



**Royal Medical Services**

**Professional Training Division**

**Logbook for Conservative Residents**

## **Explanatory Notes**

This is an important document. The logbook is an integral part of basic training and it will provide a record of your experience and your academic and educational activities. It will be part of your assessment as you move through basic training and it will be required for the final year of residency and Board examination.

This logbook is intended to be a record of all procedures you perform or participate in as part of your training.

### **Training Posts Held**

On this page you are required to list, in chronological order, the posts which you have held during residency program at the completion of each post, the trainer or consultant to whom you have been attached must sign to indicate that you have satisfactorily completed the post. When you apply to sit the final assessment, the trainer or consultant with whom you are attached will verify that the log book is complete and authenticated.

### **Educational and Academic Activities**

You must record the fact that you have sat for and succeeded the basic board examination. A copy of the Jordan Medical Council Primary board certificate should be included with your logbook. On this sheet, records of attendance at other training courses, meetings, and lectures should be recorded. It is not intended that you record educational activities within the unit to which you are attached. Publications and other personal contributions should be included as well as any involvement in research projects.

The logbook is divided into numbered segments, corresponding to the training posts held. Details of your record of practical procedures should be completed for each of these posts. There is a consolidation page to summarize the record of procedures performed.

**Personal details:**

Full Name in Arabic:

Full name in English:

National number:

Start date of your residency program:

Your signature: \_\_\_\_\_

Head of the Department: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

## Training Posts Held

Post Number	Hospital	Residency Year	Start Date	Finish Date	Consultant	Consultant signature
1 <sup>st</sup>						
2 <sup>nd</sup>						
3 <sup>rd</sup>						
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This form should only be signed by the consultant or trainer at the end of the post, provided that the trainee has finished the period of the training satisfactorily.



**Other activities, including CME hours:**

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## **Conservative Dentistry curriculum**

The duration of the program is a 3 years full time training program, upon successful completion of all requirements the trainees will be eligible to sit for the final Jordan board exam, and once the exam is passed successfully the Jordan board certificate will awarded.

# **First year**

## **Theoretical requirements:**

- 1. Growth, development and histology of head and neck.**
  - a. Branchial arches.**
  - b. Development of tongue.**
  - c. Tooth germs.**
  - d. Eruption.**
  - e. Tooth structures.**
  - f. Histology of dental pulp.**
  
- 2. Anatomy of head and neck.**
  - General anatomy.**
    - a. Neck triangles.**
    - b. Neck spaces.**
    - c. Salivary glands.**
    - d. Muscles of facial expression.**
    - e. Muscles of mastication.**
    - f. Cranial nerves; trigeminal, facial, glosso pharyngeal, hypoglossal.**
    - g. Blood supply of head and neck.**

**h. Lymphatic drainage of head and neck.**

- **Oral and dental anatomy.**

- a. Lips and cheeks.**

- b. Teeth (enamel, dentine, pulp and cementum).**

- c. Anatomy of dentin pulp complex**

- d. Floor of mouth.**

- e. Soft and hard palate.**

- f. TMJ.**

- g. Tongue.**

**3. Physiology.**

- a. Saliva.**

- b. Mastication and swallowing.**

- c. Jaw reflexes.**

- d. Taste oral sensation and receptors.**

- e. Blood, lymphatics and immune mechanism**

- f. Nerve + Synaptic and Junctional Transmission**

- g. Physiology of dental pulp**

- h. Endodontics microbiology.**



#### **4. General pathology**

- a. Cell injury.**
- b. Inflammation and infection.**
- c. Wound healing.**
- d. Thrombo-embolism.**
- e. Shock and hemorrhage.**
- f. Neoplasia.**
- g. Pulpal pathology.**

#### **5. Pharmacology**

- a. Antibiotics.**
- b. Analgesics.**
- c. Antifungal.**
- d. Antiviral.**
- e. Local anesthesia.**

# PREVENTIVE DENTISTRY

## Subjects:

1. Defining dental caries.
2. Microbiology of dental plaque biofilms and their role in oral health and caries.
3. The caries environment: saliva, pellicle, diet, and hard tissue ultrastructure
4. The chemistry of caries: remineralization and demineralization events with direct clinical relevance.
5. Detection activity assessment and diagnosis of dental caries lesions.
6. Implementing caries risk assessment and clinical interventions.
7. Strategies for noninvasive demineralized tissue repair.
8. Treatment protocols: nonfluoride management of the caries disease process and available diagnostics.
9. Clinical threshold for carious tissue removal.
10. Glass-ionomer cements as restorative and preventive materials

# DENTAL MATERIALS

## Subjects:

1. Mechanical properties.
2. Physical properties.
3. Chemical properties.
4. Applied surface phenomena.
5. Dental amalgams.
6. Dental adhesive systems (Dentin bonding agents).
7. Resin based restorative materials.
8. Fiber reinforced composites.
9. Cements based on phosphoric acid.
10. Cements based on organometallic chelate compound.
11. Polycarboxylates cement.
12. Glass ionomers cement.
13. Resin modified glass ionomers (RMGI).
14. Polyalkenoid modified composite resin (Compomers).
15. Adhesive resin cements (Resin composite cement).
16. Impression materials:
  - a. Non-elastic impression materials.
  - b. Elastic hydrocolloid impression materials.
  - c. Elastic synthetic elastomers.
17. Finishing & polishing materials.
18. Dental gypsum products.
19. Investments & refractory dies.
20. Casting & soldering procedures

21. Dental waxes.

22. Dental casting alloys:

a. High noble alloys (HN) (Gold alloys).

b. Noble alloys (N) (Gold substitute alloys).

c. Predominantly base alloys (PB) (Base metal alloys) (BMA). d. Porcelain fused to metal alloys.

