

federal state budgetary educational institution of higher
education "Privolzhsky Research Medical University"
Ministry of Health of the Russian Federation

**BANK OF ASSESSMENT TOOLS
IN THE DISCIPLINE "Diagnostic Criteria in Therapeutic Dentistry"**

Direction of training (specialty): 31.05.03 "Dentistry"

Department: Therapeutic Dentistry

Mode of study: full-time

Nizhny Novgorod
2021

1 . Bank of assessment tools for the current monitoring of academic performance, mid-term assessment of students in the discipline "therapeutic dentistry"

This Bank of Assessment Tools (BAT) in the discipline " Diagnostic Criteria in Therapeutic Dentistry" is an integral application to the work program of the discipline " Diagnostic Criteria in Therapeutic Dentistry" . This FOS is subject to all the details of the approval presented in the RPD for this discipline.

(Funds of evaluation funds allow you to evaluate the achievement of the planned results stated in the educational program.

Evaluation means - a fund of control tasks, as well as a description of the forms and procedures designed to determine the quality of learning by students of educational material.)

2. List of evaluation tools

To determine the quality of learning by students of educational material in the discipline "therapeutic dentistry" the following evaluation tools are used:

N o. p/ p	Assessment tool	Brief description of the evaluation tool	Presentation of the evaluation tool in the BAT
1	Test	A system of standardized tasks that allows you to automate the procedure measuring the level of knowledge and skills of the student	test fund assignments
2	Situational tasks	A method of control that allows you to assess the criticality of thinking and the degree of assimilation of the material, the ability to apply theoretical knowledge in practice.	Task List
3	Colloquium	A means of monitoring the assimilation of the educational material of a topic, section or sections of a discipline, organized as a training session in the form of an interview between a teacher and students.	Questions on topics / sections of the discipline

3. List of competencies indicating the stages of their formation in the process of mastering the educational program and types of assessment tools

Competence code and wording*

Stage

formation of competence

Controlled sections of the discipline

Evaluation tools

UK-1 (the ability to carry out a critical analysis of problem situations based on a systematic approach, to develop an action strategy)

Current,
Intermediate

Section 1 Modern methods for diagnosing dental caries

Section 2 Differential diagnosis of complicated forms of caries: pulpitis, periodontitis .

Section 3 Modern methods of diagnosing periodontal diseases

Section 4 Differential diagnosis of diseases of the oral mucosa

Section 5 Diagnosis of precancerous diseases. Oncological alertness in the practice of a dentist.

Test

Situational tasks

Colloquium

offset

PC-6 (willingness to collect, analyze complaints and other information from the patient (relatives / legal representatives), his medical history, interpretation of the results of the examination, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of a dental disease, symptoms, syndromes of dental diseases, the establishment of nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, and other regulatory documents of the Ministry of Health of the Russian Federation (Procedure for the provision of medical care, Standard of Medical Care, Clinical Recommendations on the provision of medical care, etc. .))

Current,
Intermediate

Section 1 Modern methods for diagnosing dental caries

Section 2 Differential diagnosis of complicated forms of caries: pulpitis, periodontitis .

Section 3 Modern methods of diagnosing periodontal diseases

Section 4 Differential diagnosis of diseases of the oral mucosa

Section 5 Diagnosis of precancerous diseases. Oncological alertness in the practice of a dentist.

Test

Situational tasks

Colloquium

offset

PC-7 (with the ability to determine the tactics of managing patients with various dental diseases in accordance with the Clinical recommendations and other regulatory documents of the Ministry of Health of the Russian Federation on an outpatient basis and in day hospital conditions, taking into account the age of the patient)

Current,
Intermediate

Section 1 Modern methods for diagnosing dental caries

Section 2 Differential diagnosis of complicated forms of caries: pulpitis, periodontitis .

Section 3 Modern methods of diagnosing periodontal diseases

Section 4 Differential diagnosis of diseases of the oral mucosa

Section 5 Diagnosis of precancerous diseases. Oncological alertness in the practice of a dentist.

Test

Situational tasks

Colloquium

offset

PC-12 (willingness to participate in scientific research, analysis and public presentation of medical information based on evidence-based medicine and to participate in the implementation of new methods and techniques aimed at protecting public health and reducing dental morbidity)

Current,
Intermediate

Section 1 Modern methods for diagnosing dental caries

Section 2 Differential diagnosis of complicated forms of caries: pulpitis, periodontitis .

Section 3 Modern methods of diagnosing periodontal diseases

Section 4 Differential diagnosis of diseases of the oral mucosa

Section 5 Diagnosis of precancerous diseases. Oncological alertness in the practice of a dentist.

Test

Situational tasks

Colloquium

offset

4. The content of evaluation means of input, current control

Tasks for assessing the competence of "UK-1" :

Task 1

The patient is 5 years old. The patient complains about the presence of a cavity in the tooth in the lower jaw. The tooth has never hurt before. Treatment was not carried out.

OBJECTIVE: the face is symmetrical. In tooth 8.5 there is a carious cavity on the chewing surface of medium depth, filled with food remnants. The gingival mucosa in the area of teeth 8.5, 8.4, 8.3 is pale pink. When probing tooth 8.5, a dense bottom of the carious cavity is determined. The reaction to the cold does not cause pain. Comparative percussion of teeth 8.5, 8.4, 8.3 is painless. Mobility is not noted. When preparing tooth 8.5, pain occurs along the enamel-dentin border. CP=7.

QUESTIONS:

1. What diseases can you think of?
2. Name the most likely diagnosis.
3. What additional research methods are needed to clarify the diagnosis?
4. What data of anamnesis and research methods confirm the diagnosis?
5. What kind of treatment should be carried out?

Task 2

Patient M. complained of pain in area 47.

OBJECTIVE: *there is a filling* on the medial- occlusal surface of tooth 4.7 and the distal surface of tooth 4.6. There is no contact point. Percussion of teeth 4.6, 4.7 is slightly painful. With light probing, the periodontal papilla bleeds.

QUESTIONS:

1. Make a preliminary diagnosis.
2. What is the cause of this disease?
3. Your further tactics.

Task 3

Patient P., aged 40, was treated for caries of tooth 2.6 three years ago. However, 2 days ago, the filling fell out, and the patient complained of pain when eating.

OBJECTIVE: on the distal surface of tooth 2.6 there is a deep carious cavity, probing the bottom of the cavity is painful. The pain is sharp, but quickly passing during the "cold" test.

QUESTIONS:

1. Make a diagnosis.
2. Is there enough data to make a final diagnosis?
3. What additional research methods should be carried out to clarify the diagnosis?

Task 4

Student S., 21 years old, complains of pain in tooth 1.6 when eating sweet food, which quickly disappears after rinsing the mouth with water.

QUESTIONS:

1. What diagnosis can be assumed without conducting an examination?
2. What clinical data correspond to this disease?
3. What kind of treatment should be carried out?

Task5

A 42-year-old patient went to the dentist with complaints of aching pain in the upper jaw on the right. As a result of taking an anamnesis, it was found out that during the previous week she had the flu.

OBJECTIVE: in teeth 1.7, 1.5 carious cavities of medium depth were found. EOD - within 10-12 μ A. The mucous membrane of the gums in the area of teeth 1.7, 1.5 is hyperemic, edematous.

QUESTIONS:

1. Make a preliminary diagnosis.
2. What additional research methods would you suggest to clarify the diagnosis?
3. Make a final diagnosis.

Task 5

Patient M., 18 years old, came to the dental clinic for the purpose of sanitation of the oral cavity.

