**FORM FOR ACCREDITATION OF UNIT OF POSTGRADUATE TRAINING**

**FOR CLINICAL SPECIALTIES**

**(A) INTRODUCTION**

* Specialty Prosthodontics
* Unit/Ward/Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Institute/hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PMDC Recognition for training in that specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PMDC Recognition for training in other specialties \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* UHS Recognition for training in other specialties \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Head of Department/Unit/Ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(B) **FACILITIES AVAILABLE IN THE DEPARTMENT**

**FACULTY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Designation** | **Discipline** | **Qualification with****Year/institute** | **Date of Joining the present post** | **Teaching/Work Experience** | **Research Publications** |
| **Qualification** | **Year** | **Institute** |
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**Technical Assistance to Teaching**

* Computers & Internet facility Yes/No
* Audiovisual aids Yes/No
* Microscopic study material Yes/No

 (Please give number & nature)

* Gross Specimen Yes/No

 (Please give number & nature)

* Models & Charts Yes/No

 (Please give number & nature)

**Clinical Teaching**

* Departmental rounds / week
1. For 3rd year students / week
2. For final year students / week
* Case presentation & **Discussion** / Week

**Equipment in the department**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S#** | **Equipment(s)** | **Available** | **Number** | **Models / Make** |
| 1 | Dental Unit |  |  |  |
| 2 | Dental Stool |  |  |  |
| 3 | Scalar with 05 Tips |  |  |  |
| 4 | Air Compressor  |  |  |  |
| 5 | Sterilizer (Dry Heat)  |  |  |  |
| 6 | Hand Piece (PANA Air Japan) |  |  |  |
| 7 | Slow Speed Hand Piece  |  |  |  |
| 8 | Kidney Trays |  |  |  |
| 9 | Instrument Tray of sorts |  |  |  |
| 10 | Examination Trays |  |  |  |
| 11 | Surgical Dressing Drum Small & Medium |  |  |  |
| 12 | Impression Trays (Steel) |  |  |  |
| 13 | Impression Trays (Plastic) |  |  |  |
| 14 | Rubber Bowl |  |  |  |
| 15 | Alginate Spatula |  |  |  |
| 16 | Glass Slab |  |  |  |
| 17 | Spirit Lamp |  |  |   |
| 18 | Instrument Small Tray |  |  |   |
| 19 | Crown Remover with 13 Tips |  |  |   |
| 20 | Dental Syringe |  |  |   |
| 21 | Cement Spatula |  |  |   |
| 22 | Plastic Instrument |  |  |   |
| 23 | Articulating Paper Holder |  |  |   |
| 24 | Napkin Holder  |  |  |   |
| 25 | Triple Syringe  |  |  |   |
| 26 | Artery Forceps  |  |  |   |
| 27 | Examination Set (mirror, probe, tweezers) |  |  |   |
| 28 | Round Pliers  |  |  |   |
| 29 | Vernier Callipers  |  |  |   |
| 30 | Camper’s Plane  |  |  |   |
| 31 | Goggles |  |  |   |
| 32 | Wax Carver |  |  |   |
| 33 | Articulator  |  |  |   |
| 34 | Hot Plate (Scraper) |  |  |   |
| 35 | Surgical Blade Holder |  |  |   |
| 36 | Adam Pliers (wire Bender) |  |  |  |
| 37 | Wire Cutter |  |  |  |
| 38 | Cutter Heavy Duty |  |  |  |
| 39 | Inferior Alveolar Block Needles |  |  |  |
| 40 | Pocket Torch (Power Home) |  |  |  |
| 41 | Spatula Plastic |  |  |  |
| 42 | Hand Piece Stand |  |  |  |
| 43 | Plaster Knife |  |  |  |
| 44 | Tooth Shade Guide |  |  |  |
| 45 | Bur Container |  |  |  |
| 46 | Impression Tray Plastic |  |  |  |
| 47 | Syringe for Liner (GC Japan) |  |  |  |
| 48 | Goggles (Lab Glasses) |  |  |  |
| 49 | Edentulous Imp Tray |  |  |  |
| 50 | Condenser  |  |  |  |
| 51 | Excavator |  |  |  |
| 52 | Lathe Machine |  |  |  |
| 53 | Casting Machine |  |  |  |
| 54 | Dental Engine With Hand piece Hanging Position |  |  |  |
| 55 | Flask Set |  |  |  |
| 56 | Polishing Machine |  |  |  |
| 57 | Articulator (Plane) |  |  |  |
| 58 | Articulator (Hanua) |  |  |  |
| 59 | Dental Mould Set |  |  |  |
| 60 | Trimmer |  |  |  |
| 61 | Gas Cylinder with Regulator |  |  |  |
| 62 | Flask Press |  |  |  |
| 63 | Vibrator |  |  |  |
| 64 | Lab Stool S/S |  |  |  |
| 65 | Spirit Lamp |  |  |  |
| 66 | Rubber Bowl |  |  |  |
| 67 | Plaster Spatula |  |  |  |
| 68 | Kettle Simple  |  |  |  |
| 69 | Silver Pan  |  |  |  |
| 70 | Tripod Stand |  |  |  |
| 71 | Flask Holding |  |  |  |
| 72 | Electric Applying (Made in Italy) |  |  |  |
| 73 | Cutter |  |  |  |
| 74 | Flat Pliers |  |  |  |
| 75 | Round Pliers |  |  |  |
| 76 | Wax Knife |  |  |  |
| 77 | Plaster Knife |  |  |  |
| 78 | Tissue Role Box |  |  |  |
| 79 | Porcelain Furnace  |  |  |  |
| 80 | Preheat Furnace |  |  |  |
| 81 | Sand Blaster |  |  |  |
| 82 | Lathe Machine (large) |  |  |  |
| 83 | Micro Motors (Korea) |  |  |  |
| 84 | Wax Dipping Pot |  |  |  |
| 85 | Cooking Burner |  |  |  |
| 86 | Oxygen Gas Cylinder with Regulator & Key  |  |  |  |
| 87 | Electro Polisher  |  |  |  |
| 88 | Gas burner  |  |  |  |
| 89 | Electric Sterilizer  |  |  |  |
| 90 | Faryo Dental Lab Engine With Hand Piece |  |  |  |
| 91 | Dental Lab Engine With hand Piece |  |  |  |
| 92 | Cooking Burner Large (Attached 2) |  |  |  |
| 93 | Metal Gauge  |  |  |  |
| 94 | Knife BP Holder  |  |  |  |
| 95 | Artery Forceps Curved  |  |  |  |
| 96 | Glass Slab |  |  |  |
| 97 | Wax Carver |  |  |  |
| 98 | Acrylic Bowl |  |  |  |
| 99 | Goggles  |  |  |  |
| 100 | Micro Torch |  |  |  |
| 101 | Stabilizer |  |  |  |
| 102 | Face Bow |  |  |  |
| 103 | Dental Surveyor with tools  |  |  |  |
| 104 | Crucible  |  |  |  |
| 105 | Lab Table Marble Top with Canopy  |  |  |  |

