

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

BANK OF ASSESSMENT TOOLS FOR DISCIPLINE
OUTPATIENT ORAL SURGERY

Training program (specialty): 31.05.03 DENTISTRY

Department: ORAL AND MAXILLOFACIAL SURGERY

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

This Bank of Assessment Tools (BAT) for the discipline " OUTPATIENT ORAL SURGERY " is an integral appendix to the working program of the discipline " OUTPATIENT ORAL SURGERY ". All the details of the approval submitted in the WPD for this discipline apply to this BAT.

(Banks of assessment tools allow us to evaluate the achievement of the planned results stated in the educational program.

Assessment tools are a bank of control tasks, as well as a description of forms and procedures designed to determine the quality of mastering study material by students.)

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/ practice:

No.	Assessment tool	Brief description of the assessment tool	Presentation of the assessment tool in the BAT
1	Test tasks	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 tasks	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.	List of tasks
3	Recipewriting		
4	X-ray reading		
5	Terminological dictation	A knowledge testing tool that allows you to evaluate the theoretical training of a student.	List of terms

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	Current, Mid-term	Features of blood supply and innervation of the maxillofacial area. Structure of lymphatic system and muscular system of maxillofacial region.	Test tasks Situational tasks Tasks of maxillofacial surgery. Types of facial defects and deformations, causes of their occurrence. Congenital defects, developmental anomalies, deformations related to growth disruption of various parts of the face.

<p>PC-6 PC-7</p>	<p>Current, Mid-term</p>	<p>Performing a local anesthetic. Treatment of inflammatory diseases in the periapical area. Dental surgery..</p>	<p>Test tasks Situational tasks Classification of local anesthetics. Methods and features of infiltration and conductive anesthesia on the upper and lower jaw. Complications arising from local anesthesia and ways to address them. Etiology, pathogenesis and clinical picture of odontogenic inflammatory processes of the face and neck. Methods of examination of patients with purulent-inflammatory diseases of the maxillofacial area and differential diagnosis. Clinical picture, distinctive clinical signs and differential diagnosis of periapical inflammatory phenomena. Prognosis. Principles of prevention and examination of patients with inflammatory diseases of the maxillofacial region. First Aid Methods for Emergency Situations. Clinical history and causes of complications of local anesthesia and ways to prevent them. Conservative and operative methods of treatment of inflammatory processes in the tops of the roots and indications for their conduct. Methods for making incisions in the oral cavity, taking into account the features of the structure of the mucous membrane. Features of dental surgery in the anterior and lateral teeth. Types of dental operations depending on the group of teeth and the amount of inflammation. Methods of reading x-rays and computer tomography of the maxillofacial area.</p>
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4. The content of the assessment tools of entry, 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. (*Test tasks.*)

Assessment tools for current control.

Assessment tool 1. ESTABLISH THE CORRECT SEQUENCE OF STAGES OF THE UPPER LIP FRENULUM SURGERY:

- 1) anesthesia
- 2) decortication of the compact plate of the alveolar process of the upper jaw
- 3) incision of the mucous membrane of the upper lip and the formation of triangular flaps
- 4) separation of the mucous membrane of the upper lip
- 5) suturing

1, 4, 2, 3,5

Assessment tool 2. BIOINERT MATERIALS INCLUDE

- 1) stainless steel
- 2) chromocobalt alloys
- 3) titanium, zirconium
- 4) hydroxyapatite
- 5) silver-palladium alloys

Assessment tool 3. WITH THE MAXIMUM OPENING OF THE MOUTH, THE HEAD OF THE LOWER JAW IS NORMALLY:

- 1) on the posterior slope of the articular tubercle
- 2) on the anterior slope of the articular tubercle
- 3) in the articular cavity
- 4) outside the articular cavity
- 5) all answers are incorrect

Assessment tool 4. MUSCLES ARE ATTACHED TO THE ZYGOMATIC ARCH AND BONE:

