GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – Medical Education Service – Academic – Implementation of Residency Programme in Government Dental Colleges in the State - Orders issued.

HEALTH & FAMILY WELFARE (S) DEPARTMENT

GO (MS) No. 429 /2009/H&FWD Dated, Thiruvananthapuram, 16.12.2009

Read:- 1. GO (MS) 20/2009/H&FWD dated 13.01.2009
2 Letter No.B2 - 28788/07/DME dated 15.01.2009, 28.01.2009 and 06.07.2009 from the Director of Medical Education, Thiruvananthapuram.
3. Letter No.H5-12496/09/DME dated 04.06.2009 and 10.06.2009 from the Director of Medical Education, Thiruvananthapuram.
4. Letter No. B9 – 13770 /2009/DME dated 13.10.2009 from the Director of Medical Education, Thiruvananthapuram.

ORDER

Government have implemented Residency Programme in Government Medical Colleges in the State as per the Government Order read as first paper above. The Director of Medical Education has recommended Government to implement the Residency Programme in Government Dental Colleges in the State also. There are three Government Dental Colleges in the state conducing Graduate and Post Graduate Dental Courses in the State. Each Government Dental College in Kerala are catering Dental Care about 50,000 to one Lakh patients per year out of which only 20% are managed by single visit. More than 80% require some minor or major surgical or non surgical Dental Procedures which require considerable time for each patient and require multiple visits. Majority of patients need multi speciality Dental Care and have to wait for a long period of about 6 months to 2 years due to lack of adequate manpower in Government Dental Colleges. The quality of service can be improved and can avoid the delay in providing treatment. Hence the implementation of the Residency System shall enhance the efficiency of Dental Care Service in Government Dental Colleges.

2. Residency Programme will help to develop all Government Dental Colleges in the State as Centres of Excellence, to achieve internationally accepted standards in Dental Education, Research and Patient Care and to provide high quality services, which are accessible and affordable to all.

3. Government have examined all aspects and are pleased to accord sanction for introduction of Residency Programme in Government Dental Colleges in the State, with the following norms:

a. Residency Programme can be broadly stated as the Postgraduate Dental Training Programme, practically as a Service-Cum-Training Programme. A Resident doctor has to function as the junior most staff member in their respective departments to provide teaching and training and services to the patients. They are the first level managers of specialty departments. A Resident has to carry out emergency duties, continuous patient care, attend on-call duties, duties as junior consultant to other departments, conduct teaching programmes to undergraduate Dental students and dental auxillaries. The residency programme will help to improve the responsibility of the postgraduate students towards patient care. Thus individual patient care will be improved, resulting in the overall betterment of health care system and achievement of global standards in the field of health care. The duties of all the postgraduate students will be defined based on the norms in this regard and strict compliance will be ensured by the Principal/Heads of Departments and Senior faculties.

b. Resident doctor will be a temporary employee of the institution. There will be Academic and Non-Academic Junior and Senior Residents. Academic Residents are trainees who are simultaneously doing patient care duties and under going Postgraduate Degree courses. The Non-Academic Senior Residents are the doctors working in a department by appointment on contract basis or through compulsory bonded posting or any other temporary methods. Post BDS candidates will be called as Junior Residents and post PG degree candidates will be called as Senior Residents (Non-Academic).

c. Resident training will be made more patient centered and responsibility based. Each patient will be seen by a specified Resident. Each Resident will report to the specified Consultant/faculty with full medico legal responsibilities. Daily case presentations will be done by the Residents. Interns will be at the Residents' disposal. The nursing and other paramedical staff shall be bound to execute orders/instructions of a resident with respect to the care of patients and other hospital services. All patients will be attended to personally by the designated Resident. All the Residents have to stay in the campus only. Head of the Departments/Unit Chief / Senior doctors will be informed of the patients' conditions by the Residents if required. The residents have to maintain a log book which has to be periodically evaluated and countersigned by Heads of the Departments and the same has to be countersigned by the Principal of the college. The Residents will have duties as envisaged in the manual annexed to this order and as directed by the Principals/Head of Departments concerned.