23. Dental ceramics:

a. Porcelain fused to

metal. b. All-ceramics:

– Slip cast ceramics.

– Heat pressed ceramics.

– CAD-CAM.

## **Clinical requirements:**

During the first year the resident should do:

- 1- Root canal treatment for 30 posterior teeth
- 2- Root canal treatment for 50 anterior teeth
- 3- 100 amalgam fillings
- 4- 100 composite fillings
- 5- 15 amalgam build up
- 6- 15 cases of posterior composite
- 7- 15 cases of composite facing
- 8- 5 cases of non-vital bleaching
- 9- 5 cases of vital bleaching

**ALL THE CASES SHOULD BE DOCUMENTED WITH RADIGRAPHS AND PATIENT FILES.**

After passing the first year exam the resident will be eligible to do primary exam (part one)  
Of the Jordan medical council board.

# Second year:

## Theoretical requirements:

### **OPERATIVE DENTISTRY:**

1. Patient assessment, examination, diagnosis & treatment planning.
2. Nomenclature, instruments & equipments.
3. Isolation & moisture control of operative field.
4. Principles of cavity design & preparation for direct intracoronal restorations.
5. Pulp considerations (varnish, liner & base).
6. Pulp therapy for primary & permanent teeth.
7. Amalgam restorations CI I, II.
8. Complex amalgam restorations.
9. Pin retained amalgam restorations.
10. Cuspal coverage amalgam restoration.
11. Bonded & sealed amalgam restorations.
12. Direct anterior esthetic restorations CI III, IV, VI.
13. Direct posterior esthetic restorations CI I, II.
14. Indirect resin composite restorations.
15. Class V restorations.
16. VLC units.
17. Diagnosis & treatment of root caries.
18. Direct gold restorations.
19. Dental trauma & management:
  - a. Primary teeth.
  - b. Fractures and luxations of permanent teeth.
  - c. Avulsion of permanent teeth.
20. Non-cariou tooth surface lost & management.
21. Dentine hypersensitivity.
22. Cracked tooth syndrome (CTS).

### **ENDODONTICS**

#### **Subjects:**

1. Histology & physiology of the dental pulp.
2. Endodontic microbiology.
3. Endodontic diagnostic procedures.

4. Diagnosis of pulpal pathosis.
5. Diagnosis of periradicular pathosis.
6. Diagnosis of orofacial pain & headache.
7. Pain control.
8. Treatment planning.
9. Isolation.
10. Endodontic radiograph.
11. Endodontic instruments, materials & devices.
12. Endodontic pharmacology: irrigation & intracanal medicaments.
13. Tooth morphology & access cavity preparation.
14. Working length determination; RG & apex locator.
15. Manual cleaning & shaping for the root canal preparation.
16. Rotary cleaning & shaping for the root canal preparation.
17. Obturation of the cleaned & shaped root canal system.
18. Endodontic retreatment.
19. Endodontic emergency.
20. Endodontic surgery.
21. Endodontic problems & management.
22. The periodontal/endodontic interface.
23. Management of traumatized teeth.
24. Endodontic in children.
25. Management of incomplete formed roots; apexification & apexogenesis.
26. Root resorption & management.
27. Regeneration endodontic therapy.

## **FIXED PROSTHODONTICS:**

### **Subjects:**

1. Introduction of fixed prosthodontics.
2. Treatment planning for single tooth restorations.
3. Treatment planning for the replacement of missing teeth.
4. Indications & C/I for crowns.
5. Types of crown.
6. Designing crown preparations.
7. Occlusal considerations.
8. Planning & making crowns

### **Clinical requirements:**

During the second year the resident should do:

- 1- Root canal treatment for 30 posterior teeth
- 2- Root canal treatment for 50 anterior teeth
- 3- 100 amalgam fillings
- 4- 100 composite fillings
- 5- 15 amalgam build up
- 6- 15 cases of posterior composite
- 7- 15 cases of composite facing

8- 5 cases of non vital bleaching

9- 5 cases of vital bleaching

10- 3 cases of endodontic surger

ALL THE CASES SHOULD BE DOCUMENTED WITH RADIGRAPHS AND PATIENT FILES.

