

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 "Aesthetics in 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) for the discipline "Aesthetics in Dentistry" is an integral annex to the work program of the discipline " Aesthetics in Dentistry". This BAT 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 assessment tools

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

No. 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 bank 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. A list of competencies indicating the stages of their formation in the process of mastering the educational program and the types of evaluation tools

Competence code and wording*	Stage formation of competence	Controlled sections of the discipline	Assessment 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 Aesthetic restoration: terminology, concepts. Section 2 Types and methods of restoration. Section 3 Direct restoration method: materials. Section 4 Aesthetic parameters of a smile during restoration. Section 5 Adhesive systems: properties, generations. Section 6 Restoration polishing agents. Section 7 Periodontal diseases in the aesthetic aspect.	Test Situational tasks Colloquium offset

<p>PC-2 (with the ability and readiness to conduct preventive medical examinations, medical examination of various categories of citizens and the implementation of dispensary observation of patients with dental pathology)</p>	<p>Current, Intermediate</p>	<p>Section 1 Aesthetic restoration: terminology, concepts. Section 2 Types and methods of restoration. Section 3 Direct restoration method: materials. Section 4 Aesthetic parameters of a smile during restoration. Section 5 Adhesive systems: properties, generations. Section 6 Restoration polishing agents. Section 7 Periodontal diseases in the aesthetic aspect.</p>	<p>Test Situational tasks Colloquium offset</p>
<p>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. .))</p>	<p>Current, Intermediate</p>	<p>Section 1 Aesthetic restoration: terminology, concepts. Section 2 Types and methods of restoration. Section 3 Direct restoration method: materials. Section 4 Aesthetic parameters of a smile during restoration. Section 5 Adhesive systems: properties, generations. Section 6 Restoration polishing agents. Section 7 Periodontal diseases in the aesthetic aspect.</p>	<p>Test Situational tasks Colloquium offset</p>

<p>PC-7 (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 a day hospital, taking into account the age of the patient)</p>	<p>Current, Intermediate</p>	<p>Section 1 Aesthetic restoration: terminology, concepts. Section 2 Types and methods of restoration. Section 3 Direct restoration method: materials. Section 4 Aesthetic parameters of a smile during restoration. Section 5 Adhesive systems: properties, generations. Section 6 Restoration polishing agents. Section 7 Periodontal diseases in the aesthetic aspect.</p>	<p>Test Situational tasks Colloquium offset</p>
<p>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)</p>	<p>Current, Intermediate</p>	<p>Section 1 Aesthetic restoration: terminology, concepts. Section 2 Types and methods of restoration. Section 3 Direct restoration method: materials. Section 4 Aesthetic parameters of a smile during restoration. Section 5 Adhesive systems: properties, generations. Section 6 Restoration polishing agents. Section 7 Periodontal diseases in the aesthetic aspect.</p>	<p>Test Situational tasks Colloquium offset</p>

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

Input / current control is carried out by the teacher of the discipline when conducting classes in the form of: testing, solving situational problems, colloquium.

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

Task 1

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 2

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 3

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 4

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 5

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. Carry out differential diagnostics.
3. Make an examination plan.
4. Your treatment tactics.
5. Choice of anesthesia method.

Task 6

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 7

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. Diagnose 26, 27 using basic and additional examination methods.
2. Carry out differential diagnostics.
3. Suggest a treatment.
4. Methods for passing root canals.

Task 8

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 9

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 10

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 identified during the examination of this patient?
2. Make a preliminary diagnosis.
3. Give treatment.

Task 11

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 12

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.

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

Task 1

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 2

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 3

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 4

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 №5

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 6

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 7

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 8

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-6" :

Task 1

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, if necessary, additional research methods.
2. Treat.

Task 2

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 3

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 4

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 5

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. Assign a full course of treatment.

Task 6

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 7

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. Carry out differential diagnostics with similar nosological forms.

Tasks for assessing the competence of "PC-2" :

Task 1

The child is 3 years old. Mom went to the dental clinic in the morning with complaints of night pain in the area of tooth 6.4 in a child. According to the mother, the child ate a candy before going to bed.

