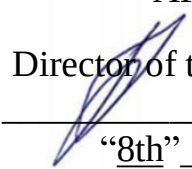


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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY


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

COLLECTION OF ASSESSMENT TOOLS

B1.C.29 Maxillofacial surgery 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	Tests
		Interview Questions
		Mini-Case Studies
		Checklists
2	Interim assessment	Interview Questions
		Checklists

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

1. 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	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods
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
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients
F	A/01.7	Patient examination. Making a diagnosis
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness

I	ANSWER THE QUESTIONS 1. Maxillofacial surgery, its content, and its relationship with other medical disciplines. Stages of its development and prospects. 2. Local complications during local anesthesia in the maxillofacial region. Causes, clinical features, diagnosis, treatment methods, and prognosis. 3. Periostitis of the jaws. Classification, etiology, pathogenesis, diagnosis, differential diagnosis. 4. Anatomical and physiological features of the maxillofacial region, maxillofacial injuries. Classification of maxillofacial injuries. 5. Common complications during local anesthesia in the maxillofacial region. Causes, clinical presentation, diagnosis, treatment methods, and prognosis. 6. Acute periostitis of the jaws. Classification, etiology, pathogenesis. Clinical presentation, diagnosis, differential diagnosis, treatment, prognosis. 7. Maxillary sinusitis. Classification. Etiology. Diagnosis. Clinical presentation of acute maxillary sinusitis. 8. Primary surgical treatment of facial wounds. 9. Chronic periostitis of the jaws. Classification, etiology, pathogenesis. Clinical presentation, diagnosis, differential diagnosis, treatment, prognosis. 10. Classification of fractures of the upper jaw. 11. Cellulitis of the temporal region. Topographic anatomy of the cellular spaces. Sources of infection, possible routes of infection spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 12. Odontogenic osteomyelitis of the jaws. Classification, etiology, modern concepts of pathogenesis, pathological anatomy. 13. Additional methods of examination of a surgical dental patient (X-ray, CT, MRI, ultrasound, endoscopy, laboratory methods). 14. Asepsis and antisepsis during facial and oral surgery (methods for treating the surgical field and the surgeon's hands). Prevention of AIDS and hepatitis B. 15. Acute stage of odontogenic osteomyelitis of the jaws. Classification, etiology, pathogenesis. Clinical presentation, diagnosis, differential diagnosis, treatment, prognosis. 16. General anesthesia. Types. Indications and contraindications for general anesthesia. 17. Fractures of the mandible. Classification. Diagnostics. Clinical presentation. 18. Subacute and chronic stages of odontogenic osteomyelitis of the jaws. Classification, etiology, pathogenesis. Clinical presentation, diagnosis, differential diagnosis, treatment, prognosis. 19. Anatomy and physiology of the lymphatic system of the head and neck. 20. Lymphadenitis of the maxillofacial region. Classification, etiology. Diagnostics. Clinical presentation. Differential diagnostics. Treatment principles. 21. Abscesses and phlegmons of the face and neck. Classification, general diagnostic principles, and changes in the body's immunological reactivity in odontogenic inflammatory diseases.
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	22. Types of local anesthesia in the maxillofacial region and their general characteristics. Indications and contraindications for local anesthesia. 23. Principles of treatment of inflammatory diseases of the maxillofacial region. 24. Furuncles and carbuncles of the face. Classification, etiology, pathogenesis. Clinical presentation, diagnosis, differential diagnosis, treatment, prognosis. 25. Erysipelas of the skin of the maxillofacial region. Classification, etiology. Diagnostics. Clinical picture. Differential diagnostics. Treatment principles. 26. Primary and secondary treatment of facial and maxillofacial wounds. 27. Abscesses of the myloglossal groove of the sublingual region. Topographic anatomy of the cellular spaces. Sources of infection, possible routes of infection spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 28. Tooth fractures. Classification. Diagnostics. Clinical presentation. Treatment principles. 29. Perforation of the maxillary sinus. Physician's tactics. 30. Abscesses of the body and base of the tongue. Topographic anatomy of the cellular spaces. Sources of infection, possible routes of infection spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 31. Oroantral opening and communication (fistula). Definition. Physician's tactics. 32. Tooth dislocations. Classification. Diagnostics. Clinical presentation. Treatment principles. 33. Submandibular cellulitis. Topographic anatomy of the cellular spaces. Sources of infection, possible routes of infection spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 34. Characteristics of jaw fractures in children. Diagnostics. Clinical presentation. Treatment principles. 35. Odontogenic maxillary sinusitis. Classification. Diagnostics. Clinical features. Sinusotomy, procedure and technique. 36. Phlegmon of the pterygomaxillary space. Topographic anatomy. Sources of infection, possible routes of infection spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 37. Weissblatt's anesthesia for the round and oval foramina. Anatomical basis. Anesthesia zone. Indications and contraindications. Instrumentation. Procedure. Possible complications. 38. Retention and dystopia of teeth of the upper and lower jaws (etiology, clinical features, types of retention, degree of dystopia). Types and methods of treatment. Indications and contraindications for removal of an impacted (dystopic) tooth. 39. Submasticatory space phlegmon. Topographic anatomy. Sources of infection, possible routes of spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 40. Types of immobilization of fragments in jaw fractures. 41. Osteosynthesis. Classification. Indications, contraindications. 42. Submasseterial phlegmon. Topographic anatomy of the cellular spaces. Sources of infection, possible routes of infection spread. Clinical
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	presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 43. Anesthesia according to Bershe-Dubov. Anatomical basis. Indications and contraindications. Instrumentation. Procedure. Possible complications. 44. Sialoadenitis. Classification. Etiology. Diagnostics. Clinical presentation. Treatment principles. 45. Parotid-masticatory phlegmon. Topographic anatomy. Sources of infection, possible routes of spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 46. Transport types of jaw immobilization in case of fractures. 47. Complications of maxillofacial injuries. 48. Phlegmon of the oral floor. Topographic anatomy of the cellular spaces. Sources of infection, possible routes of infection spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 49. Anatomical and physiological features of the maxillofacial region. Routes of spread of odontogenic infection. 50. Low fracture of the upper and lower jaw according to Le Fort. Diagnostics. Clinical presentation. 51. Phlegmon of the oral floor. Topographic anatomy of the cellular spaces. Sources of infection, possible routes of infection spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 52. Characteristics of facial wounds. Stages and principles of medical care. 53. Medium Le Fort fracture of the upper jaw. Diagnostics. Clinical presentation. 54. Infraorbital cellulitis. Topographic anatomy of the cellular spaces. Sources of infection, possible routes of infection spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis. 55. Le Fort fracture of the upper jaw. Diagnostics. Clinical presentation. 56. Specific inflammatory diseases of the maxillofacial region. Manifestations of HIV infection in the maxillofacial region. 57. Cellulitis of the temporal region. Topographic anatomy of the cellular spaces. Sources of infection, possible routes of infection spread. Clinical presentation, diagnosis, differential diagnosis, treatment, rehabilitation, prognosis.
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Assessment criteria

