

**Baba Jaswant Singh Dental College, Hospital and Research  
Institute**

Chandigarh road, Ludhiana, Pin:141010 (Punjab) India

**2.5.4 The Institution provides opportunities to students for midcourse improvement of performance through specific interventions:**

**CIE ADMINISTRATION:**

Initiatives are taken by the institution for the proper functioning and administration of CIE. The institute prepares an academic calendar which is formulated as per the regulations of the Baba Farid University of Health Sciences to ensure periodicity, proper functioning & conductance of Internal assessment examinations. Components of the CIE include attendance, participation in regular classroom activities, record maintenance and periodical completion of assignments in addition to the scores in the academic events.

**Frequency of Internal Examination and their conductance:**

S.No.	Name of the Exam	Frequency of Exam	Conductance
1.	Internal Exam (Theory)	Quarterly	After every 3 months
2.	Internal Exam (Practical)	Monthly	After every posting,
3.	Sent-up Exam (Theory and Practical)	Yearly	Prior University Exams

The notifications for the examinations are displayed well in advance on the Notice board as well as they are uploaded on iCloud. The scheduling of internal examinations is intimated to all concerned students by the registrar with Cc to APO, Principal office, academic coordinators & Heads of the departments.

**CIE Criteria for Under-graduate Students:**

Under-graduate students are made familiar with all the Medical as well as Dental subjects followed by internal theory exams which occur quarterly in an academic year and internal practical exams which occur monthly after every posting followed by sent-up exam which is conducted after the conclusion of courses.

  
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### **CIE, Criteria for Post-graduate Students:**

Periodic seminars, journal clubs, group discussions and case presentations are held for the PG students followed by internal assessment exams. The frequency of the assessment is same for all the departments. Uniformity is maintained in the mode of evaluation of the presentation of seminars and journal clubs. Sent up exams are also conducted after the completion of courses and before the commencement of the University Exam.

### **Timely & periodic assessment and feedback**

#### **Theory**

The results of the internal assessment tests are displayed within 10 days after conducting the examinations. The evaluation of the answer sheets is done at the individual departments, by the concerned faculties. The marks obtained by the students in the internal exams and their attendance percentage are communicated to the students & their parents. In the preclinical departments, the strengths and areas of improvement are mentioned in the answer sheets at the end of each internal assessment. In the Clinical departments, an Evaluation sheet is distributed to the faculty, for entering the details of student roll numbers, names, marks obtained and feedback on strengths and areas of improvement. This serves as a record of the student performance and is used to provide feedback to the students. Periodical feedback sessions are arranged in all the departments to highlight the performance of the students and give suggestions for improvement.

#### **Viva - Voce:**

Viva-voce is conducted along with the internal assessment based on which the student's performance is evaluated and constructive feedback is given to the students.

#### **Case Presentations in Clinical Postings**

Daily case presentations by the students in the clinical postings also serve as a platform for assessment of the student and providing immediate feedback.

HS  
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Daba Harwant Singh Dental College  
Hb. P.S. & Research Institute, Ludhiana

List of Opportunities Provided for the Midcourse improvement of Slow Learners:

S.No.	Improvement Programs	Period
1.	Make-Up Assignments	After the internal assessment and prior to University Exams
2.	Remedial Classes	After the internal assessment and prior to University Exams
3.	Revision Classes	After the internal assessment and prior to University Exams

• **Personal Attention by faculties for Slow Learners:** A faculty In-charge is assigned to help the slow learners for training in each internal assessment exam.

• **Make-Up Assignments:** A week before the internal assessment, make-up assignments are assigned to the slow learners in the topics related to the concerned internal assessment. A final date is given for the submission of the assignments. This information is kept private and provided directly to the student concerned.

• **Remedial Classes** are conducted and measures are taken for the improvement of slow learners. Remedial classes are among the opportunities provided to students for academic improvement.

• **Revision Classes** In addition to the remedial classes, revision classes are also regularly held by all the departments prior to the University examinations, after the completion of syllabus, with the purpose of reinforcement of concepts and with the intention of providing a supporting hand to the slow learners. Periodical revision exams are also conducted to improve the writing and presentation skills of the students.

