Appendix to the working program

Federal State Budgetary Educational Institution of Higher Education
"Privolzhsky Research Medical University"
Ministry of Health of the Russian Federation

BANK OF ASSESSMENT TOOLS FOR ELECTIVE DISCIPLINE "FEATURES OF THE COURSE AND TREATMENT OF TUMOURS OF THE MAXILLOFACIAL REGION IN CHILDREN"

Training program (specialty): **31.05.03. "Dentistry"**
code, name
Department: **Pediatric dentistry**

Mode of study ***full-time***

Nizhniy Novgorod
2021

1. Bank of assessment tools for the current monitoring of academic performance, mid-term assessment of students in the discipline / practice

This Bank of Assessment Tools (BAT) for the discipline "Features of the course and treatment of tumors of the maxillofacial region in children" is an integral appendix to the working program of the discipline "Features of the course and treatment of tumors of the maxillofacial region in children". All the details of the approval submitted in the WPD for this discipline apply to this BAT.

2. List of assessment tools

The following assessment tools are used to determine the quality of mastering the academic material by students in the discipline:

No.	Assessment tool	Brief description of the assessment tool	Presentation of the assessment tool in the BAT
1	Test №1 Test №2 Test №3 Test №4	A system of standardized tasks that allows you to automate the procedure of measuring the level of knowledge and skills of a student	Bank of test tasks
2	Situational and clinical Task	A method of control that allows you to assess the criticality of thinking and the degree of the material comprehension, the ability to apply theoretical knowledge in practice.	Bank of tasks
3	Control work	A tool of checking the ability to apply acquired knowledge for solving problems of a certain type by topic or section	Set of control tasks in variants
4	Abstract	The product of the student's independent work, which is a summary in writing of the results of the theoretical analysis of a certain scientific (educational and research) topic, where the author reveals the essence of the problem under study, provides various points of view, as well as his /her own views on it.	List of abstract topics
5.	Interview	A tool of control organized as a special conversation between the teacher and the student on topics related to the discipline being studied, and designed to clarify the amount of knowledge of the student on a specific section, topic, problem, etc.	Questions on topics/sections of the discipline

3. A list of competencies indicating the stages of their formation in the process of mastering the educational program and the types of evaluation tools

Code and formulation of competence*	Stage of competence formation	Controlled sections of the discipline	Assessment tools

UC-1 Ability to think abstractly, analyse, synthesise	Current	Section 1 Children with neoplasms of the maxillofacial region. Examination methods for children with neoplasms of the maxillofacial region. Section 2 Peculiarities of the course, diagnosis and treatment of benign neoplasms of soft tissues of the face and oral mucosa in children of different ages. Section 3 Features of the course, diagnosis and treatment of odontogenic and osteogenic benign tumors in children and adolescents. Section 4 Peculiarities of the course, diagnosis and treatment of vascular neoplasms of the maxillofacial region in children and adolescents. Section 5 Peculiarities of the course, diagnosis and treatment of malignant soft tissue tumours of the face in children and adolescents. Section 6 Peculiarities of the course, diagnosis and treatment of malignant tumours of facial bone tissue in children and adolescents. Section 7 Peculiarities of diagnosis and treatment of soft and bone tumors of the face in children of different ages.	Control work Abstract *Credit*
PC-1 Ability to diagnose dental diseases and pathological conditions of patients	Current		Test №1
PC-2 Ability to carry out measures to prevent dental diseases	Current		Situational and clinical Task
PC-5 Application of the basic principles of the organization of dental care in medical institutions and their structural subdivisions.	Current		Test №2
PC-6 Diagnosis of dental diseases and pathological conditions of patients.	Current		Situational and clinical Task
PC-8 Conducting a medical examination	Current		Test №3
PC-9 Treating patients with dental problems	Current		Situational and clinical Task
PC-12 Participate in research and application in health and medical sciences.	Current		Interview Test №4

** - not provided for postgraduate programs*

4. The content of the assessment tools of current control

Current control is carried out by the discipline teacher when conducting classes in the form of: assessment tool 1, assessment tool 2, etc.

Assessment tools for current control.

Assessment tool 1

1. Test
2. Clinical task

Assessment tool 2

1.Control work
2. Situational task

Assessment tool 3

1. Abstract
2. Questions for credit

4.1. Tasks for the assessment of competence "UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12" (specify the competence code):

4.1. Test for the assessment of competence "UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12"*:*

Test 1.