**Minimum Standard set by UHS (Yard Stick)**

 ***To be filled-up by UHS***

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| --- | --- | --- |
| **Equipment(s)** | **Model** | **Student equipment Ratio** |
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**Additional Facilities Available**

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| --- | --- | --- | --- | --- |
| **S#** | **Equipment(s)** | **Available** | **Number** | **Models** |
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**Consumable items / Materials in the Department**

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| --- | --- | --- | --- |
| **S#** | **Materials** | **Number** | **Quantity** |
| 1 | Napkin 2PLY (Defend) |  |  |
| 2 | Gloves Small |  |  |
| 3 | Gloves Medium |  |  |
| 4 | Polythene Gloves |  |  |
| 5 | Face Mask |  |  |
| 6 | Disposable Glass |  |  |
| 7 | Pouches |  |  |
| 8 | Suction Tip |  |  |
| 9 | Injection Lignociane (Septodont) Pkt of 50 |  |  |
| 10 | Cotton Roll 200gm |  |  |
| 11 | Cotton Abrorbant (pkt of 50) |  |  |
| 12 | Gauze Piece (Medicom) |  |  |
| 13 | Disinfactant Solution (Micro 10) Bott of 500ML |  |  |
| 14 | Disinfactant Spry (Mikro-ZAF) bott of lit |  |  |
| 15 | Hand Piece Oil |  |  |
| 16 | Tongue Depressor pkt of 100 |  |  |
| 17 | Pouch Roll Small (Medicom) |  |  |
| 18 | Pouch Roll Large (Medicom) |  |  |
| 19 | Spirit |  |  |
| 20 | Endo Post |  |  |
| 21 | Mirror top |  |  |
| 22 | Barrier Films |  |  |
| 23 | Gas Filler |  |  |
| 24 | Alginate China |  |  |
| 25 | Heat Cure Powder |  |  |
| 26 | Heat Cure Liquid |  |  |
| 27 | Self Cure Powder |  |  |
| 28 | Self Cure Liquid |  |  |
| 29 | Sand Paper |  |  |
| 30 | Sand Paper Burs |  |  |
| 31 | Acrlyic Fissure Burs |  |  |
| 32 | Modeling Wax  |  |  |
| 33 | Modelling Wax (Imported) |  |  |
| 34 | Green Stick |  |  |
| 35 | Impression Material Putty (3M) |  |  |
| 36 | Impression Material Light Body (3M) |  |  |
| 37 | Compostion |  |  |
| 38 | Cavax Impression material |  |  |
| 39 | Cold Mold Seal |  |  |
| 40 | Soft Plaster  |  |  |
| 41 | Hard Plaster |  |  |
| 42 | Hard Plaster (Extra Hard) |  |  |
| 43 | Pumice Powder |  |  |
| 44 | Articulating Paper |  |  |
| 45 | Porcelain Burs  |  |  |
| 46 | Polishing Buff |  |  |
| 47 | Porcelain (Body) |  |  |
| 48 | Porcelain (Opaque) |  |  |
| 49 | Porcelain (Incisor) |  |  |
| 50 | Porcelain Disk (Packet of 100) |  |  |
| 51 | Metal Disc  |  |  |
| 52 | Metal Stone Disc (Packet of 25) |  |  |
| 53 | Green Stone |  |  |
| 54 | Metal |  |  |
| 55 | Metal Wheel |  |  |
| 56 | Metal Burs |  |  |
| 57 | Inlay Wax |  |  |
| 58 | Wiro West |  |  |
| 59 | Glaze Powder |  |  |
| 60 | Glaze Liquid |  |  |
| 61 | Teeth Full Set |  |  |
| 62 | Teeth Molar set |  |  |
| 63 | Teeth U/L anterior |  |  |
| 64 | Vaseline Bottle of 100gm |  |  |
| 65 | Mandrel |  |  |
| 66 | Wire 0.7 |  |  |

