FRONTIER MEDICAL AND DENTAL COLLEGE
Abbottabad

ORAL
&
MAXILLOFACIAL
SURGERY
2024

Clinical Logbook

For students of
BDS
Third Year & Final year

1	Student Name	
2	Roll Number	
3	Batch	
4	Session	
5	Duration (From, to)	
6	Supervising Staff Signature (With date)	
7	HOD	
8	Final Date of Submission	
9	Submitting person name	

OMFS FMDC LOGBOOK

CLINICAL SKILLS/ PRACTICALS

1	Demonstrate selection handling and correct use of:
1.1	Dental elevators
1.2	Extraction forceps
2	Write a standardized prescription
3	Demonstrate aseptic technique on patients during dental surgery
4	Demonstrate the method of hand washing, scrubbing, gloving, and gowning
5	Obtain a comprehensive medical and surgical history of patients presenting the OPD
6	Demonstrate physical examination on patients presenting in the
7	**OPD of OMFS Clinics at FMDC**
7.1	Obtain a comprehensive medical history of patients undergoing oral and maxillofacial procedures under local anesthesia, general anesthesia and sedation
7.2	Obtain informed /written consent from patients attending dental
7.3	OPD for oral and maxillofacial procedures under local anesthesia, general anesthesia, and sedation
7.4	Choose relevant investigations for safe administration of local anesthesia, general anesthesia, and sedation
7.5	Demonstrate effective administration of local anesthesia (infiltration/Nerve block)
7.5	Demonstrate Correct chair position for forceps extraction
7.6	Procedure of open and closed extraction
7.7	Demonstrate technique for open extraction of single, multi rooted teeth and removal of small fragments
8	Write down operative notes for patient records
9	Write a referral letter for biopsy
10	Prescribe relevant investigation and medications for patients with TMJ disorders
11	Demonstrate procedure for reduction of dislocated TMJ
12	Demonstrate BLS
13	Examination of TMJ and muscles of mastication
14	Examination of Cranial Nerves (Facial and Trigeminal)
15	Examination of Neck (nodes/swelling)
16	Write a prescription
17	Measurement of Blood Pressure and Pulse rate.
18	Write a referral letter to consultant.
19	Counseling of extraction of wisdom tooth under General Anesthesia.
20	Counseling of patient with Oral Submucous Fibrosis on betel nut chewing.
21	Counseling of patient with transient facial nerve palsy after local anesthesia
22	Counseling of major surgery/breaking of bad news.
23	Fabrication of eyelets.
24	Placement of eyelets and arch bars on models.

25	Performing maxillomandibular fixation on models. (MMF)
26	Perform culture and sensitivity test and write a note to laboratory for sensitivity and resistance of antibiotics.
27	Perform suturing on models (interrupted, figure of 8 and mattress)
28	Radiographic tracing of OPG

OMFS FMDC LOGBOOK

Rotation Structure & Regulations

Logbook is designed as per requirements of PMDC, Bahria university and principles of OMFS.

Designed and Prepared by Dr Zeeshan Baig Assistant Professor OMFS

Each student will spend a total of 7-8 weeks in the Department of Oral & Maxillofacial Surgery during his / her 3rd year &Final year BDS clinical rotation.

Each student will be required to:

1. Obtain a minimum of 50% in written qualifying test & stand eligible to appear in the viva.
2. Obtain a minimum of 50% in OSCE / TOACS
3. Appear for viva voce with Senior faculty Consultant OMFS & qualify to receive the Clinical Targets / Logbook.
4. Perform simple dental extractions under local anesthesia.
5. Maintain at least 90% clinical attendance.
6. Record of clinical work will be maintained in the **LOGBOOK**, which will be issued to students who are declared successful in qualifying examination (both written & viva).
7. Enter daily extractions in table 1.
8. Enter 10 complete cases in history forms and present them to your clinical supervisor with their signatures.

CLINICAL ATTENDENCE RECORD:

1. Daily attendance is updated by the respective in-charge / supervisor.
2. Students are directed to follow their working schedule / roster.
3. They are not allowed to leave the department without prior information.
4. Repeated unexcused tardiness and absences will result in dismissal from the rotation.

OMFS FMDC LOGBOOK

Table for Daily XLA Entry

Clinical Target Number	Date	Tooth number	Patient name	LA cartridges used	Supervisors Signature

OMFS FMDC LOGBOOK

Complete Cases 1 with supervisor

Clinical Target Number _____FMDC Hospital MR number_____

Patient Name:_____Birth Date:_____Today's Date: __

When was your last dental exam?___

Name of your previous dentist / dental Hospital _____

How did you hear about Frontier Dental Hospital: _____

Gender: Male / Female Height: Weight:

Your medical history is important to the treatment you will receive. Therefore, it is important that you respond to each question honestly and completely. I (Student) will circle your responses on your behalf.

1. Please describe your current health:
   Excellent
   Good
   Fair
   Poor
2. Please describe the symptoms you are currently having today:
3. Have there been any changes in your general health in the past year? Yes No
4. If yes, please describe:
5. Are you now under a physician's care for a particular problem currently? Yes No
6. If yes, why? Date of last physical exam / /
7. Have you ever been hospitalized or had a serious illness? Yes No
8. If yes, why?
9. Do you smoke E cigarettes or vape?
10. How many cigarettes a day
11. Do you use Naswar, Pan chalia, Huka etc.