Dr Harpreet Singh  
(Principal)

  
Principal  
Baba Jaswant Singh Dental College  
Hospital & Research Institute, Ludhiana.

### **Mentorship Programme**

In addition to the above-mentioned activities, regular mentor-mentee discussions also help in regular assessment of the student and provides an opportunity to provide feedback to the students.

### **Postgraduates**

The Postgraduates are encouraged to present periodical Seminars/Journal Clubs which are later evaluated and written feedback is given to them after each presentation in all the departments. To maintain uniformity, a common protocol is being followed to assess and maintain the quality of the presentations by all the departments.

### **Make-up assignments**

Make-up assignment is another opportunity provided to the slow learner students in supporting their academic improvement.

### **Identification of Slow Learners (UG & PG):**

Identification of such strata of students is based on the aggregate of the first three internal assessment scores (Students scoring less than 50% - are considered as slow learners)

### **In the Pre-clinical Departments (UG & PG):**

Identification is based on the aggregate of internal assessment scores in 3rd Semester (Students scoring less than 50% - considered as slow learners)

### **In the Clinical Departments (UG & PG):**

Identification is based on the aggregate of first three internal assessment scores (Students scoring less than 35% - considered as slow learners)

  
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**B.J.S. Dental College, Hospital & Research Institute**  
**LUDHIANA.**

Date 17-10-2022

Name Geetanjali Bansal

Roll No. 95

Subject Pedodontics

Unit Test / ..... Send Up Examinations

Q. No.	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Marks Obtained													

Signature of Examiner.....

11/2  
70

**B. J. S. D. C., LUDHIANA.**  
UNIT TEST / SEND UP  
DATE \_\_\_\_\_  
Invigilator [Signature]

Ques 2  
Early mesial shift vs late mesial shift ⇒

⇒ In primary dentition there are spaces present in between the teeth known as physiological spaces.

The primate spaces are also seen in deciduous dentition. In Maxillary arch the primate space is present mesial to the canine (between canine and lateral incisors).

In Mandibular arch the primate space is present distal to the canine (between canine and first molar).

The dentition in which spaces are present is known as spaced dentition.

The dentition in which no physiological spaces are present is known as non-spaced dentition.

⇒ Early mesial shift ⇒

In cases of spaced dentition, when the first permanent molar erupts it applies forces to the primary dentition present in the arch.

As the force is applied by the permanent molars the primary teeth in the dentition starts shifting towards mesially.

The shifting of the primary dentition mesially causes the filling up of the spaces present as physiological spaces.

As the physiological spaces are filled up by shifting the dentition will be mostly in Class I relationship.

This shifting of primary teeth due to force applied by the permanent molars and filling up of spaced dentition is known as Early mesial shift.

⇒ Late mesial shift ⇒

In some cases, such as non-spaced dentition when there is eruption of the permanent first molar the forces applied by these causes crowding in the dentition. And, it may cause late class II or class III molar relationship.

6

It is not compulsory that non-spaced dentition will always lead to malocclusion.

In some cases the non-spaced dentition can become class I relationship using the leeway space of Nance.

⊙ This procedure of using leeway space of Nance during shifting is known as Late Mesial shift.

Leeway space of Nance ⇒ 4 The mesiodistal width of primary canine and first molar is more than the ~~mesiodistal~~ mesiodistal width of the permanent premolar and canine.

As the mesiodistal width of primary teeth are more than that of permanent so the space occupied for the primary teeth will be more than space required for permanent teeth in arch.

The space left after the shedding of primary teeth and eruption of permanent teeth is known as leeway space of Nance.

Ans 3 ⇒ Indications of distal shoe space maintenance ⇒

① ⇒ Tooth loss due to trauma.

② ⇒ Tooth luxation from distal side during trauma.

③. The tooth present distally to the dentition is lost. i.e. Second deciduous molar.

④. The tooth to be extracted for treatment.



Ques 5 → ③ Contingency Management ⇒

Contingency management is one of the part of the Behaviour management.