**Equipment in the unit**

 ***To be filled-up by UHS***

|  |  |  |  |
| --- | --- | --- | --- |
| **S#** | **Equipment(s)** | **Model** | **Student Equipment Ratio** |
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**AUXILIARIES**

**Library**

**Available space including seating capacity: 3000 sq. ft Seating Capacity: 50**

 **(Continue on the copy of the table if required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Author** | **Title** | **Volume & Edition** | **Year** | **Quantity of Books** |
| 1 | H.R.B. Fernn | Clinical Dental Prosthetics |  |  |  |
| 2 | H.R.B. Fernn | Clinical Dental Prosthetics |  |  |  |
| 3 | Ernest L Miller | Removable Practical Prosthodontics |  |  |  |
| 4 | A.Ray Macgregor | Clinical Dental Prosthetics |  |  |  |
| 5 | G.P. McGinvey | McCracken's Removable Pastial |  |  |  |
| 6 | Brad W.Neville | Prosthodontics Treatment for Edentulous Patients |  |  |  |
| 7 | Alan B.Carr | Tylman's Theory and Practice of Fixed Prosthodontics |  |  |  |
| 8 | Alan B.Carr | Removable Partial Prosthodontics |  |  |  |
| 9 | Ralph E.Mcdonald | T/B Prosthodotics |  |  |  |
| 10 | William R.Proffit | Clinical Removable Partial Prosthodonties |  |  |  |
| 11 | George A.Zarlo | Prosthodontics Treatment for E/ Patients. |  |  |  |
| 12 | Stephen F. Resenstiel | Contemporary Fixed Prosthodontics |  |  |  |
| 13 | H.R.B.Feen | Clinical Dental Prosthetics |  |  |  |
| 14 | Herbert T.Shillingburgdr | Fundamentals of Fixed Prosthodontics |  |  |  |
| 15 | Dr. Vipin K. Dabas | Introduction to Oral Implantology |  |  |  |
| 16 | Lovely M. | Review of Fixed Partial Dentures |  |  |  |
| 17 | H. R. B. Fenn | Clinical Dental Prosthetics |  |  |  |
| 18 | Binu George | T/B of Complete Denture Prosthodontics |  |  |  |
| 19 | Earnest L. Miller | Miller’s Removable Partial Prosthodontics |  |  |  |
| 20 | Alan B.Carr.Glen P. | McCracken’s Removable Partial Prothodontics |  |  |  |
| 21 | George A.Zarb Charlesl. | Prothodontic Treatment for Edentulous Patients Complete Dentures & Implants Supported Protheses |  |  |  |
| 22 | George A.Zarb Bolender | Prothodontic Treatment for Edentulous Patients |  |  |  |
| 23 | William –R..Proffit | Contemporary Treatment of Dentofaical Deformity |  |  |  |
| 24 | Zarb –Bolender | Prosthodontic Treatment for Edentulous Patients |  |  |  |
| 25 | Fenn’s | Clinical Dental Prosthetics |  |  |  |
| 26 | Mc Craclken’s | Removable Partial Prosthetics |  |  |  |
| 27 | John Joy Manappallil | Complete Denture Prosthodontics |  |  |  |
| 28 | Posenstiel | Contemporary Fixed Prosthodontics |  |  |  |
| 29 | Sheldon  | Essentials of Complete Denture Prosthodontics |  |  |  |
| 30 | Mitsuhiro Miloro | Treatment Planning of Traumatized Teeth  |  |  |  |
| 31 | S.Kawabe | Complete Dentures |  |  |  |
| 32 | Arthur O Raim | Text Book of Complete Dentures |  |  |  |
| 33 | Raymond F. Zambits | Manual of Dental therapeutics |  |  |  |
| 34 | Harold W.P | Doverdentues Made easy |  |  |  |
| 35 | Alan A Grant | An introduction to Removable Denture Prosthetics |  |  |  |
| 36 | R.M Basker Jetel | Over dentures in General Dental Practice |  |  |  |
| 37 | J.D Walter | Removable Partial Denture Design |  |  |  |
| 38 | D.J Neill | Partial Dentures |  |  |  |
| 39 | John Osborne | Partial Dentures |  |  |  |
| 40 | David M Watt | Designing Complete Denture |  |  |  |
| 41 | Ole Fejerskov | Dental Fluorosis |  |  |  |
| 42 | S. Kwabe | Complete Dentures |  |  |  |
| 43 | Arthur O.Rahn  | T/B of Complete Dentures |  |  |  |
| 44 | Dr.Vinay C.G | H/B of Complete Denture  |  |  |  |
| 45 | Dr.Vinay C.G | H/B of Complete Denture  |  |  |  |
| 46 | Lovely M. | Review of Fixed Partial Dentures  |  |  |  |
| 47 | Seiji Kawabe | Complete Dentures |  |  |  |
| 48 | Arthur O.Rahn Charles M.Heart Well | T/B of Complete Dentures |  |  |  |