“Very good” - more than 91% correct answers

“Good” - 81-90% correct answers

“Satisfactory” - 71-80% correct answers

“Unsatisfactory” - less than 71% correct answers

2. 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	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies

C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods
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
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients
F	A/01.7	Patient examination. Making a diagnosis
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness
I		ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)
		1. A typical clinical sign of periostitis is 1) facial asymmetry 2) difficulty opening the mouth 3) bulging of the sublingual ridges 4) hyperemia and edema of the transitional fold 2. On the day of treatment for periostitis of the jaws, it is necessary to 1) open the purulent focus 2) start acupuncture 3) perform a novocaine blockade 4) prescribe physiotherapy treatment 3. Medications with osteotropic action indicated for the treatment of acute odontogenic osteomyelitis of the jaw include 1) lincomycin 2) kanamycin 3) ampicillin 4) penicillin 4. The diagnosis of chronic odontogenic osteomyelitis of the jaw is based on 1) patient complaints 2) patient interview 3) clinical data 4) clinical and radiological manifestations 5. Phlegmon of the floor of the oral cavity must be differentiated from 1) trismus 2) Ludwig's angina 3) carbuncle of the lower lip 4) phlegmon of the buccal region 6. How to distinguish purulent periostitis of the upper jaw from an abscess of the infraorbital region? 1) by the severity of intoxication of the body 2) by the severity of body temperature 3) by the presence of smoothing (bulging) of the mucous membrane along the transitional fold 4) by the presence of fluctuation

