

The University
of Manchester

MANCHESTER
1824



Academic Plan Year 5 MMDP 2024-2025

By
Prof/Rabab Ibrahim Salama

Year Director



Welcome from the Dean of the Faculty of Dentistry, Mansoura University

Dear students, welcome to the Mansoura-Manchester Dental Program. This program uses student-centered and enquiry- based learning methods which are different from the conventional subject based Mansoura program. Your regular attendance is the key factor for your success. We wish you all the best.

Vision

A globally distinguished and pioneering program in the field of international dental education.

Mission

Prepare a scientifically distinguished graduate and a researcher who keeps pace with the latest technologies and is able to contribute to the development through the integrated study system and the creation of the educational and research environment, which leads to the advancement of the dental profession, community service and environmental development.

Program Director: Prof. Radwa Emera

Year Director: Prof. Rabab Salama

Academic Coordinator: A.Prof. Dina Samy

Clinical Coordinator: Dr. Marwa Adel

Aim of this outline:

The purpose of this outline is to help you get the most out of your studies and ensure that you are aware of the range of resources available to support you and your studies. It contains important information about **level 5 MMDP**, we recommend that you skim through the whole of this document as soon as you receive it

Electronic communication

- Program Director: director@mmdp.mans.edu.eg
- Year Director: rabab_salama@mans.edu.eg
- Program email. mmdp@mans.edu.eg

Academic schedule 24/25

جامعة المنصورة
كلية طب الأسنان
برنامج ماستر

MANSOURA
MANCHESTER
Dental Programme

Level 5 (2024/2025)

Day	8:00 - 9:30	9:30 - 11:00	11:00 - 12:30	12:30 - 2:00	2:00 - 3:30	3:30 - 5:00
Saturday	Break					
Sunday	Lectures 4 th floor hall			EBL session (1:00 - 2:30)		
Monday			Clinical sessions (Manchester clinic) Fixed + Removable GP A	Clinical sessions (Manchester clinic) Fixed + Removable GP A		
			Clinical sessions Ortho GP B (Lab 12 4 th Floor) 12:00 - 1:30		Clinical sessions Ortho GP A (Lab 12 4 th Floor) 2:30 - 4:00	
Tuesday	Clinical sessions (Manchester clinic) Oral Surgery + Perio GP B	Clinical sessions (Manchester clinic) Oral Surgery + Perio GP A	Clinical sessions (Manchester clinic) Endo + operative GP A	Clinical sessions (Manchester clinic) Endo + operative GP A & B		
			Clinical sessions Pedo GP B (Pedo clinic) 11:00 - 12:30			
Wednesday	Lectures 4 th floor hall					
Thursday	Clinical sessions (Manchester clinic) Fixed + Removable GP B		Clinical sessions (Manchester clinic) Endo + operative GP B		Clinical sessions (Manchester clinic) Fixed + Removable GP A	
			Clinical sessions Pedo GP A (Pedo clinic) 12:30 - 2:00			

عميد الكلية
أ.د/ ياسر لطفى عبد النبي

وكيل الكلية لشئون التعليم والطلاب
أ.د/ بسرى متحمس عطى الهوارى

مدير البرنامج
أ.د/ رضوى محسن كمال عميرة

Frist semester		
Activity	From	To
Welcoming week	Sun.29/9/2024	Thur. 4/10/2024
Case (1)	Sat. 5/10/2024	Thurs. 17 /10/2024
Case (2)	Sat.19/10/2024	Thurs.31/10/2024
Case (3)	Sat.2/11/2024	Thurs14/11/2024
Case (4)	Sat.16/11/2024	Thurs.28/11/2024
Formative exams (Sunday 1/12/2024)		
Case (5)	Sat.21/12/2024	Thurs.2/1/2025
Clinical Auditing (4/1/2025 to 23/1/2025)		
Mid-Year Vacation (25/1/2025 to 6/2/2025)		
Second semester		
Activity	From	To
Case (6)	Sat.8/2/2025	Thur. 20/2/2025
Auditing report submission (22/2/2025 to 27/2/2025)		
Case (7)	Sat. 22/2/2025	Thurs. 6/3/2025
Case (8)	Sat. 8/3/2025	Thurs. 20/3/2025
Eid al-Fitr Holiday (30/3/2025 to 2/4/2025)		
Case Scenario submission (5/4/2025 to 10/4/2024)		
Case (9)	Sat.5/4/2025	Thurs.17/4/2025
Case (10)	Sat.19/4/2025	Thurs.1/5/2025
Seen exam (15/5/2025 to 20/5/2025)		
Final exam starts from (1/6/2025)		