4. The monthly stipend for the Residents is fixed as follows, with effect from December 2009.

Junior Residents (MDS first year)	:	Rs.16,000/-
Junior Residents (MDS Second year)	:	Rs.17,000/-
Junior Residents (MDS Third year)	:	Rs.18,500/-

5. As per Dental Council of India Regulations there is a shortage of 32 Senior Residents posts in Government Dental Colleges in the state. Hence 32 (Thirty two numbers) posts of Senior Residents are created in three Government Dental Colleges for a period of one year with a consolidated pay of Rs 23,000/- (Rupees Twenty Three Thousands) per month as follows:

i) Government Dental College, Thiruvananthapuram	:	12 posts
ii) Government Dental College, Kottayam	:	10 posts
iii) Government Dental College, Kozhikode	:	10 posts

These posts shall be filled up by posting MDS Degree holders through compulsory bonded posting or by contract appointment. The candidates under compulsory bonded postings shall be posted by the Director of Medical Education. But the Principals have power to fill up these posts on contract basis in the absence of compulsory bonded candidates.

6. At the end of the Residency Programme, an experience certificate outlining the nature of duties performed will be issued by the Principal of the concerned colleges to the Residents.

7. College level and State level Co-ordination and Monitoring Committees will be formed for the smooth, speedy and effective implementation of Residency Programme. In each college the Principal will constitute the Committee consisting of Six members other than the Principal. Four members will be from the faculty side and two from the Residents side. The Principal will act as the

Chairman of the committee. The Committee will meet at least once in a month or as and when required to evaluate the progress and effectiveness of the Residency Programme. If the committee is not able to sort out any problems, the matter will be reported to DME for immediate intervention. The College Level Monitoring Committee shall sent bimonthly report to the State Level Committee. The Principals will arrange to conduct Seminars/workshop/power point presentation etc. to provide effective training to the doctors under the Residency Programme and other staff for improving the effectiveness of the system.

8. In the State Level Monitoring Committee Director of Medical Education will be the Chairman/Chairperson. A nominee of the Health Secretary, JDME (General) and Principals of Dental Colleges will be the members of the Committee. The State Level Monitoring Committee will monitor the implementation of Residency Programme in the colleges. The Committee will meet at least twice in a month and evaluate the report submitted by the College Level Committee and assess the progress. If any difficulty or shortcoming is noticed, it will be rectified immediately if it is within the powers of the DME. Otherwise, it will be reported to the Government immediately for further action.

9. A manual for Residency Programme elaborating the features and working pattern, duties and responsibilities of the Residents and Medical Officers and other norms of the programme is annexured herewith. The Residency Programme will be implemented on the basis of this manual, which can be modified from time to time by the Government in overall public interest.

By Order of the Governor
P. Radhakrishan Pillai
Additional Secretary to Government

To

The Director of Medical Education, Thiruvananthapuram
The Director of Health Service, Thiruvananthapuram
The Director of NRHM, Thiruvananthapuram
The Secretary, Dental Council of India, Aiwan Galib- e - marg, Kotla Road, New Delhi.
The Principal, Medical College, Thiruvananthapuram/Alappuzha/Kottayam/ Thrissur/Kozhikode
The Principal, Dental College, Thiruvananthapuram/ Kottayam/ Kozhikode
The Superintendents, Medical College Hospitals, Thiruvananthapuram/ Alappuzha/Kottayam/Thrissur/Kozhikode
The Accountant General (A&E/Audit), Kerala, Thiruvananthapuram
The Secretary to Chief Minister
The Additional Secretary to Chief Secretary
GA (SC) Department (proceedings of the Council of Ministers dated 09.12.2009 vide item no. 4025)
The Director of Public Relations, Thiruvananthapuram
Stock File/Office Copy