		7. Treatment complex for phlegmon of the floor of the mouth includes 1) cryotherapy 2) electrocoagulation 3) physiotherapy 4) acupuncture 8. The optimal cosmetic effect in the treatment of facial wounds can be achieved if the suture lines are 1) in the direction of the lines of skin tension 2) perpendicular to the lines of skin tension 3) obliquely in relation to the lines of skin tension 4) the direction of the lines of skin tension does not matter 9. Prevention of the development of wound infection in a gunshot wound includes 1) early surgical treatment 2) washing the wound with antiseptic solutions 3) prescription of antibacterial agents 4) prescription of anti-inflammatory medications 10. The main symptoms of a zygomatic bone fracture include 1) hematoma of the zygomatic region 2) deformation of the nose, hematoma 3) hemorrhage in the lower eyelid 4) step-off deformity, difficulty opening the mouth 11. The complex of measures for the treatment of chronic nonspecific arthritis of the TMJ includes 1) chemotherapy, acupuncture 2) physiotherapy, normalization of occlusion, unloading and rest of the TMJ 3) physiotherapy, osteotomy of the lower jaw, immobilization 4) physiotherapy, removal of the condylar process, unloading and rest of the TMJ 12. Treatment for dislocation of the lower jaw consists of 1) immobilization 2) suturing the joint capsule 3) resection of the condylar processes of the mandible 4) repositioning of the articular head into the glenoid cavity 13. The incubation period for epidemic parotitis varies 1) from 1 to 2 days 2) from 3 to 10 days 3) from 11 to 23 days 4) from 30 to 60 days 14. Clinical manifestation of obstructive sialadenitis caused by a foreign body in the excretory duct has symptoms similar to 1) purulent-necrotic sialadenitis 2) lymphogenous sialadenitis 3) calculous sialadenitis 4) contact sialadenitis
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		15. In which disease does facial nerve paresis is a part of the pathognomonic symptoms? 1) Mikulicz's disease 2) Mikulicz syndrome 3) Sjögren's syndrome 4) Heerfordt syndrome 16. Which forms of leukoplakia should be classified as precancerous diseases? 1) Tappeiner 's leukoplakia 2) flat leukoplakia 3) erosive-ulcerative and flat leukoplakia 4) erosive-ulcerative and warty leukoplakia 17. Treatment methods of skin melanoma include 1) surgical 2) conservative 3) combined (first radiation, then surgical) 4) chemotherapy 18. If the patient has undergone uranostaphyloplasty, then should they be prescribed bed rest in the early postoperative period? 1) no 2) bed rest is prescribed for 2-3 days 3) bed rest is prescribed for 7 days 4) bed rest is prescribed for 14 days 19. On the day of treatment for periostitis of the jaws, it is necessary to 1) open the purulent focus 2) start acupuncture 3) perform a novocaine blockade 4) prescribe physiotherapy treatment 20. Medications with osteotropic action indicated for the treatment of acute odontogenic osteomyelitis of the jaw include 1) lincomycin 2) kanamycin 3) ampicillin 4) penicillin
		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		1. Angioneuratic edema is accompanied by 1) acute allergic reaction 2) immediate and massive swelling of the skin, swelling of the subcutaneous fat and mucous epithelium 3) spontaneous (non-traumatic) hemorrhage into the cranial cavity 4) manifestation of vascular insufficiency with preservation of consciousness 5) loss of consciousness with lack of muscle tone 6) bradycardia 2. The upper border of the bottom of oral cavity and the external border of submandibular area are comprised of