Academic part

1. Symposia:

The theoretical content of the course will be as lectures and seminars

Course Contents	Symposia
Removable Prosthodontics	Occlusion
	Immediate Dentures
	CAD/CAM
	Introduction to Maxillofacial Prosthesis
	Dental Implantology (Restorative)
Fixed Prosthodontics	Metal Ceramic Restorations
	All Ceramic Restoration
	Try-in
	Appropriate Selection and Use of Cements
	Posterior Partial Coverage
	Crown and Bridge Maintenance and Failure
Operative Dentistry	Teeth Wear
	Dentine Hypersensitivity
	Glass Ionomer
	Failure and Repair
	Indirect Aesthetic Restorations
	Deep Margin Elevation
Periodontology	Antimicrobial Therapy
	Perio/Restorative Interface
	Recent Diagnostic Tools of Periodontal Disease
Endodontics	Internal Resorption
	External Resorption
	Seminars

Oral and Maxillofacial Surgery	Bone Graft
	Salivary Gland Disorders
	Management of Medically Compromised Patients
	TMJ
	Odontogenic Tumors
	Laser
	Dental Implantology (Introduction)
	Seminars
Orthodontics	Diagnosis
	Limiting Factors
	Guidelines for Orthodontic Management of Traumatized Tooth
	Orthodontic Treatment for Special Needs
	Interrelationship of Orthodontics with Restorative Dentistry
	Updates in Orthodontics
	Risks in Orthodontic Treatment
	Trauma
	Seminars
Pediatric Dentistry	Examination & Treatment Planning
	Local anesthesia and Pain Control
	Behavioral Management
	Medically Compromised Children
	Traumatic Dental Injuries
	Seminars
Oral Medicine	Laboratory investigations
	Biopsy
	Prescription
	Seminars
Oral Radiology	CBCT
	MRI
	Seminars

Oral Pathology	Seminars
Dental public health	Leadership
	Referral
	How to break bad news
	Professionalism
	Communication during treatment

2. Seminars

Different seminars will be organized with the intended departments and you will be informed with their topic titles and dates by academic coordinator.

3. EBL Cases:

Case #	Case Name	Semester
Case 1	Occlusion	1 st semester
Case 2	Pediatric dentistry case	1 st semester
Case 3	Behavioral management and sedation	1 st semester
Case 4	Antimicrobials	1 st semester
Case 5	Oral Surgery Case	1 st semester
Case 6	Oral Medicine case	2 nd semester
Case 7	Orthodontics for skeletal and dental problems	2 nd semester
Case 8	Failure of treatment	2 nd semester
Case 9	Communication skills/ Professionalism	2 nd semester
Case 10	Communication skills/ Professionalism	2 nd semester

4. Course work:

- Course work for this year including different activities, all these activities will be evaluated with different (pass / fail) methods which needed to sit the final exam. Course work includes:

1. Clinical governance: (Auditing)

- 1.1. **Training lectures** about about auditing then the student divided into groups with a title job. Then each group will write a report
- 1.2. The report should be submitted **as written report** and will submit it electronically on moodle
- 1.3. The assessment of auditing report will be as **structured oral exam methods (pass/ fail) one trial.**
- 1.4. **The outcome of this piece of assessed work is part of your sign up and therefore a minimum mark of 50% is required.**

2. Case scenario

- Will be about different case from you 5th year clinical work and should be submitted **as written report** and will submit it electronically on moodle

Auditing report (General instructions)

I. Submission Guidelines

- It is a group work ,each group will prepare report and will submit it electronically on moodle.
- Use Arial font,size 12 at the text, main heading size 18 and subheading size 14/ 1.5 line spacing.
- The word limit not exceed 3000 words excluding references • You should follow the instructions in proposal template
- The project will be evaluated according to rubric.
- Please check the submission date with your year director and the date of discussion.
- 25% plagiarism percent is allowed
-

II. Report Contents

1. Introduction/Background/Rationale

An introduction to the subject or topic you have audited. Relevant background information and evidence is presented. There may be published clinical guidelines or research that has suggested or demonstrated a particular process or procedure is recommended in particular situations. Relevant literature should be cited in the usual way.