Forwarded / By Order

Sd / -
Section Officer

Copy to: PS to Minister (H&SW)
PA to Secretary (H&FW)

ANNEXURE

GOVERNMENT OF KERALA

HEALTH & FAMILY WELFARE (S) DEPARTMENT

MEDICAL EDUCATION SERVICES

RESIDENCY PROGRAMME IN GOVERNMENT DENTAL COLLEGES

MANUAL
2009

1.Introduction

Residency is a phase of transition from a mature student to a fully competent and confident consultant. This is the phase of accumulating clinical knowledge, acquiring skills, especially leadership and organizational skills in ward and OP setting, procedural and therapeutic skills, communication and counseling skills and also developing positive attitude in clinical work, reflecting confidence, competence and empathy to patients. Building positive work culture and keeping better interpersonal relations are important in the complex hospital environment and Residency period provide a unique opportunity to the medical students to gain expertise in clinical workmanship, develop intimacy with patient. It will also help the Residents to understand the intricacies of health care system and notional health programme development.

The Residency program is considered as '**patient-centered**' and '**responsibility based**'. This will improve the commitment of the post graduate students towards patient care as they will be looked upon as responsible staff members of their respective departments. Each patient will have a designated resident and designated consultant and an array of senior consultants to help. Individual care and attention to each patient by the resident or consultant will help to improve the quality of patient care in Government Medical Colleges to a level in par with the national Medical Institutes**.** The Post Graduate Academic Training will also receive a major boost as Residents become responsible first level managers in patient care in Medical College Hospitals**.**

2.GENERAL FEATURES OF RESIDENCY SYSTEM

1. The Residency programme consists of Senior Residents and Junior residents.
2. The Residency Programme consists of Academic Residents and Non Academic Residents.
3. All postgraduate students (defined as one who is studying for MDS programme in Government Dental Colleges of Kerala) shall be Academic Residents.
4. The Doctors appointed through Contract Basis or through Compulsory Bonded obligation in Medical Colleges shall be Non Academic Residents.
5. All doctors doing MDS courses shall be regarded as **Junior Residents (Academic)**.
6. The doctors who have BDS degree and have been appointed on Contract basis or as per bonded obligation shall be **Junior Residents.(Non Academic)**
7. The doctors who have Postgraduate degree and have been appointed on Contract basis or as per bonded obligation shall be **Senior Residents (Non Academic).**
8. A Resident will be on duty for 24 hours. A duty Register will be maintained in this regard by the concerned Heads of Departments.
9. All the Residents have to stay in the campus.
10. The Residency program is a Service-cum-Training program. The focus of Post graduate training will shift to "Learning by doing"
11. Residents shall be considered as temporary employees of the institution.
12. The post graduate students will have to sign a contract with the Government before commencing their course to be counted as a Resident. The period of residency will be 36 months for MDS courses.

The course period of Academic Residents and the period of service of Non Academic Residents shall be counted as teaching experience and a certificate to that effect shall be issued by the Principal at the end of the training.