- 1) medial pterygoid, lateral pterygoid, chewing
- 2) temporal, medial and lateral pterygoid
- 3) masticatory, temporal, lateral pterygoid
- 4) chewing, temporal
- 5) chewing, medial pterygoid

Assessment tool 5. THE MAIN SYMPTOM OF TRIGEMINAL NEURALGIA:

- 1) Vincent's symptom
- 2) prolonged paresthesia
- 3) prolonged aching pains
- 4) short-term paresthesia
- 5) severe short-term paroxysmal pains

Assessment tool 6. ACUTE TMJ ARTHRITIS MUST BE DIFFERENTIATED FROM

- 1) acute otitis media
- 2) acute sinusitis
- 3) parotid hyperhidrosis
- 4) fracture of the upper jaw
- 5) submandibular phlegmon

Assessment tool 7. THE INDICATION FOR PRIMARY BONE GRAFTING IS A JAW DEFECT AFTER

- 1) periostitis
- 2) sequestrectomy
- 3) post-radiation necrectomy
- 4) sclerosing therapy
- 5) removal of benign tumors

Assessment tool 8. A COMPLEX OF TISSUES UNITED BY THE CONCEPT OF PERIODONTAL

- 1) periodontal, gum, periosteum, tooth
- 2) gum, periosteum, alveolar bone, periodontal, tooth tissue
- 3) gum, periosteum, cement
- 4) gum, periodontal, tooth root cement, bone tissue of the alveoli

Assessment tool 9. URGENT INDICATION FOR TOOTH EXTRACTION SURGERY

- 1) longitudinal fracture of the tooth
- 2) complications associated with dental treatment (perforation of the tooth cavity or its root, tool breakage in hard-to-reach areas of the tooth, etc.)
- 3) the impossibility of medical treatment of the tooth with the destruction of a significant part of its crown, and the root of the latter can not be used for prosthetics
- 4) single teeth incorrectly located in the dentition, which cause injury to the mucous membrane of the cheek, tongue, and the maxillary fold

4.1. Tasks for the assessment of competence " UC -1" (*specify the competence code*):

Task number 1.

A 35-year-old patient complained of sharp pains in her 2.4 tooth when biting, deterioration of general well-being, body temperature 37.1 ° C. From the anamnesis, it was established that the tooth was treated two years ago for complicated caries.

Objectively: the configuration of the face is changed due to a slight swelling of the left subglacial region, 2.4 teeth under the filling, percussion is sharply painful, mobility of the tooth of the 1st degree, the mucous membrane of the alveolar process on the vestibular side is hyperemic, edematous, painful on palpation. On the radiograph in the area of the root tip there is a rarefaction of bone tissue without clear boundaries of 0.3 x 0.4 cm, the root canals are sealed a ½.

Questions:

1. Make a diagnosis.
2. Justify the diagnosis.
3. Make a differential diagnosis of this disease.
4. What other forms of this disease do you know?
5. Name the options for anesthesia in the treatment of this disease.

4.2. Control work for the assessment of competence " PC-6, PC-7" (*specify the competence code*):

Task number 2.

The patient complains of mild pain when chewing in the 1.4 tooth.

Objectively: the crown of the tooth is partially destroyed, the color is not changed. The gum mucosa in the tooth area is slightly edematous, the percussion of the tooth is slightly painful, probing is painless. On the X-ray in the area of the tops of both roots, there is a rarefaction of the bone with clear, even borders, both root canals are sealed up to 2/3 of the length.

Questions:

1. Make a diagnosis.
2. Explain the pathogenesis and etiology of the disease.
3. How this disease is classified.
4. Your tactics in relation to the tooth 1.4.
5. Where it is necessary to treat this patient.

Task number 3.

Patient K., 45 years old, complained of severe pain when biting in the upper jaw area on the left.