2. Aim(s) and objectives

Stating an overall aim of your project and some key milestones you hope to achieve by the work.

3. Standards

The standards that you are comparing your practice or procedure by. These may be published nationally or internationally but may be very local standards set by the Strategic Health Authority (SHA) or Primary Care Trust (PCT) or even within the practice itself.

4. Method

Details of the methods you employed to undertake the audit including the numbers of patients, cases, procedures etc. that you examined over what time period, the data you collected (including a data collection form if appropriate).

5. Results

What you found! These are presented as text with appropriate charts where necessary.

6. Recommendations

From your results what you would recommend is changed to improve the outcome and some indication of how this may be achieved.

7. References

All the literature cited in the text is listed here in Harvard style.

8. Appendix

If additional material is worth including such as additional tables or data collection forms, include them in this section. The appendices will not count toward your word count. They are here to help the markers make a decision about the main body of your work.

Assessed Work should include

Rubric for auditing report evaluation

Criteria	Not done or very poor 0-34	Poor 30 - 44	Borderline 45 -49	Pass 50 - 64	Good pass 65-74	Excellent 75-100
<p>Rationale</p> <p>Weight 10.00%</p>	Unjustifiable audit or project	Poor grasp of why audit is required.	An attempt to justify the need for the audit but not a strong argument.	Clear discussion of the importance of the topic; however, the real importance of the audit cycle is questionable.	Clear discussion of the importance of the topic with logical explanation of its importance and need for the system.	Clear discussion of the importance of the topic and excellent explanation of why an audit is required.
<p>Standards</p> <p>Weight 15.00%</p>	Wrong standards selected	Unable to defend project.	An attempt to cite guidelines but vague or poorly done.	A reasonable reference to current guidelines but not strong enough.	A good reference to current guidelines or best practice documents.	Excellent reference to current guidelines or best practice documents. The student has a full grasp of why the project should be done.
<p>Methodology</p> <p>Weight 30.00%</p>	Unacceptable methodology	Poor planning and/or execution of the project.	Planning and/or execution of the project has several flaws.	An acceptable planning and/or execution of the project but with several mistakes; none of which have serious consequences.	A good planning and execution of the project with only minor mistakes.	Flawless planning and execution of the project. The project is presentable to the Trust and can enter the poster competition.
<p>Forward plan</p> <p>Weight 25.00%</p>	Not done or very poorly done	Very vague or incorrect learning points with no or inadequate forward planning for the institution.	An attempt to identify institutional learning points but the forward plan is not well supported by the context of the project.	An acceptable attempt to conclude learning points and draw a future plan despite of several minor errors.	A good attempt in drawing a forward plan. Clear learning points. Only a few minor errors can be noted.	Excellent conclusion and relevant and realistic forward plan. The project has real implications and Trust can benefit from the results.

Case scenario (General instructions)

I. Submission Guidelines

1. The maximum word count for each part of the scenarios is **750 words**;
2. You are allowed to use graphs, diagrams or flowcharts; however, their reason for use should be to help the examiner understand your write up better and not to substitute your text.
3. When citing others' work, you must use the Harvard referencing system.
4. The document should be prepared in Portable Document Format (.pdf).
5. Please check the submission date with your year director.
6. Late submissions will receive a penalty based on a sliding scale and in compliance with the University's policy on late submission.
7. Marking will be done anonymously, Please ensure you do not include your name in the submitted script
8. This assessed work is part of the sign up process and you need a "pass" to sit your Finals exams.
9. The unsuccessful candidates will not be given permission to sit their Finals exams.

