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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.36 Clinical 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**	**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 oncology. Organization of oncology services in the Russian Federation. The subject and objectives of oncology. Definition of "formation" (tumor). Tumor etiology and pathogenesis, risk factors. Statistical data on neoplasms of the face and jaws. Tumor classification. Classification principles of A.A. Kolesov, Yu.I. Bernadsky, WHO, etc. Signs of malignant and benign tumors. Oncological alertness of a physician. Methods of examination of a cancer patient. Routing of a patient with a newly diagnosed cancer. Ethical and deontological standards in oncology (informing the patient, non-disclosure of medical confidentiality, etc.). Legal liability of a physician. 2. Precancerous diseases of the face and oral cavity. Obligatory and optional precancer. Basic diagnostic methods for precancer (stomatoscopy, cytology, histology). Simple and extended stomatoscopy techniques. Schiller and toluidine blue dye tests for stomatoscopy. Criteria for evaluating stomatoscopy results. Cytological examination techniques (puncture and aspiration biopsy, scraping of the affected area, impression, lavage). Optional precancer and underlying diseases of the face and oral cavity. Obligatory precancer. Bowen's disease. Erythroplasia. Verrucous precancer of the vermilion border. Hyperkeratosis of the vermilion border. Manganotti's cheilitis. Cutaneous horn. Treatment principles. Differential diagnostics of precancerous diseases. 3. Anatomical and physiological features of the maxillofacial region. Benign soft tissue tumors of the maxillofacial region, oral cavity. Benign soft tissue tumors of the maxillofacial region. Hemangioma. Clinical presentation, diagnostics, treatment. Lymphangiomas. Clinical presentation, diagnostics, treatment. Congenital fistulas and cysts of the maxillofacial region. Dermoid cyst. Clinical presentation. Diagnostics. Treatment. Neurofibromatosis. Clinical presentation, diagnostics, treatment. Salivary gland cysts (sublingual, parotid, submandibular). Clinical presentation. Diagnostics. Treatment. 4. Benign tumors of the facial skeleton and oral cavity. Classification of odontogenic tumors. Clinical presentation. Diagnosis. Treatment. Postoperative period and bone tissue restoration. Adamantinomas. Clinical presentation. Diagnosis. Differential diagnosis. Treatment: conservative, surgical (bone resection, excochleation, removal). 5. Salivary gland tumors. Classification. Predisposing factors. Borderline salivary gland tumors. Mixed salivary gland tumors. Diagnosis. Differential diagnosis of salivary gland tumors. Clinical presentation. Treatment. Prevention. 6. Benign soft tissue tumors with bone invasion. Osteogenic tumor-like formations of the jaws. Hemangiomas. Fibromas. Neurofibromas. Fibrous dysplasia. Cherubism. Paget's disease. Fibrous osteodystrophy. Eosinophilic granuloma. Neurinoma, etc. 7. Malignant neoplasms of the maxillofacial region. Statistics. Classification according to the TNM system. Metastasis. Grouping by stages. Predisposing factors for the development of malignant neoplasms. Signs of malignant neoplasms. Malignant neoplasms of the soft tissues of the maxillofacial region. Facial skin cancer. Clinical presentation. Differential diagnosis. Prognosis. Lip cancer. Clinical presentation. Principles of lower lip cancer treatment. The scope and nature of surgical treatment for lower lip cancer. The role of chemotherapy, cryotherapy,

		radiotherapy, and photodynamic therapy in the complex treatment of patients with lower lip cancer. 8. Cancer of the oral mucosa, alveolar process, hard and soft palate, tonsils, and tongue (exophytic and endophytic forms). Statistics. Classification. Predisposing factors. Clinical presentation. Routes and nature of metastasis. Treatment. Prevention. 9. Malignant tumors of the facial bones. Examination methods for patients with malignant bone tumors. Classifications. Predisposing factors. Histogenesis. Growth characteristics. Clinical presentation. Routes and nature of metastasis. Treatment principles. Extent and nature of surgical treatment. Radiographic signs of malignancy. Prognosis. Prevention. 10. Principles of treatment and rehabilitation of patients with benign and malignant tumors of the maxillofacial region. The concept of "ablastics." Indications and contraindications for surgical treatment. Surgical field boundaries and the volume of tissue removed. Palliative and symptomatic therapy. 11. Periodontology. Definition of the subject. Goals and objectives. History of the science. The role and significance of surgical methods in the comprehensive treatment of periodontitis. Principles of periodontal surgery (curettage, gingivotomy, gingivectomy). Indications and contraindications. Surgical technique. 12. Surgical methods for treating periodontitis using tissue transfer and osteoplasty. The Widman-Neumann flap procedure and its modifications. Indications and contraindications. Surgical technique. Osteoplasty. Bone pocket filling material. Technique. Frenulotomy, frenulectomy, vestibuloplasty. Indications. Surgical technique. Comparison of various treatment methods. 13. Surgical preparation of the oral cavity for orthopedic treatment. Removal of exostoses. Surgical intervention in the mylohyoid line area. Reduction of the mental tubercle and mental protrusion. Removal of the mandibular ridge. Soft tissue surgeries of the oral cavity: removal of vestibular scar tissue, creation of a high and wide alveolar arch. Indications and contraindications. Surgical technique. Complications. 14. Dental implantation. Types of defects and deformities of the alveolar portion of the jaws. Indications and contraindications for the use of dental implants. Modern approaches. Morphological features of bone wound healing. Morphological features of the bone-implant contact zone. The phenomenon of osseointegration and factors influencing its optimization. Modern approaches. Complication prevention.