		1) oral mucosa 2) the inner surface of the body of the lower jaw 3) medial pterygoid muscle 4) the posterior edge of the branch of the lower jaw 5) the inferior surface of the lateral pterygoid muscle 6) base of the skull 3. The upper border of the pterygomaxillary space and the external border of submandibular are comprised of 1) medial pterygoid muscle 2) the inferior surface of the lateral pterygoid muscle 3) oral mucosa 4) the posterior edge of the branch of the lower jaw 5) the inner surface of the body of the lower jaw 6) base of the skull 4. The outside border of the peripharyngeal space and the external border of the submandibular area are comprised of 1) medial pterygoid muscle 2) the inner surface of the body of the lower jaw 3) oral mucosa 4) the posterior edge of the branch of the lower jaw 5) the inferior surface of the lateral pterygoid muscle 6) base of the skull 5. Keratoacanthomas are characterized by 1) stratified squamous epithelium 2) the presence of a significant amount of keratin in the central section 3) accumulation of yellow fatty tissue lobules 4) consists of loose connective tissue with a large amount of adipose tissue 5) consists of melanocytes of the epidermis or dermis 6) tissue suturing 6. Forms of acute odontogenic periostitis of the jaws include 1) serous 2) hyperplastic 3) hemorrhagic 4) purulent 5) polypous 6) hyperostotic 7. Forms of chronic odontogenic periostitis of the jaws include 1) serous 2) simple 3) hemorrhagic 4) purulent 5) ossifying 6) polypous 8. Differential diagnostics of chronic periostitis must be carried out with 1) chronic odontogenic osteomyelitis of the jaws 2) caries
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	3) phlegmon of the face 4) atheroma 5) osteoma of the jaws 6) fibrous pulpitis 9. Forms of odontogenic osteomyelitis by their clinical progression include 1) acute 2) diffuse 3) chronic 4) complicated 5) diffuse 6) polypous 10. Acute odontogenic osteomyelitis is preceded by 1) chronic diseases of the gastrointestinal tract 2) infectious diseases 3) impaired cardiovascular function 4) epilepsy 5) paraallergic reactions 6) hypertensive crisis 11. Causes of periostitis include 1) pericoronitis 2) contusion of the soft tissue of the face 3) fibroma of the alveolar process 4) exacerbation of chronic sinusitis 5) exacerbation of chronic periodontitis 6) chronic gingivitis 12. Medical aid for periostitis of the jaws on the first day of identifying it includes 1) opening of the purulent focus 2) acupuncture 3) novocaine blockade 4) prescribing physiotherapy treatment 5) drainage 6) suturing 13. Causes of phlegmon of the bottom of the oral cavity include 1) inflammatory process in the upper lip area 2) inflammatory process in the teeth of the lower jaw 3) inflammatory process in the teeth of the upper jaw 4) inflammatory process in the parotid lymph nodes area 5) atheroma of the buccal area 6) infectious foci in the bottom of oral cavity 14. Lymphogranulomatosis is characterized by 1) pruritus (itching) of the skin 2) excessive sweating 3) heightened pain response 4) Sternberg cells in biopsy specimen 5) wavy fever curve 6) Langhans giant cells in biopsy specimen
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		15. Features of inflammatory processes in the area of nasolabial lymphatic node include 1) acute progression 2) slow progression 3) widespread process 4) thrombophlebitis of the angular vein of the face 5) limited process 6) no relapses 16. Sources of infection in buccal area include 1) premolars of the upper and lower jaws 2) incisors of the upper jaw 3) canines of the lower jaw 4) incisors of the upper and lower jaws 5) canines of the upper and lower jaws 6) molars of the upper and lower jaws 17. Phlegmon of the root of the tongue is characterized by 1) protrusion of the throat walls 2) enlarged tongue 3) painful infiltrate in the area of alveololingual groove 4) edema of the cheeks 5) nose congestion 6) impaired breathing and swallowing 18. Causes of eye socket phlegmon include 1) phlegmon of the soft tissues of the oral cavity 2) phlegmon of the areas of the temples 3) phlegmon of the peripharyngeal space 4) thrombophlebitis of the angular vein 5) acute purulent sinusitis 6) teeth of the lower jaw 19. Differential diagnostics of the phlegmon of temporal and pterygopalatine fossae must be carried out with 1) phlegmon of the soft tissues of the oral cavity 2) phlegmon of the areas of the temples 3) phlegmon of the peripharyngeal space 4) phlegmon of the cheeks 5) phlegmon of the eye sockets 6) phlegmon of the tongue 20. Phlegmon of the cheek is characterized by 1) acute start 2) subfebrile temperature 3) chronic periodontitis of canine 4) chronic periodontitis of molar 5) hoarseness off the voice 6) painful swallowing 21. Characteristic symptoms of initial stages of acute arthritis of TMJ include 1) masticatory spasm
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		2) parotid hyperhidrosis 3) pain 4) impaired (limited) opening of the mouth 5) pain in the cervical spine, radiating into TMJ 6) nose congestion 22. Treatment of chronic nonspecific arthritis of TMJ includes 1) chemotherapy 2) acupuncture 3) physiotherapy 4) osteotomy of the lower jaw 5) removal condylar process 6) normalization of occlusions and rest TMJ 23. Symptoms of isolated zygomatic bone fracture include 1) recession of the soft tissues of the zygomatic bone 2) nose congestion 3) numbness of the skin of infraorbital areas 4) lower jaws pain 5) nose bleeding 6) numbness of the lower lip 24. Causes of specific arthritis of the TMJ include 1) tuberculosis 2) rheumatic attack 3) parotid hyperhidrosis 4) chronic injury of the TMJ as a result of changes in occlusion 5) syphilis 6) phlegmon of the face 25. Osteogenic tumors of the jaw include 1) osteoma 2) ameloblastoma 3) osteoid-osteoma 4) odontoma 5) adamantinoma 6) osteoblastoclastoma 26. Connective tissue tumors of the jaw include 1) osteoma 2) ameloblastoma 3) cementoma 4) fibroma 5) myxoma 6) osteoblastoclastoma
		ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)
		1. Match the areas of the facial skull with their borders Topographic anatomy of the facial skull: 1) the superior and posterior border of the temporal region 2) the lower border of the parotid-masticatory region 3) anterior border of the retromandibular region 4) the outer border of the retromandibular region 5) the internal border of the pterygomaxillary space

