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INSTITUTIONAL PROSPECTUS FOR HOUSE OFFICERS

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INSTITUTE OF DENTISTRY,  
CMH LMC & IOD, LAHORE

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## **1. INTRODUCTION**

CMH Lahore Medical College & Institute of Dentistry (CMH LMC & IOD) is a PMDC accredited institution eligible to induct PMDC provisionally registered BDS House Officers for completion of the clinical rotation. The completion of the clinical rotation for 12 months is a prerequisite for full/permanent registration of BDS graduates, in order to grant them the license to practice. It augments the professional development of a dental graduate.

## **2. Induction Criteria**

### **Eligibility Criteria**

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

### **Documents Required**

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

### **General rules**

1. The induction process for House Officers is a biannual activity, carried out each year, as per the timeline of final Professional examinations of BDS graduates of CMH LMC and IOD. The availability of slots for mid-year induction is entirely dependent upon the status of continuation of House Job of regular candidates for that specific year.
2. A total of 75 paid seats are available annually for regular CMH LMC and IOD graduates, while 3 paid seats are for (W & R) category. Graduates of CMH LMC and IOD of the current graduating batch will be preferred for regular entry, followed by old graduates of CMH LMC and IOD.
3. Vacancy for foreign graduates or graduates of colleges other than CMH LMC and IOD shall be subjected to the availability of slots after complete registration of CMH LMC and IOD graduates. Interested participants will submit a physical application to CMH LMC and IOD. The candidate will submit PKR 5000/- as an "Application Processing Fee". Candidates will be shortlisted on merit criteria and interviewed. Final selection is done on performance in interview.

### **3. Professional Development Program**

#### **PORTFOLIO**

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

#### **Objectives:**

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

- Train dental graduates to manage dental problems in a competent, skillful and empathetic manner.
- Guide dental graduates towards self-directed learning and pursue continuing professional education.
- Train dental graduates to become effective and competent leaders in the dental profession.
- Develop critical thinking abilities in dental graduates to perform research in clinical and basic sciences.

#### **Learning Outcomes**

A dental graduate needs to acquire core competencies. (Section 8)

Institute of Dentistry, CMH LMC has following facilities for clinical training of BDS House Officers with the given timelines.

A House Officer shall complete specific procedures of each dental specialty to achieve the required competency. (Annexure II) Difficult procedures may be considered as observer or under supervision status. The House Officer shall maintain the record in portfolio, which will be officially approved by the respective Head of Department, at the completion of the specific clinical rotation.

<b>Specialty</b>	<b>Duration</b>
Comprehensive Care Dentistry and Implant Clinic	3 months
Operative Dentistry and Endodontics	1.5 months
Prosthodontics	1.5 months
Periodontics	1.5 months
Oral and Maxillofacial Surgery	1.5 months
Orthodontics	1 months

Specialty	Duration
Oral Medicine and Radiology	1 months
Pedodontics	1 months

## RESEARCH PROJECT

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

### Workshops for House Officers of Institute of Dentistry CMH LMC, Lahore

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

### Taught Sessions for House Officers of Institute of Dentistry, CMH LMC, Lahore

Activity title	D u r a t i o n (Hours)
Orientation Day	1
Career counselling	4
Introduction to Research and ORCID	1
Research Proposal template	3
Identify US: A Facial Profiling System	1

Literature Review Search	1
Epidemiology	1
Entrepreneurship	1
Endnote exercise	3
Statistical Analysis	3
Descriptive Statistics- Hands on Workshop	3
Infrared Spectroscopy; Technique & Applications	1
Ethics in research	1
Degradation of resin dentine adhesion strength	3
Animal Research Lab Introduction and Tour	1
Photo functionalized Dental Implants: Post UVA and UVC Irradiation	1
Real Time Cancer Detection	1
Bracket Failure in Orthodontic Patients: The Incidence and the Influence of Different Factors	1
Effect of induced pupal pressure on resin dentine adhesion	1
Global survey to assess preferences when attending virtual orthodontic Learning sessions: optimising uptake from virtual lectures	1
Clinical Trial Registration	1
Critical appraisal exercises- Scientific writing	3
Communication skills	3
Work Ethics and Professionalism	3
Problem solving skills for health care professionals	3
Empathy in patient care	3
Team work	3
Leadership	3
Emotional intelligence	3
Time management	3
Conflict resolution	3