3. GENERAL DUTIES AND RESPONSIBILITIES OF A RESIDENT

1. The primary function of patient care lies with the doctors ranging from the senior consultant (faculty) to the senior and junior residents. The resident in charge of any patient is directly responsible for the clinical care of the patient. But, he/she should be under the supervision of his consultant. He/she shall follow up the patients under his care until the treatment procedure is completed. While in the ward, the patient is looked after by the faculty members and residents.
2. Duties of junior residents are to be patient care and under graduate teaching.
3. Norms of patient care by junior residents include:
   i) Examination of a patient and formulation of a diagnosis.
   ii) Planning and implementing the treatment protocol in concurrence with senior resident / staff members on duty.
   iii) Each junior resident shall be given specific charge of a patient in the clinic and He / she is to plan and execute the required patient care in concurrence with senior resident / staff members on duty.
   iv) Dental mechanic, dental hygienist, staff nurses and house surgeons are to be under the supervision of the junior residents.
   v) OMFS Junior residents can be permitted to issue wound certificates & police intimation discharge certificate in the absence of Senior Residents and faculty.
4. The junior residents shall take classes for the undergraduate dental students along with the senior faculty member if needed.
5. The Non academic senior resident will be actively involved in patient care and teaching in concurrence with senior staff members / senior guide. All junior residents, dental hygienist, dental mechanic students and house surgeons will be under the supervision of senior residents.
6. The norms of patient care by Non Academic senior residents include:
   i) Examination of a patient and formulation of a diagnosis
   ii) Planning and implementing the treatment protocol in concurrence with senior staff members on duty.
   iii) Junior residents, dental mechanic, dental hygienist students and house surgeons are to be under the supervision of the senior residents.
   iv) The Senior Residents (including contract appointees) shall issue the wound certificates, police intimation, discharge certificate or any other medico legal document in the absence of faculty members.

4. Attendance and Leave

All the 365 days of the year are working days for Residents. The Resident should have a minimum percentage of attendance as stipulated by the Universities. During the term of course work/employment, the Residents shall be entitled to 20 days casual leave in a year and 15 days special leave to participate in conferences and seminars. Maternity leave up to four months would be allowed with full stipend for women. They are eligible for stipend during extension period also. This can be availed only once.

All Residents are eligible for weekly off for one day. This will be allowed by the Head of the Department concerned without affecting the routine functioning of the department. Weekly-off cannot be accumulated. CMEs, Workshops and other academic programs conducted by recognized academic bodies are essential aspects of postgraduate training program. All Residents may be permitted to attend such programs without affecting the routine working of the departments concerned. The Heads of the Departments shall sanction 15 days special leave to the Residents provided they apply for leave four weeks prior to the CME program and the Heads of the Department is convinced about the genuineness of the program and utility for the particular course. The Resident on returning from the program should submit attendance certificate and report to the Head of the Department.

The candidate will be eligible for "leave on Medical ground" up to a period of 30 days in an year if the Medical Certificate is obtained from a Government Allopathic Medical Practitioner. But the continuous leave beyond 30 days cannot be sanctioned without the recommendation of the Medical Board to be constituted by the Director of Medical Education for the purpose. The Residents shall do extended period of course if they avail any leave other than 20 days Casual Leave. They are not eligible for stipend during the period of leave other than Casual leave and special casual leave. But the stipend

shall be granted up to a period of 30 days if they avail the same on Medical grounds. But the stipend shall be disbursed only during the period of extension. The Residents are not eligible for any stipend beyond 30 days of extension.

Those who take leave without prior sanction are to be considered as on unauthorized absence. If he/she is on unauthorized absence for more than 10 days, he/she will be terminated from the training program and liquidated damages will be levied. No Resident shall leave the country without prior sanction of the Director of Medical Education. Any violation will be seriously warranting termination of his/her training.

5. Private practice

Residents shall not engage in private practice of any sort during the course of study. They shall not refer patients under their care to outside institutions without approval of the Unit Chief/HOD.

6. ROTATIONS

Each junior/ senior resident is made to rotate in the following areas:

1. Out patient department
2. Clinic
3. Ward Duties – Junior / Senior Residents of all departments
4. Evening Clinic
5. Casualty - Junior / Senior Residents of all departments posted on rotation to casualty.
6. Preventive and community dental health programme.

7. DUTIES OF RESIDENTS IN THE OUT PATIENT CLINIC

1. All trainees must conduct themselves and behave as though professional.
2. Patients must be treated with compassion and consideration.
3. The resident assigned to the OPD is expected to be on charge of his post on time.
4. In the OPD, the junior/senior residents shall be required to attend to patients who are visiting the department for the first time or patients referred from other specialties for consultation
5. Essential medication and instructions shall be prescribed in the OPD
6. If required, patients shall be taken up for dental treatment through an appointment basis through undergraduate clinic.
7. Patients requiring specialty care shall be referred to the PG clinic for specialty care after consultation with the senior consultant.
8. All follow-up patients will be seen at the OPD by the junior/senior residents.
9. Any complicated or unusual case, or any case requiring further assessment and / opinion must be referred to the appropriate consultant.