		6) deep lateral area of the face Borders: A) the lower edge of the body of the mandible B) parotid-masticatory fascia C) the outer surface of the medial pterygoid muscle D) temporal line E) the posterior edge of the branch of the lower jaw F) infratemporal fossa 2. Match the surgical manipulations to their authors Author: 1) according to Evdokimov 2) according to Orlovsky 3) Denker's method 4) according to Khitrov 5) according to Makienko 6) according to Limberg Surgical manipulation: A) cheiloplasty B) maxillary sinusectomy C) rhinoplasty D) microstoma E) jaw osteosynthesis F) plastic surgery using local tissues 3. Match each type of anesthesia and the indications for it Type of anesthesia: 1) infiltration 2) inhalation 3) combined 4) neuroleptanalgesia 5) nerve block 6) topical anesthesia Indication: A) high surgical risk B) complicated removal of wisdom teeth C) minimally invasive surgeries in the face and neck area D) surgery not associated with a high risk of developing airway obstruction E) traumatic and complex surgical interventions (phlegmon, gunshot wounds) F) requirement for lower sensitivity in the treated area 4. Match the tool with manipulation it is used for Manipulation: 1) syndesmotomy 2) extraction 3) dislocation 4) curettage 5) tissue retention 6) division of roots
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		Tool: A) elevator B) sickle-shaped burnisher C) Farabeuf hook D) curettage spoon E) forceps F) diamond bur in a turbine handpiece 5. Match the material with manipulation it is used for Manipulation: 1) collection of bone material 2) formation of a blood clot 3) creation of the gum level 4) creating conditions for rapid regeneration of the socket 5) bringing the edges of the wound together 6) removal of granulation tissue Material: A) surgical scraper B) suture material C) hemostatic sponge D) gum former E) PRF membrane F) curettage spoon
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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

