Appendix to the working program

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

BANK OF ASSESSMENT TOOLS FOR DISCIPLINE

PRACTICAL TRAINING IN PEDIATRIC DENTISTRY

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

Department: **Pediatric dentistry**

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

Nizhniy Novgorod
2021

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

This Bank of Assessment Tools (BAT) for the discipline “Practical training in pediatric dentistry” is an integral appendix to the working program of the discipline “Practical training in pediatric dentistry”. All the details of the approval submitted in the WPD for this discipline apply to this BAT.

2. List of assessment tools

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

No.	Assessment tool	Brief description of the assessment tool	Presentation of the assessment tool in the BAT
1	Test	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 Task	A method of control that allows you to assess the criticality of thinking and the degree of the material comprehension, the ability to apply theoretical knowledge in practice.	Bank of tasks
3	Clinical Task	A method of control that allows you to assess the criticality of thinking and the degree of the material comprehension, the ability to apply theoretical knowledge in practice.	Bank of tasks
4	Control work	A tool of checking the ability to apply acquired knowledge for solving problems of a certain type by topic or section	Set of control tasks in variants
5	Abstract	The product of the student's independent work, which is a summary in writing of the results of the theoretical analysis of a certain scientific (educational and research) topic, where the author reveals the essence of the problem under study, provides various points of view, as well as his /her own views on it.	List of abstract topics

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

SUC-1. The ability to carry out a critical analysis of problem situations based on a systematic approach, to develop a strategy of action. GPC-1. Ability and willingness to implement ethical and deontological principles in professional activity. GPC-2. The ability to analyze the results of their own activities to prevent professional mistakes. GPC-6. Readiness to diagnose and treat diseases of the maxillofacial region in children and adolescents. GPC-8. Application of the fundamentals of fundamental and natural science knowledge. GPC-9. Ability to assess morpho-functional, physiological conditions and pathological processes in the	Current,	Section 1 Ethics and deontology in the practice of a dentist	Test №1
		Section 2 Familiarization of students with the principles of organization and operation of children's dental polyclinic, prevention of nosocomial infections in health care facilities	Situational and clinical Task
		Section 3 Familiarization of students with occupational health and safety measures, prevention of occupational diseases	Test №2
	… Current	Section 4 Mastering by students of methods of prevention of dental diseases in children and adolescents, as well as prevention of complications in the pediatric dentistry clinic	Situational Task
	Current	Section 5 Mastering of diagnostic methods by students during dental examination of children and adolescents with various dental diseases, injuries, defects and deformations of the tissues of the JFR	Clinical Task
	Current	Section 6 Mastering by students of diagnostic methods of symptomatic	Test №3

human body for solving professional tasks. GPC-11. Readiness for organization and management. PC-1. Ability to perform diagnostics of dental diseases and pathological conditions of patients. PC-2. Ability to carry out activities for the prevention of dental diseases. PC-5. Application of basic principles of organization of dental care in medical organizations and their structural subdivisions. PC-6. Carrying out diagnostics of dental diseases and pathological conditions of patients. PC-8. Carrying out medical examination. PC-9. Carrying out treatment of patients with dental diseases. PC-12. Participation in solving research and scientific-applied tasks in the field of health care and		manifestations of somatic and infectious diseases in the oral cavity in children and adolescents	
	Current	Section 7 Mastering by students of methods of dental therapeutic treatment, methods of prevention of complications in the treatment, as well as in the rehabilitation of children with diseases of JFR in the provision of outpatient dental care	Situational Task
	Current	Section 8 Familiarization of students with office work in a children's dental clinic	Clinical Task
	Current	Section 9 Organization of work with medicines and compliance with the rules of their storage	Situational Task
	Current	Section 10 Sanitary and educational activities: conducting hygiene lessons, lectures, conversations with children and their parents, preparing visual aids (sanitary bulletin, wall newspapers, baby books, etc.), conducting individual conversations, teaching oral hygiene to children and parents.	Test №4
	Current	Section 11 Educational and research work (writing an abstract, or statistical research work on the dental morbidity of children in this area, or writing an academic medical history)	Control work Abstract *Credit* *Exam*

medical sciences.			