OBJECTIVE: in the oral cavity multiple carious cavities, abundant dental plaque. CPU = 22.

QUESTIONS:

1. Tactics of a dentist.
2. List the activities of public prevention of caries.
3. List the activities of endogenous caries prevention.
4. List the activities of exogenous caries prevention.

Tasks for assessing the competence of "PC-6" :

Task 1

When examining patient T., the dentist used the Kulazhenko apparatus. In subsequent visits, the doctor also used the device.

Questions.

1. For what purpose did the doctor use the device during the first visit during the examination of the patient?
2. For what purpose did the doctor use the device during subsequent visits?

Task 2

Patient K. turned to the dentist with complaints of bleeding of the gums of the lower jaw on the right. Examination of the oral cavity revealed the presence of three teeth with complicated caries on the right lower jaw and abundant deposits of supragingival calculus in the masticatory group of teeth on this side. On the opposite side, the teeth are intact, there are no dental deposits.

Questions.

1. Make a preliminary diagnosis.
2. Explain the etiology of the disease.
3. Your treatment tactics.

Task 3

Patient N., 19 years old, went to the dentist for a physical examination. Makes no complaints. Brushes teeth 2 times a day.

Objectively: in areas 13, 12, 11, 21, 22, 23 on the palatal side, in areas 16, 26 - on the buccal side, tartar is found. When probing the gingival margin, bleeding is noted.

Questions.

1. Make a preliminary diagnosis, using additional research methods if necessary.
2. Treat.

Task 4

Patient P., 23 years old, underwent oral cavity sanitation a few months ago. At present, he went to the reception about bleeding in the area of 36, 37, pain when chewing on this side.

Objectively: the overhanging edges of the fillings on the contact surfaces 36, 37. The gingival papilla in the area 36, 37 is swollen, hyperemic, bleeds when touched with an instrument.

Questions.

1. Make a preliminary diagnosis.
2. Your treatment tactics.

Task 5

A 20-year-old patient complains of periodic inflammation of the gums in the region of the anterior part of the lower jaw.

Objectively: in area 41, 31 the gingival papilla is swollen, hyperemic, bleeds when touched. There is tartar in the interdental space. There is a high attachment of the frenulum of the lower lip.

Questions.

1. What diseases can be assumed?
2. Make a treatment plan.
3. What can be the prognosis of the disease without treatment?

Task 6

Patient N., 29 years old, complains of gum bleeding that occurs when eating, talking, brushing teeth, as well as pain while eating. Prosthesis 2 weeks ago.

Objectively: 21.12 - under plastic crowns. The gingival margin in this area is swollen, sharply hyperemic, bleeds when touched. In other areas, the gingival mucosa is without pathological changes.

Questions.

1. Make a preliminary diagnosis.
2. Explain the possible causes of the disease.
3. Your tactics in treatment.

Task 7

Patient D., aged 32, went to the dentist with complaints of bleeding gums. It was recommended to rinse the mouth with maraslavin and calendula. However, a month later, the patient again complained of bleeding gums when brushing his teeth and biting off food.

Objectively: the presence of supra- and subgingival tartar, the presence of pathological periodontal pockets. Hygiene index according to Fedorov- Volodkina 4.5 points.

Questions.

1. Make a preliminary diagnosis.
2. What mistake was made by the dentist during the first visit?

3. Appoint a full course of treatment.

Task 8

A 22-year-old patient complains of bleeding gums while brushing his teeth.

Objectively: cyanosis of the entire gingival margin, dental deposits; IG = 4 points. The teeth are intact. Bite orthognathic .

Questions.

1. Make a preliminary diagnosis.
2. Specify the necessary research methods for the final diagnosis.
3. Make a treatment plan.

Task 9

Patient N., 50 years old, applied to a dentist for the purpose of sanitation of the oral cavity. When examining the oral cavity: the gingival margin is not changed in color, but the papillae of the gums are significantly enlarged in size, dense to the touch, do not bleed when touched.

Questions.

1. Make a preliminary diagnosis
2. Conduct a differential diagnosis with similar nosological forms.

Tasks for assessing the competence of "PC-7" :

Task 1

A 42-year-old patient went to the dentist with complaints of aching pain in the upper jaw on the right. As a result of taking an anamnesis, it was found out that during the previous week she had the flu.

OBJECTIVE: in teeth 1.7, 1.5 carious cavities of medium depth were found. EOD - within 10-12 μ A. The mucous membrane of the gums in the area of teeth 1.7, 1.5 is hyperemic, edematous.

QUESTIONS:

1. Make a preliminary diagnosis.
2. What additional research methods would you suggest to clarify the diagnosis?
3. Make a final diagnosis.

Task 2

Patient Z., 25 years old, three years ago was treated by a dentist for tooth 4.7 due to caries. At the moment, the patient presents for the presence of a defect in the filling in the tooth 4.7.

OBJECTIVE: there is a shallow carious cavity on the distal contact-masticatory surface, probing is painful along the walls. When conducting a "cold" test - the pain is quickly passing.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. The choice of filling material for cavities of class II Black .
4. List possible medical errors.
5. Rules for the reflection of filling material.

Task 3

Patient M., aged 12, complained of a cavity in tooth 3.6 in the lower jaw. The tooth had not previously hurt, no treatment was carried out.

OBJECTIVE: on the chewing surface of tooth 3.6 there is a carious cavity within its own dentin, probing is painful along the enamel-dentin border. After preparation and drug treatment with a 3% hydrogen peroxide solution, the CPM was restored.

QUESTIONS:

1. Make a diagnosis.
2. Whether a mistake was made during the treatment.
3. Define a smear layer.

Task 4

Patient P., 24 years old, applied to the dental clinic for the purpose of sanitation of the oral cavity.

OBJECTIVE: there are fillings on the chewing surfaces of teeth 1.6 and 1.7, the marginal fit is broken. After the removal of fillings in tooth 1.6 - a deep carious cavity, probing is painful along the bottom. In tooth 1.7 there is a deep carious cavity, during the preparation the pulp horn was opened, the pulp bleeds.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Your treatment strategy
3. Forecast.

Task 5

Patient R., aged 54, went to the clinic for the purpose of sanitation of the oral cavity .

OBJECTIVE: on the chewing surface of tooth 2.6 there is a carious cavity within its own dentin, the walls and bottom are pigmented. Probing the bottom and walls of the carious cavity is painless. Exposure to cold water does not cause pain.

QUESTIONS:

1. List the diseases that are likely with this symptomatology.
2. Name the most likely diagnosis.
3. What additional research methods and their results can finally confirm the diagnosis.

Task 6

Patient K., aged 30, came to the clinic with a complaint of spontaneous, paroxysmal pain in tooth 2.6, which appeared 3 days ago. The attack of pain is repeated every 2-3 hours and lasts 30-40 minutes.

OBJECTIVE: on the chewing surface 26 there is a deep carious cavity communicating with the tooth cavity.

QUESTIONS:

1. List the diseases that are likely with this symptomatology.
2. Perform a differential diagnosis of acute diffuse pulpitis and chronic in the acute stage.
3. Name the most likely diagnosis.
4. Choose a method of treatment 26 and describe the technique of its implementation.

Task 7

Patient B. was diagnosed with tooth 1.6 - chronic gangrenous pulpitis.

QUESTIONS:

1. The clinical picture of this disease.
2. objective data.
3. Features of treatment.
4. Perform a differential diagnosis of chronic gangrenous pulpitis with chronic periodontitis and chronic fibrous pulpitis.

