. Facial Prosthesis: (A strong and reassuring figure) Hello, Patient Max. I am Mr. Facial Prosthesis, and I encompass various types of prostheses that restore larger areas of the face affected by trauma, surgery, or congenital conditions. My goal is to bring back both function and aesthetics.

Patient Max: (Intrigued) How do you all help me?

Dr. Restora: Each prosthesis has a specialized role in restoring your facial features and functions.

Ms. Eye Prosthesis: (Confidently) I provide a lifelike replacement for your eye, helping you regain your appearance.

Mr. Ear Prosthesis: (Supportively) I recreate your ear to enhance your facial balance and support hearing aids.

Mrs. Nose Prosthesis: (Elegantly) I restore the natural shape of your nose, improving facial harmony.

Ms. Palatal Obturator: (Comfortingly) I close any gaps in your palate, aiding in proper speech and eating.

Mr. Facial Prosthesis: (Reassuringly) I cover larger facial areas to restore both function and aesthetics, giving you a more natural look.

Dr. MANOJ KUMAR K.P
Principal

Dr. Restora: Together, these prostheses work to improve your quality of life by enhancing your appearance and functionality. We'll customize each one to fit you perfectly.

Patient Max: (Gratefully) Thank you all for explaining your roles. I feel much more hopeful and informed now.

Setting: Dr. Restora's clinic, continuing the magical summit inside the patient's mind.

Role Play Script (Part 2):

Dr. Restora: (Continuing the discussion) Now that you've met your team, let's delve into the specifics of each prosthesis.

Ms. Eye Prosthesis: (Gently) As an ocular prosthesis, my primary goal is to restore the appearance of a natural eye. I am custom-made to match the size, color, and shape of your existing eye, ensuring symmetry. I fit into the eye socket and can even be designed to move slightly, mimicking natural eye movements.

Mr. Ear Prosthesis: (Proudly) I serve as an auricular prosthesis, designed to replace a missing or malformed ear. Made from medical-grade silicone, I closely resemble natural skin and can be color-matched. I attach securely to the side of your head using adhesives, implants, or magnets, depending on your needs.

Mrs. Nose Prosthesis: (Elegantly) My role as a nasal prosthesis is to recreate the natural contours and appearance of the nose. Crafted from lifelike materials, I restore facial symmetry and aid in nasal airflow. I can be attached using adhesive or implant-retained systems for a secure fit.

Ms. Palatal Obturator: (Supportively) I am a palatal obturator, specifically designed to close openings or defects in the palate. This is crucial for individuals with cleft palates or those who have had surgery for oral cancer. I help improve speech, swallowing, and overall oral function.

Mr. Facial Prosthesis: (Strongly) As a general facial prosthesis, I cover larger facial defects resulting from trauma, surgery, or congenital conditions. My primary goal is to restore both the function and aesthetics of the affected area. I am custom-made to blend seamlessly with the surrounding tissues and can be attached using various secure methods.

Dr. Restora: (Encouragingly) Each prosthesis is tailored to your specific needs, ensuring comfort and functionality. The process involves taking detailed impressions, creating molds, and fine-tuning the prostheses to match your facial features perfectly.

Patient Max: (Gratefully) Thank you all for the detailed explanations. I feel much more confident about the treatment now.

Dr. MANOJ KUMAR.K.P
Principal
KMCT Dental College

Dr. Restora: (Smiling) You're welcome, Patient Max. Our goal is to provide you with the best possible care and restore your quality of life. Together, we'll make this journey a successful one.

Dr. Restora: (Excitedly) We're now going to delve into the materials each prosthesis is made from. This is where the science meets artistry!

Ms. Eye Prosthesis: (Brightly) As an ocular prosthesis, I am primarily made from medical-grade acrylic resin. This material is highly durable and can be precisely painted to match the natural iris and sclera of your other eye, creating a lifelike appearance.

Mr. Ear Prosthesis: (Confidently) I'm crafted from medical-grade silicone. This material is flexible, durable, and can be tinted to match the natural color of your skin. Silicone allows for a natural appearance and comfortable fit, making it ideal for auricular prostheses.

Mrs. Nose Prosthesis: (Elegantly) Like Mr. Ear, I too am made from medical-grade silicone. Silicone's flexibility and realistic texture make it perfect for nasal prostheses. It can be customized to match your skin tone and provide a natural look.

Ms. Palatal Obturator: (Supportively) I am typically made from heat-cured acrylic resin. This material is strong, biocompatible, and can be molded to fit the contours of your palate perfectly. It ensures a secure and comfortable fit, allowing you to speak and eat with ease.

Mr. Facial Prosthesis: (Reassuringly) My parts are often made from a combination of medical-grade silicone and acrylic resins, depending on the area being reconstructed. Silicone provides a realistic texture and appearance, while acrylic resin offers strength

and durability. Together, these materials ensure both functionality and a natural look.

Dr. Restora: (Informatively) These materials are chosen for their biocompatibility, durability, and ability to closely mimic natural tissues. They are designed to be safe and comfortable for long-term use, ensuring that your prostheses not only look good but also function well.

Patient Max: (Impressed) It's incredible how much thought and technology goes into these prostheses. Thank you all for explaining the materials used.

Dr. MANOJ KUMAR
Principal
KMCT Dental College

Dr. Restora: (Smiling) You're welcome, Patient Max. Our goal is to provide you with the best possible outcomes, using the most advanced materials available. Together, we'll achieve great results."

MANOJ KU [illegible] P
Principal
KMCT Dental College
Manassery, Mukkam

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

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 2023 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.

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

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

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.

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

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

ROLEPLAY

KMCT
DENTAL COLLEGE

RUBBER DAM ISOLATION ON A TOOTH MODEL

SCRIPT

Dentist: (played by a student or instructor)

1. Introduction (1 minute):

- "Welcome to today's procedure. We'll be practicing rubber dam isolation on this tooth model."

2. Rubber Dam Selection (2 minutes):

- "Let's choose the right size and type of rubber dam for this tooth."
- (Selects a rubber dam and shows it to the assistant and patient)

3. Rubber Dam Placement (4 minutes):

- "Now, let's place the rubber dam over the tooth. I'll show you how to secure it with clamps."
- (Demonstrates placing the rubber dam and securing it with clamps)

4. Isolation Verification (2 minutes):

- "Let's check that the rubber dam is properly isolating the tooth."
- (Verifies isolation with the assistant)

5. Treatment Procedure (4 minutes):

- "Now that we have isolation, we can proceed with the treatment procedure."

Assistant: (played by a student or actor)

1. Assists with rubber dam placement and securing clamps
2. Verifies isolation with the dentist
3. Maintains the rubber dam during the procedure

Debriefing (5 minutes):

- Review the steps of rubber dam isolation
- Discuss common challenges and solutions
- Emphasize the importance of proper isolation in restorative dentistry