OBJECTIVE: in 64 - a medium-sized carious cavity. Percussion of the tooth is painless, the mucous membrane without pathological changes.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Carry out differential diagnostics.
3. Your treatment.

Task 2

Patient S., aged 20, complained of spontaneous short-term pain in the lower jaw on the right, when eating cold food, the pain disappears within a few seconds.

HISTORY: the patient suffers from chronic pyelonephritis.

OBJECTIVE: on the chewing surface of tooth 4.6 there is a carious cavity filled with pigmented dentin, the tooth cavity is not opened, percussion is painless. EOD = 18 μ A.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Carry out differential diagnostics.

Task 3

Patient U., aged 23, complained of acute short-term pain in tooth 2.5 when eating (sweet, hot, cold).

OBJECTIVE: on the chewing surface of tooth 2.5 there is a deep carious cavity filled with light, softened dentin. Probing the bottom of the carious cavity is painful at one point, percussion is painless. The patient has been suffering from chronic gastritis with low acidity for 3 years.

QUESTIONS:

1. List the diseases that are likely with this symptomatology.
2. Name the most likely diagnosis.
3. What are the main features of the treatment of this disease?

Task 4

The child is 4 years old. Complains of sharp pain in area 64 when chewing solid food.

OBJECTIVELY: when examining the oral cavity: CP = 1.0, IG = 2.0. Tooth 6.4 - on the chewing surface there is a carious cavity that communicates with the cavity of the tooth, the pulp bleeds.

QUESTIONS:

1. Make a preliminary diagnosis.
2. What method of treatment would you suggest?

Task № 5

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. Carry out differential diagnostics.
3. Make an examination plan.
4. Your treatment tactics.
5. Choice of anesthesia method.

Task 6

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 7

Patient K., aged 25, complains of pain from hot in the region of the lower jaw on the right.

FROM ANAMNESIS: teeth 4.6, 4.7 - were cured for pulpitis for 2 months. back . R -study after treatment was not conducted.

OBJECTIVE: teeth 4.6, 4.7 - there are fillings on the chewing surfaces.

QUESTIONS:

1. What diagnosis can be assumed?
2. What additional methods will help clarify the diagnosis?
3. Your further tactics.

Task 8

Patient K., aged 20, complained of short-term pain from sweets in the tooth on the upper jaw on the right.

OBJECTIVE: in tooth 1.4 on the anterior chewing surface there is discoloration of the enamel. Probing revealed a shallow carious cavity in the interdental space. The doctor prepared a carious cavity on a turbine unit under infiltration anesthesia and accidentally opened the buccal horn of the pulp.

QUESTIONS:

1. Make a diagnosis.
2. Could this complication have been avoided? What should be taken into account during the work?
3. What is the further tactics of the doctor?
4. Contraindications to the biological method of treatment.

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

Task 1

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 2

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 definitive diagnosis?
3. What additional research methods should be carried out to clarify the diagnosis?

Task 3

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 treatment should be carried out?

Task 4

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.

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

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

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-2" :

DENTAL SERVICE IN RUSSIA PLANS, ORGANIZES, DIRECTS AND CONTROLS

health department

chief dentist of the Russian Federation
Ministry of Health of the Russian Federation
Moscow State University of Medicine and Dentistry

DENTAL CARE TO THE POPULATION IS PROVIDED

In republican (regional, regional) dental clinics
City dental clinics
Regional dental clinics
In departmental hospitals
In research institutes

THE AREA OF THE DENTAL OFFICE SHOULD BE MINIMUM FOR ONE CHAIR (M²) :

18
16.5
15
14
9

THE CEILING HEIGHT IN THE DENTAL ROOM SHOULD BE NOT LESS THAN (M²) :

4.5
3.3
3.0
2.8
2.0

THE PURPOSE OF USING THE DEVICE "ASSISTINA" IS:

handpiece sterilization
pre-sterilization cleaning and lubrication of handpieces
bur disinfection
disinfection of endodontic instruments
bur sterilization