Task 8

Patient M., 14 years old, went to the dentist with complaints of aching pain, aggravated by chewing in the region of the upper jaw on the right. 2 days ago (on Saturday) she went to the emergency dental clinic with acute pain, where she was put on arsenic paste at 15 under the "oil dentin" bandage for 48 hours, warning that the tooth might hurt.

Objectively: 15 - there is a temporary filling on the posterior chewing surface. Horizontal percussion is more painful than vertical. Transitional fold in area 15 - no pathology. The gingival papilla in area 16 is gray, painful on probing. Gray plaque passes from the papilla to the alveolar part of the gum.

Questions.

1. Make a diagnosis.
2. Mistakes of a dentist when applying arsenic paste.
3. Treat. Arsenic antidotes.
4. Prognosis of the disease.

Task 9

Patient G. complains of constant aching pain at 38, aggravated by biting . Two months ago, 38 was filled with acrylic oxide because of caries. The filling interfered with eating, but the patient did not go to the doctor. At the moment, during examination, there is hyperemia of the mucous membrane of the gums in the projection of the roots 38. Percussion of the tooth is painful.

Questions.

1. Make a preliminary diagnosis.
2. What is the cause of the disease?
3. What is the electrical excitability of the pulp in deep caries?

Task 10

Patient K., aged 26, complained of pain when biting in the area of 37. Arsenic paste was applied back for pulpitis.

Objectively: the 37th tooth is under a bandage of water dentin, percussion is sharply painful.

Questions.

1. What is your diagnosis?
2. What could be the cause of the disease?
3. What drugs should be used first of all in this disease?

Tasks for assessing the competence of "PC-12" :

Task 1

Patient U., 38 years old, came to the dentist with complaints of pain in the region of the upper jaw on the left, aggravated in the evening and at night. From the anamnesis it turned out that the patient had been suffering from left-sided chronic sinusitis for 3 years.

OBJECTIVE : Objectively : there is a deep carious cavity on the masticatory surface of 26, probing is sharply painful at one point, the pulp is bleeding. 27 - there is a filling on the chewing surface, the tooth is discolored, percussion is slightly painful.

QUESTIONS:

1. Make a diagnosis of 26, 27 using basic and additional examination methods.
2. Perform differential diagnostics.
3. Suggest treatment.
4. Methods of passage of root canals.

Task 2

Patient P., 32 years old, was treated by a dentist for caries. On the same day after treatment, there was a moderate aching pain. The patient was forced to return to the doctor the next day.

ENTRY TO ICSB : no complaints. **OBJECTIVELY:** on the contact surface of the tooth 2.2 there is a carious cavity within its own dentin. The bottom and walls are dense, light. **DIAGNOSIS:** 22 - medium caries. **TREATMENT:** under infiltration anesthesia Sol . Septanesti 0.9 ml preparation and drug treatment of the cavity. Sealing " Definite " .

QUESTIONS:

1. Causes of post-filling pain.
2. How to avoid pain in the tooth after filling.
3. What class does the Definite PM belong to ?
4. What types of adhesive systems do you know.

Task 3

Patient O., 30 years old, was treated for caries of tooth 3.3.

DYRACT composite filling material A.P. " After 2 days, there were complaints of pain when brushing teeth and from cold irritants.

OBJECTIVE: tooth 3.3 is a filling in the cervical region with a good marginal fit. Probing the enamel along the perimeter is sharply painful.

QUESTIONS:

1. Make a preliminary diagnosis.
2. List possible errors of the doctor.
3. What class of KPM does DYRACT belong to? A.P. " Properties and advantages of Black Class V filling .
4. Physician tactics.

Task 4

Patient K., 16 years old, applied to the dental clinic for the purpose of sanitation of the oral cavity.

RECORD IN MKSB : diagnosis : tooth 1.6 - superficial caries. Treatment: preparation, drug treatment with distilled water. Filling " Herculite XRV".

QUESTIONS:

1. Describe the clinical picture.
2. Perform differential diagnosis.
3. Methods and preparations for the treatment of superficial caries of milk and permanent teeth.

Task 5

Patient Z., 25 years old, three years ago was treated by a dentist for tooth 4.7 due to caries. At the moment, the patient presents for the presence of a defect in the filling in the tooth 4.7.

OBJECTIVE: there is a shallow carious cavity on the distal contact-masticatory surface, probing is painful along the walls. When conducting a "cold" test - the pain is quickly passing.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. The choice of filling material for cavities of class II Black .
4. List possible medical errors.
5. Rules for the reflection of filling material.

Task 6

Patient N., 30 years old, underwent restoration of tooth 2.1 according to Class V Black from a heliocomposite (" Prismafil ").

After 2 days, the patient returned to the doctor with complaints of pain in the tooth when brushing teeth and chewing solid food.

OBJECTIVE: tooth 2.1 is a filling on the labial surface with a good marginal fit. Probing the enamel along the perimeter of the filling is sharply painful. Percussion is painless.

QUESTIONS:

1. Make a diagnosis.
2. What mistakes did the dentist make when placing a filling?
3. Your tactics for this tooth.

Task 7

Patient M., 40 years old, came to the clinic with complaints of pain in the lower jaw on the left.

OBJECTIVE: gingival mucosa is hyperemic, edematous, bleeding on probing. Tooth 3.6 has a deep carious cavity filled with food debris. EOD - 20 μ A, tooth 3.5 - intact, II degree mobility, swelling of the gums, pathological periodontal pocket 7 mm, pus is released, percussion is painful.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Perform differential diagnostics.
3. Make an examination plan.
4. Your treatment tactics.
5. Choice of anesthesia method.

Task №8

Patient S., 30 years old, came to the dental clinic with complaints of pain in the upper jaw to the right of the cold.

History: allergic reaction to lidocaine.

OBJECTIVELY: tooth 1.5 is intact, tooth 1.4 is under a crown (according to the patient, it was prosthetic 10 years ago, not depulped), percussion is painless. Tooth 1.3 - there is a filling on the distal surface, changed in color.

QUESTIONS:

1. Make a plan for examining the patient and make a preliminary diagnosis.
2. What additional methods of examination are needed for the final diagnosis.
3. Choice of anesthesia method.
4. Doctor's tactics.
5. Choice of filling material.

Task 9

Patient V., aged 25, came to the dental clinic complaining of bleeding gums when brushing her teeth.

Objectively: the mucous membrane of the marginal gingiva is slightly edematous, congestively hyperemic. There is a large amount of soft plaque and supragingival tartar. The patient needs to correct oral hygiene.

Questions.

1. Make a preliminary diagnosis.
2. Your treatment tactics.

Task 10

Patient A., aged 12, was called to the house by a pediatrician. The boy's body temperature is 39 °C, his general condition is moderate.

When examining the oral cavity on the hyperemic, edematous mucous membrane of the tonsils, the pharynx, an off-white membranous plaque, passing to the soft palate. Tonsils are sharply enlarged, sugary smell from the mouth. The submandibular lymph nodes are enlarged, dense, painful, the subcutaneous tissue surrounding them is edematous.

Questions.

1. Make the most likely diagnosis.
2. Your tactics.

Task 11

Patient Ch., 56 years old, came to the clinic with complaints of swelling of the gums in area 12. During the examination of the oral cavity, the mobility of all frontal teeth of the upper and lower jaws was found. Subgingival calculus in the area of all remaining teeth. The mucous membrane of the gums in the area of 21 is edematous, hyperemic, there is a fluctuation of the infiltrate, purulent discharge from the periodontal pockets.

Questions.

1. What additional symptoms can be revealed during the examination of this patient?
2. Make a preliminary diagnosis.
3. Prescribe a treatment.