Objectively: the mucous membrane in the 2.7 tooth area is edematous, hyperemic, painful on palpation. The percussion of 2.7 teeth is sharply painful. Acute periodontitis was diagnosed.

Questions:

1. What is periodontitis?
2. Name the ways of infection penetration in the periodontium.
3. What types of periodontitis are distinguished by localization?
4. Specify the most frequent localization of periodontitis?
5. List the forms of acute periodontitis.

6. Name the outcomes of acute periodontitis.

4.3. Questions for colloquiums, interviews (*specify the competence code*): PC-6, PC-7

1. *Classification of local anesthetics.*
2. *Methods and features of infiltration and conductive anesthesia on the upper and lower jaw.*
3. *Complications arising from local anesthesia and ways to address them.*
4. *Etiology, pathogenesis and clinical picture of odontogenic inflammatory processes of the face and neck. Methods of examination of patients with purulent-inflammatory diseases of the maxillofacial area and differential diagnosis.*
5. *Clinical picture, distinctive clinical signs and differential diagnosis of periapical inflammatory phenomena. Prognosis.*
6. *Principles of prevention and examination of patients with inflammatory diseases of the maxillofacial region.*
7. *First Aid Methods for Emergency Situations.*
8. *Clinical history and causes of complications of local anesthesia and ways to prevent them.*
9. *Conservative and operative methods of treatment of inflammatory processes in the tops of the roots and indications for their conduct.*
10. *Methods for making incisions in the oral cavity, taking into account the features of the structure of the mucous membrane.*
11. *Features of dental surgery in the anterior and lateral teeth.*
12. *Types of dental operations depending on the group of teeth and the amount of inflammation.*
13. *Methods of reading x-rays and computer tomography of the maxillofacial area*

4.4. Tasks (assessment tools) for the exam/credit

The full package of examination tasks/tasks is given (*specify the competence code*):

Assessment tool 1. A TOOL DESIGNED FOR SCRAPING GRANULATIONS FROM A WELL

- 1) spatula
- 2) curettage spoon
- 3) angle probe
- 4) excavator

Assessment tool 2. THE LOWER FIRST MOLAR MOST OFTEN HAS

- 1) two roots - anterior and posterior
- 2) one root
- 3) three roots - two buccal and one lingual
- 4) three roots - two buccal and one palatal

Assessment tool 3. TOOL FOR REMOVING THE LOWER INCISORS

- 1) forceps with S-bend
- 2) straight forceps with wide cheeks
- 3) forceps curved along the edge, with wide cheeks
- 4) forceps curved along the edge, with narrow cheeks

Assessment tool 4. TYPES OF ELEVATORS

- 1) direct
- 2) curved along the edge
- 3) corner
- 4) horizontal

Assessment tool 5. IN WHAT SITUATIONS CAN TONGS CURVED IN A PLANE BE USED

- 1) to remove the lower teeth of "wisdom"
- 2) to remove the upper teeth of "wisdom"
- 3) to remove dystopian teeth
- 4) with limited mouth opening

Assessment tool 5. TO PREVENT DISLOCATION OF THE LOWER JAW DURING TOOTH EXTRACTION, IT IS NECESSARY:

- 1) Fix the chin part of the lower jaw (with the hand of an assistant or patient)
- 2) Remove the teeth of the lower jaw only with forceps
- 3) Exclude the stage of advancing the cheeks of the forceps when removing the second and third molars of the lower jaw
- 4) To remove 3 molars only in a hospital

Assessment tool 6. POSSIBLE COMPLICATION DURING THE OPERATION OF TOOTH EXTRACTION 38, 48:

- 1) Periostitis
- 2) Alveolitis
- 3) Osteomyelitis
- 4) Fracture of the lower jaw

A 40-year-old woman complained of acute throbbing pain in the 3.5 tooth area, a feeling of a "grown" tooth, closing of the jaws causes increased pain. On examination, pronounced swelling of the gums and soft tissues of the cheek. The crown is significantly destroyed. Acute periodontitis was diagnosed.