* - *not provided for postgraduate programs*

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.

Assessment tools for current control.
Assessment tool 1
1. Test
2. Clinical task

Assessment tool 2
1.Control work
2. Situational task

Assessment tool 3
1.Abstract
2.Questions for credit

4.1. Test for the assessment of competence " UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12. ":

Test 1.

THE EPSTEIN – BARR VIRUS CAUSES
scarlet
fever measles
infectious mononucleosis
diphtheria

EDEMA OF THE CERVICAL SUBCUTANEOUS TISSUE IS CHARACTERISTIC
of diphtheria
for herpangina
for measles
for infectious mononucleosis

HERPANGINA IS CAUSED
BY hemolytic streptococcus
Epstein – Bar
virus Leffler 's wand
Coxsackie virus and ESNO

AN INCREASE IN PARENCHYMAL ORGANS AND LYMPH NODES IS CHARACTERISTIC
of diphtheria
for infectious mononucleosis
for measles
for scarlet fever

MEASLES ENANTHEMA IS LOCALIZED ON THE MUCOUS MEMBRANE
lips

of the tongue
the sky
of the mouth

4.2. Control test for the assessment of competence "UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12. ":

ALONG WITH THE JAW BONES, THE LESION OF THE FLAT BONES OF THE SKULL, PELVIS, SCAPULA, WHICH ARE DETECTED RADIOLOGICALLY, IS PRESENT IN
benign hereditary neutropenia
diabetes
Papillon-Lefebvre syndrome
X-histothyocytosis

THE LEADING RADIOLOGICAL SYMPTOM IN PERIODONTAL LESIONS IS
the destruction of the cortical plates of the interalveolar septa
displacement of teeth
a decrease in the height of the interalveolar septa
flattening of the vertices of the interalveolar septa

FEATURES OF COPD IN CHILDHOOD
development of fungal diseases of the oral mucosa
fragility and slight vulnerability, high ability to regenerate
predominance of juvenile gingivitis and mild leukoplakia
frequent mucosal lesions in acute herpetic stomatitis

THE CAUSE OF INJURY TO THE SOPR IN NEWBORNS MAY BE
A prematurely erupted lower incisor
a teaspoon
biting with teeth
plastic toys

FOR APPLICATION ANESTHESIA OF THE ORAL MUCOSA IN CHILDREN, APPLY
gel based on benzocaine
0.5 % suspension of anesthetic in glycerin
2 % r-r of novocaine
10 % lidocaine spray

DRUGS THAT CAUSE CHEMICAL BURNS SOPR
resorcinol-formalin mixture
vinylin
methylene blue
vitaon

Control Work

Variant 1 questions:

1. Features of the course of caries of temporary teeth in children. Diagnosis, differential diagnosis, choice of method of treatment.

Errors and complications in the diagnosis and treatment of caries of temporary and permanent teeth in children. Methods of their prevention and elimination.

2. Modern methods of treatment of caries of temporary and permanent teeth in children. The choice of filling material.

3. Anatomical and physiological features of the structure of the pulp of temporary and permanent teeth in children with unformed and formed roots. 4.

4. Features of local anesthesia in pediatric dentistry in outpatient surgical interventions.

5. Anatomical and physiological features of the structure of the maxillofacial region in children.

Control Test Questions

1. Preschool and school-age children are more likely to develop
   a) catarrhal gingivitis
   b) hypertrophic gingivitis
   c) ulcerative and necrotic gingivitis
   d) paradontitis
   e) paradontosis

2. Canals of temporarily formed single-rooted teeth with pulpitis should preferably be filled:
1) Resorcin-formalin paste
2) Oil based zinc oxide paste
3) Phosphate cement
4) Gutta-percha post
5) Silver posts

Clinical task № 1.