Task 12

Patient K., aged 40, complained of bleeding gums, bad breath. Bleeding gums periodically worries for 5 years. The patient had not previously been treated for this pathology.

Objectively: the mucous membrane of the gums is slightly edematous, congestively hyperemic, bleeds easily when touched with an instrument. Dental pockets 4-5 mm deep. Abundant deposition of tartar. Mobility of teeth I degree.

Questions.

1. Name the most likely diagnosis. What etiological factors cause this pathology?
2. Confirm the preliminary diagnosis with data from the problem statement.
3. Describe the x-ray picture confirming this diagnosis.
4. Make a plan for the examination and treatment of the patient.

Task 13

Patient P., 25 years old, came to the clinic with complaints of bleeding gums, pain in the mouth when eating, bad breath. From the anamnesis: she suffered from influenza, as well as pericoronitis 38.

Objectively: regional lymph nodes are enlarged, dense in consistency, not soldered to the skin. Body temperature 38 °C, a large amount of soft plaque, carious cavities in 31,35,36,37, the mucous membrane of the retromolar region is hyperemic, edematous, there is a gray necrotic plaque on the gingival mucosa 35,36,37.

Questions.

1. Make a preliminary diagnosis.
2. What additional research methods need to be carried out?
3. Carry out differential diagnostics.
4. Assign a treatment plan.

4.2. Tests for assessing the competence of "PC-12" :

INTERVIEWING A PATIENT BEGINS WITH FINDING OUT:

life stories
medical history
past illnesses
complaints
allergy history

THE MUCOSA OF THE ORAL CAVITY IS NORMAL:

pale, dry
pale pink, dry
pale pink, evenly hydrated
bright red, richly moisturised
hyperemic, edematous

EXAMINATION OF THE PATIENT BEGINS WITH:

filling in the dental formula
bite definitions
external examination
examination of the dentition
percussion teeth

WHEN EXAMINING LYMPH NODES, THE METHOD IS USED:

percussion
sounding
palpation
radiography
auscultation

AT PALPATION OF THE SUBMANILLIBLE LYMPH NODES, THE PATIENT'S HEAD SHOULD BE:

tilted back
deflected to the left
deflected to the right
tilted forward
tilted back and to the left

FLUIT DEPTH EQUAL (MM):

0.1-0.2
0.5-1
2-3
3-4
4-5

DURING EXTERNAL EXAMINATION OF THE PATIENT'S FACE, THE DOCTOR NOTES:

skin turgor, eye color
facial symmetry, nasolabial folds, skin color
nose shape, eye color
age spots, hair color
integrity of the dentition

WHEN EXAMINING THE ORAL CAVITY, PROBING OF THE TEETH IS CARRIED OUT:

on all surfaces

in the cervical region
in the area of contact surfaces
in fissures
in the region of the tubercles

COLORING OF THE POINT OF ENAMEL DEMINERALIZATION WITH A SOLUTION OF METHYLENE BLUE OCCURRS AS A RESULT OF

lowering the pH of plaque
increase the permeability of enamel in the affected area
violations of the Ca / P ratio of enamel
destruction of the surface layer of enamel
colonization of bacteria on the tooth surface

IN DENTAL PRACTICE FOR THE PRIMARY EXAMINATION THE INSTRUMENTS ARE USED:

mirror, ironing board
mirror, probe
mirror, tweezers
tweezers, probe
probe, plugger

ANGLE BURS ARE LONG (CM):

3.0
2.7
2.5
2.2
1.0

EXCAVATOR DIMENSIONS:

0-3
0-4
0-8
1-4
1-8

ADDITIONAL EXAMINATION METHODS INCLUDED

x-ray examination
definition of EDI
sounding
palpation

ORDER THE PATIENT EXAMINATION SCHEME IN THE RIGHT ORDER

1 - history of present illness
2 - patient complaints
3 - official history
4 - data from an objective study
5 - preliminary diagnosis
6 - anamnesis of the patient's life
7 - treatment plan and its examination
8 - differential diagnosis
9 - clinical (final) diagnosis
10 - diary
11 - additional research methods
12 - forecast
13 - epicrisis
correct answer is 3,2,1,6,4,5,11,8,9,7,10,12,13

DENTAL PATIENT MEDICAL CARD FORM

028/u
037-1/y
039-2/u-88
043/y
030/y

TERM OF STORAGE OF THE MEDICAL CARD IN THE REGISTRY

2 years
5 years
7 years
10 years
15 years

FORM OF A CONSOLIDATED STATEMENT OF ACCOUNT OF THE WORK OF A DENTIST

028/u
037-1/y
039-2/u-88
043/y
030/y

CARRY OUT THE RELATIONSHIP OF ACCOUNTING AND REPORTING DOCUMENTATION BY FORMS

1 - a summary record of the work of a dentist
2 - a sheet of daily records of the work of a dentist
3 - referral for consultation and support institutions
4 - medical card of a dental patient
A - 028/u
B - 037-1/y
B - 039-2/u-88
G - 043/u
correct answer 1-c, 2-b, 3-a, 4-d

A DIAGNOSTIC METHOD BASED ON THE PROPERTY OF TISSUES AND THEIR CELLULAR ELEMENTS UNDER THE EXPOSURE OF UV RAYS (WOOD'S RAYS) TO CHANGE ITS COLOR

stomatoscopy
diascopy
galvanometry
luminescent study
biopsy

WHEN CYTOLOGICAL STUDY WITH PEMULS, THEY ARE DETECTED

Tzank cells
atypical cells
giant multinucleated cells
pattern of non-specific inflammation
Langhans cells

AT CYTOLOGICAL EXAMINATION IN TUBERCULOSIS THEY ARE DETECTED

Tzank cells
atypical cells
giant multinucleated cells
pattern of non-specific inflammation
Langhans cells

AT CYTOLOGICAL STUDY IN CANCER DISEASES ARE DETECTED

Tzank cells
atypical cells
giant multinucleated cells
pattern of non-specific inflammation
Langhans cells

PERMISSIBLE VALUE OF POTENTIAL DIFFERENCE IN THE ORAL CAVITY

3 uA
5uA
8uA
10uA
15uA

FORM OF IRREGULAR keratinization CHARACTERIZED BY PATHOLOGICAL KERATINIZATION OF INDIVIDUAL EPITHELIAL CELLS:

dyskeratosis
parakeratosis

hyperkeratosis
acanthosis
acantholysis

THE SECONDARY ELEMENT IS:

vial
abscess
crack
abscess
blister

THE PRIMARY ELEMENTS ARE:

erosion
aphtha
ulcer
abscess
crack

FORMATION CONSISTING OF MICROORGANISMS, FIBRINUS FILM AND LAYERS OF RELATED EPITHELIUM:

plaque
flake
crust
scale -crust
scar

MELTING OF INTERCELLULAR BRIDGES BETWEEN THE CELLS OF THE SPINNED LAYER

acanthosis
spongiosis
acantholysis
hyperkeratosis
vacuolar dystrophy

Tests for assessing the competence of "PC-6" :

A DIAGNOSTIC METHOD BASED ON THE PROPERTY OF TISSUES AND THEIR CELLULAR ELEMENTS UNDER THE EXPOSURE OF UV RAYS (WOOD'S RAYS) TO CHANGE ITS COLOR

stomatосcopy
diascopy
galvanometry
luminescent study
biopsy

WHEN CYTOLOGICAL STUDY WITH PEMULS, THEY ARE DETECTED

Tzank cells
atypical cells
giant multinucleated cells
pattern of non-specific inflammation
Langhans cells