**Subscription of Journals**

 ***(Continue on the copy of the table if required)***

|  |  |  |
| --- | --- | --- |
| **S#** | **Name of the journals** | **Subscribed Since****(Month, Year)** |
| 1 | Implant Dentistry (Vol-8 No.3) |  |
| 2 | Implant Dentistry (Vol-8 No.4) |  |
| 3 | Implant Dentistry (Vol-9 No.1) |  |
| 4 | Implant Dentistry (Vol-9 No.1) |  |
| 5 | Implant Dentistry (Vol-8 No.3) |  |
| 6 | Implant Dentistry (Vol-9 No.2) |  |
| 7 | Implant Dentistry (Vol-9 No.3) |  |
| 8 | Implant Dentistry (Vol-9 No.4) |  |
| 9 | Implant Dentistry (Vol-10 No.1) |  |
| 10 | Implant Dentistry (Vol-11 No.3) |  |
| 11 | Implant Dentistry (Vol-11 No.2) |  |
| 12 | Implant Dentistry (Vol-11 No.1) |  |
| 13 | Implant Dentistry (Vol-10 No.4) |  |
| 14 | Implant Dentistry (Vol-12 No.1) |  |
| 15 | Implant Dentistry (Vol-11 No.4) |  |
| 16 | Implant Dentistry (Vol-10 No.3) |  |

**(C) Statistics**

Patient turnover

Outdoor Number/day

Emergency Number/day

Indoors

Admissions/month Number/day

Through OPD Discharges \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trough Emergency Deaths \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referrals \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(D) Audits**

**Bed Strength**

|  |  |
| --- | --- |
| **Bed Strength** | **Available** |
| Total Number |  |
| ICU/High Dependency |  |
| Number of beds in ICU for this unit |  |

**Minimum Standards set by UHS (yard stick)** *to be filled-up by UHS*

|  |  |
| --- | --- |
| **Bed Strength** | **Minimum Requirement** |
| Total Number |  |
| ICU/High Dependency |  |
| Number of beds in ICU for this unit |  |

**Most Commonly Managed Diseases-Prosthetic**

|  |  |  |
| --- | --- | --- |
| **S#** | **Name of Disease / Name of Treatments provided** | **Number seen in last one month** |
| 1 | Complete Denture / Immediate / Over Denture |  |
| 2 | Removable Partial Denture / Cast Partial |  |
| 3 | Implant supported Prosthetic / Fixed / Removable |  |
| 4 | Fixed Partial Denture / Crown / Bridge |  |
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**Invasive Management Done**

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| --- | --- | --- | --- |
| **S#** | **Name of Procedure** | **Number of times (performed)** | **Elective/Emergency** |
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**(E) SUPPORT FACILITIES**

Investigations Available

* Laboratory (in the ward)
	+ Biochemistry yes/no
	+ Microbiology yes/no
	+ Incharge Lab \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Radiological Facilities

 In the unit yes/no

 In the hospital YES/no

**Blood bank** yes/no

**(F) RECORD MAINTENANCE**

* Method of Maintenance Manual Computerized
* Annual Reporting Done Yes No

Signature of Head of the Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of the Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_