In Contingency management there is ~~best~~ stoppage of behaviour management and the management is reinforced.

The reinforced management can be done by verbal, audio and visual.

⇒ In Verbal contingency management the child is managed by praising the child after every appointment. It help in building of the self confidence in the child.

⇒ In audio contingency management the child is listened the audio which makes it more ~~easy~~ easier to deal and ~~also~~ make the child understood of the procedure which they are going to undergo.



→ Invisibly contingency management the child is shown videos regarding the procedure to make the understandability more and distract the patient if they can immerse themselves during application of the local anaesthesia.

Ans ①

Classification of traumatic dental injuries ⇒

Ellis's classification of injury ⇒

2

- Class I → The traumatic injury involves enamel.
- Class II → The traumatic injury involves dentin.
- Class III → The traumatic injury involves pulp exposure.
- Class IV → The traumatic injury causes non-vitality of tooth.
- Class V → The traumatic injury causes loss of tooth (Avulsion).
- Class VI → The traumatic injury causes mobility of tooth.
- Class VII → The traumatic injury causes dislocation of tooth.
- Class VIII → The crown of the tooth is fractured.
- Class IX → Fracture involving deciduous tooth.

Avulsion ⇒ The tooth when comes out completely from the socket is known as avulsion.

Management ⇒ As whole of the tooth is out of the socket. There should be no fixation or repositioning of the tooth in socket.

② → The rate of the injury to the socket is checked.

③ → The Bleeding is checked and controlled.

④ → Radiographic investigation should be done to evaluate the damage to the tooth bud of the erupting ~~per~~ permanent teeth.

⑤ → As the space after avulsion is left behind in some cases the space maintainers can be given to the patient to provide pathway to the erupting permanent molars.

Ans 7 →

Apexification ⇒

~~stage~~ in which layer of Calcium hydroxide is placed over root to promote the root formation.

→ Revascularization → In cases of luxations where the natural tooth's structure can be placed on it even but no other procedures are required.

The Dislocation or Displacement of the crown is corrected by using finger force

As the tooth is repositioned than the tooth is fixed in its place ~~then~~ by flexible splint.

The tooth remains under observation for 5-6 weeks  
The tooth starts regenerating known as Revascularization.

Ans 3.

Q → Management of SECC in 3 year old →

- Dietary modification
- Discontinuation of habit
- Restoration
- Parent's education

2

→ Dietary modification → Patient is advised to consume less sugar and carbohydrate diet in order to avoid fermentation of the carbohydrates in oral cavity.

→ Discontinuation of habit → The habits such as bottle feeding or feeding at night must be discontinued. The child should make to drink the milk with cup and spoon. The habit of using of pacifier dipped in jam or honey must be discontinued.

→ Restorative procedure → Depending on the grade of decay of teeth the restorative procedures such as Indirect pulp capping, direct pulp capping, pulpotomy and pulpectomy must be performed.

Usually extraction of teeth is not advised in children but if there is no chance of preservation of tooth then extraction is advised followed by.

93  
PHG ↓ supw  
Space maintainers

Dns (b)

Management of Thumb sucking habit in a 7 year old boy ->

=> Thumb sucking habit is usually seen in children with anxiety and fear.

-> Thumb sucking if not discontinued causes alteration in the dentition and causes open bite in the children as the force is applied on the anterior maxillary teeth during the digit sucking.

Management ->

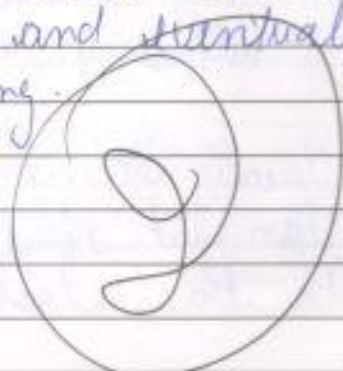
=> The children must never be forcefully asked to discontinue habit.

-> The habit of thumb sucking must be discontinued slowly.

-> Thumb covers or spikes can be used to cover the thumb so that child does not suck it.