AT CYTOLOGICAL EXAMINATION IN TUBERCULOSIS THEY ARE DETECTED

Tzank cells
atypical cells
giant multinucleated cells
pattern of non-specific inflammation
Langhans cells

AT CYTOLOGICAL STUDY IN CANCER DISEASES ARE DETECTED

Tzank cells
atypical cells
giant multinucleated cells
pattern of non-specific inflammation
Langhans cells

PERMISSIBLE VALUE OF POTENTIAL DIFFERENCE IN THE ORAL CAVITY

3 uA
5uA
8uA
10uA
15uA

FORM OF IRREGULAR keratinization CHARACTERIZED BY PATHOLOGICAL KERATINIZATION OF INDIVIDUAL EPITHELIAL CELLS:

dyskeratosis
parakeratosis
hyperkeratosis
acanthosis
acantholysis

THE SECONDARY ELEMENT IS:

vial
abscess
crack
abscess
blister

THE PRIMARY ELEMENTS ARE:

erosion
aphtha
ulcer
abscess
crack

FORMATION CONSISTING OF MICROORGANISMS, FIBRINUS FILM AND LAYERS OF RELATED EPITHELIUM:

plaque
flake
crust
scale -crust
scar

MELTING OF INTERCELLULAR BRIDGES BETWEEN THE CELLS OF THE SPINNED LAYER

acanthosis
spongiosis
acantholysis
hyperkeratosis
vacuolar dystrophy

EXCESSIVE THICKENING OF THE stratum corneum - **HYPERKERATOSIS**

IN CHRONIC INJURIES OF THE MUCOSA OF THE ORAL CAVITY, THE PATHOLOGICAL PROCESS IS OBSERVED:

acantholysis
vacuolar dystrophy
spongiosis
ballooning dystrophy
papillomatosis

ETIOLOGY OF ACUTE MECHANICAL INJURY:

- hit, bite, wound with a cutting or sharp object
- long-term trauma of the mucous membrane with sharp edges of the teeth, poorly made or outdated prostheses
- impact on the mucous membrane of high temperature
- radiation therapy
- concentrated solutions of alkalis/acids

WHAT GROUP OF DRUGS DOES 5% SOLUTION OF AMINOCAPROIC ACID BELONG TO:

antibiotics
antiseptics
keratoplasty
hemostatic preparations

hormonal preparations

IN WHAT CASES IN ACUTE MECHANICAL INJURY ARE SUTURES APPLIED:

if the wound is deep

the wound does not heal for a long time

at the request of the patient

with suppuration of the wound

in all of the above

DIFFERENTIAL DIAGNOSIS OF DECUBITAL ULCER:

cancerous ulcer

tuberculous ulcer

chancre

trophic ulcer

all of the above

THE MOST IMPORTANT ASPECT IN THE TREATMENT OF CHRONIC MECHANICAL INJURY:

anesthesia

application of keratoplasty

elimination of the traumatic factor

professional hygiene

antiseptic treatment

COMPLAINTS OF THE PATIENT IN THE FIRST PERIOD OF DEVELOPMENT OF RADIATION SICKNESS:

dry mouth, loss of taste and sensitivity of the mucous membrane

makes no complaints

for burning and dryness in the mouth and throat

for bad breath

for pain when swallowing

COMPLAINTS OF THE PATIENT IN THE SECOND PERIOD OF DEVELOPMENT OF RADIATION SICKNESS:

dry mouth, loss of taste and sensitivity of the mucous membrane

makes no complaints

for burning and dryness in the mouth and throat

for bad breath

for pain when swallowing

COMPLAINTS OF THE PATIENT IN THE THIRD PERIOD OF DEVELOPMENT OF RADIATION SICKNESS:

dry mouth, loss of taste and sensitivity of the mucous membrane

makes no complaints

for burning and dryness in the mouth and throat

for bad breath

for pain when swallowing

ETIOLOGY OF ACUTE CHEMICAL DAMAGE TO THE OD:

- concentrated solutions of alkalis, acids

- exposure to substances used for dental treatment (silver nitrate, resorcinol-formalin mixture, arsenic paste, etc.)

- wearing removable dentures made of insufficiently polymerized plastic

- independent use of drugs by patients with acute toothache with direct application of the drug to the tooth

-all of the above

ANTIDOTE OF ARSENIC PASTE:

1% unithiol

50% ethyl alcohol

1% calcium carbonate solution

0.5% acetic acid solution

St. John's wort

PHENOL ANTIDOTE:

5% unithiol

2% sulfuric acid solution

6% hydrogen peroxide solution

50% ethyl alcohol

all of the above

PRIMARY ELEMENT OF LESION IN LEUKOPLAKIA - SPOT

FORMS OF LEUKOPLAKIA:

typical, exudative- hyperemic , erosive-ulcerative, hyperkeratotic
flat, verrucous , erosive-ulcerative, mild, smoker's leukoplakia
acute, chronic
primary, secondary
bullous, atypical, infiltrating

DIFFERENTIAL DIAGNOSIS OF FLAT LEUKOPLAKIA:

typical LP, typical chronic lupus erythematosus, mild leukoplakia
hyperplastic form of candidiasis, secondary syphilis
precancerous cheilitis of Manganotti , MEE
erosive and ulcerative form of LP, mild leukoplakia
typical form of LP, hyperplastic form of candidiasis

LOCALIZATION OF LESIONS IN TAPPEINER LEUKOPLAKIA :

buccal mucosa
lateral surfaces of the tongue
mucosa of the hard palate, anterior soft palate
oral mucosa
red border of lips

FORMS OF VERRUCOSE LEUKOPLAKIA:

acute, chronic
plaque , warty
primary, secondary
light, medium, heavy
typical, atypical

AGE AND GENDER OF PATIENTS IN WHICH EROSIIVE AND ULCERENT LEUKOPLAKIA IS MORE MORE:

men 45-70 years old
women 45-70 years old
men 12-45 years old
women 12-45 years old
age and gender do not matter

PERIODONT INCLUDES (CHOOSE THE MOST COMPLETE ANSWER):

gums, periodontium, bone tissue of alveoli
gingiva, cementum of the tooth root, bone tissue of the alveoli, periodontal attachment
gingiva, periodontium, alveolar bone, cementum of the tooth root
gingiva, periodontium, periodontal attachment, cementum of the tooth root
gum, bone tissue of the alveoli, cementum of the tooth root.

GROWTH DEPTH

0.5-2mm
up to 0.5 mm
1-3mm
1.5-3mm
more than 3 mm

Tests for assessing the competence of "PC-7" :

DOES NOT AFFECT PLAQUE FORMATION

anatomical structure of the tooth
diet
oral hygiene
the presence of seals
hormonal background

PLAQUE CONTAINS

viruses
protozoa
streptococci

meningococci
bacteriophages

WHICH LAYER IS CALLED "ZONE OF MAXIMUM CHANGES" IN CARIES

transparent dentine
surface
subsurface
interior
central

AT WHAT CARIES THERE IS A ZONE OF CHANGES IN THE DENTAL PULP

caries in the stain stage
enamel caries
dentine caries
for any caries
does not exist