II. Assessed Work should include

Treatment plan

1. Patients' treatment plan or advice when and where appropriate.
2. Be familiar with and act within the GDC's standards and within other professionally relevant laws, ethical guidance and systems
3. Describe the legal, financial and ethical issues associated with managing a dental practice

Patients' management

1. Patients with anxious or challenging behaviour
2. Referring patients to colleagues, particularly where patients are from diverse backgrounds or there are barriers to patient communication

3. Difficult circumstances, such as when breaking bad news, and when discussing issues, such as smoking or diet
4. Explain and check patients' understanding of treatments, options and costs to enable patients to make their choice and give valid consent
5. Use appropriate methods to provide accurate, clear and comprehensive information when referring patients to other dental and healthcare professionals.

Clinical Part

Clinical Gateway

- The students **are not allowed** to practice clinical dentistry on patients until they have successfully completed skills exams/gateways.
- Each student has a total of **four chances** to attempt such exams.
- The outcome of failure is usually more severe and may result in the repeat on the year.
- The gate way required are:

Fixed prosthesis	Preparation of abutment teeth for bridge
Endodontics	Endodontic treatment of two natural extracted teeth, single canal tooth and another tooth with 2 or more canals

Milestone (Continuous evaluation)

1. **Milestones** are collections of clinical competency items. They are divided into written and observed tasks and their completion is mandatory over a period of time.
2. The observed tasks will be assessed and evaluated during the session and will **be marked**
3. **The evaluation will be as:**

Removable prosthesis	Impression of removable case
Fixed prosthesis	Preparation and impression of single abutment
Conservative dentistry	Cavity preparation and composite filling
Endodontics	Endodontic treatment of 2 or more canals

4. Passing the observed evaluation **is mandatory to sign up final clinical exam**

Clinical targets

Procedure / clinical target number ¹	Adult patient			Child patient		
	Y5	Y4	Y3	Y5	Y4	Y3
Direct con (composite or amalgam)	12	-	-	-	-	-
Extraction	10	-	-	-	-	-
Hall crown / stainless steel crown	-	-	-	-	-	-
RCT – multi rooted (obturation)	2	-	-	-	-	-
RCT – single rooted (obturation)	2	-	-	-	-	-
Acrylic RPD (per arch)	2	-	-	-	-	-
Cr-Co RPD (per arch)	1	-	-	-	-	-
Indirect restoration (crown / bridgework)	3	-	-	-	-	-

Integrated Patient Care (IPC)

- IPC cases are a very important part of your **Final BDS examination**
- **Two cases need to be completed and written up.**
- For the final examination, one of the two cases will be selected by you and your clinical coordinator for an oral presentation to **four internal examiners** with the patient in attendance.
- The Other IPC case will be presented in poster presentation for **(four) examiners**
- It is essential to draw up a provisional treatment plan with your supervisor.
- Carefully plan the number of sessions that you will need to complete the cases successfully.
- You have been repeatedly warned not to undertake any cases with too great a level of complexity.
- The Examiners will want to see a spread of different procedures, carefully planned and executed to the highest standards.
- Be sure that every step will be documented (photo, x-ray) and signed by your session supervisors.

Criteria of the IPC cases

Select simple full mouth rehabilitation case including the following

	IPC I	IPC II
Conservative	At least 3	The total conservative and endo (5)
Endodontics	At least 3	
Fixed	At least one bridge three component	1. Crown /bridge work OR 2. Two acrylics if required OR 3. One acrylic if required and metallic RPD
Removable	At least one acrylic OR metallic RPD	
The cases should end with prevention		

Student Assessment

Written components (650)	MCQs (280)	Two online exams (60% to pass)
	SAP (370)	Two written exams (60% to pass)
Clinical components (650)	Unseen (300)	Sturctured oral exam
	Seen (350)	Sturctured oral exam

Academic Assessment

- 100% attendance is expected at all the academic and clinical activities including Enquiry-Based Learning groups, Lectures and Symposium, Dental clinics, Practical classes You must attend **at least 75%** of all the academic and clinical activities. If you do not achieve this percentage; you **will be forbidden** from the final exams taking
- As part of the **Sign Up process, you should attend and pass**
 1. Formative exam (At least 50%)
 2. Auditing report (One trial) **(Dead line: Last week of February)**
 3. Case senario (One trial) **(Dead line: Frist week of April)**

Clinical Assessment

1. Progress Assessment

- As part of the **Sign Up process** each student will be evaluated at least twice during their final year. (**Milestone part**)
- Progress in the three main clinical areas of restorative dentistry, oral health and development and oral and maxillofacial sciences will be assessed. This will be largely based on the clinical activity recorded.
- An assessment of the progress of **the two IPC cases** will be made based on the number of cases in progress, number completed and progress with the write-up of cases.