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**
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F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness
I		**ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		1. What laser power is used in the treatment of periodontal diseases to provide an anti-inflammatory effect? 1) 100-200 mW/cm2 2) 1-50 mW/cm2 **3) 50-100 mW/cm2** 4) 250 mW/cm2 2. 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 3. In the treatment of malignant tumors of the salivary glands 1) both preoperative and postoperative radiation therapy is performed 2) only preoperative radiation therapy is performed **3) only postoperative radiation therapy is performed** 4) radiation therapy is not performed 4. Indications for electrophoresis 1) fractures of the jaw bones 2) TMJ arthrosis 3) exacerbation of periodontitis 4) caries in the spot stage 5. When treating a lower molar under a bridge prosthesis, if the medial canals are impassable, and the process is localized precisely around the medial root, it is advisable to choose the following tactics 1) electrophoresis 2) passage of channels with machine drills 3) replantation **4) removal of the medial root, use of the distal root under the prosthesis (hemisection)** 6. Prescribing EPUHF in a non-thermal dose during the first 2-3 days for a jaw fracture has the following effects **1) anti-inflammatory action**

2) pain reliever
3) accelerates reparative processes
4) accelerates bone mineralization

7. Physiotherapeutic treatment of TMJ arthrosis is combined with
1) surgical
2) pharmacological and orthopedic
3) pharmacological
4) orthopedic treatment

8. In case of chronic periodontitis, darsonvalization is prescribed if there is
1) acute inflammation
2) the presence of a local abscess
3) dental plaque
4) venous congestion and edema

9. An intraoral incision for an abscess of the infratemporal fossa is made
1) at the anterior edge of the branch of the lower jaw
2) medial to the pterygomandibular fold
3) along the transitional fold from 1.4 to 1.6 teeth
4) along the transitional fold in the premolar area
5) along the upper vault of the oral vestibule in the area of the molars

10. When diagnosing odontogenic phlegmon, the fluctuation symptom is detected
1) always
2) rarely
3) only in the early stages of the process
4) in the infiltration stage
5) depending on the localization of the process

11. An incision for phlegmon of the submandibular triangle is made
1) parallel to the base of the lower jaw
2) curving around the angle of the lower jaw
3) parallel to the anterior edge of the masseter muscle
4) in the area of the lower fornix of the vestibule of the mouth
5) collar

12. The main principle of wound treatment in phase III (scarring and epithelialization) is
1) Novocaine nerve block with antibiotics
2) layer-by-layer opening of the purulent focus with the introduction of drainage
3) removal of the causative tooth
4) conducting physiotherapy
5) detoxification therapy

13. In case of active granulation process in the wound, surgical treatment consists of
1) primary sutures
2) secondary sutures
3) delayed sutures
4) primary-delayed sutures
5) secondary-delayed sutures

14. A dense, painful infiltrate occupying the entire submandibular triangle is characteristic of
1) acute lymphadenitis
2) exacerbation of salivary stone disease
3) phlegmon of the submandibular triangle
4) furuncle of the submandibular triangle
5) lymphangiomas

15. Complaints characteristic of phlegmon of the parapharyngeal space include
1) inability to open the mouth
2) sharp pain when swallowing, limited mouth opening, difficulty breathing
3) severe pain when swallowing, opening the mouth freely, difficulty breathing
4) pain and swelling while eating
5) difficulty breathing

16. In case of phlegmon of the temporal region, the infiltrate is determined:
1) above the zygomatic arch
2) below the zygomatic arch
3) in the area of the maxillary tubercle
4) not determined
5) along the anterior edge of the masseter muscle

17. The causative agents of actinomycosis are
1) aerobic actinomycetes
2) anaerobic actinomycetes
3) micromonospores
4) spirochetes
5) bacteroides

18. In the subcutaneous-intermuscular form of actinomycosis, the following tissues are affected
1) skin, muscles and jaw bones
2) subcutaneous, intermuscular and interfascial tissue with spread to the skin, muscles and jaw bones
3) subcutaneous and interfascial tissue without spreading to the skin, muscles and jaw bones
4) vessels and nerves
5) tongue, tonsils, salivary glands

19. Actinomycosis is differentiated from
1) phlegmon, osteomyelitis, jaw cancer
2) caries, pulpitis
3) lymphangioma and capillary hemangioma
4) lipoma and atheroma
5) trigeminal neuralgia

20. The causative agent of syphilis
1) Treponema pallidum
2) Koch's bacillus
3) mixed flora
4) radiant mushrooms

5) Epstein-Barr virus

21. The incubation period of primary syphilis is
1) 1-2 weeks
2) 3 weeks
3) 7-8 weeks
4) 9-10 weeks
5) 12-14 weeks

22. The secondary period of syphilis begins on average after
1) 6-8 weeks after the appearance of hard chancre
2) 10-12 weeks after the appearance of hard chancre
3) 14-20 weeks after the appearance of hard chancre
4) 5-6 months after the appearance of hard chancre
5) 2-3 years after the appearance of hard chancre