-> Medication with bad taste or bitter taste can be applied to thumb so child will have bad taste and stop the thumb sucking.

-> The Bluegrass appliance is given to the child to help the child not to have pleasure while thumb sucking and eventually avoid the habit of thumb sucking.





**B.J.S. Dental College, Hospital & Research Institute**  
**LUDHIANA.**

Date... 29/10/22

Name... Himani

Roll No... 99

Subject... Periodontics

Unit Test / ..... Send Up Examinations

Q. No.	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Marks Obtained													14/70
Signature of Examiner.....													

5

1. Gingiva

- It is defined as the tissue forming the neck of the tooth

Gingiva can be classified as

- Attached gingiva
- Marginal gingiva
- Interdental gingiva.

Attached gingiva:

- It is that portion of gingiva which covers the alveolar bone

- From buccal side, it leads to

- Attached gingiva is rigid, firm and is not like the marginal gingiva. ✓

### Function of attached gingiva:

- It covers the alveolar bone
- It connects marginal gingiva to the alveolar mucosa on labial side and palatal mucosa on palatal side. ✓
- It protects the damage to alveolar bone. ✓

### Marginal gingiva.

- Blunted, rolled out margins
- It is that part of gingiva that forms collar around the tooth ✓
- It seems attached to tooth but is free and not attached.
- It is 1mm below the cemento dental junction. ✓

### Interdental gingiva.

- It is that part of gingiva present between two teeth. ✓

## Characteristics of gingiva.

- Reddish pink in color
- Normal consistency ✓
- Blunted and rolled out margins of marginal gingiva.

## Periodontal ligament fibres.

- Periodontal ligament attach the tooth to the alveolar bone.

It is connecting link b/w tooth and bone.

- Periodontal ligament consists of blood vessels, fibres, nerves ✓

## Functions :-

- Supply nutrition to tooth.
  - o PDL consists of blood vessels, nerves etc. so it helps in providing nutrition to the tooth.
- It acts as shock absorber.
  - o PDL acts as shock absorber and protects the bone from damaging.

- ~~Prevents~~ Helps in movement of tooth during orthodontic treatment.

o During orthodontic t/t the PDL gets compressed in zone of pressure and gets extended in zone of tension.

- PDL can be extended or compressed. and is flexible.

# Periodontal ligament fibres are fibres attaching the tooth to the alveolar bone.

- PDL fibres prevent extrusion or intrusion of teeth and binds teeth to alveolar bone.

- During application of force 2 zones are created

zone of pressure = along the line of force

zone of tension = opposite the line of force.

PDL fibres get compressed in zone of pressure and extends in zone of tension.



- During excessive force, the PDL fibres get destructed which leads to necrosis of periodontal ligament due to compression of blood vessels and nerve.

This is called as hyalinization.

- Cells from ~~the~~ healthy tissue come and heal the hyalinized tissue.

- PDL fibres has the capability of ~~power~~ regeneration.

# Periodontal ligament consists of following cells.

- Osteoclastic cells
- Osteoblastic cells
- Fibroblasts

o Osteoblastic cells can cause deposition of bone.

o Osteoclastic cells can cause removal of bone.

Quigly fibres ?

PDL fibres

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## 2. (a) Halitosis.

It is defined as bad odour or bad smell from oral cavity.

### Etiology :-

- Dry socket
- Poor oral hygiene
- Systemic diseases  
eg. Liver disease
- Infection in the mouth.

Halitosis can be classified as



### # True halitosis:

- It is defined as ~~true~~ true halitosis because person experiencing halitosis is not pseudo or false.

### # Pseudo halitosis:-

- It is defined as pseudo because patient feels halitosis or poor odour

from his mouth ~~but~~ ~~is~~ ~~is~~  
~~usually not true~~. Even after t/t of halitosis

- It is just in mind of the patient.

### Treatment of Halitosis

- Mouthwash
- maintain proper oral hygiene.
- Brushing after the meals
- Treatment of systemic disease
- Treatment of infection in the mouth.
- Proper brushing technique
- Treatment of dry socket.

