

Документ подписан простой электронной подписью
Информация о владельце:
ФИО: Стегний Кирилл Владимирович
Должность: И.о. ректора
Дата подписания: 06.10.2026 15:31:52
Уникальный программный ключ:
d59234ba928aea5c04c54eb9013e367220bcb2a

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

APPROVED BY

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

COLLECTION OF ASSESSMENT TOOLS
B1.V.EC.02.01 Alteration tools in surgical dentistry
of the basic educational program
of Higher Education

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

Vladivostok, 2026

1. INTRODUCTION

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

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

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

2. DOCUMENT BODY

2.1. Types of Assessment, Formats of Assessment Tools

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

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

Interview questions

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
I		ANSWER THE QUESTIONS
		1. 1. Classification of surgical instruments, general surgical instruments, instruments for tissue separation, instruments for tissue grasping, instruments for tissue expansion (movement, pushing aside) of tissue, instruments for tissue connection. 2. Historical aspect, scalpel design: one-piece, combined, disassemblable design, materials for scalpel production, blade shape and sharpening angle, advantages and disadvantages of scalpels, areas of application in surgical dentistry. 3. Historical aspects, the use of electric current to stop bleeding, the design of an electrocoagulator, the principle of working with biological tissues, types of electrosurgical devices, attachments for work, application in various fields of medicine, application in surgical dentistry, advantages and disadvantages of an electrocoagulator.

		4. Historical aspects, the structure of the ultrasonic device, the principle of working with biological tissues, types of ultrasonic devices, attachments for work, application in various fields of medicine, application in surgical dentistry, advantages and disadvantages of the ultrasonic scalpel. 5. Historical aspects, the design of a radio wave scalpel, the principle of working with biological tissues, types of radio wave devices, application in various fields of medicine, application in surgical dentistry, advantages and disadvantages of a radio wave scalpel. 6. Historical aspects, the structure of the plasma scalpel, the principle of working with biological tissues, types of plasma devices, application in various fields of medicine, application in surgical dentistry, advantages and disadvantages of the plasma scalpel.
--	--	---

Assessment criteria

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

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

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

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

Tests for continuous and interim assessment

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
I		ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)
		1. The following forceps are used to remove teeth from the upper jaw 1) beak-shaped convergent 2) bayonet 3) beak-shaped non-convergent 4) beak-shaped, curved along the plane 5) 1) and 3) are correct 2. The following forceps are used to remove teeth from the lower jaw 1) beak-shaped 2) bayonet 3) S-shaped curved 4) straight 5) 2) and 4) are correct 3. Beak-shaped pliers, the cheeks of which end in spikes, are designed to remove 1) incisors 2) fangs 3) premolars 4) large molars

		1) and 2) are correct 4. S-shaped curved pliers, the cheek of which ends in a spike, are designed to remove 2) incisors 3) fangs 4) premolars 5) large molars 1) and 2) are correct 5. The following forceps are used to remove teeth from the upper jaw 1) beak-shaped, curved but flat 2) bayonet 3) beak-shaped, curved along the edge 4) S-shaped curved with converging cheeks 5) 1) and 3) are correct 6. For the removal of a temporary second molar of the lower jaw, the following forceps are recommended 1) beak-shaped convergent 2) beak-shaped non-convergent 3) bayonet 4) straight 5) bayonet-shaped 7. Curettage of the socket during extraction of a temporary tooth 1) not carried out 2) is always carried out 3) is carried out at the request of parents 4) is carried out at the insistence of parents 5) is performed under effective anesthesia 8. The Lecluse elevator is designed to remove 1) roots of the teeth of the upper jaw 2) third molar of the lower jaw 3) roots of the upper premolars 4) roots of deciduous teeth 5) 1) and 4) are correct 9. The following forceps are used to remove teeth from the lower jaw 1) beak-shaped 2) bayonet 3) straight 4) S-shaped curved 5) bayonet-shaped 10. When removing teeth 14 and 24 with formed roots for orthodontic reasons, curettage of the socket 1) not carried out 2) is carried out 3) is carried out at the request of parents 4) is carried out at the insistence of parents 5) 2), 3) and 4) are correct
--	--	--

	11. The beak-shaped forceps, curved along the plane, are intended for removing 1) central incisors of the lower jaw 2) third large molars of the lower jaw 3) upper premolars 4) temporary molars of the lower jaw 5) temporary molars of the upper jaw 12. The following forceps are used to remove teeth from the upper jaw 1. beak-shaped, curved along the edge 2. bayonet 3. beak-shaped, curved along the plane 4. converging lines 5. 1) and 3) are correct 13. The beak-shaped forceps, curved along the plane, are intended for removing 1) central incisors of the upper jaw 2) central incisors of the lower jaw 3) third large molars of the lower jaw 4) third molars of the upper jaw 5) temporary canines of the lower jaw 14. Fracture of the lower jaw during tooth extraction is most often observed in the area 1) incisors 2) fangs 3) premolars 4) third molars 5) condylar processes 15. Possible complications of the operation to remove only a temporary tooth (as opposed to a permanent one) include 1) dislocation of an adjacent tooth 2) trauma to the tooth bud 3) jaw fracture 4) dislocation of the temporomandibular joint 5) bleeding 16. Trauma to the tooth bud is most likely to occur during tooth extraction 1) 12, 22 2) 14, 24 3) 74, 84 4) 4, 35, 45 5) 36, 46 17. An absolute indication for the removal of a primary tooth in case of complicated caries is 1) formed root 2) unformed root 3) Incipient root resorption 4) fistula on the gum 5) Down's syndrome
--	--