23. In case of primary tuberculous infection of the maxillofacial region
1) a granuloma with caseous decay develops
2) non-caseating granuloma develops
3) regional lymph nodes are never affected
4) scrofuloderma develops
5) gummatous lesions of the hard palate develop

24. Erysipelas is an infectious disease of
1) skin and mucous membranes
2) subcutaneous tissue
3) bone tissue
4) nervous tissue
5) muscle tissue

25. Pathogens causing erysipelas are
1) Viridans streptococci
2) Enterococci
3) group A β-hemolytic streptococci
4) alpha-hemolytic streptococci
5) Staphylococcus aureus

26. Patients with erysipelas of the face should be hospitalized in:
1) maxillofacial department
2) surgical department
3) infectious diseases department
4) therapeutic department
5) rheumatology department •

27. A serious complication of a furuncle of the nasolabial triangle is
1) carbuncle
2) phlegmon
3) abscess
4) thrombosis of the cavernous sinus
5) erysipelas

28. General somatic symptoms of the inflammatory process in the maxillofacial region are
1) intoxication

2) convulsive readiness
3) respiratory syndrome
4) hypertensive syndrome
5) renal failure

29. On the day of treatment for phlegmon and abscesses of the maxillofacial region, it is necessary to
1) open the purulent focus
2) start acupuncture
3) perform a paranephric block
4) conduct physiotherapy treatment
5) administer respiratory analeptics intramuscularly

30. On the day of treatment for inflammatory infiltrates, it is necessary
1) perform a paranephric block
2) start acupuncture
3) perform a Vishnevsky blockade
4) give a massage
5) administer respiratory analeptics intramuscularly

31. Non-epidemic parotitis is a complication of
1) flu
2) hypertension
3) angina pectoris
4) polyarthritis
5) cholecystitis
6) diseases of the salivary glands

32. The leading role in the development of acute sialadenitis is played by
1) acute stomatitis
2) Herpetic stomatitis
3) reflex hyposalivation
4) reflex hypersalivation
5) malocclusion

33. The clinical picture of acute sialadenitis is characterized by
1) herpetic stomatitis
2) slight compaction of the gland
3) pain, enlargement of the gland, hyposalivation
4) pain, reduction of the gland, hypersalivation
5) normal salivation and gland size

34. Stimulates salivation
1) atropine
2) Iodolipol
3) chlorhexidine
4) potassium iodide
5) calcium chloride

35. Suppresses salivation
1) atropine
2) Iodolipol
3) chlorhexidine
4) potassium iodide

5) potassium chloride

36. Chronic parenchymal sialadenitis is characterized by
1) melting of the stroma
2) total parenchymal edema
3) formation of small cavities in the parenchyma
4) proliferation of interstitial connective tissue
5) vascular thrombosis

37. Chronic interstitial sialadenitis is characterized by
1) melting of the stroma
2) total parenchymal edema
3) formation of small purulent cavities
4) proliferation of interstitial connective tissue
5) vascular thrombosis

38. Sialodochitis are characterized by
1) damage to the glandular stroma
2) damage to the parenchyma of the gland
3) damage to the excretory duct system
4) damage to intraglandular lymph nodes
5) vascular thrombosis

39. The main clinical sign of calculous sialadenitis is
1) pain in the gland
2) hyposalivation
3) hypersalivation
4) inflammation of the duct orifice
5) swelling of the gland during meals

40. To diagnose a calculus in the Wharton's duct, the following is performed
1) orthopantomogram
2) X-ray of the body of the mandible
3) intraoral radiograph of the floor of the mouth
4) X-ray of the submandibular salivary gland
5) tomography of the submandibular salivary gland

41. To diagnose a calculus in the submandibular salivary gland, the following is performed
1) orthopantomogram
2) X-ray of the body of the mandible
3) X-ray of the sublingual region
4) X-ray of the submandibular salivary gland
5) tomography of the submandibular salivary gland

42. The main method of treating salivary calculus is
1) physiotherapy
2) chemotherapy
3) hormonal therapy
4) autohemotherapy
5) surgical intervention

43. The main surgical method of treatment in the presence of a salivary calculus is

1) extirpation of the gland
2) removal of the calculus
3) plastic surgery of the excretory duct
4) dissection of the stenotic duct
5) case-fascial excision of the neck tissue according to the upper variant

44. The development of retention cysts of the salivary glands is based on
1) tumor
2) inflammation
3) birth trauma
4) impaired the outflow of saliva
5) immune disorders

45. The cavity of the salivary gland retention cyst is filled with
1) saliva
2) detritus
3) granulations
4) cholesteatoma masses
5) cholesterol crystals

46. The main method of treating salivary gland cysts is
1) physiotherapy
2) chemotherapy
3) hormonal therapy
4) autohemotherapy
5) surgical intervention

47. Ranula is
1) parotid salivary gland cyst
2) sublingual salivary gland cyst
3) tumor of the sublingual salivary gland
4) submandibular salivary gland cyst
5) tumor of the submandibular salivary gland