Standardized case studies and checklists for the **B1.C.29 Maxillofacial surgery** course
Case Study No.1

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods
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
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients
F	A/01.7	Patient examination. Making a diagnosis
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness

I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient B., 20 years old, complains of pain in the lower jaw on the right, radiating to the ear and temple, swelling of the face, difficulty opening the mouth, elevated body temperature, malaise, headache, and insomnia. Progression of the current condition: I first experienced pain in the area of the erupting tooth #4.8 about three months ago. Similar symptoms had occurred several times. I periodically applied sage infusion mouthwashes and took analgesics. The pain subsided after 2-3 days. Five days ago, the pain in the area of tooth #4.8 recurred. Mouthwashes and analgesics brought no relief. Facial swelling and difficulty opening the mouth developed, my general condition worsened, and my body temperature rose. Objectively: general condition is satisfactory, body temperature is 37.5°C. On examination, soft tissue swelling is present in the retromandibular and submandibular areas on the right. The submandibular lymph nodes on the right are enlarged and tender to palpation. Mouth opening is limited to 1.0 cm between the central incisors. Tooth 4.8 has erupted with two medial cusps. Pus is secreted from under the mucous membrane ("hood") covering the unerupted portion of the chewing surface of tooth 4.8. The mucous membrane of the "hood" and around it is hyperemic and edematous. A painful infiltrate is palpable in the retromolar area. The radiograph of the body of the lower jaw on the right in the lateral projection shows tooth 4.8, which is not fully erupted but is correctly positioned in the alveolar part of the jaw. 
	Q 1	Question: Make a diagnosis and indicate the most significant symptoms for this disease
	Q 2	Question: Conduct differential diagnostics
	Q 3	Question: Make a comprehensive treatment plan for a dentist
	Q 4	Question: Justify the sequence of surgical stages of treatment
	Q 5	Question: List the possible complications

Case Study No.1 Checklist

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies

C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods
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
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients
F	A/01.7	Patient examination. Making a diagnosis
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness
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Q	1	Question: Make a diagnosis and indicate the most significant symptoms for this disease
A		Correct answer: Retromolar periostitis.

		Symptoms: 1. Sharp, persistent pain in the area where the tooth is erupting, radiating to the temple and ear. 2. Deterioration of general condition, weakness, fatigue, insomnia, headache, body temperature rises to 38-39.5°C. 3. Inflammatory, painful infiltrate in the retromolar region, spreading to the outer, less often - inner surface of the alveolar part of the jaw. 4. Severe inflammatory contracture (2-3 degrees). 5. Swelling in the posterior submandibular region.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	4-5 descriptors of the correct answer have been listed
	Satisfactory	2-3 descriptors of the correct answer have been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	2	Question: Conduct differential diagnostics
A		Correct answer: 1. Abscess of the pterygomandibular space. 2. Abscess of the peritonsillar space. 3. Abscess of the sublingual region.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	2 descriptors of the correct answer have been listed
	Satisfactory	1 descriptor of the correct answer has been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	3	Question: Make a comprehensive treatment plan for a dentist
A		Correct answer: The range of measures depends on the severity of inflammatory phenomena, the general and local picture of the disease, as well as radiological data. 1. The dental surgeon must eliminate acute symptoms by opening the inflammatory focus. 2. Prescribe general and local drug therapy (antibiotic therapy, anti-inflammatory therapy, antihistamines) 3. In case of inflammatory swelling of the perimaxillary soft tissues and lymphadenitis, external ointment dressings are indicated. 4. Physical treatment methods (UHF therapy, microwave therapy, light therapy with a Sollux lamp, laser therapy) 5. After the inflammatory phenomena have subsided, it is necessary to decide on the fate of the wisdom tooth, taking into account the clinical and radiographic data.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	4 descriptors of the correct answer have been listed
	Satisfactory	2-3 descriptors of the correct answer have been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	4	Question: Justify the sequence of surgical stages of treatment
A		Correct answer: 1. Under conduction and infiltration anesthesia, the dental surgeon makes an incision through the mucous membrane from the base of the pterygomandibular fold down to the inferior fornix of the vestibule. If there is inflammatory infiltration of the tissues of the inferior fornix of the vestibule, the incision is extended along the alveolar portion of the jaw at the level of the molars. 2. The wound is drained with a rubber strip.