A mother with a 13-year-old boy came to a dental clinic for oral health care. The child had never had his teeth treated before.

Dental formula:

			C	C						C	C			
17	16	15	14	13	12	11	|	21	22	23	24	25	26	27
47	46	45	44	43	42	41	|	31	32	33	34	35	36	37
			C										C	

Examination of the oral cavity on the mesio-central surface of tooth 46, filled with pigmented dentin, after preparation reveals a communication with the tooth cavity, probing is sharply painful at one point, pulp is red, bleeding. There is multiple soft plaque on the upper and lower jaw teeth. The boy has chronic allergic rhinitis.

1) State the diagnosis,
2) Features of local anesthesia, choice of anesthetic,
3) Choice of treatment method for the 46th tooth,
4) Make a plan for local and general treatment,
5) Recommend the choice of items and means of hygiene.

Clinical task №2

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

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

Clinical task №3.

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

1.What examination methods should be performed?
2. State the most likely diagnosis.

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

Situational Task №1

A 9-year-old child had chalky spots with indistinct borders on the vestibular surface in the cervical area 1.2, 1.1, 2.1, 2.2 during a preventive examination at school. Enamel surface matt, smooth, no reaction to temperature stimuli. KPU + kp = 4, hygiene index = 1.8.

Questions:

1. Make a preliminary diagnosis of pathology 1.1, 1.2, 2.1, 2.2.
2. How do you confirm the diagnosis?
3. Additional methods of examination and treatment plan for the child.
4. Choose a method of treatment for this pathology.

Situational Task №2

A 7-year-old child fell from a bicycle and hit his face and chin. Complaints of difficulty in opening the mouth and pain when biting food.

Objectively: facial configuration changed due to swelling of soft tissues of the chin area, in this area on the skin hematoma and abrasions. Oral cavity: hematoma in the area of 7.4 to 8.4 teeth, the mucosa is edematous. Load symptom is positive in the frontal aspect of the lower jaw.

Questions:

1. Estimated diagnosis of surgical pathology.
2. Make a differential diagnosis of the disease.
3. Make a treatment plan.

Situational Task №3

A 15-year old teenager had got an injury of lower jaw on his left side a month ago. On external examination - facial asymmetry of cheek area on the left side. In the oral cavity: at the level of 3.7 teeth on the lingual side there are fistulas with purulent discharge, on palpation there is a bone thickening in the region of the lower jaw on the left. On the X-ray: there is discontinuity of the lower jaw in the area of the angle, fracture line with clear boundaries.

Questions:

1. Make a preliminary diagnosis of surgical disease.
2. Make a differential diagnosis of this disease.
3. Make a final clinical diagnosis (nosological form, etiology, localization, clinical course).

Situational Task № 4

Child is 8 years old. Applied to a dentist with complaints of dryness in the oral cavity and pain when swallowing, hoarseness of voice. Body temperature was 37.5 C. Objectively: oral mucosa was hyperemic, small grayish-white spots surrounded by a ring of hyperemia were observed on the cheek mucosa near the side group of teeth. Tongue is edematous, covered with dense grayish plaque.

Questions:

1. Diagnose the diagnosis.
2. What caused the illness.
3. Make a differential diagnosis.
4. Specify the indications for the operation of frenulum plastic surgery. 5.
5. stages of the operation (anesthesia, surgery technique, complications.).