8. CLINICAL DUTIES

1. All senior/ junior residents must be employed in routine clinical duties in the morning and evening.
2. During this time, they shall be employed for active patient care where they can
   i. Perform basic dental treatment or
   ii. Specialty treatment after consultation with senior consultants

9. Basic Dental Treatment

The junior/ senior residents may be utilized for carrying out basic dental treatment to patients who have received prior appointments for treatment from the OPD or UG sections of the Department. Basic dental treatment comprises of the following and those entrusted to the Resident by the HOD / Senior Staff member of the concerned department.

a. Conservative dentistry and Endodontics:

i) Temporary restorations
ii) Permanent restorations
    i. Amalgam restorations
    ii. Composite restorations
    iii. GIC
iii) Root canal therapy for anterior teeth
iv) Jacket crown preparation and fixation

b. Pedodontics:

i) Extractions
ii) Full mouth prophylaxis
iii) Temporary restorations
iv) Permanent restorations
    i. Amalgam restorations
    ii. Composite restorations
    iii. GIC
v) Basic orthodontic treatment comprising of removable orthodontic appliances.

c. Prosthodontics:

i) Complete denture fabrication
ii) Partial denture fabrication
iii) Immediate denture fabrication
iv) Denture repair

d.Oral and maxillofacial surgery:

i) Dental extractions
ii) Intra oral incision and drainage

e.Orthodontics:

i) Fabrication of Removable appliances
ii) Review and repair of removable appliances

f.Periodontics:

i) Full mouth prophylaxis
ii) Subgingival scaling and curettage

g.Oral Medicine and Maxillofacial Radiology:

i) Identification and Diagnosis of dental and oral mucosa related complaints.
ii) Identification of habit associated lesions
iii) Radiographing of the site related to the patient complaint where and when indicated.

h.Oral and Maxillofacial Pathology:

i) Routine blood examination
ii) Blood sugar estimation
iii) Urine investigations

10. Specialty Dental Treatment

1. All junior/senior residents posted in the Specialty (Post graduate) Clinic shall be under the supervision of the senior consultant.
2. After diagnosis, the residents shall be allotted patients by the senior consultant for carrying out treatment. The resident shall be responsible for the entire treatment required for the patient. The residents should follow up the patients under his care until the treatment procedure is completed
3. If multi specialty care is required for a patient, the resident shall refer that patient to the concerned specialty where a joint treatment plan shall be formulated by senior consultants. Other residents of the concerned specialty should be allotted the same patient so that efficient and total care is delivered.
4. Apart from their clinical duties in their own specialty, junior residents may also be posted in other departments of Dental college and Medical college that may be required as part of the Academic Curriculum.

11. Specialty dental treatment consists of the following and those entrusted to the Resident by the HoD / Senior Staff member of the concerned department.