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

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

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

## **Assessment Plan**

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

## **Program Evaluation**

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

### **4. Joining Process:**

1. The list of selected House Officers and date of House job initiation shall be displayed on college website, 15 days prior to the initiation of House job.
2. On orientation day, at the start of House job, CMH LMC & IOD shall offer a contract to the House Officer for signatures, which will be counter signed by In-charge House Officers' Program and Dean IOD.
3. Dean IOD and Incharge House Officers' Program shall formally introduce the incoming House Officers to the institutional rules and regulations on orientation day ceremony.
4. A House Officer will be provided an institutional identity card at the time of commencement for the House Job, on submission of his/her biometric records to the college authorities. In case of misplacement, Rs.500 will be charged for reissuance.
5. On induction, a House Officer is bound to deposit PKR 60,000/-, as a security to CMH LMC and IOD, which will be refunded to the House Officer on satisfactory completion of House Job. Security will be forfeited by CMH LMC and IOD, upon termination due to absence from duty.
6. Working hours for a House Officer will be from 08:00 am to 03:00 pm (Monday to Friday). Lack of compliance to attendance/duty hours will result in disciplinary action.
7. House Officers will report to the respective departments as per the given clinical rotation schedule.
8. One month pay will be forfeited or deposited by CMH LMC and IOD upon termination due to absence from duty.

### **5. Rules and Regulations**

1. As per the clinical rotation schedule, the House Officer shall be allowed to start clinical work, under close supervision of faculty members of the respective departments.
2. It is mandatory for a House Officer to maintain cross infection protocol in clinics and display valid security cards issued by CMH LMC & IOD. A House Officer (Male & Female) should wear proper modest attire during duty hours.
3. Each House Officer will maintain a portfolio of their clinical activity, of his performance during the House Job. (Annexure II) The portfolio will be approved by each clinical HOD and submitted to Dean's Office 10 days prior to issuance of House Job Certificate.
4. It is mandatory for a House Officer to attend Professional Development Program for continuing dental education activity. The professional development program involves

sessions pertaining to research methodology, career counselling, clinical skill enhancement, improvement in generic competencies and skill based professional development. One day salary shall be deducted for 3 consecutive absents from professional development session.

5. It is expected from a House Officer to conduct a research project under supervision of a faculty member during his/her House job for publication in an HEC recognized indexed journal.
6. CMH LMC and IOD can involve a House Officer in health-related community service and administrative activities for Professional Development.
7. House Officer will be responsible for proper maintenance, functioning and safety of the instruments /equipment in their use. If found guilty of misusing the instruments / equipment the competent authority can charge the damages as estimated.
8. CMH LMC and IOD may terminate the contract of a House Officer at any time without notice on following grounds: -
  - a. Recommendation by the Dean – IOD based on their performance.
  - b. On disciplinary grounds / moral turpitude / irresponsible act or attitude / involvement in any political activity etc. a House Officer, if found guilty of inefficiency, objectionable behavior or misconduct, are liable to be terminated immediately without notice.
9. At the time of completion of House Job or Resignation, it is the responsibility of a House Officer to submit clearance certificate to HR department within thirty (30) days of struck off strength. In case of delay in submission of Clearance Form, dues of House Officer will be forfeited, and experience certificate/letter will not be issued.
10. House Job Certificate will be issued by CMH LMC and IOD to the House Officer, after submission of Portfolio specifying his/her performance, attendance as per the given criteria, as an evidence of satisfactory completion of the House job in all departments and submission of no dues/clearance certificate. House Job certificate will not be issued if training period is less than six months.
11. As per the institutional policy, during or after the service, on removal from service or otherwise, the House Officer shall not reveal any information acquired related to the affairs of the institution to anyone. All files, records, documents, drawings, specifications, or other items relating to the affairs of Institution prepared by House Officer or otherwise coming into his/her possession or knowledge / information, shall remain the exclusive property of the CMH LMC and IOD, and shall not be removed from the premises of the college, or communicated to any person.
12. All House Officers, in all circumstances, abide by the terms & conditions given in the contract deed, for the entire course of their House Job.

## **6. Leave Policy**

1. A House Officer will be allowed 15 days casual leaves / sick leaves per year. Maximum of 2 days leave will be allowed at one time.
2. 14 days of unpaid ex Pakistan/ marriage leave will be permitted during one year of House Job Training and counted as casual leave.