1. When diagnosing neoplasms in children, the leading method is:

1. X-ray
2. macroscopy of postoperative material
3. cytological
4. morphological
5. clinical

2. The leading method of treating neoplasms in children is:

1. radiation therapy
2. chemotherapy
3. surgical
4. combined
5. hormone therapy

3. The presence of vesicular rashes with serous or bloody contents on the mucosa is a pathognomonic sign:

1. lymphangiomas
2. hemangiomas
3. retention cyst
4. papillomas
5. fibroids

4. Treatment of retention cyst of the small salivary gland is recommended by:

1. surgical
2. radiation therapy
3. sclerosing
4. combined
5. hormone therapy

Test 2.

1. Clinical signs similar to exacerbation of chronic osteomyelitis are characterized by:
1. Ewing's sarcoma
2. osteogenic sarcoma
3. fibrous dysplasia
4. cherubism
5. Albright syndrome

2. The ability to spontaneous regression in children has:
1. osteogenic sarcoma
2. osteoma
3. capillary hemangioma
4. fibroma
5. angiodysplasia

3. A true benign tumor is:
1. eosinophilic granuloma
2. osteoma
3. cherubism
4. follicular cyst
5. Albright syndrome

4. Sclerosing therapy is indicated in the treatment of:
1. retention cyst
2. hemangiomas
3. papillomatosis
4. fibromatosis
5. true 3) and 4)

Test 3

1. Capillary and limited capillary-cavernous hemangiomas in children are recommended to be treated by:
1. surgical
2. chemotherapy
3. cryodestructions
4. X-ray
5. combined

2. Neodontogenic etiology has:
1. cementoma
2. mucoepidermoid tumor
3. odontoma is soft
4. solid odontoma
5. follicular cyst

3. The final diagnosis in case of suspected tumor is made on the basis of:
1. morphological examination of postoperative material
2. puncture biopsy
3. macroscopy of postoperative material
4. echography
5. computed tomography

4. A true benign tumor is:
1. globulomaxillary cyst
2. Albright syndrome
3. ossifying fibroma
4. traumatic bone cyst
5. odontogenic cyst

5. The presence of sebaceous and sweat gland products in the cyst cavity is characteristic of the cyst:
1. middle neck
2. inflammatory root
3. teething
4. dermoid
5. epidermoid

Test 4

1. Electrocoagulation as an independent method of treatment is recommended in the treatment of:
1. cavernous hemangioma
2. solitary telangiectasia
3. pigmented nevus
4. lymphangiomas
5. hairy nevus

2. Violation of the process of tooth formation - partial primary adentia, characteristic of:
1. cherubism
2. fibroids
3. Ewing's sarcomas
4. osteomas
5. reticular sarcoma

3. The peculiarity of most neoplasms in children is their:
1. slow growth
2. dysontogenetic origin
3. High sensitivity to R-therapy
4. high sensitivity to chemotherapy
5. true 3) and 4)

4. A true benign tumor is:
1. eosinophilic granuloma
2. giant cell epulis
3. traumatic bone cyst
4. fibrous dysplasia
5. angiodysplasia

5. Size instability, tendency to inflammation are characteristic of:
1. hemangiomas
2. lymphangiomas
3. fibroids
4. osteomas
5. papillomatosis

4.2. Control work for the assessment of competence ""UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12"*:*

Variant 1
1. Complication at realization of a local anesthesia, preventive maintenance and treatment.
2. Papilloma. The clinical pictures, diagnostics/
differential diagnostics, treatment
3. Odontoma. The clinical pictures, diagnostics, differential diagnostics, treatment
4. Method of diagnostic tumor of bone tissue.

Variant 2
1. Anesthesia. A choice of a method anesthesia in dental treatment of children.
2. The indications for general anesthesia.
3. Tumors of a dento-faciai area in children. Classification.
4. Fibrous osteodysplasia. The clinical pictures, diagnostics, differential diagnostics, principles of treatment.

Variant 3

1.Tumors of soft tissue orofacial area in children. Classification.
2.Capillary hemangioma. The clinical pictures, diagnostics, differential diagnostics, treatment.
3. Lymphangioma. The clinical picture, diagnostics, differential diagnostics, treatment.
4.Oncologic watchfulness of doctor on the surgical pediatric dentistry.

4.3. Questions for interviews "UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12"*:*

1. Mucosal neoplasms of the maxillofacial region in children.

2. Classification of primary tumours and tumour-like neoplasms of the face.

3. Peculiarities of diagnostics of neoplasms of maxillofacial region in children.

4. Benign neoplasms of the facial soft tissue and oral mucosa in children and adolescents.

5. Clinical picture, diagnosis, differential diagnosis, treatment methods.

6. Odontogenic and osteogenic benign tumours in children and adolescents.

7. Clinical picture, diagnosis, differential diagnosis, treatment methods.

8. Vascular neoplasms of the maxillofacial region in children and adolescents.

9. Clinical picture, diagnosis, differential diagnosis, treatment methods.

10. Malignant soft tissue tumours of the face in children and adolescents.

11.Features of the clinical course of malignant soft tissue tumours of the face in children.