48. Submandibular salivary gland cyst must be differentiated
1) parotitis
2) actinomycosis
3) lateral cyst of the neck
4) capillary hemangioma
5) inflammatory disease

49. Malignant epithelial tumor of the salivary glands is
1) oncocytosis
2) lymphadenoma
3) pleomorphic adenoma
4) monomorphic adenoma
5) adenoid cystic carcinoma

50. Malignant epithelial tumor of the salivary glands is
1) oncocytosis
2) lymphadenoma
3) adenocarcinoma
4) pleomorphic adenoma
5) monomorphic adenoma

51. The main additional examination method in the diagnosis of salivary gland tumors is

1) isotope study
2) cytology
3) **ultrasound examination**
4) sialotomography
5) thermal imaging

ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)

1. When pushing the root of a tooth into the maxillary sinus, you should

1) try to remove it through the hole
2) perform alveolotomy
3) perform maxillary sinusectomy
4) sew up the hole
5) refer the patient for x-ray with further observation
6) perform curettage

2. If the blood clot does not form in the socket after tooth extraction, the doctor's tactics include

1) Washing the socket with antiseptics
2) Performing socket curettage
3) Prescribing antibiotics
4) Inserting a gauze swab into the hole
5) Prescribing mouth rinses
6) Providing appropriate recommendations

3. A group of teeth is mobile in patients with

1) Acute serous periostitis
2) Acute purulent periostitis
3) Acute osteomyelitis
4) Abscess
5) Chronic generalized periodontitis
6) Papilloma

4. Curettage in patients with periodontitis is aimed at

1) Removal of granulation tissue
2) Removal of subgingival dental plaque and granulation tissue
3) Elimination of the pocket
4) Creating conditions for secondary gingival fusion to tooth tissue
5) Removal of areas of overgrown gum epithelium
6) Removing dental plaque

5. Indications for surgical treatment of periodontal diseases include

1) Gingivitis
2) Periodontosis
3) Mild to moderate periodontitis
4) Moderate to severe periodontitis
5) The depth of the gingival pockets is more than 6-7 mm
6) The depth of the gingival pockets is less than 6-7 mm

6. Signs of injury of the floor of the maxillary sinus include

1) Heavy bleeding from the socket
2) Severe pain syndrome

3) Asymptomatic
4) The passage of air from the nose into the oral cavity
5) Hypersalivation
6) Nosebleed

7. First aid for dislocation of the lower jaw that occurs during tooth extraction includes
1) Splinting
2) Reduction of dislocation
3) Hospitalization
4) Anesthesia
5) Sling bandage
6) Dental prosthetics

8. Indications for osteogingivoplasty include
1) Gum recession
2) Chronic gingivitis
3) Mild chronic generalized periodontitis
4) Moderate chronic generalized periodontitis
5) Severe chronic generalized periodontitis
6) Papilloma

9. Signs of migrating facial granuloma include
1) Aching tooth
2) Bleeding gums
3) Enlarged lymph nodes
4) A decayed tooth
5) Heaviness, skin changes
6) Changes in the salivary glands

10. It is not recommended to perform ____ in outpatient setting
1) Root apex resection
2) Tooth replantation
3) Submandibular salivary gland removal
4) Sinus lift
5) Opening of phlegmon
6) Tooth extraction

11. Outpatient dental surgeries include
1) Surgery according to R.Kh. Vanakh
2) Uranoplasty
3) Opening of phlegmon of the floor of the oral cavity
4) Opening of an oral abscess
5) Tooth extraction
6) Sinusotomy

12. In acute inflammatory diseases, the blood test shows
1) Neutrophil shift to the left in the leukocyte formula
2) Neutrophilic shift of the leukocyte formula to the right
3) Leukopenia
4) Erythrocytosis
5) Thrombocytopenia
6) Increased ESR

13. Characteristics causes of fainting include
    1) Psychogenic reaction
    2) Painful irritation
    3) Neurocirculatory dystonia of the hypertensive type
    4) Hyperactivity
    5) Taking vitamins
    6) Diabetes mellitus

14. The horizontal position is optimal in case of
    1) Hyperventilation
    2) Asphyxia
    3) Hyperglycemia
    4) Collapse
    5) Kidney damage
    6) Fainting

15. Anaphylaxis is most likely to be caused by
    1) Hormones
    2) Narcotic analgesics
    3) Iodine preparations
    4) Tranquilizers
    5) Local anesthetics
    6) Vitamin A

ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)

1. Match the anesthetic with its properties

Properties:

1) does not pass through the hematoplacental barrier
2) used in all types of anesthesia
3) the most effective in terms of duration
4) used only for topical anesthesia
5) hydrolyzed by pseudocholinesterase
6) does not have a pronounced effect on blood vessels and can be used without a vasoconstrictor

Anesthetic:

A) anesthesin
B) novocaine
C) articaine
D) lidocaine
E) bupivacaine
F) mepivacaine

2. Match the manipulation with the tool used for it

Manipulation:

1) removal the roots of the upper teeth
2) removal of upper molars
3) removal of lower molars
4) dislocation of teeth
5) removal of lower incisors
6) removal all tooth roots