3. As per the institutional policy Biometric and Departmental Leave record shall be maintained and considered for salary disbursement. In case of non-compliance, salary shall be deducted on following grounds.
  - Absence from duty without prior permission
  - Three late entries in morning or three early exits in afternoon, whichever is earlier will result in deduction of a single day leave.
  - Any misconduct, poor patient management, breach in cross infection control, disciplinary action or as per the recommendation of Dean IOD, shall result in salary deduction.
4. Any leave exceeding the above-mentioned numbers result in extension of House Job Duration, as per the discretion of Dean IOD.
5. In case of sickness, a House Officer is bound to provide medical certificate from a PMDC registered Consultant for verification and validation by College authorities.

## **7. Clinical Responsibilities**

1. A House Officer will take the history of the patient and write the summary in a SOAP format.
2. House Officer must consult the Senior registrar/consultant/s, whenever required. During OPD duty, no House Officer is allowed to discharge any patient without consulting the Senior Registrar. No House Officer is allowed to conclude any treatment without prior permission/information to a Senior Registrar.
3. House Officer must write everything clearly, medicines in capital letters in the prescription and must sign it with his/her name clearly. A House Officer should clearly write their management plan / procedural details/ cost of the performed procedure, receipt and registration number on patient's file as well as departmental register, at each visit of the patient. Patient's documents should be efficiently maintained in an orderly fashion. No false entries on patient's file are allowed.
4. A House Officer must sign all entries patient's files with their complete names and designations.
5. All Duty House Officer must stay in clinics with their patients, all the time and must not leave their post uninformed, in any case.
6. No relief / replacement without prior permission from the concerned Senior Registrar and HOD is permitted
7. A House Officer must follow strict cross infection protocol during clinical procedures.
8. A House Officer on call must keep check on the working of paramedical staff and report any irregularity to in-charge concerned.
9. A House Officer should monitor his respective patient's management, safety and procedural requirements. Designated House Officers is responsible for proper dispatch of investigations.
10. A House Officer is responsible for appropriate referral of patients to multiple departments.

11. A House Officer will write any irregularity / mismanagement / problems in complications record register and get it duly signed by the Senior registrars and any representative of administration.

12. No House Officer is allowed to refer any patient to a private practice outside the premises of CMH LMC and IOD.

## **8. Domains of Competencies**

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

### **Generic Competencies**

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

### **Specialty Oriented Competencies**

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

## **8.1: Emergency management**

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

## **8.2: Comprehensive Care Dentistry and Implant Clinic**

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

**Supporting competence:** A House Officer must be competent to,

- Record high-quality images for medicolegal requirements, diagnosis, treatment planning, and communication with patients.
- Interpret radiographic images delivering effective and comprehensive dental care, ensuring accurate diagnoses and tailored treatment approaches.
- Plan Treatment with a systematic approach of developing a personalized roadmap for rehabilitation of patients' oral health.
- Document dental & medical history, photographs, clinical findings, investigations, treatment plans, and procedures performed.
- Formulate Portfolio involving the organized compilation of a dentist's clinical work, achievements, and ongoing professional development.
- Apply rubber dam for procedures like restorations, root canals, prosthesis cementations, and other interventions, ensuring effective isolation, moisture control, optimal working conditions, improved visibility, and better outcomes
- Apply Infection control protocol that includes adherence to strict hygiene practices, proper sterilization of instruments, use of personal protective equipment (PPE), and maintaining a clean environment.
- Perform anterior and posterior composite restorations with functional, natural-looking and biologically sound restorations.
- Assess and continually improve their clinical performance, as per standardized international criteria. This involves self-assessment, peer review, and patient feedback for delivering patient centered treatment.

## **8.3: Implant Dentistry**

**Major competence:** A House Officer must be competent to identify the indications and contraindications, principles and techniques required for surgical placement of dental implants.

Supporting competence: A House Officer must be competent to,

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

#### **8.4: Operative Dentistry and Endodontics**

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

Supporting competence: A House Officer must be competent to,

- Assess caries risk factors and caries prevention strategies.
- Evaluate and guide patient's about their oral hygiene regime.
- Evaluate and counsel patient's about their dietary pattern and caries risk.
- Apply and educate patient's about fluoridated compounds on dental tissues.
- Treat the carious portion of a tooth to maintain pulp vitality, restoration of tooth form, function and aesthetics with appropriate materials.
- Perform therapeutic procedures for enhancement of defense mechanism of dental pulp.

