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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.04.03 Geriatric 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
		Mini-Case Studies
		Checklists
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. Examination of the oral cavity in elderly people. 2. Features of clinical assessment of the condition of hard dental tissues. 3. The most typical localization of caries in elderly people. 4. Assessment of the functional state of prostheses and prosthetic bed. 5. Assessment of atrophic changes in the maxillofacial region. 6. Features of the condition of oral tissues in patients with various somatic pathologies. 7. Change in the shape and color of teeth. 8. Pathological changes in the oral mucosa and tongue. Neurological manifestations. 9. Definition of the term "gerontostomatology ". Age groups.

		10. The importance of the increase in the number of elderly people in the organization of dental care for the population. 11. Features of providing dental care to the elderly. 12. Age-related changes in the oral mucosa. Atrophy of the mucosa. Formed elements on the mucosa. Presence of scars and cords. 13. Age-related changes in enamel structure. 14. Enamel hyperesthesia. Enamel cracks. Clinical presentation, differential diagnosis, treatment principles. 15. Age-related changes in periodontal tissues. Periodontal atrophy. Tooth tissue resorption. Widening of the periodontal gap. Tooth mobility. Registration of tooth mobility. 16. Age-related changes in bite. Enamel wear. Changes in the condition of the temporomandibular joint with age. 17. Changes in enamel color in old age. Factors affecting tooth color. Tooth color changes in patients with somatic pathology. 18. Typical localization of dental caries in the elderly. Clinical features of root caries. Treatment of root caries. Selection of filling material. 19. Pulpitis treatment in the elderly. Patency of dental canals. Endodontic root canal treatment methods. Mummifying treatment methods. 20. Treatment of periodontitis in the elderly. Endodontic root canal treatment methods. Physiotherapeutic treatment of inflammatory diseases of the periapical tissues. 21. Psychological and emotional state of patients with dental pathology. Providing psychological and medical assistance.
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Assessment criteria

"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.

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. Name the general methods that reduce inflammation in gum tissue. +1) improving oral hygiene 2) use of antiseptic rinses

		3) oxygen therapy 2. What is the role of vitamin B1 in preserving calcium in the jaw and teeth tissue? 1) normalization of carbohydrate metabolism +2) decreased production of pyruvic acid 3) improving nerve conduction 3. Name the main laboratory indicator reflecting the condition of a patient with periodontitis. 1) blood calcium level +2) bone densitometry 3) urine analysis for calcium levels 4. To speed up the healing of the elements of the HRAS, use 1) Florenal ointment 2) Tebrofen ointment 3) Clotrimazole ointment +4) Solcoseryl 5) Oxycort 6) Dental adhesive paste 5. How does jaw bone density change with long-term inflammation of the oral mucosa? 1) does not change 2) becomes higher +3) decreases 6. Pharmacodynamics of drugs in elderly people changes 1) slowing down of gastric emptying 2) decreased capillary permeability 3) increasing the binding of drugs to plasma proteins +4) decreased glomerular filtration
I		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		1. Indications for early splinting and prosthetics in diseases periodontium is +1) 3rd degree tooth mobility 2) significant swelling of the soft tissues of the prosthetic bed 3) hypertrophy of periodontal tissues 4) abscess formation of periodontal tissues +5) secondary deformations of the dental arches 2. Expectant tactics (untimely splinting and prosthetics) after tooth extraction due to periodontal disease leads to +1) overload of the remaining teeth 2) exacerbation of the inflammatory process +3) increase in pathological mobility of teeth 4) normalization of blood circulation and periodontal trophism 3. The choice of design for permanent splinting devices and prostheses is based on 1) the presence of secondary deformations +2) the presence of reserve forces of the periodontium