IN WHAT CARIES IS A SHALLOW DEFECT LOCATED WITHIN THE ENAMEL

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

IN WHAT CARIES DEMINERALIZATION APPEARS AS A COLOR CHANGE IN A LIMITED AREA

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

FOR WHAT CARIES REMOTERAPY IS EFFECTIVE

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

IN WHAT CARIES PROBING IS PAINFUL ON THE ENAMEL-DENTINE JOINT AND ON THE ENTIRE
BOTTOM OF THE CARIOUS CAVITY

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

IN WHAT CARIES DID THE TOOTH PULP RESPONSE TO A CURRENT OF 2-12 μ A

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

AT WHAT CARIES SHOULD BE DIFFERENTIAL DIAGNOSIS WITH ENDEMIC FLUOROSIS AND ENAMEL
HYPOPLASIA

enamel caries
dentine caries
other unspecified caries
no

AT WHAT CARIES IS IT NECESSARY TO CARRY OUT A DIFFERENTIAL DIAGNOSTICS WITH A Wedge-
shaped DEFECT AND CHRONIC APICAL PERIODONTITIS

caries in the white spot stage
enamel caries
dentine caries

other unspecified caries
no

WHAT DOES NOT APPLY TO ETIOPATOGENETIC THERAPY FOR DENTAL CARIES

immunity correction
taking vitamins
taking hypersalivants
taking antibiotics
taking fluoride and calcium supplements
increase carbohydrate intake

WHAT IS THE SYMPTOMATIC TREATMENT OF DENTAL CARIES

filling
reduction in carbohydrate intake
professional oral hygiene
taking vitamins

WHAT DOES NOT APPLY TO COMPLICATIONS DURING SURGERY TREATMENT OF THE CARIOUS CAVITY

formation of an additional platform
perforation of the bottom of the carious cavity
perforation of the cavity wall
fracture of the cavity wall
gum injury

AT STABILIZATION OF THE CARIOUS PROCESS

decreased rate of salivation
increases the rate of salivation
increases the viscosity of saliva
decreased amount of saliva
does not affect

ANATOMICAL CLASSIFICATION OF CARIES

caries of dentin, enamel
caries of enamel, cement
caries of dentin, enamel , cement
caries of dentin, cement
does not exist

CLASSIFICATION OF CARIES BY LOCALIZATION

fissure , proximal , cervical
fissure , approximal
proximal , cervical
fissure , proximal , vestibular
does not exist

"IRREGULATORY DENTIN" - THIS

substitutive
infected
demineralized
artificial
does not exist

WHAT IS THE DEONTOLOGICAL PRINCIPLE

professional, ethical, moral, legal standards
compassion
subordination
inaction
anesthesia

A RAPIDLY PROGRESSIVE FORM OF ENAMEL DEMINERALIZATION IS FREQUENTLY OBSERVED IN PATIENTS

with a pronounced inhibition of nonspecific resistance of the body
smokers
excessive consumption of sour

with poor hygiene
not visiting the dentist

Tests for assessing the competence of "UK-1" :

ADDITIONAL EXAMINATION METHODS INCLUDED

x-ray examination
definition of EDI
sounding
palpation

THE MUCOSA OF THE ORAL CAVITY IS NORMAL:

pale, dry
pale pink, dry
pale pink, evenly hydrated
bright red, richly moisturised
hyperemic , edematous

EXAMINATION OF THE PATIENT BEGINS WITH:

filling in the dental formula
bite definitions
external examination
examination of the dentition
percussion teeth

WHEN EXAMINING LYMPH NODES, THE METHOD IS USED:

percussion
sounding
palpation
radiography
auscultation

AT PALPATION OF THE SUBMANILLIBLE LYMPH NODES, THE PATIENT'S HEAD SHOULD BE:

tilted back
deflected to the left
deflected to the right
tilted forward
tilted back and to the left

ORDER THE PATIENT EXAMINATION SCHEME IN THE RIGHT ORDER

- 1 - history of present illness
- 2 - patient complaints
- 3 - official history
- 4 - data from an objective study
- 5 - preliminary diagnosis
- 6 - anamnesis of the patient's life
- 7 - treatment plan and its examination
- 8 - differential diagnosis
- 9 - clinical (final) diagnosis
- 10 - diary
- 11 - additional research methods
- 12 - forecast
- 13 - epicrisis

correct answer is 3,2,1,6,4,5,11,8,9,7,10,12,13

EMERGENCY CONDITIONS (URGENT) IN DENTISTRY IS:

fainting;
papillitis ;
post-filling pain;
anaphylactic shock;
collapse.

TO ELIMINATE POST-FILLING PAIN THE METHODS OF PHYSIOTHERAPEUTIC TREATMENT ARE USED:

electrophoresis;
laser therapy;

fluorization ;
coagulation;
FTL is not used.

COLOR CHANGES OF THE TOOTH CROWN AFTER TREATMENT IS POSSIBLE DUE TO:
poor drug treatment of canals;
low-quality necrectomy ;
papillitis ;
filling of root canals with resorcinol-formalin paste;
breakage of the instrument in the root canal.

WHEN THE INSTRUMENT IS BROKEN BEHIND THE ROOT TIP IN THE PERIAPICAL TISSUES, IT IS NECESSARY TO CARRY OUT:
resection of the root apex;
leave the fragment in the canal and seal the canal with resorcinol-formalin paste;
use the ultrasonic tip to get the instrument;
the lasso technique;
the technique of using a hollow needle and an H-file.

MATERIAL FOR CLOSURE OF PERFORATIONS IS:
" Calcept "
Pro root AIT »
"MTA Angelus"
Metapex _ _
" Trioxidant "

TRAUMATIC NEURITIS OF THE MANIBORDIAL NERVE IS MANIFESTED AS A SYMPTOM:
hematoma;
numbness of the lower lip
chin
difficulty opening the mouth;
swelling of the lower lip and chin.

ORGANIZATIONAL ERRORS ARE:
misdiagnosis;
aspiration and swallowing of the endodontic instrument;
non-observance of asepsis and antisepsis
non-observance by the personnel of moral, ethical and deontological standards;
all of the above.

EXIT AND ACCUMULATION OF AIR INTO THE SURROUNDING CELLULAR SPACES OF THE FACE, NECK, DUE TO DRYING OF THE TOOTH CAVITY WITH A HARD, MASSIVE JET OF AIR IS CALLED:
mediastinitis;
emphysema;
vessel thromboembolism;
abscess;
edema.

EMERGENCY AID FOR FINDING IS:
give alcohol vapor inhalation;
the position of Tradelenburg ;
unfasten tight clothing;
Shut off access to fresh air;

ANAPHYLACTIC SHOCK IS A REACTION:
immediate type;
slow type;
mixed type;
both types;
depending on the etiology.

Final test on the SDO "PIMU" portal
<https://sdo.pimunn.net/mod/resource/view.php?id=194113>
<https://sdo.pimunn.net/mod/resource/view.php?id=194112>

4.3. Questions for colloquia, interviews :

1. Organization of dental care in Russia. Organizational structure of the dental clinic and dental therapeutic department. Accounting and reporting documentation of a dentist (UK-1, PC-6, PC-7).
2. Dental office, its equipment. Organization of reception of dental patients. Accounting and reporting medical documentation (UK-1, PC-6, PC-7).
3. Medical record as the main medical and legal document, as a material for statistical and scientific research. Rules for filling out and storing a medical record of a dental patient (UK-1, PC-6, PC-7, PC-12).
4. Ergonomics and scientific organization of labor in dentistry (UK-1, PC-6, PC-7).
5. Methods of examination of a dental patient. Dental instruments used to examine a dental patient. Electroodontodiagnostics (UK-1, PC-6, PC-7, PC-12).
6. Methods of examination of patients in the clinic of therapeutic dentistry (basic and additional) (UK-1, PC-6, PC-7, PC-12).
7. Epidemiological dental examination of the population. The prevalence and intensity of dental caries (UK-1, PC-6, PC-7, PC-12).
8. Disinfection, pre-sterilization cleaning and sterilization of dental instruments in practical dentistry (UK-1, PC-6, PC-7, PC-12).
9. Basic principles of asepsis in therapeutic dentistry. Sanitary-epidemic mode of work of a dentist and measures to prevent HIV infection and hepatitis (UK-1, PC-6, PC-7, PC-12).
10. Hygienic dental education of the population. Motivation of the population for oral hygiene. Oral hygiene. Intensification and optimization of hygiene (UK-1, PC-6, PC-7, PC-12).
11. Means of oral hygiene. Rational and controlled oral hygiene. Means of indication of plaque (UK-1, PC-6, PC-7, PC-12).
12. Dental educational work. Organization methods and forms of conducting (UK-1, PC-6, PC-7, PC-12).
13. Professional oral hygiene. Method for identifying and eliminating dental plaque (UK-1, PC-6, PC-7, PC-12).
14. Endogenous prevention of dental caries (UK-1, PC-6, PC-7, PC-12).
15. Exogenous prevention of dental caries (UK-1, PC-6, PC-7, PC-12).