INSTRUMENT IS REQUIRED FOR INTRODUCING AMALGAM INTO THE CARIOUS CAVITY:

plugger
putty knife
finisher
polisher
amalgamator

TOOTH MOBILITY IS DETERMINED WITH THE HELP OF A TOOL:

mirrors
angle probe
tweezers
excavator
spatula

THE WALLS IN THE DENTAL OFFICE, ACCORDING TO THE EXISTING REGULATIONS, COVER:

wallpaper
whitewash
ceramic tiles
tapestry
plastic

WINDOWS IN THE DENTAL OFFICE ARE ORIENTED ON:

south
north
East
west
southwest

THE DENTAL EXCAVATOR IS USED FOR:

fillings
removal of dental deposits and necrectomy
formation of seals
sounding

seal finishing

LIGHT COEFFICIENT (RATIO OF GLASSED WINDOW SURFACE TO FLOOR AREA) SHOULD BE

1:2 - 1:3

1:3 - 1:4

1:4 - 1:5

1:5 - 1:6

1:2 - 1:4

NORMS OF CONDITIONAL UNITS OF LABOR OUTPUT (UT) FOR ONE DENTIST PER DAY

20

25

thirty

35

40

A SCIENCE STUDYING A HUMAN (GROUP OF PEOPLE) IN SPECIFIC CONDITIONS OF HIS (Their) ACTIVITY IN MODERN PRODUCTION

anthropology

sociology

ergonomics

psychology

bioethics

FORMS OF ORAL SANITATION:

unscheduled

individual

comprehensive

periodical

planned

METHODS FOR ORAL SANITATION:

Limited

Centralized

Decentralized

unorganized

Group

A COMPLEX OF MEASURES FOR THE IMPROVEMENT OF THE ORAL CAVITY, INVOLVING THE TREATMENT OF AFFECTED TEETH, THE REMOVAL OF TEETH THAT CANNOT BE SAVE, THE TREATMENT OF PERIODONTAL DISEASES AND DISEASES OF THE MUCOSA OF THE MOUTH, AS WELL AS ORTHOPEDIC AND ORTHOS DONTIC INTERVENTION:

Clinical examination

Sanation

Prevention

Survey

Diagnostics

IN THE APPEARANCE OF DENTAL CARIES THE LEADING ROLE BELONG TO MICROORGANISMS:

actinomycetes

viruses

streptococcus

staphylococcus

veillonella

WHEN THE AMOUNT OF SOFT PLAQUE IN THE ORAL CAVITY INCREASES, THE REACTION OF SALIVA IS SHIFTED TO THE SIDE:

sour

alkaline

neutral

does not change

variable

IN THE APPEARANCE OF CARIES, THE PROPERTY OF MICROORGANISMS PLAYS AN IMPORTANT ROLE:

antibiotic resistance
formation of organic acids
ability to cause dysbiosis
ability to colonize on the tooth surface
excretion of exotoxins

THE PH VALUE OF PLAQUE, RATED AS CRITICAL, IS:

3.5-4.0

5.5-5.7

6.5-7.0

7.0-7.5

9.5-10.0

THE CONCENTRATION OF MINERALS IN THE ENAMEL OF THE TEETH IS HIGHER IN THE AREA:

cervical

fissures and pits

tubercles and cutting edge

contact surfaces

the same in all parts of the tooth

THE GREATEST ENAMEL PERMEABILITY IS NOTICED:

in the cervical region, pits, fissures

in the area of the tubercles, cutting edge

on contact surfaces

on the vestibular and lingual surfaces

the same in all parts of the enamel

REMINERALIZATION IS :

partial restoration of the density of damaged enamel

loss of calcium, phosphorus, magnesium from the damaged subsurface area of enamel

increasing the frequency of carbohydrate intake

destruction of the enamel structure under the action of organic acids

bacterial invasion of periodontal tissue

PROCESSES OF MINERALIZATION AND REMINERALIZATION OF ENAMEL ARE PROVIDED DUE TO THE INCOME FROM THE ORAL FLUID:

proteins, vitamins

oxygen, hydrogen

calcium, phosphate, fluoride

proteins, oxygen

organic acids

REDUCING THE CONCENTRATION OF MINERAL ELEMENTS IN SALIVA PROMOTES:

change in the viscosity of saliva

enamel remineralization

increase the resistance of enamel to the action of acids

reducing the resistance of enamel to the action of acids

increase the rate of plaque formation

THE END PRODUCT OF SUGAR METABOLISM IS

dextran

organic acid

Levans

glycans

glucose

ACCORDING TO WHO RECOMMENDATIONS, THE DAILY INTAKE OF SUGAR IN PRESCHOOL CHILDREN SHOULD BE (G):

10

20

40

50

100

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

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

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

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
- chancere
- 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

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

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

FORMS OF SOFT LEUKOPLAKIA:

plaque , warty

acute, chronic

primary, secondary

light, medium, heavy

typical, atypical

PRIMARY ELEMENT OF LESION IN LEUKOPLAKIA - **SPOT**

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" :

INTERPRETATION OF THE ORAL HYGIENE INDEX J . C . _ GREEN , J . _ R . _ VERMILLION (IGR-U)

A - 0.0-1.2

B - 3.1-6.0

B - 0.3-1.9

G - 1.9-2.8

D - 2.8-3.9

E - 1.3-3.0

1 - good

2 - satisfactory

3 - bad

correct answer 1-a, 2-e, 3-b

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

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 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

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" :

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

EXAMINATION OF THE PATIENT START WITH THE APPLICATION OF METHODS:

radiological

laboratory thermometric

major

cytological

THE MAIN SURVEY METHODS ARE:

interview, x-ray
survey, inspection
inspection, EDI
EDI, radiography
percussion, EDI

INTERVIEWING A PATIENT BEGINS WITH FINDING OUT:

life stories
medical history
past illnesses
complaints
allergy history

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

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

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;
fluctuorization ;

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;

ANAPHILACTIC 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=79618>

<https://sdo.pimunn.net/mod/resource/view.php?id=79649>

4.3. Questions for colloquia, interviews :

1. Definition of the concept of "aesthetics", historical aspects of aesthetic dentistry, the benefits of aesthetic treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
2. Basic principles of esthetics when planning dental restorations (UK-1, PC-2, PC-6, PC-7, PC-12).
3. The main components of a smile, the main morphological groups of the anterior teeth (UK-1, PC-2, PC-6, PC-7, PC-12).
4. Teeth proportions. The essence of the "golden proportion" and "golden section" in dentistry. (UK-1, PC-2, PC-6, PC-7, PC-12).
5. The relationship between the location of contact points and the shape of the tooth. The influence of the shape of the interdental spaces on the visual perception of the shape of the tooth (UK-1, PC-2, PC-6, PC-7, PC-12).
6. Gingival contour and its morphology (UK-1, PC-2, PC-6, PC-7, PC-12).
7. Color and light in dentistry. Basic components of color. Munsell color system (UK-1, PC-2, PC-6, PC-7, PC-12).
8. Basic methods for determining the color of teeth. Color scales of colors used in determining the color of teeth (UK-1, PC-2, PC-6, PC-7, PC-12).
9. Definition of the concept of "opalescence" and "fluorescence" (UK-1, PC-2, PC-6, PC-7, PC-12).
10. The purpose of photography during treatment, the basics of the correct position for photographing a smile, technical equipment for dental photography (UK-1, PC-2, PC-6, PC-7, PC-12).
11. Basic principles of work in the Digital Smile Design and Smile Design Pro programs (UK-1, PC-2, PC-6, PC-7, PC-12).
12. Indications and contraindications for cosmetic contouring of teeth (UK-1, PC-2, PC-6, PC-7, PC-12).
13. Medical teeth whitening, indications and contraindications for its implementation (UK-1, PC-2, PC-6, PC-7, PC-12).
14. Stages of the office bleaching procedure (UK-1, PC-2, PC-6, PC-7, PC-12).
15. Home whitening systems, features of making a whitening tray (UK-1, PC-2, PC-6, PC-7, PC-12).
16. Use of a silicone template when restoring anterior teeth (UK-1, PC-2, PC-6, PC-7, PC-12).
17. The essence of the biomimetic principle in the restoration of anterior teeth (UK-1, PC-2, PC-6, PC-7, PC-12).
18. Basic techniques for restoring teeth of the frontal group (UK-1, PC-2, PC-6, PC-7, PC-12).
19. Basic techniques for restoring teeth of the lateral group (UK-1, PC-2, PC-6, PC-7, PC-12).
20. Finishing the restoration of teeth (UK-1, PC-2, PC-6, PC-7, PC-12).