		3) lack of reserve forces of the periodontium +4) development of functional insufficiency of the periodontium 5) the number of pairs of antagonist teeth +6) the proposed type of stabilization of the dental arch 4. When manufacturing a removable immediate denture, these clinical stages are excluded 1) Obtaining impressions and models 2) Determination of central occlusion or central relationship of the jaws +3) Checking the wax construction of the prosthesis 4) Fitting and application of the prosthesis 5. Direct prosthetics +1) Allows maintaining the bite height +2) Avoid overloading the periodontium of remaining natural teeth 3) Avoid complications from tooth extraction +4) Provide social activity to the patient +5) Create favorable conditions for adaptation (including phonetic) to a permanent dental prosthesis (replacement, splinting). 6. Indications for the production of immediate dentures in patients with periodontal diseases are +1) removal of front teeth; +2) removal of teeth that fix the bite height; 3) resection of the alveolar arch of the jaw; +4) removal of three or more teeth. 7. The production of immediate dentures helps to +1) timely stopping of alveolar bleeding; +2) complete formation of a blood clot; +3) protection of the blood clot from unfavorable factors of the oral cavity. 8. Before applying the immediate prosthesis with a plastic base +1) rinse with running water 2) disinfect in a 3% hydrogen peroxide solution for 3-5 minutes +3) disinfect in a 6% hydrogen peroxide solution for 60 minutes 4) subjected to dry heat sterilization at a temperature of 180° C for 60 minutes 9. The diagnostic tool is +1) mirror, 2) spatula, +3) probe, 4) a stopper-ironer, +5) tweezers. 10. How to reduce calcium loss in women during menopause +1) the appointment of hormone replacement therapy +2) moderate regular physical activity 3) physical rest 11. Name the general methods that reduce inflammation in gum tissue. +1) improving oral hygiene
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		+2) use of antiseptic rinses 3) oxygen therapy 12. Does malocclusion affect the development of gum inflammation? 1) does not affect +2) contributes to the development of gum inflammation 3) slows down the development of inflammation in the gums 13. How to extend the contact time of a drug with periodontal tissues? +1) using medicinal forms in the form of gels and pastes under gingival dressings 2) increasing the concentration of the composition +3) using gingival films (Diplen-Denta) 14. What is the role of vitamins C and P in maintaining the normal condition of the dental system? +1) improving microcirculation +2) improving collagen synthesis 3) improved blood clotting 15. What is the role of vitamin B1 in preserving calcium in the jaw and teeth tissue? +1) normalization of carbohydrate metabolism 2) decreased production of pyruvic acid +3) improving nerve conduction 16. Indicate how vitamin B2 helps normalize metabolic processes in the tissues of the oral cavity. +1) normalization of carbohydrate and fat metabolism +2) prevention of cheilitis 3) reduction of pain sensitivity 17. The role of vitamin B6 in the oral cavity +1) normalization of protein metabolism +2) improved regeneration +3) normalization of the immune response 18. Name the main laboratory indicator reflecting the condition of a patient with periodontitis. 1) blood calcium level 2) bone densitometry 3) urine analysis for calcium levels 19. List the inflammatory periodontal diseases +1) gingivitis +2) periodontitis 3) periodontosis
I		ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)
		1. In the differential diagnosis of periodontitis, chronic osteomyelitis and eosinophilic granuloma, match the nosological form and description and its manifestations: 1) periodontitis 2) chronic osteomyelitis 3) eosinophilic granuloma

		A) the presence of sequestrs, zones of sequestral disconnections, absence of fistula tracts, scars on the mucous membrane B) local changes in the bones of the skull, phalanges of the hands and feet, the presence of eosinophilia C) osteoporosis, widening of the periodontal space, destruction of bone tissue only in the alveolar part of the lower jaw
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Assessment criteria

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

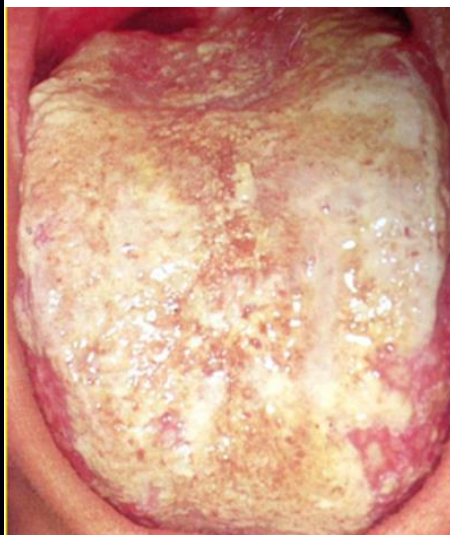
“Good” - 81-90% correct answers of questions of every level

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

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

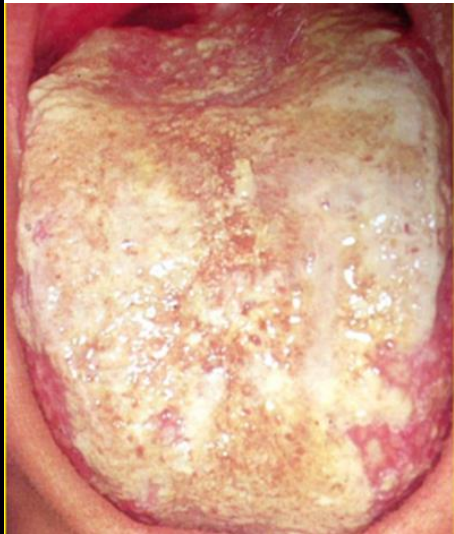
Standardized case studies and checklists for **B1.V.EC.04.03 Geriatric dentistry** course

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	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		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient L., 48 years old, came to the dental clinic with complaints of an unusual appearance of the tongue, dryness and burning in the mouth. The patient has a history of long-term antibiotic use. His general condition is satisfactory. During external examination, regional lymph nodes are not palpable. On oral examination, the tongue is hyperemic and swollen. The dorsum of the tongue has a white-yellow, curdy coating that can be easily removed by scraping. Removing the coating reveals a brightly hyperemic tongue surface. 
Q	1	Question:

		Make a preliminary diagnosis and justify it
Q	2	Question: An additional examination method for diagnosis, the composition of plaque has diagnostic value
Q	3	Question: Conduct differential diagnostics
Q	4	Question: Make a treatment plan
Q	5	Question: Disease prognosis, prevention

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	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		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient L., 48 years old, came to the dental clinic with complaints of an unusual appearance of the tongue, dryness and burning in the mouth. The patient has a history of long-term antibiotic use. His general condition is satisfactory. During external examination, regional lymph nodes are not palpable. On oral examination, the tongue is hyperemic and swollen. The dorsum of the tongue has a white-yellow, curdy coating that can be easily removed by scraping. Removing the coating reveals a brightly hyperemic tongue surface. 
Q	1	Question: Make a preliminary diagnosis and justify it
A		Correct answer: 1. Acute pseudomembranous candidiasis of the oral cavity.