#### **8.5: Prosthodontics**

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

Supporting competency: A House Officer must be competent to,

- Replicate the dynamics of occlusion during restoration of oral function with the prosthesis.
- Design and insert the fixed restorations and fixed partial dentures i.e. crowns and bridges.
- Design and fabricate removable, partial or complete dentures.
- Insert splints and stents in patients with pertinent indications.
- Manage post insertion complaints of all kinds of prosthesis.
- Manage geriatric patients as per their requirements.
- Educate and counsel patients about various techniques of aesthetic dentistry.

#### **8.6: Periodontics**

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

Supporting competency: A House Officer must be competent to,

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

### **8.7: Oral and Maxillofacial surgery**

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

Supporting competency: A House Officer must be competent to,

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

### **8.8 Orthodontics**

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

Supporting competence: A House Officer must be competent to,

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

## **8.9 Oral Medicine**

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

Supporting competency: A House Officer must be competent to,

- Counsel patients regarding the nature and severity of non-life threatening oral mucosal diseases and disorders, providing the patient with realistic options and expectations of management.
- Perform limited soft tissue diagnostic procedures.
- Identify and understand oral manifestations of systemic diseases.
- Participate in the diagnosis and referral of patient with life-threatening oral mucosal diseases.
- Manage acute oral infections and prescribe appropriate drugs.
- Treat oral conditions caused by smoking and substance abuse.

## **8.10 Pedodontics**

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

Supporting competence: A House Officer must be competent to,

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

## **8.11 Pain and anxiety management**

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

Supporting competence: A House Officer must be competent to,

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

- Identify the origin and continuation of dental fear and anxiety, along with this management with behavioral techniques.

## **8.12 Health promotion and Community Dentistry**

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

Supporting competence: A House Officer must be competent to,

8.11 Apply the principles of health promotion and disease prevention.

8.12 Educate population about the effects of a pandemic, plan its effective prevention and management.

8.13 Manage geriatric patients, their aging changes and diseases of such patients.

8.14 Identify the effects of complex interactions between oral health, nutrition, general health, drugs and diseases that can have an impact on oral health care and oral diseases.

8.15 Identify the prevalence of the common dental conditions in the country of training/practice.

8.16 Evaluate social, economic trends, domestic abuse and their impact on oral health care.

**9: Summary template of Job Descriptions by a House Officer**

Ref: \_\_\_\_\_

This is to certify that Dr. \_\_\_\_\_ with D.O.B. \_\_\_\_\_ Employee ID \_\_\_\_\_ has served with us as a House Officer at Institute of Dentistry, CMH Lahore Medical College, Lahore from \_\_\_\_\_ to \_\_\_\_\_.

<b>Job Title:</b>	House Officer
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<b>Report To:</b>	Incharge House Officers' Program - Dean Institute of Dentistry, CMH LMC Lahore
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<b>Job Description:</b> Patient assessment, diagnosis and management of various dental conditions in the fields of Operative Dentistry and Endodontics, Prosthodontics, Orthodontics, Oral & Maxillofacial Surgery, Oral Medicine, Paediatric Dentistry and Comprehensive Dentistry & Implant Clinic
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<b>Work Timings:</b> Monday to Friday: 0800 am-1500 pm Hours per week: 35 hrs Salary per annum: PKR       /-
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<b>Job Roles &amp; Duties: (Generic and Speciality Oriented Competencies)</b>
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**HOSPITAL OFFICIAL STAMP**



**Annexures 10**

**Annexe I: Portfolio of House Officer**

**CMH LMC and IOD**



**Paste Your  
Photo Here**

**Name**

**Father/Husband's Name**

**CONTENTS**

Bio data of Candidate

Guidelines for filling the portfolio

Clinical record

Comprehensive care Dentistry and Implant Clinic

Operative Dentistry and Endodontics

Prosthodontics

Periodontics

Oral and Maxillofacial Surgery

Orthodontics

Oral Medicine and Radiology

Paedodontics

Research activity

Continuing Professional Education

Conference/workshops/seminars

References

**BIODATA**

Personal Data

Date of Birth:

Permanent Address:

Telephone:

Mobile:

E-mail: Gender: Marital

Status:

Religion:

Nationality

**Education**

Qualifications	Year	Institution	University	Grade

Academic Credentials

Work Experience

Internships/Observer ships

License to Practice Dentistry (Evidence attached)

Computer Skills

Language and Communication

Research Activities Publications

Poster/Oral Presentations

## **Guidelines for Filling Portfolio**

This will be a day to day record of selective clinical cases and academic work of the House Officer commencing from the start of department joining. It is the responsibility of the House Officer to make the entries in chronological order and to get it signed as soon as the entries were made.