2/2

## Trauma from Occlusion

- It is defined as trauma to the tooth and supporting structures because of stress to tooth.

### Classification :-

- On basis of duration of trauma :-

- o Acute Trauma from Occlusion

- o Chronic Trauma from Occlusion

- On basis of cause of trauma :-

- o Primary trauma from Occlusion

- o Secondary trauma from Occlusion

### \* Acute TFO

- It is defined as excessive sudden trauma for short duration

eg Biting of hard object

2 1/2



Date.....

Name Himani

Roll No. 97

Subject.....

Unit Test / ..... Send Up Examinations

Q. No.	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Marks Obtained													
Signature of Examiner.....													

### # Chronic TFO

- It is defined as trauma from long period of time.
- eg.
  - Trauma from restored teeth
  - Implants

### # Primary TFO

- Diagnosis of Trauma from Occlusi:
  - o Fracture of tooth
  - o Mobility of tooth
  - o Intrusion or extrusion of tooth
  - o Displacement of tooth

## Histology of TFO

- Infection
- Healing

### 4. Plaque as a biofilm definition?

- It is defined as plaque consisting of film of bacteria, protozoans etc.

- It consists of a lot of bacteria in the plaque.

- It can cause periodontal infection, abscess, periodontal pockets.

- This infection can ~~also~~ cause ~~to~~ infection leading into the bone and cause

Ludwig angina?

- T/F:
- Proper oral hygiene
  - antibiotics
  - Plaque removal.

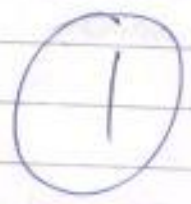
## 2. b) Smoking

- Smoking is common can cause various gingival and periodontal diseases ✓

- Various types of smoke

• Acute smoke

• Chronic smoke ✓



Smoking can lead to :-

- gingival inflammation

- gingival discoloration

- Periodontal pocket

- Periodontal ligament inflammation

- Discoloration of mucosa ✓

- Halitosis

### 3. Periodontal pocket

- Periodontal pocket is the recession of gingiva as inflammation of gingiva leading to pocket formation X

- Periodontal pocket can go deeper affecting the PDL, alveolar bone, cementum

- It can be treated by Gingivectomy or periodontal flaps

Gingivectomy can be done by

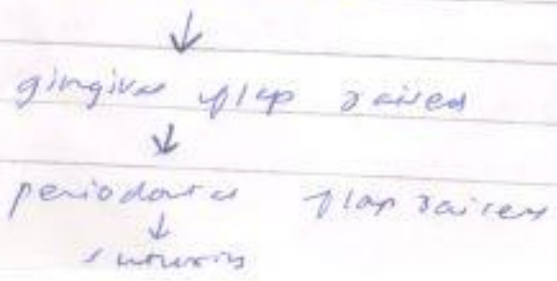
- Surgical gingivectomy
- Electrosurgery
- Chemosurgery
- Laser gingivectomy

2

#### Surgical gingivectomy:-

- Surgically the flap is raised

Procedure:- Vertical incision is made with anteriorly two teeth and distally one tooth, with tooth to be treated





- Electrosurgery

• Using electric current gingivectomy is done.

Disadv:-

- Can affect the soft tissue

~~Chemotherapy~~

Classification  
pathogenesis

## Periodontal Flap

They can be classified as

① Full thickness flap and partial thickness flap

Full thickness flap

- Flap raised is full and complete

Partial thickness flap

Partial flap is raised.

② Displaced flap and Non-displaced flap

Displaced flap

- Flap can be displaced apically, laterally or coronally

Non-displaced flap

- Flap raised is not displaced after surgery.

### ③ Conventional flap and Palate preservation flap

#### Types of incision :-

- Horizontal incision
- Vertical incision

#### Horizontal incision

can be :-

- Interdental level incision
- Cervical incision
- Intercuspal incision.

#### Modified William's flap

- Int

#### 4. (a) Supportive periodontal therapy

- It is defined as therapy of  
supporting periodontal  
structure