Questions:

1. What is periodontitis?
2. What are its morphological varieties in acute course?
3. Describe in detail the morphology of these forms.
4. List the outcomes of acute periodontitis.

Patient A., 48 years old complains of constant throbbing pain in the tooth 2.2, which increases when eating and when biting on the tooth.

From anamnesis: pain in the tooth appeared the next day after its filling.

Objectively: the configuration of the face has not been changed, the opening of the mouth is free, painless. In the oral cavity: the mucous membrane of the alveolar process from the vestibular side in the projection of the tip of the root of the 2.2 tooth is hyperemic, edematous, painful on palpation. The tooth is 2.2 under the seal, the percussion is sharply painful.

Questions:

1. What additional research methods should be carried out for accurate diagnosis?
2. What diagnosis can be made according to the data given in the task?
3. What complications of this disease may occur?
4. With what diseases should differential diagnosis be carried out in this case?

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 (*the teacher indicates only those tasks and other materials that are used within the framework of this discipline*)

5.1.1. Questions for the credit in the discipline

Question	Competence code (according to the WPD)
1	Classification of local anesthetics.
2	Methods and features of infiltration and conductive anesthesia on the upper and lower jaw
3	Complications arising from local anesthesia and ways to address them.
4	Etiology, pathogenesis and clinical picture of odontogenic inflammatory processes of the face and neck. Methods of examination of patients with purulent-inflammatory diseases of the maxillofacial area and differential diagnosis.
5	Clinical picture, distinctive clinical signs and differential diagnosis of periapical inflammatory phenomena. Prognosis.
6	Principles of prevention and examination of patients with inflammatory diseases of the maxillofacial region.
7	First Aid Methods for Emergency Situations.
8	Clinical history and causes of complications of local anesthesia and ways to prevent them.
9	Conservative and operative methods of treatment of inflammatory processes in the tops of the roots and indications for their conduct.
10	Methods for making incisions in the oral cavity, taking into account the features of the structure of the mucous membrane.
11	Features of dental surgery in the anterior and lateral teeth.
12	Types of dental operations depending on the group of teeth and the amount of inflammation.
13	Methods of reading x-rays and computer tomography of the maxillofacial area

6. Criteria for evaluating learning outcomes

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
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* - not provided for postgraduate programs

Learning outcomes	Assessment of competence developed			
	unsatisfactory	satisfactory	good	excellent
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were bad mistakes	The minimum acceptable level of knowledge. A lot of light mistakes were made	The level of knowledge in the volume corresponding to the training program. A few light mistakes were made	The level of knowledge in the volume corresponding to the training program, without errors
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes	Basic skills are demonstrated. Typical problems with light mistakes have been solved. All tasks have been completed, but not in full.	All basic skills are demonstrated. All the main tasks have been solved with light mistakes. All tasks have been completed, in full, but some of them with shortcomings	All the basic skills were demonstrated, all the main tasks were solved with some minor shortcomings, all the tasks were completed in full
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes	There is a minimal set of skills for solving standard tasks with some shortcomings	Basic skills in solving standard tasks with some shortcomings are demonstrated	Skills in solving non-standard tasks without mistakes and shortcomings are demonstrated
Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve professional tasks. Repeated training is required	The formation of competence meets the minimum requirements. The available knowledge and abilities are generally sufficient to solve professional tasks, but additional practice is required for most practical tasks	The formation of competence generally meets the requirements, but there are shortcomings. The available knowledge, skills and motivation are generally sufficient to solve professional tasks, but additional practice is required for	The formation of competence fully meets the requirements. The available knowledge, skills and motivation are fully sufficient to solve complex professional tasks

Learning outcomes	Assessment of competence developed			
	unsatisfactory	satisfactory	good	excellent
			some professional tasks	
The level of competence formation*	Low	Below average	Intermediate	High

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"

Developer(s):

Full name, position, academic degree, academic title