2. Attendance

- **Students with 25% more absences** may be stopped from progression immediately.
- The outcome in such cases may result in the repeat on the year

3. Professionalism

- The school has three forms to monitor student's professionalism (**Green/Yellow/Red Card**) Such forms can be filled out by any member of staff, not just tutors, when required.
- Completed forms will be noted and stored in the student's file.
- Two forms are related to unprofessional behaviour.
- These are the 'Serious Concern' form that is red (each card will take -2 degree) and the 'Of Concern' form that is yellow.
- A green 'Professionalism Excellence' can also be filled out when a student exhibits outstanding professional behaviour. (see last page)

4. Unseen Cases

- The examination consists of you reviewing two short case-scenarios for 20 minutes and then presenting your findings to the examiners in an oral examination for a maximum of 15 minutes.
- The cases may relate to any condition relevant to dentistry.
- The following specialties will be included (Pediatric dentistry, orthodontics, Oral medicine and radiology and oral surgery)

5. Seen Cases Presentation

- You will present one of your two IPC patients (with the patient in the dental chair) to the four internal examiners.
- The timings will be as such:
 - ✓ **5 minutes** to see the patient at clinic
 - ✓ **5 minutes** for the examiners to discuss at clinic.
 - ✓ **10 minutes** for the student to present (PPT) their case.
 - ✓ **5 minutes** for the examiners to discuss the case
 - ✓ **15 minutes** to examine the the case report in logbook
- The Other IPC case will be presented in poster presentation for **(four) examiners**
 - ✓ **10 minutes** for the student to present their case.
 - ✓ **15 minutes** for the viva (oral) examination.
 - ✓ **15 minutes** to examine the the case report in logbook

MMDP Student's Professionalism Evaluation Key



Appearance		Penalty (-marks)	Extra Action
1	Neat standard dress code	10	Leave Clinic
2	Visible name tag with proper positioning	5	-----
3	Hair, moustaches, and beards must keep neatly trimmed, long hair must be pulled back, Fingernails should be kept clean, smooth, and sufficiently short	10	Leave Clinic
4	Proper personal and oral hygiene	5	-----
Ethics			
5	Chewing gum, candy, food, and beverages are not allowed in the clinical area.	5	-----
6	Cell phones are put to vibrating mode during clinical session.	5	-----
7	Respect the authority and commands of the delegate	15	Leave Clinic
8	Lead work in silence and tranquility.	5	-----
9	Take delegate's permission before leaving during working time.	5	-----
Communication / Interpersonal Skills			
10	Positive communication with the assistant team, colleagues, and patients.	5	-----
11	Appropriate response to the instructions of clinical instructor.	15	Leave Clinic
Working Area			
12	Cubicle is organized with proper arrangement of instruments and materials.	5	-----
13	Proper dental chair/ operator position.	5	-----
14	Proper handling of the equipment to avoid any misuse or damage.	5	-----
15	Avoid any action that threatens the safety of the patient /clinics.	10	Leave Clinic
16	Commit to the clinics' working time.	5	-----
Infection control			
17	No sandals or open-toed shoes worn in clinic or lab.	10	Leave Clinic
18	Jewelry / accessories removed except smooth wedding rings/ small earrings.	5	
19	Cubicle well prepared by proper infection control measures before treatment.	5	
20	Washing hands before and after using the gloves.	5	
21	Using Protective personal equipment (PPE).	10	Leave Clinic
22	Reducing spread of microorganisms during practice. (Field isolation and high suction)	5	
23	Strictly follow the policy of waste management.	5	
24	Do not pick up and /or reuse fell down instruments.	10	Leave Clinic

I wish you all successful academic year

Prof. Rabab Salama