12. Malignant tumours of facial bone tissue in children and adolescents.

13. Features of the clinical course of malignant tumours of facial bone tissues in children and adolescents.

14. Oncological alertness of the paediatric dentist.

15. Peculiarities of diagnosis and treatment of tumours of soft and bone tissues of the face in children.

ABSTRACT TOPICS

1. Anatomical and physiological features of the maxillofacial region in children at different ages.

2. Peculiarities of the choice of method and agent for local anaesthesia in children during outpatient oral surgery.

3. Indications for the use of general anaesthesia in children in hospital care. Contraindications. Preparation of the patient for anaesthesia.

4. Complications of local anaesthesia in children during ambulatory oral surgery. Care for

complications of local anaesthesia.

5. Complications of general anaesthesia in children in hospital care. Care for complications of general anaesthesia.

6. Radiological diagnosis of neoplasms of the maxillofacial region in children.

7. Current methods of diagnosis of vascular neoplasms (haemangiomas, lymphangiomas) in the maxillofacial region in children.

8. Current methods of diagnosis of soft tissue neoplasms of the maxillofacial region in children.

9. A multidisciplinary approach to the diagnosis of neoplasms of the maxillofacial region in children.

10. Oncological alertness by the dentist in the outpatient dental office.

11. Peculiarities of the course of tumour processes of the maxillofacial region in children.

12. Peculiarities of the clinical course of benign tumours of soft and bone tissues of the face in children.

13. Features of the clinical course of malignant soft tissue tumours of the face in children.

14. Features of the clinical course of malignant bone tumours of the face in children and adolescents.

15. Current treatment methods for vascular neoplasms of the maxillofacial region in children.

16. Current treatment methods for soft tissue neoplasms of the maxillofacial region in children.

17. Current methods of treating neoplasms of the maxillofacial region in children.

18. Children with neoplasms of the maxillofacial region are screened.

19. Rehabilitation of children after treatment of neoplasms of the maxillofacial region.

20. A multidisciplinary approach in the rehabilitation of children after treatment of neoplasms of the maxillofacial region.

4.4. Tasks (assessment tools) for the credit

The full package of tasks is given competence "UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12"*:*

And then the tasks are specified for all competencies provided for this discipline.

Test for credit 1

1. Electrocoagulation as an independent method of treatment is recommended in the treatment of:
1. cavernous hemangioma
2. solitary telangiectasia
3. pigmented nevus
4. lymphangiomas
5. hairy nevus

2. Violation of the process of tooth formation - partial primary adentia, characteristic of:
1. cherubism
2. fibroids
3. Ewing's sarcomas
4. osteomas
5. reticular sarcoma

3. The peculiarity of most neoplasms in children is their:

1. slow growth
2. dysontogenetic origin
3. High sensitivity to R-therapy
4. high sensitivity to chemotherapy
5. true 3) and 4)

4. A true benign tumor is:

1. eosinophilic granuloma
2. giant cell epulis
3. traumatic bone cyst
4. fibrous dysplasia
5. angiodysplasia

5. Size instability, tendency to inflammation are characteristic of:

1. hemangiomas
2. lymphangiomas
3. fibroids
4. osteomas
5. papillomatosis

6. The dough consistency is characteristic of:

1. hemangiomas
2. parotid phlegmon
3. lymphangiomas
4. fibroids
5. angiodysplasia

7. In the diagnosis of neoplasms in children, the leading method is:

1. X-ray
2. macroscopy of postoperative material
3. cytological
4. morphological
5. angiography

Situational Task No. 1

In the clinic, a teenager turned 13 years old with complaints of a split tooth enamel 1.1 as a result of an injury 2 days ago.

During the examination, the dentist paid attention to the formation on the left cheek mucosa. Clinically observed: there is a tumor-like formation on the mucosa, approximately 1.0 * 1.5 cm in size, round in shape on a wide base, covered with a pale pink mucosa, mobile, painless with palpation.

Questions:
1. Make a plan for the treatment of the tooth 1.1 (in stages).
2. Justify the choice of filling material for tooth treatment 1.1
3. The most likely diagnosis of surgical pathology.
4. Conduct a differential diagnosis of the disease.
5. Make a plan for surgical treatment of the child.