	18. An absolute contraindication to tooth extraction in a clinic setting is 1) allergy to local anesthetic 2) chronic pyelonephritis 3) ARVI 4) Down's syndrome 5) congenital heart defect in the stage of decompensation 19. Bone type I according to density includes the following type 1) a thick compact layer surrounds dense spongy bone; 2) compact layer is absent; 3) the bone is almost entirely represented by a compact plate; 4) a thin layer of cortical bone surrounds dense spongy bone. 20. Type II bone density includes the following type 1) a thick compact layer surrounds dense spongy bone; 2) dense cortical bone surrounds finely porous cancellous bone; 3) the bone is almost entirely represented by a compact plate; 4) a thin layer of cortical bone surrounds dense spongy bone. 21. Bone type III in terms of density includes the following type 1) a thick compact layer surrounds dense spongy bone; 2) compact layer is absent; 3) the bone is almost entirely represented by a compact plate; 4) a thin layer of cortical bone surrounds dense spongy bone. 22. Bone density type IV includes the following type 1) a thick compact layer surrounds dense spongy bone; 2) the cortical plate is absent, large-mesh spongy bone; 3) the bone is almost entirely represented by a compact plate; 4) a thin layer of cortical bone surrounds dense spongy bone. 23. The main function of osteoblasts 1) stem cell formation; 2) formation of mesenchyme; 3) formation of osteoid plates; 4) bone resorption. 24. Osteoclast precursors are 1) osteoblasts; 2) lymphocytes; 3) macrophages; 4) osteocytes. 25. Osteoblast precursors are 1) osteoclasts; 2) macrophages; 3) bone marrow mesenchymal cells; 4) blood monocytes. 26. The main function of osteoclasts is considered to be 1) stem cell formation; 2) formation of mesenchyme; 3) formation of osteoid plates; 4) bone resorption.
--	--

27. The collagen fibers of the inner layer of the periosteum, which connect with the fibers of the bone matrix, are called

- 1) Haversian system;
- 2) **Sharpey's fibers;**
- 3) Haversian lacunae;
- 4) Langer fibers
- 5) Malasse islets.

28. "Sharpey's fibers" are the fibers that attach

- 1) **periosteum to bone;**
- 2) periosteum to muscles;
- 3) periosteum to the tendons;
- 4) periosteum to the teeth.

29. Organic bone matrix

- 1) **osteoid;**
- 2) osteon;
- 3) hydroxyapatite;
- 4) glycoprotein.

30. Immature bone tissue

- 1) lamellar;
- 2) osteoid;
- 3) fibrous;
- 4) **coarse-fibered.**

31. The compact bone layer is represented by

- 1) **osteon;**
- 2) bone trabeculae;
- 3) endostome;
- 4) periosteum;
- 5) fibrin.

32. The type of differentiation of osteogenic cells depends on

- 1) blood supply to the bone;
- 2) blood calcium levels;
- 3) **bone blood supply and the activity of osteoinductor proteins;**
- 4) hydroxyapatite content.

33. Mineralization of the organic matrix of bone after injury occurs at

- 1) 10th day;
- 2) 5th day;
- 3) 7th day;
- 4) **15th day.**

34. The width of the accessible bone is measured between

- 1) **vestibular and oral surfaces of the alveolar process;**
- 2) mesial and distal surfaces;
- 3) lateral and medial surfaces.

35. The length of the available bone is

- 1) vestibular-oral;
- 2) **mesial-distal distance;**

		3) lateral-medial. 36. The height of the accessible bone is measured from 1) the edge of the edentulous ridge to the opposite landmark (mandibular canal); 2) to the height of the anatomical structure (jaw); 3) from the chin to the angle of the lower jaw. 37. Angulation of available bone is the correspondence 1) implant in relation to the vestibular-oral direction; 2) implant in relation to the lateral-medial direction; 3) implant in relation to the occlusal plane. 38. Angulation of available bone is 1) bone perpendicular to the plane of occlusion, parallel to the direction of the acting occlusal forces and the longitudinal axis of the prosthetic restoration; 2) bone perpendicular to the vestibular-oral direction; 3) bone perpendicular to the lateral-medial direction; 39. The implant length corresponds to 1) depth of accessible bone; 2) width of available bone; 3) height of accessible bone; 4) length of accessible bone. 40. The implant diameter corresponds to 1) depth of accessible bone; 2) width and mesial-distal length of available bone; 3) height of accessible bone; 4) available bone density. 41. When the functional load on the bone increases, the following occurs 1) compensatory osteogenesis; 2) osteonecrosis; 3) osteoporosis; 4) osteosclerosis; 5) decreased microcirculation. 42. The process characterized by a decrease in the volume, size and total mass of a bone organ is 1) osteoporosis; 2) osteogenesis; 3) osteoconduction; 4) osteoinduction; 5) atrophy.
I		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		1. When the functional load on the bone decreases, the following occurs 1) osteosclerosis; 2) osteonecrosis; 3) compensatory osteogenesis; 4) decreased microcirculation; 5) bone atrophy.

		2. Histological types of bone tissue 1) soft-fiber; 2) lamellar; 3) coarse-fibred; 4) fibrous; 5) linear. 3. The main elements of the bone macrostructure are 1) central layer; 2) intermediate layer; 3) intermediate layer; 4) compact layer; 5) spongy layer. 4. The periosteum consists of 1) intermediate muscular layer; 2) outer fibrous layer; 3) internal osteogenic layer; 4) middle fibrous-osteogenic layer; 5) lower bone layer.
--	--	--

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

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.