Forceps:

A) with two spikes
B) bayonet

C) elevator
D) beak-shaped
E) with one spike
F) luxator

3. Match the manipulation with the tool used for it

Manipulation:

1) syndesmotomy
2) extraction
3) dislocation
4) curettage
5) tissue retention
6) tissue suturing

Tool:

A) elevator
B) sickle-shaped trowel
C) Farabeuf hook
D) curettage spoon
E) forceps
F) needle

4. Match the manipulation with its possible complication

Manipulation:

1) bringing the edges of the wound together
2) incomplete rapprochement of the wound edges
3) an open wound
4) suturing the wound
5) an open and untreated wound for a long time
6) failure to bring the edges of the hole together

Complication:

A) secondary tension
B) suppuration
C) necrosis
D) proliferation of granulation tissue
E) primary tension
F) exostoses

5. Match the type of anesthesia with nerves it affects

Type of anesthesia:

1) Mandibular
2) Torusal
3) Tuberal
4) Infraorbital
5) Incisor

Blocked nerves:

A) Lingual, lower alveolar and buccal
B) Nasopalatine
C) Lower alveolar and lingual
D) Anterior and middle superior alveolar
E) Posterior superior alveolar

6. Match the nerves with their zones of innervation

Innervation zone:

1) Front 2/3 of the tongue
2) Tubercle, alveolar process, molars of the upper jaw
3) Maxillary premolars
4) Teeth of the lower jaw
5) Front teeth of the upper jaw

Nerve endings:

A) Posterior superior alveolar branches
B) Inferior alveolar nerve
C) Anterior superior alveolar branches
D) Middle superior alveolar branches
E) Lingual nerve

7. Match the teeth with the type of anesthesia used for them

Tooth number:

1) Teeth 3.1, 4.1
2) Teeth 3.8, 4.8
3) Teeth 3.4, 4.4
4) Teeth 1.2, 2.2
5) Teeth 1.4, 2.4

Type of anesthesia

A) Infraorbital, incisor
B) Mandibular
C) Infiltration
D) Infraorbital, infiltration
E) Torusal

8. Match the teeth groups with tools used to extract them

Teeth group:

1) Incisors and canines of the lower jaw
2) Lower jaw molars
3) Maxillary premolars
4) Third lower molars
5) Maxillary molars

Instrument for tooth extraction surgery:

A) Beak-shaped forceps with spikes
B) Beak-shaped forceps
C) Forceps curved along the plane
D) S-shaped pliers with a spike
E) S-shaped pliers without a spike

9. Match complications that may occur after tooth extraction with appropriate treatment measures

Complications that occur after tooth extraction:

1) Opening the bottom of the maxillary sinus
2) Bleeding from soft tissue damage
3) Bleeding from the socket walls
4) Bleeding from the bottom of the socket
5) Alveolitis (first visit)

Treatment measure

		A) Compression of the bleeding area of the bone B) Removal of the disintegrated clot, loose insertion of an iodoform turunda into the hole C) Tight tamponade of the socket with iodoform turunda D) Suturing with a flap E) Suturing the wound

Assessment criteria

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Standardized case studies and checklists for the **B1.C.36 Clinical surgical dentistry** course

Case Study No.1

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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 A., 25 years old, complained of a painless, spherical formation in the mucous membrane of the lower lip. Development of the current disease: according to the patient, a month ago she bit her lip hard, after which, after a few days, a growth appeared that gradually increased in size. Past and concomitant illnesses: According to the patient, she is practically healthy. She denies HIV, syphilis, or hepatitis. She has no history of allergies. General condition is satisfactory. Body temperature is 36.7ºC. Local status: facial configuration is unchanged. Mouth opening is normal. Regional lymph nodes are not enlarged, painless, and mobile upon palpation. Oral cavity: A rounded mass, approximately 1 cm in diameter, is located on the inner surface of the left lower lip. It is soft and elastic and painless upon palpation. The mucous membrane over the mass is pale pink and moderately moist. Dental formula:

		Pr 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 Pr
Q	1	Question: Make a diagnosis and indicate the most significant symptoms for this disease
Q	2	Question: Conduct differential diagnostics
Q	3	Question: Create a comprehensive treatment plan with dentists of various specialties
Q	4	Question: Justify the sequence of surgical stages of treatment
Q	5	Question: List possible local and general 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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Patient A., 25 years old, complained of a painless, spherical formation in the mucous membrane of the lower lip. Development of the current disease: according to the patient, a month ago she bit her lip hard, after which, after a few days, a growth appeared that gradually increased in size. Past and concomitant illnesses: According to the patient, she is practically healthy. She denies HIV, syphilis, or hepatitis. She has no history of allergies. General condition is satisfactory. Body temperature is 36.7ºC. Local status: facial configuration is unchanged. Mouth opening is normal. Regional lymph nodes are not enlarged, painless, and mobile upon palpation. Oral cavity: A rounded mass, approximately 1 cm in diameter, is located on the inner surface of the left lower lip. It is soft and elastic and painless upon palpation. The mucous membrane over the mass is pale pink and moderately moist. Dental formula:

