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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY

Director of the Institute of Dentistry
_____/ Pervov Yu.Yu./
“8th” of June 2026

COLLECTION OF ASSESSMENT TOOLS
B1.V.EC.02.02 Osteoplastic materials in surgical dentistry
of the basic educational program
of Higher Education

Specialty	31.05.03 Dentistry for foreign students (English-language program) (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing health care in patients with dental pathology)
Mode of study	Full-time
Period of mastering the BEP	5 years (nominal length of study)
Institute	of Dentistry

Vladivostok, 2026

1. INTRODUCTION

1.1. Collection of Assessment Tools is a document that regulates the format, content, and types of assessment tools for continuous assessment, interim examination and final (state final) examination, and graded criteria for each type of assessment tools.

1.2. Assessment tools allows to evaluate the development of universal, general professional, and professional competencies (UCs, GPCs and PCs respectively) outlined in Federal State Educational Standard of Higher Education and defined in the basic educational program of higher education for the specialty 31.05.03 Dentistry for foreign students (English-language program), profile 02 "Healthcare" (in the field of providing health care in patients with dental pathology).

([BEP HE for the 31.05.03 Dentistry for foreign students \(English-language program\)](#) specialty, section 3 Learning Outcomes Requirements of the Basic Educational Program of Higher Education)

2. DOCUMENT BODY

2.1. Types of Assessment, Formats of Assessment Tools

No.	Types of assessment	Assessment Tools Format
1	Continuous assessment	Interview Questions
		Tests
2	Interim assessment	Tests

3. The contents of assessment tools for continuous and interim examination are prepared by the teacher of the course

Interview questions

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
I		ANSWER THE QUESTIONS
		1. Basic and additional methods of diagnosing an implantological patient. 2. Planning the surgical intervention. Preoperative preparation of the patient for the procedure. 3. Risk groups and factors influencing the success of patient rehabilitation using dental implants. 4. Instrumentation used in implantology and reconstructive surgery of the oral cavity. 5. Medication peri- and postoperative patient support. 6. History of the development of computed tomography. 7. Physical principles of cone beam computed tomography. 8. Types of dental computed tomography scanners. 9. Software basics and features 10. modern cone beam computed tomography.

		11. Indications and contraindications for computed tomography. 12. Donor areas for collection of autogenous mandibular transplant. 13. Autogenous graft harvesting techniques. Surgical planning. 14. Complications arising during and after surgery. Physician's tactics. 15. Instrumentation required for the collection of an autogenous lower jaw transplant. 16. Indications and contraindications for performing interventions in the area of dental implants. 17. Clinical picture and diagnostics of mucositis and peri-implantitis. 18. Methods of surgical interventions on soft tissues in the area of dental implants. 19. Open and closed sinus lift. Indications and contraindications. 20. Sinus lifting technique. 21. Options for surgical interventions to eliminate horizontal and vertical defects of the upper and lower jaw. 22. The "Sister" technique. Indications and contraindications. Methodology. 23. Errors and complications during reconstructive interventions on the upper and lower jaw.
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Assessment criteria

“Very good” - more than 91% correct answers of questions of every level

“Good” - 81-90% correct answers of questions of every level

“Satisfactory” - 71-80% correct answers of questions of every level

“Unsatisfactory” - less than 71% correct answers of questions of every level

Tests for continuous and interim assessment

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
I		ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)
		1. Osseointegration is A) direct structural and functional connection between highly differentiated living bone and the implant surface B) the body's reaction to the introduction of a foreign body with the formation of a fibrous capsule C) the process of formation of connective tissue on the surface of the implant D) reduction in bone volume after tooth extraction 2. Bioinert materials include A) stainless steel B) silver-palladium alloys