		3. Daily dressing changes. 4. After the inflammatory phenomena have subsided, it is necessary, taking into account the clinical and radiographic data, to decide on the fate of the third molar, depending on whether there is sufficient space in the alveolar part of the jaw.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	3 descriptors of the correct answer have been listed
	Satisfactory	1-2 descriptors of the correct answer have been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	5	Question: List the possible complications
A		Correct answer: A purulent process from the retromolar space through the adjacent tissue and layers of loose connective tissue can spread to neighboring cellular spaces. 1.Abscesses and phlegmons of adjacent cellular spaces. 2. Purulent lymphadenitis of the submandibular region. 3. When the compact layer of the mandibular branch dies, secondary cortical osteomyelitis of the mandible occurs. 4. Actinomycosis.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	3 descriptors of the correct answer have been listed
	Satisfactory	1-2 descriptors of the correct answer have been listed
R0	Fail	No descriptors of the correct answer have been listed

4. Assessment criteria for learning outcomes

"Very good" grade is given to a student who possesses knowledge of the subject in full scope outlined in the curriculum, has a sufficiently deep insight into the subject; is able to answer all questions clearly, exhaustively, and with no outside help; structures their answers logically, with emphasis on the most important information; is able to analyze, compare, classify, summarize, refine, and structure the course content, giving particular attention to cause-and-effect relationships.

"Good" is given to a student whose knowledge of the subject is almost in full scope outlined in the curriculum (gaps are only present in the knowledge of some especially complex aspects); is able to answer questions exhaustively with little to no outside help; does not always put emphasis on the most important information, but does not make significant mistakes.

"Satisfactory" is given to a student who possesses the bulk of knowledge on the subject; has difficulties answering questions with no outside help, uses imprecise wording; makes mistakes in substantial number of their answers.

"Unsatisfactory" is given to a student who does not have the mandatory minimum of knowledge on the subject, is not able to give an answer even with additional guiding questions.

Practical Skills Assessment Checklist

Practical Skill Name: Mandibular anesthesia of tooth 4.7

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		
	Action		Performed	Not Performed
1.	Prepare a tray with instruments (medical spatula, dental forceps, dental mirror, carpule syringe), carpule with anesthetic, injection needles		1 point	-1 point
2.	Treat the diaphragm of the cartridge with an antiseptic		1 point	-1 point
3.	Place the cartridge into the injector		1 point	-1 point
4.	Combine plugger cartridges with an injector plunger		1 point	-1 point
5.	Install and secure the injection needle onto the carpule injector. Check the needle's patency.		1 point	-1 point
6.	Provide visibility of the anesthetic site. Palpate retromolar fossa, placing the nail on the temporal ridge		1 point	-1 point
7.	Position the carpule system relative to the injection site (the body of the syringe on the premolars on the opposite side, the injection needle between the projection of the temporal crest and the pterygomandibular fold at the level of the middle of its height)		1 point	-1 point
8.	Insert the needle. Insert the injection needle into the tissue until it touches the bone.		1 point	-1 point
9.	Perform an aspiration test. If the aspiration test is negative, slowly inject up to 0.5 ml of the anesthetic solution into the tissue.		1 point	-1 point
10.	Without removing the needle, turn the syringe body toward the anterior teeth. Insert the needle into the tissue to a depth of 2.0-2.5 cm.		1 point	-1 point
11.	Perform an aspiration test. If the aspiration test is negative, slowly inject the remaining anesthetic solution into the tissue. Remove the injection needle from the tissue.		1 point	-1 point
12.	Inform the patient about the completion of the procedure		1 point	-1 point
	Total		12 points	

Assessment criteria:

"Pass" - at least 75% of required actions performed

"Fail" - 74% of required actions or less performed