		Pr 8 7 6 5 4 3 2 1 1 2 3 4 5 6 Pr 7 8 Pr
Q	1	Question: Make a diagnosis and indicate the most significant symptoms for this disease
A		Correct answer: 1. Ranula, a retention cyst of the minor salivary gland of the mucous membrane of the lower lip. The most significant symptoms are: 2. History of trauma to the mucous membrane of the lip. 3. Rounded shape of the formation. 4. The formation is painless, soft elastic consistency
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	2	Question: Conduct differential diagnostics
A		Correct answer: 1. Malignant neoplasm of the mucous membrane of the lip. 2. Papilloma of the mucous membrane of the lip. 3. Abscess of the lower lip.
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: Create a comprehensive treatment plan with dentists of various specialties
A		Correct answer: 1. Surgical operation - removal (excision) of the formation of the mucous membrane of the lower lip. 2. Antibacterial therapy. 3. Local treatment of the postoperative wound (antiseptic treatment). 4. Physiotherapy.
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	4	Question: Justify the sequence of surgical stages of treatment
A		Correct answer: Sequence of surgical stages: 1. Anesthesia (pain relief) 2. Excision of the formation 3. Suturing the wound 4. Hemostasis
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 possible local and general complications
A		Correct answer:

		Local complications: 1. Purulent-inflammatory complications: abscess formation (suppuration), phlegmon, lymphadenitis. 2. Malignancy (cancerous transformation). General complications: 3. Septic complications - systemic inflammatory response syndrome, sepsis.
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

Case Study No.2

	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** A 48-year-old female patient presented with complaints of fluid entering the nasal cavity, which began immediately after the extraction of tooth No. 2. Current disease history: According to the patient, tooth No. 2 had not previously caused any problems. It had decayed gradually over the course of her life. Endodontic treatment had been attempted twice, but was not completed due to the patient's failure to attend appointments. Following a recent cold, she developed mild pain when biting on the tooth, nasal congestion, and a feeling of heaviness in the left maxillary sinus area when tilting her head. She visited her local clinic, where an X-ray of tooth No. 2 revealed clearly defined bone loss at the apex of the distal buccal root, and a decision was made to remove it. The roots of tooth No. 2 were removed under infiltration anesthesia. A socket examination revealed a connection with the left maxillary sinus, and copious purulent discharge was obtained from the socket. The same day, the patient was referred for a consultation. Past and concomitant illnesses: according to the patient, she is practically healthy. No history of allergies. She denies syphilis, hepatitis B, C, or HIV. Her general condition is satisfactory. Temperature is 36.6°C. Local status: the facial configuration is unchanged. Regional lymph nodes are not visible. Mouth

		opening is free. In the oral cavity: the socket of the previously extracted 2.6 tooth is empty, the surrounding tissues show no visible signs of inflammation. A nasal-oral test revealed bubbling blood coming from the socket. Probing of the socket revealed a connection with the sinus in the area of the palatine root. Dental formula.

A		A		C									A	A		
18	**17**	**16**	**15**	**14**	**13**	**12**	**11**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**
48	**47**	**46**	**45**	**44**	**43**	**42**	**41**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**
	F	Pt	F									A	Pt		

Q	1	Question: Make a diagnosis and indicate the most significant symptoms for this disease
Q	2	Question: Conduct differential diagnostics
Q	3	Question: Create a comprehensive treatment plan with dentists of various specialties
Q	4	Question: Justify the sequence of surgical stages of treatment
Q	5	Question: List possible local and general complications

Case Study No.2 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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 48-year-old female patient presented with complaints of fluid entering the nasal cavity, which began immediately after the extraction of tooth No. 2. Current disease history: According to the patient, tooth No. 2 had not previously caused any problems. It had decayed gradually over the course of her life. Endodontic treatment had been attempted twice, but was not completed due to the patient's failure to attend appointments. Following a recent cold, she developed mild pain when biting on the tooth, nasal congestion, and a feeling of heaviness in the left maxillary sinus area when tilting her head. She visited her local clinic, where an X-ray of tooth No. 2 revealed clearly defined bone loss at the apex of the distal buccal root, and a decision was made to remove it. The roots of tooth No. 2 were removed under infiltration anesthesia. A socket examination revealed a connection with the

		left maxillary sinus, and copious purulent discharge was obtained from the socket. The same day, the patient was referred for a consultation. Past and concomitant illnesses: according to the patient, she is practically healthy. No history of allergies. She denies syphilis, hepatitis B, C, or HIV. Her general condition is satisfactory. Temperature is 36.6°C. Local status: the facial configuration is unchanged. Regional lymph nodes are not visible. Mouth opening is free. In the oral cavity: the socket of the previously extracted 2.6 tooth is empty, the surrounding tissues show no visible signs of inflammation. A nasal-oral test revealed bubbling blood coming from the socket. Probing of the socket revealed a connection with the sinus in the area of the palatine root. Dental formula.

