

ATTACHMENT 5.

T6. COURSE SPECIFICATIONS (CS)



Course Specifications

Institution: Najran University	Date:	20/2/2018
College/Department : Dentistry / Preventive Dental S	Science	

A. Course Identification and General	information
1. Course title and code: Periodontology	II and 413 VDS-2.
2. Credit hours: 2 (1+1) hours.	
0 \	fered: Bachelor of Dental Surgery (BDS). rograms indicate this rather than list programs)
4. Name of faculty member responsible	e for the course: Dr. Md. Zahid Hossain.
5. Level/year at which this course is of	fered: Level 10 /4 th year
6. Pre-requisites for this course (if any)): Periodontal Prophylaxis 311 VDS &
	Periodontology I 412 VDS-2.
7. Co-requisites for this course (if any)	: None.
8. Location if not on main campus: No	ne.
9. Mode of Instruction (mark all that ap	oply):
a. traditional classroom	✓ What percentage? 60%
b. blended (traditional and online)	what percentage?
c. e-learning	what percentage?
d. correspondence	what percentage?
f. other	✓ What percentage? 40%
Comments: None.	



B Objectives

- 1. What is the main purpose for this course?
 - i. To foster knowledge that governs the principles of periodontal diseases.
 - ii. To provide opportunities for review and analysis of a wide range of patients periodontal conditions.
 - iii. To expand students analytical skills relative to clinical signs and symptoms and treatment of periodontal diseases.
 - iv. To apply the knowledge obtained for the appropriate management of periodontal health especially by periodontal surgical approaches.

1. Topics to be Covered		
List of Topics	No. of Weeks	Contact hours
Introduction to Surgical Periodontics	1	1
Gingival Surgical Techniques	2	2
Periodontal Pocket Surgery	1	1
Periodontal Flap Procedures	3	3
Treatment of Furcation Involvements	2	2
Endo-Perio Lesions	1	1
Regenerative Periodontal Therapy	3	3
Oral Implantology (Osseointegration)	1	1
Total	14	14

Name of Cou	rse Instructor:Dr. Md. Za	ahid Hossain
Signature:	Ζαηιδ	Date Specification Completed: _20/2/2018
Program Coo	ordinator:Dr. Saeed Ali A	Alsareii
Signature:	-chip	Date Received:20/2/2018





- 5. Describe the planning arrangements for periodically reviewing course effectiveness and planning for improvement.
- I shall perform according to the feedback about the course from students, other Colleagues and the Dean.

Signature:	Date Specification Completed: _20/2/2018
Program Coordinator:Dr. Saeed Ali A	lsareii
Signature:	Date Received:20/2/2018