PATIENT MEDICAL HISTORY

Do you have or have you ever had:

1	Congenital heart disease, cardiovascular disease (heart attack, heart murmur, coronary artery disease, chest pain, high/ low blood pressure, stroke, irregular heartbeat, heart surgery, pacemaker)?
2	Lung disease (asthma, emphysema, COPD, chronic cough, bronchitis, pneumonia, tuberculosis, shortness of breath, chest pain, severe coughing)?
3	Implants placed anywhere in the body (heart valve, pacemaker, hip, knee)?
4	Bleeding disorder, anemia, bleeding tendency, blood transfusion? Do you bruise easily?
5	Kidney disease or kidney failure, requiring dialysis?
6	Liver disease (jaundice, hepatitis A, B, or C)?
7	Thyroid disease?
8	Diabetes?
9	Stomach ulcers or colitis?
10	Arthritis?
11	Clicking, popping, or pain within the jaw joint and/or difficulty opening mouth?
12	Significant weight loss or gain?
13	Seizures, convulsions, epilepsy, fainting or dizziness?
14	Frequent or recurring mouth sores?
15	Sinus or nasal problems?
16	Radiation to the head or neck for cancer treatment?
17	Osteoporosis or osteopenia?
18	Any disease, chemotherapy or transplant operation? Cancer?
19	If so, where? and when was the date of your last treatment?
20	Do you have any other disease, condition or problem not listed above that you think the doctor should know about?
	If yes, please explain:
21	Do you take or have you taken any bisphosphonates or immunomodulating drugs? Y N
22	Please list all hospitalizations, surgeries and implanted medical equipment / devices
23	Please list all medications you take and/or are prescribed (including injections and infusions given by your doctors)
24	Please list any allergies

FEMALE PATIENTS ONLY	
Medications and X-rays may harm developing babies and/or make birth control less effective.	
Pregnant or Nursing	Y
Birth control	Y

FAMILY MEDICAL HISTORY

Do you have a family history of any of the following? If yes, indicate the relationship.

Diabetes?	Yes,	No	Relationship	Cancer?	Yes,	No	Relationship
Heart disease?	Yes,	No	Relationship	Bleeding problems?	Yes,	No	Relationship
Tumors?	Yes,	No	Relationship	Lung disease?	Yes,	No	Relationship

Presenting complaint (PC)

History of Presenting Complaint

History of Pain

1. Onset
2. Location
3. Duration
4. Character
5. Aggravating factor
6. Referred pain.
7. Relieving factors
8. Treatment taken if any

Clinical Examination

Intra oral Examination:

1. Carious tooth
2. Missing tooth
3. Impacted tooth.
4. Fractured Tooth
5. Ulcer on tongue
6. Ulcer on buccal mucosa
7. Ulcer on Palate
8. Ulcer on Floor of mouth
9. Bony protuberance
10. High Frenum attachment

Extra oral Examination.

	Examination of Findings
1	Observation the patient Posture
2	Gait
3	Facial Form/Profile
4	Nutrition Status
5	Speech/tongue
6	Body movement
7	Facial Skin
8	Hair

Head and the neck

	Examination of Findings
1	Temporomandibular Joint.
2	Cervical Lymph Nodes.
3	Salivary Glands.
4	Bones of the Skull.
5	Sinuses (Maxillary Sinus)
6	Ear, Eye & Perioral Tissues.

-Neck examined for enlarged Thyroid Gland, Lymph Nodes of the neck, & swelling.

Differential Diagnosis

Investigations

Treatment plan

Consent

To the best of my knowledge, the questions on this form have been answered accurately. I understand that providing incorrect or incomplete information can be dangerous to my or the patient's health. It is my responsibility to inform the OMFS department at Frontier dental college Abbottabad of any changes in my / the patient's dental condition.

Signature of Patient / Legal Guardian: __

Doctor/ BDS student Use Only

OMFS FMDC LOGBOOK

Complete Cases with supervisor

Clinical Target Number _____FMDC Hospital MR number_____

Patient Name:_____Birth Date:_____Today's Date: __

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    Poor
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Doctor Use Only

OMFS FMDC Logbook

Exercises

Attach the work of following exercises in the logbook.

1. Simple interrupted suturing exercise
2. Horizontal mattress
3. Vertical mattress
4. Figure of 8
5. MMF exercise on models
6. OPG tracing of impacted third molar.

Exercise 1

Simple interrupted suture

Instructions

1. **Use 3/0 silk reverse cutting needle.**
2. **Place two simple suture on napkin using needle1/2 & 3/8 Needle.**
3. **Attach the work here.**

Exercise 2

Horizontal Mattress suture

Instructions

1. **Use 3/0 silk reverse cutting needle.**
2. **Place one Horizontal mattress on napkin using both needle1/2 & 3/8 Needle.**
3. **Attach the work here.**

Exercise 3

Vertical Mattress suture

Instructions

1. **Use 3/0 silk reverse cutting needle.**
2. **Place one Vertical mattress on napkin using needle 3/8 Needle.**
3. **Attach the work here.**

Exercise 4

Finger of Eight suture

Instructions

1. **Use 3/0 silk reverse cutting needle.**
2. **Place one Finger of Eight suture on napkin using needle 3/8 Needle.**
3. **Attach the work here.**

Exercise 5

Maxillomandibular fixation (Inter maxillary fixation)

on Hard plaster model.

Instructions

1. **Bring upper lower complete dentition Hard plaster model from prosthodontic lab.**
2. **Make six eyelets and 3 tie wires.**
3. **Make 6 holes in interdental areas 3 in Maxilla 3 in mandible between central incisors, Right 2nd premolar and Molar left 2nd premolar and 1st molar.**
4. **Use 0.45 Wire for eyelets and Tie wire.**
5. **If you exercise is approved, get the signature of approval of supervisor on this page.**
6. **Submit the Model to the department of OMFS.**

Exercise 6

Tracing of Impacted third molar on OPG.

1. **Trace the impacted third molar on OPG.**
2. **Trace the Inferior alveolar canal.**
3. **Trace the maxillary sinus.**