4.4. Tasks (assessment tools) submitted for credit

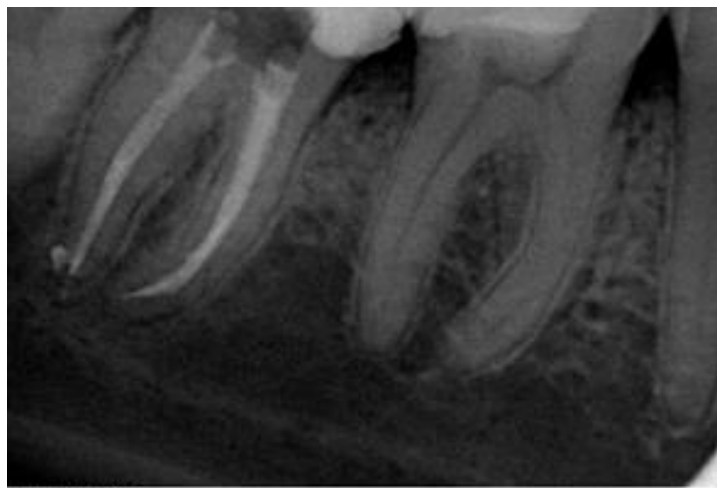
Situational tasks for assessing the competence of "PC-7" :

Situational task in therapeutic dentistry No. 1

Patient S., 27 years old, went to see a dentist with complaints of a sharp long-term pain in the area of tooth 4.6, aggravated in the evening and when eating.

From the anamnesis 3 days ago, with similar complaints, she already applied for help, endodontic treatment of tooth 4.7 was performed and a control radiograph was taken (the patient brought it with her), the pain did not stop. The doctor prescribed Nurofen 400 mg and applications of Dimexide with hydrocortisone ointment. The patient is at the 17th week of pregnancy, which was reported to the doctor.

Objectively: there is a temporary filling of water dentin on the medial chewing surface of tooth 4.7, a filling on the distal chewing surface of tooth 4.6, caries recurrence, percussion of teeth 4.7 and 4.6 is sharply painful, EOD of tooth 4.6 is 30 μ A, tooth 4.7 is more than 100 μ A.



Questions :

1. Make a diagnosis.
2. Perform differential diagnosis.
3. Describe the x-ray.

4. Choose a treatment strategy.
5. What mistakes did the doctor who previously treated.
6. Methods for determining the working length of a tooth.
7. Modern filling materials for temporary filling of root canals, composition, properties, indications.
8. Etiology, pathogenesis, diagnosis, classification of caries.

Situational task in therapeutic dentistry No. 2

Patient V., 45 years old, came to the dental clinic with complaints of pain when eating in the area of tooth 3.5 and bleeding in the area of this tooth, hot food intensifies pain. He considers himself ill for 3 months.

From the anamnesis, the patient suffers from diabetes mellitus and type 2 hypertension. Without medical supervision, she takes the drug sodium fluoride in tablets all year round, according to the patient "to strengthen the enamel of the teeth."

When examining the oral cavity on the occlusal -distal surface of the tooth 3.5, a carious cavity filled with granulation tissue bleeding during probing, with deep probing, pain occurs, percussion is painless. Tooth 3.6 tooth crown is destroyed by more than 2/3 of the volume, covered with an overgrown gingival papilla, bleeds during probing, EDI is more than 100 μ A.



Questions :

1. Make a diagnosis.
2. Perform differential diagnosis.
3. Additional methods of examination.
4. EDI indicators.
5. Patient treatment strategy.
6. Root canal irrigation protocol. Preparations for drug treatment of root canals.
7. Prevention, types, methods of its implementation. Motivation.

Situational tasks for assessing the competence of "PC-6" :

Situational task in therapeutic dentistry No. 3

Patient D., 29 years old, came to the dental clinic with complaints of food stuck in the area of teeth 3.6, 3.7, as well as acute pain that occurs when exposed to thermal stimuli and disappears after their removal after 7-10 minutes.

Anamnesis: considers himself healthy, HIV, syphilis, hepatitis denies

Objectively: on the distal-masticatory surface of tooth 3.6 there is a carious cavity filled with a pale pink formation, probing of this structure is painless, there is no bleeding, deep probing is painful, there is no connection with the gingival papilla, percussion is painless, EDI is 45 μ A. On the medial-contact surface of tooth 3.7, there is a carious cavity within the pulpal dentin, filled with food debris and necrodentin , probing is sharply painful throughout the bottom, percussion is painless, EDI is 12 μ A.



Questions :

1. Make a diagnosis.
2. Perform differential diagnosis.
3. Additional methods of examination.
4. Patient treatment strategy.
5. Endodontic instruments for working in root canals.
6. Biological method of treatment. Indications and contraindications, methodology.

Situational task in therapeutic dentistry No. 4

Patient Ch., 27 years old, applied to the Department of Therapeutic Dentistry for the purpose of professional oral hygiene and sanitation of the oral cavity.

From the anamnesis: for the past 2 years, he has noted dryness of the oral cavity and an increase in the carious process. She had an appendectomy three years ago and was positive for hepatitis B and C.

When examining the oral cavity: tooth 2.5 has an amalgam filling on the distal chewing surface, the marginal fit is broken, percussion is painless, tooth 2.6 has an amalgam filling on the medial chewing surface, caries recurrence, percussion is painless, interdental contact is loose.



Question :

1. What diagnoses can be assumed.
2. What additional diagnostic methods need to be carried out.
3. What filling materials and adhesive systems can be used to restore this group of teeth.
4. What is the cause of the growth of the carious process.
5. Tactics of managing patients suffering from specific diseases.
6. Saliva. Composition, properties, functions. Xerostomia and ways to combat it.

Situational tasks for assessing the competence of "PC-12" :

Situational task in therapeutic dentistry No. 5

Patient A., 40 years old, applied to a periodontist with complaints of increased sensitivity of the teeth of the upper and lower jaws during brushing and eating, and an aesthetic defect.

He considers himself practically healthy, and has been powerlifting for 15 years.

External examination: the configuration of the face is not changed, the skin is without visible pathology, the lymph nodes are not palpable, the opening of the mouth is not disturbed. HIV, syphilis, hepatitis denies.

When examining the oral cavity the mucous membrane of the lips and cheeks is pale pink in color, moderately moistened, without visible pathological changes. The gum is pale, dense, dental roots 1.6, 1.5, 1.4, 1.3, 1.2, 1.1, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.6, 3.5, 3.4, 3.3, 3.2, 3.1, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6 are bare by 3-4 mm, in the cervical region on the vestibular surface of the previously listed teeth there is a defect in the form of a wedge, probing is sharply painful, the surface of the defects is smooth, shiny.