1. **Conservative dentistry and Endodontics**:
    b. Root canal therapy
    c. Surgical endodontics
    d. Apexogenesis
    e. Apexification
    f. Apicocectomy
    g. Veneers fabrication
    h. Bleaching
    i. Treatment of traumatized teeth
    j. Endodontic implants
    k. Post and core
    l. Full mouth aesthetic rehabilitation
2. **Pedodontics**:
    m. Pulpotomy
    n. Pulpectomy
    o. Apexogenesis
    p. Apicocectomy
    q. Apexification
    r. Preventive and interceptive orthodontics
    s. Minor surgical procedures in the pediatric population for eg:
        i) Frenectomy
        ii) Cyst Enucleation
        iii) Mucocoele excision
        iv) Fluoride application
        v) Management of cleft lip and palate cases.
3. **Prosthodontics:**
    a. Balanced Full Denture
    b. Cast Removable partial denture
    c. Fixed partial dentures
    d. Full mouth rehabilitation
    e. Dental implants
    f. Maxillofacial prosthesis.
4. **Oral and maxillofacial surgery**:
    a. Management of impacted teeth
    b. Management of trauma to maxillofacial skeleton
    c. Treatment of Oral and maxillofacial pathology like
        1. Cysts / tumors
    d. All major surgical procedures of the maxillofacial region including aesthetic surgeries requiring general anesthesia:
        1. Aesthetic surgical procedures such
        2. Sagittal split osteotomy
        3. Le Fort osteotomies
5. **Orthodontics**:
    a. Diagnosis
    b. Treatment planning
    c. Comprehensive treatment for Dental / skeletal malocclusion using fixed orthodontics
    d. Myofunctional appliance therapy
    e. Preventive, interceptive and corrective treatment procedures for arch and jaw related abnormalities.

6. **Periodontics**:
    a. Flap surgeries
    b. mucogingival surgeries
    c. plastic surgeries
    d. resective and regenerative osseous surgeries
    e. Implants.
7. **Oral Medicine and Maxillofacial Radiology**:
    a. Treatment of habit associated lesions
    b. Treatment of Premalignant lesions
    c. Identification of oral manifestations of systemic disorders
    d. Biopsies
    e. Excision of minor soft tissue pathologies
    f. Various diagnosing and imaging modalities including
        1. Extra oral radiography
        2. Computed Tomography
        3. Sialography
    g. Treatment of mucosa and generalized health related disorders.
8. **Oral and Maxillofacial Pathology**:
    a. Biopsies
    b. Exfoliative cytology
    c. Histopathological examination
    d. Hematological examination of Oral and maxillofacial pathology
    e. Advanced diagnostic modalities like Immunohistochemistry, etc.

12. <u>WARD DUTIES</u>

- All junior residents may be posted for duties in the wards pertaining to Dept. of Oral and Maxillofacial surgery as and when required.
- Here, they shall be responsible for taking pre-surgical and post surgical care of patients
- All routine investigations are done in morning hours and investigation forms for the same are filled the previous night by doctor on duty and handed over to night nurse so that she gets ready for collection of various samples.

13. Timings

The main highlight of implementing a residency system in the dental colleges is the introduction of an Evening Clinic in the Govt. Dental Colleges on all days. The OP timings in Government Dental Colleges shall be as decided by the Director of Medical Education /Government

14. TREATMENT BEING PERFORMED INCLUDE:

a. Elective Basic Dental Care Procedures

1. Routine Extractions
2. All Temporary and Permanent restorations including Amalgam restorations, Composite restorations, GIC, Root canal therapy for anterior teeth, Jacket crown preparation and fixation.
3. Full mouth prophylaxis, Root planning and Curettage.
4. Complete denture fabrication, Partial denture fabrication, denture repair, immediate denture fabrication.
5. Simple orthodontic problems which can be corrected with removable appliance therapy.

15. Stipend

1. The stipend/salary shall be disbursed only after obtaining satisfactory proposes and attendance report from the HOD and officer in charge. The stipend sanctioning authority should verify total number of working hours of the Resident before sanctioning stipend.
2. Absence from evening clinic will be considered as leave.

16. Academic Programme

Involvement of Resident in the teaching programme has to be ensured. Clinical Clubs or

academic clubs can be organized and meeting can be scheduled from 3 to 5 pm in which; case presentations, seminars, panel discussion etc can be arranged with active involvement of staff, senior / junior residents, interns, paramedical staff, students etc.