A		A		C									A	A	
18	**17**	**16**	**15**	**14**	**13**	**12**	**11**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**
48	**47**	**46**	**45**	**44**	**43**	**42**	**41**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**
	F	Pt	F									A	Pt		

Q	1	Question: Make a diagnosis and indicate the most significant symptoms for this disease
A		Correct answer: 1. Acute purulent odontogenic maxillary sinusitis on the left. 2. Inflammation of the mucous membrane of the maxillary sinus, the development factor of which is the “causative” tooth.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	2 incomplete 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	2	Question: Conduct differential diagnostics
A		Correct answer: Differential diagnosis is carried out with: 1. Rhinogenic sinusitis (the headache is more intense due to the obstruction of the outflow in the area of the natural opening and the development of pansinusitis.) 2. Allergic sinusitis (characterized by the absence of a connection with acute or exacerbated chronic periodontitis; lasts longer, with frequent exacerbations and remissions (seasonality), while there is a combination of an inflammatory process in other paranasal sinuses, profuse discharge of liquid exudate from the nose; pronounced swelling and cyanosis of the nasal mucosa.) 3. True (retention) and false (lymphangiectatic) cysts of the maxillary sinus (large cysts cause difficulty breathing, patients complain of a dull pain in the upper jaw and a feeling of heaviness in the head when tilting it; spontaneous opening of the cyst is accompanied by a sudden release of serous fluid from one half of the nose; on a direct radiograph, the cyst is revealed as a homogeneous, clearly defined darkening of a hemispherical shape, with smooth edges and a base that faces the floor of the maxillary sinus, a lateral image allows you to determine the topography of the cyst in the anteroposterior direction; thinning, and sometimes resorption of the sinus walls, occurs.) 4. Trigeminal neuralgia (characterized by paroxysmal pain limited to the innervation of one of the branches of the trigeminal nerve; impaired sensitivity of the facial skin or oral mucosa in the corresponding “trigger” zones; not characterized by an increase in body temperature or discharge of exudate from the nose. 5. Malignant tumors of the upper jaw (pain is more persistent; nasal discharge has an ichorous odor and often contains blood; nosebleeds may

		occur; conservative treatment usually prescribed for sinusitis does not produce a positive effect, the symptoms of the disease increase; X-ray or CT can be used to determine the size and location of the tumor)
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	3-4 descriptors of the correct answer have been listed
	Satisfactory	1-2 descriptor of the correct answer has been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	3	Question: Create a comprehensive treatment plan with dentists of various specialties
A		Correct answer: 1. The principles of surgical treatment consist of creating the best possible conditions for the evacuation of exudate from the maxillary sinus, anemization of the nasal mucosa, and the use of vasoconstrictors and mucolytics, which restores or improves its airiness, affecting the microflora with the help of local and general antibacterial therapy. 2. Of primary importance is the elimination of the etiological factor: endodontic treatment of the causative tooth or its removal. 3. In case of acute perforation of the floor of the maxillary sinus and in the absence of inflammation in it – plastic surgery of the anastomosis (surgical treatment). 4. Treatment of caries of tooth 1.4, periodontitis of teeth 3.6, 4.6. 5. Rational prosthetics.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	3-4 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	4	Question: Justify the sequence of surgical stages of treatment
A		Correct answer: The surgical stage of treatment consists of complete cleaning of the socket and the underlying soft tissues from 1. multiplied bone, 2. necrotic layers, 3. food residues and pus
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	5	Question: List possible local and general complications
A		Correct answer: 1. Inflammatory phenomena in the pharynx and tonsils; 2. Bronchitis and pneumonia; 3. Spread of sinusitis to other sinuses; 4. Inflammation of the middle ear (otitis); 5. Inflammation of the meninges and brain damage (meningitis, encephalitis); 6. Heart damage (myocarditis); 7. Joint damage (rheumatism, rheumatoid arthritis); 8. Kidney diseases (nephritis); 9. Sepsis.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	5-8 descriptors of the correct answer have been listed

	Satisfactory	1-4 descriptor of the correct answer has been listed
R0	Fail	No descriptors of the correct answer have been listed

Case Study No.3

	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 K., 42 years old, complained of periodic aching pain in tooth 3.5, which intensified when biting, as well as the presence of a formation on the lower jaw on the left. Progression of the present condition: According to the patient, intermittent pain has been bothering him for the past month. A week ago, the pain intensified, and a growth appeared on the left side of the lower jaw. Five days later, the pain subsided. Tooth 3.5 had previously been treated. Past and concomitant illnesses: According to the patient, he is practically healthy. He denies HIV, syphilis, or hepatitis. He has no history of allergies. General condition is satisfactory. Body temperature is 36.7ºC. Local status: facial configuration is unchanged. Mouth opening is normal. Regional lymph nodes are not enlarged, are painless upon palpation, and are mobile. Oral examination: tooth 3.5 is covered with a metal-ceramic crown; percussion is mildly painful. A fistula tract with granulation tissue oozing from the root apex of tooth 3.5 is present. The mucous membrane around tooth 3.5 is hyperemic, edematous, and mildly painful upon palpation. Percussion of tooth 3.5 is mildly painful. On the targeted radiograph of tooth 3.5: rarefaction of bone tissue at the apex of the root of tooth 3.5 with unclear contours. Dental formula: 1.8 - K, 1.6 -P, 2.6 - P, 3.6 -P, 3.5- K, 4.6 -P, 4.7 - P, the remaining teeth are intact.
Q	1	Question: Make a diagnosis and indicate the most significant symptoms for this disease