		Based on: 2. Patient complaints (unusual appearance of the tongue, dryness and burning sensation in the mouth) 3. Anamnesis (long-term use of antibiotics) 4. Objective data (the tongue is hyperemic, swollen, covered with a white-yellow cheesy coating)
R2	Very good	All descriptors of the correct answer have been listed
R1	Good/Satisfactory	3 descriptors of the correct answer have been listed 1-2 descriptors of the correct answer have been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	2	Question: An additional examination method for diagnosis, the composition of plaque has diagnostic value
A		Correct answer: Additional examination methods: 1. Bacteriological culture for Candida with sensitivity to antifungal drugs. 2. Blood test for HIV. 3. Blood sugar test. 4. Clinical blood test (erythrocyte indices) for the diagnosis of anemia. 5. Blood test for Vitamin D. Plaque composition that has diagnostic value: 6. The plaque consists of desquamated epithelial cells, fibrin, food debris, mycelial threads, and bacteria.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good/Satisfactory	4-6 descriptors of the correct answer have been listed 1-3 descriptors of the correct answer have been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	3	Question: Conduct differential diagnostics
A		Correct answer: 1. With acute pseudomembranous candidiasis in HIV. 2. With warty leukoplakia. 3. With exudative-hyperemic form of lichen planus. 4. With secondary syphilis. 5. With chronic recurrent aphthous stomatitis. 6. With allergic stomatitis.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good/Satisfactory	4-6 descriptors of the correct answer have been listed 1-3 descriptors of the correct answer have been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	4	Question: Make a treatment plan
A		Correct answer: 1. Etiotropic treatment: Antifungal drugs. For example, Fluconazole – 50 mg once a day for 7 days. 2. Dysbiosis medications: live microbial strains to restore normal microflora. For example, Linex Forte. 3. Desensitization therapy: antihistamines. For example, Claritin 10 mg once daily for 7 days. 4. Vitamin therapy: B vitamins, vitamin D, iron – use for a month. Local:

		5. Antiseptic treatment of the oral cavity: rinse after meals with 0.05% chlorhexidine, 3-4 times a day, 5 days. 6. Application of antifungal agents to the affected areas of the mouth 3-4 times a day for 5 days. For example, 1% Candid 7. Epithelializing therapy: from the 6th day on the affected areas 3-4 times a day, for 5 days. For example, methyluracil ointment.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good/Satisfactory	5-6 descriptors of the correct answer have been listed 1-4 descriptors of the correct answer has been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	5	Question: Disease prognosis, prevention
A		Correct answer: 1. Favorable if recommendations are followed. Prevention: 2. Oral cavity sanitation. 3. Professional oral hygiene. 4. Replacement of old and irrational orthopedic structures, rational prosthetics.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good/Satisfactory	3-4 descriptors of the correct answer have been listed 1-2 descriptor of the correct answer has been listed
R0	Fail	No descriptors of the correct answer have been listed

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.

Practical Skills Assessment Checklist

Practical Skill Name: Patient examination

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.	Use of personal protective equipment, selection of tools for performing the task (medical gown, cap, change of shoes, medical gloves, dental mirror, tweezers, probe, tray)	1 point	-1 point
2.	Conducting a survey (complaints, medical history, informed voluntary consent of the patient to obtain data on concomitant and past diseases, prosthetics, oral sanitation)	1 point	-1 point
3.	Examination (palpation of the soft tissues of the face and bone base, determination of the height of the lower part of the face in a state of physiological rest and occlusal height, determination of the type of bite)	1 point	-1 point
4.	Palpation of the temporomandibular joint (determination of symmetry, smoothness of movements, deviation of the lower jaw)	1 point	-1 point
5.	Determination of the degree of tooth mobility by probing or palpation, determination of the periodontal condition (probing of the periodontal groove, pocket), detection of gum recession, reduction in the height of the interdental septa.	1 point	-1 point
6.	Determination of areas of mobile and immobile mucous membrane, determination of compliance and pain sensitivity of the oral mucosa by palpation	1 point	-1 point
7.	Determination of bite, dental arch defects, dental defects - the degree of destruction of hard tissues of chewing teeth using the index of destruction of the occlusal surface of the tooth (IODZ according to V.Yu. Milikevich), the degree and uniformity (unevenness) of atrophy of the alveolar processes, exostoses, palatine torus	1 point	-1 point
8.	Evaluation of orthopantomogram, panoramic and targeted radiographs: presence of periapical changes, changes in the cortical plate, narrowing or widening of the periodontal space	1 point	-1 point
9.	Filling out a medical card	1 point	-1 point
10.	Formulating a diagnosis and making recommendations	1 point	-1 point
	Total	10 points	

Assessment criteria:

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

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