4.4. Tasks (assessment tools) submitted for the exam / test

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

Situational task in therapeutic dentistry No. 1

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. 2

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-2" :

Situational task in therapeutic dentistry No. 3

Patient Zh., aged 22, complained of acute short-term pain in tooth 4.5 when eating (sweet, hot, cold).

Objectively: on the chewing surface in tooth 4.5 there is a deep carious cavity filled with softened dentin. Probing the bottom of the carious cavity is painful at one point, percussion is painless. On the chewing surface of the tooth 4.7 there is a carious cavity within its own dentin, probing is painful along the enamel-dentin border, percussion 4.7 is painless. On the mesio -chewing surface of the tooth 4.6 there is a carious cavity within the peripulpal dentin, probing is painful along the bottom. There is no contact point between teeth 4.6 and 4.5.

From the anamnesis: the patient has been suffering from chronic gastritis with low acidity for 3 years.



Questions:

1. Make a preliminary diagnosis.
2. Run a differential diagnosis
3. Make a treatment plan
4. How and what kind of contact point should be created?
5. Select a filling material to securely create a contact point.

Situational task in therapeutic dentistry No. 4

Patient M., aged 25, came to the dental clinic for the purpose of sanitation of the oral cavity.

Objectively: on the mesial-occlusal surface 2.6, distal- occlusal surface 2.5, 2.4 there are carious cavities according to class II according to Black . On the chewing surface of tooth 3.6 there is a deep carious cavity filled with softened dentin, EDI 3.6 35 μ A.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. What is the method of treatment in this situation? Justify the answer.
4. What filling materials should be used in this case and why?

5. Topographic and anatomical features of the structure of the chewing surfaces of teeth 2.6, 2.5, 2.4, 3.6

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

Situational task in therapeutic dentistry No. 5

Patient M., aged 50, complained about the presence of a cavity in the area 4.6. On the mesial-occlusal surface 4.6 there is a carious cavity within the peri-pulp dentin, communicating with the tooth cavity at one point. Probing an exposed point is painless . Putrid odor from the mouth. EDI 4.6 80 μ A. There is a carious cavity on the distal contact surface 4.5 , probing is painful along the walls. EDI 4.5 3 uA. There is no contact point.

Questions:

1. Make a preliminary diagnosis.
2. What is the cause of these diseases?
3. Perform differential diagnosis
4. Your next strategy.
5. Describe the procedure for restoring the contact point.



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

Situational task in therapeutic dentistry No. 6

Patient S. , aged 38, complains of pain in tooth 1.6 when eating sweet food, which quickly disappears after rinsing the mouth with water. When viewed on the chewing surface 1.6, a carious cavity within its own dentin, EDI 2 μ A. On the chewing surface 3.6, an amalgam filling with a broken marginal fit, EDI 35 μ A. From the anamnesis 3.6 previously disturbed.

Questions:

1. Make a preliminary diagnosis.
2. What clinical data correspond to this disease?
3. Perform differential diagnosis
4. What treatment should be carried out?
5. What materials and tools will you use?



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

Situational task in therapeutic dentistry No. 7

Patient A., aged 30, went to the dentist with complaints of pain in the left ear, which worsened at night. The pain is paroxysmal, spontaneous, worried for 3 days. The otolaryngologist found no pathology in the ENT organs. The patient was advised to consult a dentist.