Q	2	Question: Name the pathological processes in the tissues surrounding the causative tooth that are characteristic of this disease
Q	3	Question: Specify the cause and factors that provoke the disease
Q	4	Question: Conduct differential diagnostics
Q	5	Question: Make a treatment plan

Case Study No.3 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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Patient K., 42 years old, complained of periodic aching pain in tooth 3.5, which intensified when biting, as well as the presence of a formation on the lower jaw on the left. Progression of the present condition: According to the patient, intermittent pain has been bothering him for the past month. A week ago, the pain intensified, and a growth appeared on the left side of the lower jaw. Five days later, the pain subsided. Tooth 3.5 had previously been treated. Past and concomitant illnesses: According to the patient, he is practically healthy. He denies HIV, syphilis, or hepatitis. He has no history of allergies. General condition is satisfactory. Body temperature is 36.7ºC. Local status: facial configuration is unchanged. Mouth opening is normal. Regional lymph nodes are not enlarged, are painless upon palpation, and are mobile. Oral examination: tooth 3.5 is covered with a metal-ceramic crown; percussion is mildly painful. A fistula tract with granulation tissue oozing from the root apex of tooth 3.5 is present. The mucous membrane around tooth 3.5 is hyperemic, edematous, and mildly painful upon palpation. Percussion of tooth 3.5 is mildly painful. On the targeted radiograph of tooth 3.5: rarefaction of bone tissue at the apex of the root of tooth 3.5 with unclear contours. Dental formula: 1.8 - K, 1.6 -P, 2.6 - P, 3.6 -P, 3.5- K, 4.6 -P,

		4.7 - P, the remaining teeth are intact.
Q	1	Question: Make a diagnosis and indicate the most significant symptoms for this disease
A		Correct answer: 1. Chronic granulating periodontitis of tooth 3.5 Based on: 2. Patient complaints 3. Anamnesis (duration of the disease) 4. Additional (X-ray examination) data 5. Objective data (presence of a fistula with granulation)
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	3-4 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	2	Question: Name the pathological processes in the tissues surrounding the causative tooth that are characteristic of this disease
A		Correct answer: Availability: 1. Fistula tract with inflammatory granulations. 2. Radiologically, there is rarefaction of bone tissue in the area of the apex of the tooth root (“tongues of flame”). Pathological processes: 3. Formation of granulation tissue (capillaries, fibroblasts, round plasma cells, leukocytes). 4. Destruction of the alveolar bone, cementum, and sometimes dentin of the tooth root. 5. Granulation tissue grows into the bone marrow spaces of the jaw, forming fistulas.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	4 descriptors of the correct answer have been listed
	Satisfactory	1-3 descriptors of the correct answer have been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	3	Question: Specify the cause and factors that provoke the disease
A		Correct answer: Cause: 1. Unsatisfactory dental treatment Factors: 2. Hypothermia 3. Increased functional load 4. Poor oral hygiene
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	4	Question: Conduct differential diagnostics
A		Correct answer: Differential diagnosis: 1. Chronic granulomatous periodontitis. 2. Chronic fibrous periodontitis. 3. Chronic gangrenous pulpitis. 4. Exacerbation of chronic periodontitis

		5. Acute purulent periostitis of the lower jaw from tooth 3.5
R2	Very good	All descriptors of the correct answer have been listed
R1	Good	3-4 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: Make a treatment plan
A		Correct answer: Treatment: 1. Removal of the crown, endodontic treatment. 2. After the inflammatory process has been stopped, adequate prosthetics are applied with subsequent follow-up observations every 3 months. 3. Prescription of anti-inflammatory, desensitizing therapy: Nurofen 200 mg, 1 tablet 2 times a day for 5 days Suprastin 25 mg, 1 tablet 2 times a day for 3 days 4. Vitamin C 1g per day - 10 days.
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 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

"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.

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Appendix 1

Practical Skills Assessment Checklist

Practical Skill Name: Conducting infiltration anesthesia of 1.1 tooth

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 tweezers, 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.	Align the cartridge plugger with the injector plunger	1 point	-1 point
5.	Install and secure the injection needle onto the carpule injector. Check the needle for patency.	1 point	-1 point
6.	Position the carpule system relative to the injection site (45° to the alveolar process of the maxilla/alveolar part of the mandible) from the palatine/lingual surface	1 point	-1 point
7.	Insert a needle into the mucosa at the level of the transition of the alveolar process to the palatine process on the upper jaw/along the transitional fold from the lingual surface on the lower jaw	1 point	-1 point
8.	Insert the injection needle into the tissue to the required depth (to the periapical area)	1 point	-1 point
9.	Perform an aspiration test. If the aspiration test is negative, slowly infuse the anesthetic solution into the tissue.	1 point	-1 point
10.	Withdraw the injection needle from the tissue. Monitor the patient's condition. Wait for the anesthetic's latency period to take effect.	1 point	-1 point
11.	Ensure the effectiveness of the anesthesia (absence of pain sensitivity when exposed to an irritant).	1 point	-1 point
12.	Inform the patient about the completion of the procedure	1 point	-1 point
	Total		

Assessment criteria:

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

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