		C) titanium, zirconium D) hydroxyapatite 3. Xenogeneic osteoplastic material is A) specially processed cadaveric bone B) material of synthetic origin C) material of animal origin D) a substance for the production of dental implants 4. Guided tissue regeneration is A) creation of optimal conditions for the growth and maturation of organotypic bone tissue in the area of bone defects using membrane technology B) a combination of osteoinductive and osteoconductive materials in order to optimize reparative processes in the area of bone defects C) the use of a titanium mesh for selective bone ingrowth tissue into the defect cavity D) isolation of the defect from the surrounding structures of platelet-poor plasma 5. The permissible rate of bone resorption around the screw implant in each subsequent year after the first year of operation is A) 1.5 mm B) 2.2 mm C) 0.2 mm D) 0.02 mm 6. Minimum safe distance to the wall of the mandible canal when placing dental implants in the lateral sections the lower jaw is A) 0.5 mm B) 1 mm C) 10 mm D) 2 mm 7. Abutment is A) superstructure B) implant analogue C) impression transfer D) fixing screw 8. The choice of the option for performing sinus lifting is carried out on based on A) the number of missing teeth B) type of implants C) the existing level of bone tissue D) the wishes of the doctor and the patient 9. Tightening force of the screw fixing the superstructure to implant is determined by A) the doctor's tactile sensations B) the degree of mobility of the superstructure C) instructions for use of the implant system elements D) torque wrench readings
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	10. Allogenic material is A) specially processed cadaveric bone B) osteoplastic material of synthetic origin C) material of animal origin D) substrate for the production of implants 11. Preparation of the bed for screw or cylindrical implants should be manufactured specifically for this drill with the following rotation speed, rpm A) 200-300 B) 500-800 C) 1000-1500 D) at the speed recommended by the manufacturer 12. According to the definition of the European Federation of Periodontology, peri-implantitis is A) progressive resorption of bone tissue surrounding the implant, caused and accompanied by an inflammatory process in the soft tissues surrounding the implant. B) inflammatory process in the soft tissues surrounding the implant C) focal osteomyelitis developing in the area surrounding the implant bone tissue D) formation of granulation tissue between the bone and the implant surface 13. After implantation, regular monitoring of the patient A) is not required B) depends on the patient's wishes C) is required during the first year D) is required 14. After implantation, the sutures are removed after A) 3 weeks B) 7-8 days C) 2-3 days D) 14-16 days 15. Which parts of the jaws are suitable for intraosseous implantation A) only the alveolar process B) the anterior part of the upper and lower jaw C) all parts of the jaws in which an implant can be placed without risk of damage to certain anatomical structures D) only the distal parts of the upper and lower jaw 16. The maximum number of implants that can be placed established in one patient A) one B) two or three C) no more than six D) there are no restrictions 17. When the temperature in the bone exceeds critical values tissue occurs A) hyperemia
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- B) swelling
- C) infiltration
- D) necrosis**

18. The function of osteoblasts is
A) formation of bone tissue
B) bone resorption
C) immune function
D) hematopoiesis function
19. The function of osteoclasts is
A) formation of bone tissue
B) bone resorption
C) immune function
D) hematopoiesis function
20. What anatomical structures should be taken into account when performing intraosseous implantation on the lower jaw
A) maxillary sinus
B) incisive foramen
C) zygomatic process
D) mental foramina
21. Is there adaptation or adhesion of epithelial tissue to implant surface
A) there is
B) absent
C) not studied
D) only for titanium implants
22. The most common cause of dental implant loss is
A) allergic reaction
B) galvanism
C) inflammatory complications
D) fracture of the abutment fixing screw
23. What is the frequency of follow-up examinations in the long term after implantation?
A) monthly
B) Once every five years
C) 2 times a year
D) 5 times a year
24. A favorable implant surface in the gum area is
A) smooth
B) rough
C) porous
D) porous with a ledge
25. Which implants are widely used today
A) intraosseous screw implants
B) intraosseous lamellar
C) intramucosal implants
D) subperiosteal implants

26. To make a dental prosthesis on implants, impressions are taken
- A) 2-stage technique with a base and corrective layer
 - B) plaster with an individual hard tray
 - C) with an individual hard spoon with silicone mass in an open or closed way**
 - D) alginate impression material using a standard hard tray
27. One of the features of the upper jaw is the presence of
- A) sinuses**
 - B) gums
 - C) alveoli
 - D) salivary glands
28. The thinnest part of the outer cortical plate on the lower jaw is localized in the area
- A) 46-36 teeth
 - B) 48-38 teeth
 - C) 33-43 teeth**
 - D) only within the chewing group of teeth
29. The lower jaw can perform movements
- A) sagittal and transverse
 - B) sagittal and vertical
 - C) sagittal, vertical, horizontal
 - D) sagittal, vertical, transverse**
30. Local contraindications for dental implantation surgery include
- A) poor oral hygiene**
 - B) mental illness
 - C) history of endocarditis
 - D) taking cytostatics
31. Local contraindication for dental implantation includes
- A) localized periodontitis**
 - B) complete edentia
 - C) pathological abrasion of hard dental tissues with a decrease in height bite
 - D) absence of one tooth
32. Linear incision of the mucous membrane and periosteum during dental implantation is
- A) preferable to others**
 - B) less effective
 - C) traumatic
 - D) unacceptable
33. When placing implants on the lower jaw, special caution is exercised for the following reasons
- A) the risk of damage to the inferior alveolar nerve**
 - B) density of the cortical layer
 - C) good blood supply
 - D) enlargement of the alveolar process
34. Dental implants after installation should be