Objectively: there is a deep carious cavity on the chewing surface of tooth 3.7, EOD - 45 μ A. On the mesial contact surface 1.1 - a carious cavity within the middle layers of dentin. Dentin along the walls and bottom is dense, pigmented. Cold water does not cause pain.

Questions:

1. Make a preliminary diagnosis.
2. What needs to be done to make a definitive diagnosis?
3. Perform differential diagnosis.
4. Make a treatment plan.



Situational task in therapeutic dentistry No. 8

Patient P., aged 39, complained of recurrent pain when biting in tooth 3.6 and a change in the shape of the gums.

Objectively: tooth 3.6 has a metal-ceramic crown, percussion is painless, the transitional fold in area 3.6 is without pathology. On the radiograph, the distal root canal is sealed for 1/2 of the length, the medial lingual root canal is loosely sealed, up to the physiological apex, there is an anchor pin in the canal, the medial canals are sealed for 1/2 of the length in the area of the apex of the medial root, bone tissue destruction is 4 × 4 mm in diameter, in the area tops of the distal root uniform expansion of the periodontal gap. On examination, the gingival margin is not changed in color, but the papillae of the gums are significantly enlarged in size, dense to the touch, and do not bleed when touched.

Questions:

1. Make a diagnosis.
2. Carry out differential diagnostics.
3. Your further tactics.
4. What modern methods of treatment will you prescribe?

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 " Aesthetics in Dentistry".

1. Definition of the concept of "aesthetics", historical aspects of aesthetic dentistry, the benefits of aesthetic treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
2. Basic principles of esthetics when planning dental restorations (UK-1, PC-2, PC-6, PC-7, PC-12).
3. The main components of a smile, the main morphological groups of the anterior teeth (UK-1, PC-2, PC-6, PC-7, PC-12).
4. Teeth proportions. The essence of the "golden proportion" and "golden section" in dentistry. (UK-1, PC-2, PC-6, PC-7, PC-12).
5. The relationship between the location of contact points and the shape of the tooth. The influence of the shape of the interdental spaces on the visual perception of the shape of the tooth (UK-1, PC-2, PC-6, PC-7, PC-12).
6. Gingival contour and its morphology (UK-1, PC-2, PC-6, PC-7, PC-12).
7. Color and light in dentistry. Basic components of color. Munsell color system (UK-1, PC-2, PC-6, PC-7, PC-12).
8. Basic methods for determining the color of teeth. Color scales of colors used in determining the color of teeth (UK-1, PC-2, PC-6, PC-7, PC-12).
9. Definition of the concept of "opalescence" and "fluorescence" (UK-1, PC-2, PC-6, PC-7, PC-12).
10. The purpose of photography during treatment, the basics of the correct position for photographing a smile, technical equipment for dental photography (UK-1, PC-2, PC-6, PC-7, PC-12).
11. Basic principles of work in the Digital Smile Design and Smile Design Pro programs (UK-1, PC-2, PC-6, PC-7, PC-12).
12. Indications and contraindications for cosmetic contouring of teeth (UK-1, PC-2, PC-6, PC-7, PC-12).
13. Medical teeth whitening, indications and contraindications for its implementation (UK-1, PC-2, PC-6, PC-7, PC-12).
14. Stages of the office bleaching procedure (UK-1, PC-2, PC-6, PC-7, PC-12).
15. Home whitening systems, features of making a whitening tray (UK-1, PC-2, PC-6, PC-7, PC-12).
- 16 Use of a silicone template when restoring anterior teeth (UK-1, PC-2, PC-6, PC-7, PC-12).
17. The essence of the biomimic principle in the restoration of anterior teeth (UK-1, PC-2, PC-6, PC-7, PC-12).
18. Basic techniques for restoring teeth of the frontal group (UK-1, PC-2, PC-6, PC-7, PC-12).
19. Basic techniques for restoring teeth of the lateral group (UK-1, PC-2, PC-6, PC-7, PC-12).
20. Finishing the restoration of teeth (UK-1, PC-2, PC-6, PC-7, PC-12).

Final test on the PIMU SDO portal <https://sdo.pimunn.net/mod/quiz/view.php?id=204438>

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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