Situational Task No. 2

A boy of 6.5 years old suffered acute purulent periodontitis of the tooth 8.4 two weeks ago. Currently, the temperature rise is 38.5 °C, the child is hyposthenic. Clinically observed: submandibular lymph nodes are enlarged, painful with palpation. In the oral cavity: on the lower jaw on the right from 8.3 to 8.5, a dense formation is determined, painless with palpation, the transitional fold is edematous, hyperemic on both sides of the alveolar process. Edema is observed in the submandibular area on the right.

Questions:
1. Make a diagnosis of surgical pathology of the child.
2. Perform differential diagnosis. treatment.
3. Your tactics in treatment of this disease.

Situation Task № 3

Child is 8 years old. Painless swelling first appeared in the parotid-mandibular area on the right side. On palpation, the infiltrate in the parotid-mandibular area was dense, limited, with clear contours, painless. Freely transparent saliva was secreted from the right parotid duct.

Questions:

1. State the most likely diagnosis of surgical pathology.
2. Make a differential diagnosis of the disease.
3. Your tactics in the treatment of this disease.

Clinical task №1.

A 10-year-old child. Painless swelling first appeared in the parotid-mandibular area on the right side. On palpation, the infiltrate in the parotid-mandibular region was dense, limited, with clear contours, painless. Freely transparent saliva exudes from the right parotid duct.

1.What examination methods should be performed?

2. State the most likely diagnosis.

Clinical task №2

A 10-year-old child. Received a blow to the chin while playing hockey. A week had passed since the injury. The doctor diagnosed: fracture of both condylar processes of the lower jaw.

1. Specify the peculiarities of condylar fractures in children.
2. Draw up a treatment plan and prognosis for the injury.

Final control of the discipline is carried out by passing the test with the use of interviews, tasks, and test tasks.

5. The content of the assessment tools of mid-term assessment

Mid-term assessment is carried out in the form of a credit.

5.1 The list of control tasks and other materials necessary for the assessment of knowledge, skills and work experience

5.1.1. Questions for the discipline credit "Features of the course and treatment of tumors of the maxillofacial region in children"

Question	Competence code (according to the WPD)
1.Mucosal neoplasms of the maxillofacial region in children.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
2.Classification of primary tumors and tumor-like neoplasms of the face.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12

3.Methods of examination of children with neoplasms of the maxillofacial region.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
4.Anatomo-physiological features of the structure of the oral mucosa in children of different ages. Registration of medical documentation.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
5.Peculiarities of diagnostics of neoplasms of maxillofacial region in children.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
6.Benign neoplasms of the facial soft tissue and oral mucosa in children and adolescents.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
7.Clinical picture, diagnosis, differential diagnosis, treatment methods.	
8.Odontogenic and osteogenic benign tumors in children and adolescents.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
9.Clinical picture, diagnosis, differential diagnosis, treatment methods.	
10.Vascular neoplasms of the maxillofacial region in children and adolescents.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
11.Clinical picture, diagnosis, differential diagnosis, treatment methods.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
12.Malignant soft tissue tumors of the face in children and adolescents.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
13.Features of the clinical course of malignant soft tissue tumors of the face in children.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
14.Malignant tumors of facial bone tissue in children and adolescents.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
15.Features of the clinical course of malignant tumors of facial bone tissues in children and adolescents.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
16. Oncological alertness of the pediatric dentist at the surgical site.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
17. Peculiarities of diagnosis and treatment of tumors of soft tissues of the face in children and adolescents.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12
18. Peculiarities of diagnosis and treatment of tumors of bone tissues of the face in children and adolescents.	UC-1, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12

Coursework as an element of an academic discipline should contribute to the formation of competencies provided for in the competence matrix for this discipline and specified in the WPD.

6. Criteria for evaluating learning outcomes

For the credit

Learning outcomes	**Evaluation criteria**	
	Not passed	**Passed**
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were bad mistakes.	The level of knowledge in the volume corresponding to the training program. Minor mistakes may be made
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills are demonstrated. Typical tasks have been solved, all tasks have been completed. Minor mistakes may be made.
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills in solving standard tasks are demonstrated. Minor mistakes may be made.

Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no willingness to solve the tasks qualitatively	Educational activity and motivation are manifested, readiness to perform assigned tasks is demonstrated.
Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve practical (professional) tasks. Repeated training is required	The competence developed meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) tasks.
The level of competence formation*	Low	Medium/High

***** - *not provided for postgraduate programs*

For testing:

Mark "5" (Excellent) - points (100-90%)
Mark"4" (Good) - points (89-80%)
Mark "3" (Satisfactory) - points (79-70%)

Less than 70% – Unsatisfactory – Mark "2"

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