17. Monitoring Mechanism

College level and state level co-ordination and monitoring committees may be formed for the smooth, speedy and effective implementation of evening clinics. In each college the Principal will constitute the committee consisting of six members other than the Principal. Four members each will be from the faculty side and two from the Residents side. The Principal will act as the Chairman of the committee. The committee will meet at least once in a month or as and when required to evaluate the progress and effectiveness of the residency programme and evening clinics for effective implementation. Any changes required in the working of the evening clinics must be approved by this committee before being implemented. If the committee is not able to sort out any problems, the matter will be reported to DME for immediate intervention.

In the state level monitoring committee Director of Medical Education will be the Chairman/Chairperson. A nominee of the Health Secretary, JDME (General) and Principals of Dental Colleges will be the members of the committee. The state level monitoring committee will monitor the implementation of evening clinics in the colleges. The committee will meet at least once in 2 months and evaluate the process. If any difficulty or shortcoming is noticed, it will be rectified immediately if it is within the powers of the DME. Otherwise, it will be reported to the Government immediately for further action.

18. Instructions regarding Medico-Legal cases

A medico legal situation is defined as one where there is on allegation, confession or suspicion of causes attributing to body injury or danger to life. The CMO is advised not to enter into any arguments with the patient, relatives or attendants regarding the medico-Iegal aspects of the case. This problem must be left entirely to the police constable on duty. The Casualty Medical Officer's foremost duty is to render medical aid to the patient. Al such cases should be promptly entered in the bound medico legal case register available in the casualty. The CMO should see that the register pages have been properly numbered and that each entry is properly and adequately made. Special emphasis should be given to clear and legible entry of the name, address, time of arrival of the patient and to the cause and nature of injury. Signature should be in full with the name of CMO given in capital letters. At least two marks of identification should be carefully entered. A copy of the report and the register should be handed over to the police for safe custody. No unauthorized person should have access to the medico-legal records (including medico legal register) without the written consent of Medical Superintendent or any other officer authorized by him. All exhibits of legal importance (gastric lavage etc.) should be immediately sealed and delivered to the police and their signatures obtained in the book. In all medico legal matters, where the CMO is in need of expert advice, the faculty on call from the Department of Forensic Medicine should be contacted and proper guidance obtained.

The following points may kindly be considered while dealing with MLC cases:

1. Each entry of identification data of patients in the MLC register should be made by the CMO and not by the Police Officer.
2. The MLC reports should be prepared by the CMO's / Residents (Senior / Junior) of all departments and not by the Interns
3. Nature of injuries should be recorded in every MLC case.
4. The CMO should write his/her full name in block letters along with the signature for adequate identification.
5. X-ray reports should be entered within 7 days in MLC register and this can be done easily by the CMO's in the morning shift.
6. X-ray department is requested to provide the X-ray reports within 48 hours.
7. Remarks of the specialists should be entered in the MLC register and signed by the specialist with his/her name clearly written in block letters.
8. The police officer posted in the casualty should expedite the completion of all X-ray reports within 7 days.

19. DUTIES FOR RESIDENTS PERTAINING TO PREVENTIVE AND COMMUNITY DENTAL HEALTH CARE PROGRAMMES

Most dental diseases are irreversible and chronic nature. However they are easily preventable. The junior/ senior residents may be utilized for spreading the importance of preventive dental care to the general public.

1. The junior/senior residents are responsible for conducting dental camps in rural areas along with BDS students posted in Department of Community Dentistry
2. The residents may be required to implement School dental health programmes in Government. and Private schools as a method of early prevention
3. The residents may be employed to educate the public regarding the preventive policies of the State Government.
4. They may be also utilized for preventive and community dental health programmes initiated by oral health promotion agencies like the Indian Dental Association, WHO, etc.

20. PATIENT REVIEW

Patient review is a part of the completion of the treatment procedure. The junior residents and senior residents will be responsible for the same. The resident to whom the patient is allotted shall look into the recall appointment of the patient.