## Third year:

### Theoretical requirements:

In addition to the topics required in the second year the following topics are required:

### **FIXED PROSTHODONTICS:**

#### **Subjects:**

1. Indications for bridges.
2. Types of bridges.
3. Components of bridges: retainers, pontics & connectors.
4. Pontics & edentulous ridges.
5. Designing & planning bridges.
14. Principles of tooth preparation for fixed dental prosthesis:
  - a. Biological considerations.
  - b. Mechanical considerations.
  - c. Esthetic considerations.
6. Preparations for full veneer metal crowns.
7. Preparations for full veneer metal-ceramic (ceramic-metal) (porcelain-fused to metal) crowns.
8. Preparation for full veneer all-ceramic restorations.
9. Preparations for partial veneer crowns: 3/4 crowns & 7/8 crowns.
10. Preparations for intra-coronal restorations: inlays & onlays.
11. Preparation for resin-bonded fixed partial dentures (minimal preparation bridges).
12. Restoration of endodontically treated teeth: post & core restorations.
13. Preparations for periodontically weakened teeth.
14. Fluid control & soft tissue management.
15. Impression making.
16. Registration of intermaxillary relationship: face bow & articulators.



17. Provisional restorations (interim restorations) (temporary restorations).
18. Communicating with the dental laboratory.
19. Definitive cast & dies.
20. Wax patterns.
21. Framework design & metal selection for metal-ceramic restorations.
22. Pontic design.
23. Investing & casting.
24. Description of the color, color-replication process & esthetics.
25. Full metal restorations.
26. Metal-ceramic restorations.
27. All-ceramic restorations.
28. Resin-bonded fixed dental prostheses.
29. Luting agents & cementation procedures.
30. Finishing & polishing.

## **OCCLUSION**

### **Subjects:**

1. Development of teeth.
2. Chronology of teeth.
3. Morphology of teeth.
4. Masticatory system (stomatognathic system): teeth, articulatory sys & periodontium.
5. TMJ anatomy, innervations & blood supply.
6. Masticatory muscles anatomy, innervations, blood supply & action.
7. Static occlusion CR, CO, ICP, MIC, PJP.
8. MD. Movement axes & planes.
9. Types of MD. Movements: basic, border & mastication movements.
10. Determinants of MD. Movements.
11. Effects of anatomic determinants on morphology of occlusal surface.
12. Occlusal interferences & principles of occlusal adjustment (selective grinding).
13. Ideal occlusion concepts.
14. Organization of the occlusion.
15. Examination of the occlusion.
16. Recording of the occlusion.
17. Articulators & facebows.
18. TMD.
19. Splint therapy

## **ESTHETIC DENTISTRY**

### **Subjects:**

1. Esthetic parameters.
2. Multidisciplinary approach in esthetic dentistry.
3. Shade-color selection.
4. Natural tooth bleaching.
5. Micro- & macro-abrasion.
6. Anterior resin composite restorations:
  - a. Proximoincisal restorations.

- b. Midline diastema closure.
- c. Tooth reshaping.
- 7. Resin composite laminate veneers.
- 8. Posterior resin composite restorations CI I, CI II.
- 9. Porcelain laminate veneers.
- 10. Abrasive finishing & polishing in restorative dentistry.
- 11. Esthetic considerations when splinting with fiber-reinforced composites.

## **Implantology**

### **Clinical requirements :**

- 1- Root canal treatment for 24 posterior teeth
- 2- Root canal treatment for 26 anterior teeth
- 3- 3 cases of endodontic surgery
- 4- 52 amalgam fillings
- 5- 52 composite fillings
- 6- 12 amalgam build up
- 7- 12 cases of posterior composite
- 8- 12 cases of composite facing
- 9- 5 cases of vital bleaching
- 10- 21 cases of porcelain laminate veneers
- 11- 75 units of crown and bridge, including :
  - 30 anterior units
  - 45 posterior units
- 12- two cases of fixed prosthodontics with implants (not less than six implants)
- 13 – two cases of single tooth implant

ALL THE CASES SHOULD BE DOCUMENTED WITH RADIOGRAPHS AND PATIENT FILES.



Patient's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

**Chief Complaint:**

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**Medical History:**

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**Dental History:**

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**Extra-oral Examination:**

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**Intra-oral Examination:**

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**Vitality Testing:**

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**Radiographic Findings:**

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**Diagnosis:** \_\_\_\_\_

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**Treatment Plan:**

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## Summative evaluation:

5: excellent      4: very good      3: good      2: poor      1: unacceptable

Clinical and technical skills	5	4	3	2	1
Problem identification					
Patient management					
Emergency treatment					
Procedure skills					
Descriptive evaluation :					
Personal and professional maturity	5	4	3	2	1
Punctuality					
Emotional and professional maturity					
Relationship with other medical personnel					
Applying ethical principls in patient care					
Communication skills					
Descriptive evaluation :					

	5	4	3	2	1
Overall performance					
Descriptive evaluation :					

<b>Recommended to sit for exam:</b>	Yes	No
<b>If No why:</b>		

**The resident eligibility for exam should include:**

1. Overall evaluation should not be less than 3
2. Lack of any documented misconduct or unethical behavior

**Supervisor name and signature** \_\_\_\_\_

**Program director signature** \_\_\_\_\_

**Chief of department name and signature** \_\_\_\_\_