Responsibility lies with the specialties to identify and inform the House Officer of the areas in which he/she is lacking and provide opportunities to improve their competence. All entries should be verifiable from the hospital records.

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

**Level 1:** Observer status.

**Level 2:** Assistance Status.

**Level 3:** Perform under direct supervision

**Level 4:** Perform under indirect supervision

**Level 5:** Perform independently

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

**Title:** Full title of presentation made should be written

**Feedback:** supervisor's feedback who witnessed the presentation

PATIENT RECORD SHEET

Case No Number:

Date:

Registration No: \_

**BIODATA:**

Name:

Occupation:

Marital status:

Age:

Gender:

Chief Complaint:

History of presenting complaint:

Medical History:

**EXAMINATION:**

General:

Extra-oral:

Intraoral:

**INVESTIGATIONS:**

Laboratory reports:

Radiographs:

Tooth vitality:

Articulated study casts

**Treatment Options**

**Consent**

**Post-op Care**

**Follow-up:**

**Supervisor Signature**

**Case Photographs**

Extraoral Photographs

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Intraoral Photographs (Maxillary Arch)


Intraoral Photographs (Mandibular Arch)


**Radiographic Data**


## Periodontal Charting

Other details																		Other details
Bleeding on probing																		Bleeding on probing
Pocket Depth(mm)																		Palatal Lab / Doc
Caries Missing Restorations																	Caries Missing Restorations	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L	
R	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	L	
Caries Missing Restorations																	Caries Missing Restorations	
Pocket Depth(mm)																	Lab / Doc Lingual	
Bleeding on probing																	Bleeding on probing	
Other details																	Other details	

## Teeth Vitality

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

Reflection on the Case:

## Annexe II

### Procedural Requirements for BDS House Officer, IOD CMH LMC, Lahore

Operative dentistry and endodontics	Prosthodontics	Oral and maxillofacial Surgery	Orthodontics / Paedodontics	Periodontics	Oral Medicine	CCD and IC
Manual RCT 5	Model Surveying – 2	M x o f medically compromised patients -2	C o m p l e t e diagnosis of cases - 2	Char ting w i t h probing - 2	History taking - 2	Comprehensive assessment and treatment completion – 4
Rotary RCT on extracted teeth 2	Mouth Prep for RPD – 1	S i m p l e extractions -10	D e n t a l photography 2	C o u n s e l l i n g - 2	Ex a m i n a t i o n with charting- 2	
Anterior and posterior composite restoration 4	PFM crown prep – 2	M e s i o a n g u l a r / v e r t i c a l impaction - 2	W i r e c h a n g i n g - 5 S e p a r a t o r placement -5	M a n u a l scaling -4	R a d i o g r a p h i c reporting 2	
Foundation restorations 2	3 unit Bridge prep - 1	P r e - prosthetic surgery-1	S t a i n l e s s s t e e l c r o w n insertion-2	U l t r a s o n i c scaling-4	D e n t a l photography – 2 cases	
D i r e c t composite veneers 2	I m p l a n t restoration impression - 1	P e r i a p i c a l surgery-1	P u l p e c t o m y – 5 P u l p o t o m y -5	P l a q u e control – 2	T r e a t m e n t planning 4	
I n d i r e c t e s t h e t i c restorations preps 2	S p l i n t / s t e n t / o b t u r a t o r adjustment - 2		B a n d placement – 5 B r a c k e t application - 5	P e r i o d o n t a l surgery -1		
WBE score	WBE score	WBE score	WBE score	W B E score	WBE score	



**Annexe III – Clinical Skill Assessment sheet**

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

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

## **Annexe IV - Clinical Feedback Form for House Officers**

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

What suggestions do you have for further improvement in Clinic?

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**Annexe V: Clinic Feedback Form for Clinical Instructors**

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

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

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## **Annexe VI: Clinic Feedback Form for Patients**

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

What suggestions do you have for further improvement in Clinic?

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**Annexe VII: Clinic Feedback Form for Clinical Management**

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

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

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