21. CASE SHEET MAINTENANCE

Case sheet is an important document for patient care, medical records and medico legal purposes. All patients being allotted to the residents have to be systematically recorded in case sheets. Case sheet is the property of the hospital. It has to be maintained property. The final responsibility of the case sheet upkeep is that of Junior/Senior Resident.

The following sequence has to be adhered to in arranging the case sheet

1. Face sheet
2. Consent form
3. Current treatment orders
4. Old treatment orders
5. Progress notes
6. History and examination details.
7. Investigation
8. Notes of Junior/senior resident
9. Instructions of Consultant in charge
10. Opinion of other consultants

After entering the data and the results of various investigations, the actual forms may be disposed off.

22. DISCHARGE OF DUTIES

- A patient assigned to the residents from the OPD.
- All follow up patients will be seen at the OPD by the residents.
- Any difficulty or unusual case, or any case requiring further assessment and / or opinion must be referred to the appropriate consultant.
- All residents must conduct themselves and behave as though professional.

23. DISCIPLINARY ACTION AND GRIEVANCE PROCEDURE

A body to consider disciplinary action and grievance of Residents has to be formed at College level and an appeal committee will be formed at State level. The College level Grievance Redressal Committee (temporary) shall be composed of seven (7) members, four (4) selected from the faculty including Principal and three (3) selected from residents by residents association of the college. Principal will be the Chairman of the Committee.

The Principal will appoint other members of the committee. The parties shall be notified of the membership of the Committee.

In State level a five member appeal committee will be formed. In the committee the DME and two JDMEs will be the permanent members. The DME will co opt a member from outside and one member from Resident Community. The member from outside must be an eminent person who have enough knowledge in Medical Field. The DME will be the Chairman of the committee. Any party have any grievance in the decision taken by the college level grievance redressal committee, he/she can prefer appeal before the state level appeal committee within seven days of the decision

pronounced by the College level committee. The decision of the state level committee shall be final and binding to all parties.

a. Grounds for Disciplinary Action

• Unethical practice of dentistry, unauthorized absence in evening clinic.

• Gross incompetence, gross negligence resulting in the compromise of the condition of patient and insubordination and refusing to perform the duties mentioned above to the satisfaction of HoD.

b. Disciplinary actions may be in the form of:

1. Reprimand- A resident may be reprimanded for actions/decisions contrary to the standard dental practices. However he is not deprived to go on duty, to perform surgical operations, attend conferences etc.

2. Suspension- A resident may be suspended for an offence that warrants suspension like AWOL on duty. His function to go on duty, perform operations, attend conference will be stopped for a certain period of time
after which he is allowed to resume the functions.

3. Expulsion- Expulsion is total ban of his presence on the institution.

24. GRIEVANCE PROCEDURE

The resident shall first discuss his/her grievance with the training HOD and
attempt to resolve the issue within the department. If the resident is unable to resolve the matter at the level of the HOD and intends a formal grievance hearing, he/she should be submitted the grievance in writing to the Principal within seven (7) working days for referring the matter to the Grievance Redressal Committee.

The Principal shall appoint an ad hoc Grievance Redressal Committee as mentioned above for the purpose of considering the specific grievance(s) of the resident.

The Chair of the Appeals Committee shall notify the parties of the date,
time, and location of the hearing. Parties are responsible for (1) giving such
notice to any witnesses whom they wish to call for testimony relevant to the matters in the grievance, and (2) arranging for participation of witnesses in the hearing. The hearing shall be scheduled to ensure reasonably that the complainant, respondent, and essential witnesses are able to participate. Final decisions by the Appeals Committee shall be by majority vote of the members present and voting. If nay parties have any grievance on the decision of the appeal committee he/she may approach the State level appeal committee within 7 working days by submitting an appeal petition. Belated appeals should not be entertained. The State level appeal committee should consider the appeal and take a decision within 15 days from the date of receipt of the appeal after hearing both the parties. The decision of the state level appeal committee shall be final and binding on all parties.

Dr.V.Geetha
Director of Medical Education