- A) inclined
- B) 1-2 degrees of mobility
- C) motionless**
- D) fixed with screws

35. The surgical template must clearly convey
A) the planned position of the implants
B) width of the alveolar process
C) the vertical axis of the bone bed
D) information about the location of infiltration anesthesia
36. The depth of the bone bed should
A) be shorter than the length of the implant
B) be equal to the length of the implant
C) be formed in two levels
D) must end at the level of the apex of the adjacent tooth
37. Marking of the cortical plate is carried out for the purpose of
A) doctor's convenience
B) ensuring reliable adhesion of the instrument to the bone
C) determining the depth
D) is not carried out at all
38. Dental implantation is indicated for patients who
A) complex anatomical conditions in the oral cavity make it difficult to fix traditional removable dentures
B) severe atrophy of the jaw bone caused by an endocrine disease
C) a violation of the blood supply to the maxillofacial tissues was detected
D) diseases of the blood system have been identified
39. For successful implantation, there must be
A) at least 1.5-2 mm of bone reserve
B) at least 0.5 mm of bone reserve
C) a lot of mobile mucous membrane
D) a lot of immobile mucous membrane
40. When installing screw implants, their primary fixation depends on
A) the degree of contact of the implant with the surrounding bone tissue
B) quality of suturing
C) the timing of suture removal
D) thickness of the periosteum
41. The incision of the mucous membrane during dental implantation is performed
A) with scissors
B) raspatory
C) with an iron
D) with a scalpel
42. Healthy alveolar mucosa is usually
A) moist and has a uniform pale pink color
B) hyperemic

		C) sharply painful upon palpation D) has areas of hyperkeratosis 43. When applying a suture, the atraumatic needle is fixed A) in the needle holder B) in a clamp C) by hand D) with tweezers 44. To apply the suture, the following tools are required A) a needle with a ligature, a needle holder, tweezers, scissors B) needle with ligature, needle holder C) needle holder, tweezers, scissors D) tweezers, scissors 45. The most common suture used to close a surgical wound after dental implantation B) interrupted A) continuous C) twisting D) intramucosal 46. Opening of submerged implants in the lower jaw is usually conducted A) in 3-4 months B) a week after the stitches are removed C) after anti-inflammatory therapy D) 6 years after the implantation 47. Osseointegration is A) direct structural and functional connection between highly differentiated living bone and the implant surface B) the body's reaction to the introduction of a foreign body with the formation of a fibrous capsule C) the process of formation of connective tissue on the surface of the implant D) reduction in bone volume after tooth extraction 48. Bioinert materials include C) titanium, zirconium A) stainless steel B) silver-palladium alloys D) hydroxyapatite 49. Xenogenic osteoplastic material is C) material of animal origin A) specially processed cadaveric bone B) material of synthetic origin D) a substance for the production of dental implants 50. Guided tissue regeneration is A) creation of optimal conditions for the growth and maturation of organotypic bone tissue in the area of bone defects using membrane technology B) a combination of osteoinductive and osteoconductive materials
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		in order to optimize reparative processes in the area of bone defects C) the use of a titanium mesh for selective bone ingrowth tissue into the defect cavity D) isolation of the defect from the surrounding structures of platelet-poor plasma
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4. Assessment criteria for learning outcomes

"Pass" is given to a student who has shown a sufficiently strong knowledge of the basic concepts of the subject; is able to complete specific practical tasks outlined in the program with no outside help, use recommended reference material, and correctly evaluate the results.

"Fail" is given to a student who has significant gaps in knowledge of the basic concepts of the subject, is not able reach the correct solution to a specific practical task outlined in the curriculum even with outside help.