Question :

1. Make a preliminary diagnosis.
2. Describe the x-ray picture.
3. Perform indexes and tests to confirm the diagnosis.
4. Treatment tactics.
5. outcome of this disease. Prevention.
6. Periodontitis. Etiology, pathogenesis, classification, diagnostics.

Situational task in therapeutic dentistry No. 6

Patient M., 42 years old , applied to the Department of Therapeutic Dentistry with a complaint about a chipped filling in the area of tooth 2.2.

From the anamnesis: the patient has been bleeding for more than 2 years, professional oral hygiene has never been carried out, to reduce bleeding, she uses a soft toothbrush, herbal toothpaste, Metrogyl gel Denta is regularly applied to the gum.

Examination of the oral cavity revealed a large amount of supra- and subgingival soft and hard plaque on the teeth of the upper and lower jaws, swelling and hyperemia of the marginal part of the gums, probing showed moderate filling of the interdental triangle with blood, the periodontal junction was not broken. On the vestibular surface, closer to the cutting edge of the tooth 2.2, there is a carious cavity within the enamel, probing is painless, EOD is 2 μ A.



Questions :

1. Make a diagnosis.
2. Type of x-ray examination, x-ray picture.
3. Indices and samples characteristic of this disease.
4. Differential diagnosis.
5. Treatment tactics.
6. Periodontium, structure, composition, functions, age-related changes.

Situational tasks for assessing the competence of "UK-1" :

Situational task in therapeutic dentistry No. 7

Patient V., aged 56, applied to the Department of Therapeutic Dentistry "PIMU" with complaints of mobility of the teeth of the upper and lower jaws, bad breath, bleeding when brushing teeth.

From the anamnesis: suffers from angina pectoris, an allergic reaction to drugs of a number of tetracyclines in the form of Quincke's edema. During hypothermia, unpleasant sensations are noted in the area of tooth 2.2, which are stopped by taking analgesics.

When examining the oral cavity, the gums of both jaws are edematous and hyperemic, bleeding during probing, an abundant amount of supra- and subgingival tartar in the region of all teeth, in the region of teeth 1.6, 1.5, 1.3, 4.3, 4.4, periodontal pockets up to 5 mm deep are determined, tooth mobility 2 degrees. The crown of tooth 2.2 is discolored, mobility is 1st degree, percussion is painless, this tooth has not been previously treated.



Questions :

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Describe the x-ray picture.
4. management of this patient.
5. Quincke's edema, clinical picture, first aid in case of emergency.
6. Periodontium. Structure, structure, properties, functions.

Situational task in therapeutic dentistry No. 8

Patient L., 63 years old, went to see a dentist with complaints of constant aching pain in the area of tooth 4.6, aggravated by biting . Mouth ajar, halitosis .

From the anamnesis: she has been working at a confectionery factory for 20 years, she has been registered with an endocrinologist for 5 years because of diabetes. Tooth 4.6 endodontic treatment was carried out about 10 years ago, earlier the tooth hurt, the patient did not go to the doctor, she used folk remedies.

Objectively: tooth 4.6 has a filling on the occlusal -distal surface with a broken marginal fit, probing is painless, percussion is painless. In the area of the teeth of the upper and lower jaws, a large amount of hard and soft plaque is observed, the alveolar part of the gums is edematous and hyperemic, it bleeds when probing, periodontal pockets in the area of teeth 1.6, 2.6, 3.6, 4.6, 4.7 to 3 mm, filled with purulent discharge, mobility 1 degree.



Questions :

1. To diagnose.
2. Describe the x-ray picture.
3. Carry out differential diagnosis.

4. Treatment tactics.
5. Halitosis , etiology, types, control measures.
6. Rapidly progressive periodontitis. Etiology, pathogenesis, clinic, diagnostics, modern methods of treatment.

5. The content of the evaluation means of intermediate certification

Intermediate certification is carried out in the form of a credit lesson .

5.1 List of control tasks and other materials required to assess knowledge, skills, abilities and experience

5.1.2. Questions for the test in the discipline " Diagnostic criteria in therapeutic dentistry" .

1. Organization of dental care in Russia. Organizational structure of the dental clinic and dental therapeutic department. Accounting and reporting documentation of a dentist (UK-1, PC-6, PC-7).
2. Dental office, its equipment. Organization of reception of dental patients. Accounting and reporting medical documentation (UK-1, PC-6, PC-7).
3. Medical record as the main medical and legal document, as a material for statistical and scientific research. Rules for filling out and storing a medical record of a dental patient (UK-1, PC-6, PC-7, PC-12).
4. Ergonomics and scientific organization of labor in dentistry (UK-1, PC-6, PC-7).
5. Methods of examination of a dental patient. Dental instruments used to examine a dental patient. Electroodontodiagnostics (UK-1, PC-6, PC-7, PC-12).
6. Methods of examination of patients in the clinic of therapeutic dentistry (basic and additional) (UK-1, PC-6, PC-7, PC-12).
7. Epidemiological dental examination of the population. The prevalence and intensity of dental caries (UK-1, PC-6, PC-7, PC-12).
8. Disinfection, pre-sterilization cleaning and sterilization of dental instruments in practical dentistry (UK-1, PC-6, PC-7, PC-12).
9. Basic principles of asepsis in therapeutic dentistry. Sanitary-epidemic mode of work of a dentist and measures to prevent HIV infection and hepatitis (UK-1, PC-6, PC-7, PC-12).
10. Hygienic dental education of the population. Motivation of the population for oral hygiene. Oral hygiene. Intensification and optimization of hygiene (UK-1, PC-6, PC-7, PC-12).
11. Means of oral hygiene. Rational and controlled oral hygiene. Means of indication of plaque (UK-1, PC-6, PC-7, PC-12).
12. Dental educational work. Organization methods and forms of conducting (UK-1, PC-6, PC-7, PC-12).
13. Professional oral hygiene. Method for identifying and eliminating dental plaque (UK-1, PC-6, PC-7, PC-12).
14. Endogenous prevention of dental caries (UK-1, PC-6, PC-7, PC-12).
15. Exogenous prevention of dental caries (UK-1, PC-6, PC-7, PC-12).

Final test on the PIMU SDO portal <https://sdo.pimunn.net/mod/quiz/view.php?id=204165>

6. Criteria for evaluating learning outcomes

Learning Outcomes	Evaluation criteria	
	Not credited	Passed
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were gross errors.	The level of knowledge in the amount corresponding to the training program. Minor errors may be made
Availability of skills	When solving standard problems, the basic skills were not demonstrated. There were gross errors.	Demonstrated basic skills. Typical tasks are solved, all tasks are completed. Minor errors may be made.
Availability of skills (possession of experience)	When solving standard problems, basic skills were not demonstrated. There were gross errors.	Demonstrated basic skills in solving standard problems. Minor errors may be made.
Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no qualitative readiness to solve the assigned tasks	Learning activity and motivation are manifested, readiness to perform the assigned tasks is demonstrated.

Characteristics of the formation of competence*	Competence is not fully formed. The available knowledge, skills and abilities are not enough to solve practical (professional) problems. Re-learning required	The formation of competence meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) problems.
Competence level*	Short	Medium/High

For testing:

Rating "5" (Excellent) - points (100-90%)

Rating "4" (Good) - points (89-80%)

Grade "3" (Satisfactory) - points (79-70%)

Less than 70 % - Unsatisfactory - Grade "2"

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