4.3. Questions for credit “UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12. "*:*

1. Anatomical and physiological features of the development and structure of teeth in children. X-ray diagnosis of diseases of the teeth and periodontal tissues in childhood. Examination of children of different ages, tools. Medical records. Organization work of the pediatric dentist.
2. Dental caries in children, the classification of caries. Caries of temporary teeth. Clinic, differential diagnosis. Caries of permanent teeth. Clinic, differential diagnosis.
3. Methods of anesthesia in the treatment of dental caries in children. Treatment of caries of temporary and permanent teeth. Traditional and alternative technologies. Features of the application of filling materials and adhesive systems. Mistakes and complications in the treatment of dental caries in children.
4. Anatomical and physiological features of the structure of the pulp of temporary and permanent teeth in children. Methods for assessing the condition of the pulp. Etiology, pathogenesis of pulpitis in children. Classification of pulpitis in children.
5. Pulpitis of temporary teeth in children. Clinic, diagnosis, differential diagnosis. Permanent tooth pulpitis with formed and unformed roots in children. Clinic, diagnosis, differential diagnosis.
6. Peculiarities of the treatment of pulpitis of temporary teeth in children, stages of treatment. Indications, contraindications. The choice of treatment methods, drugs and filling materials. Mistakes, complications, prognosis. Clinical case studies.
7. Features of treatment of pulpitis of permanent teeth with formed and unformed roots in children and adolescents. The choice of treatment methods, drugs and filling materials. Mistakes and complications, the prognosis for the treatment of pulpitis in children.

The final session. Individual control of knowledge and practical skills of each student. Testing. Solution of clinical case studies.

4.4. Tasks (assessment tools) for the credit

The full package of credit tasks “UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12. ":

Intermediate control in the form of an credit on the discipline
is held (after the 9th semester in the 5th year) in the form of an interview on the
(with the use of clinical situation tasks, tests, abstract).

Variant of Situational tasks

Task 1

A mother contacted a 3-year-old child with complaints of multiple tooth decay. Child from the first pregnancy. During the second half of pregnancy, my mother had toxicosis. At night, a child had used a bottle of breast deciduous for night feeding up to 2 years of age, now he drinks compote at night from a bottle. Hygiene procedures are not carried out regularly, the HI for Kuzmina is 0.9.

Control questions:

1. Make a diagnosis.
2. Name the causes of the disease.
3. Conduct the necessary additional methods of examination.
4. Describe the stages of treatment.
5. Make a plan for medical supervision.

Task 2

Parents complained about the destruction of teeth in a 12-year-old girl. The child is practically healthy, an athlete, brushing her teeth irregularly.

Objectively: the face is symmetrical, the oral mucosa is pale pink. The teeth are covered with a plentiful soft plaque, HI — 4, RNR — 5, PMA — 65%. In the cervical areas of the upper Central incisors, there are foci of demineralization and pigmentation.

Control question:

1. Describe the clinical picture.
2. To make a diagnosis.
3. Conduct the necessary additional methods of examination, explain the cause of the disease.
4. Describe the stages of treatment. To give advice on the choice of means of hygiene of an oral cavity.
5. Make a plan for medical supervision.

Task 3

The boy and his mother complained of the destruction of the anterior teeth, the presence of spots on the enamel.

The child was born full-term, there was no anemia in the first year of life. Parents have a history of thyroid disease. The child was not examined for this type of pathology.

Objectively: the face is symmetrical, the oral mucosa is pale pink. The necks of all teeth have foci of demineralization. Plaque on the teeth is not HI — 0.4. On the vestibular surfaces of the central incisors, spots of different colors, erosion with pigmentation. There are cavities on the contact surfaces.

Control question:
1. To make a diagnosis.
2. Name the causes of the disease.
3. Name the time of occurrence of the disease.
4. To make a differential diagnosis.
5. Make a plan for medical supervision.

Tests

1. What teeth in children under 3 years of age are more often affected by caries?
A) maxillary incisors;
B) maxillary molars;
C) mandibular molars;
D) mandibular incisors.

2. What is the early caries (the stage of white spot) of decidiuous teeth characterized by?
A) subsurface demineralization;
B) disorder of the enamel formation;
C) surface demineralization;
D) enamel necrosis.

3. At what age is the cervical region of deciduous incisors mineralized in a child?
A) at the first 3–4 months after birth;
B) before birth;
C) immediately after eruption of teeth;
D) at the end of the first year of life.

4. How long does the period of «physiological rest» for the roots of deciduous teeth last?
A) 2.5–3 years;
B) 1,5–2 years;
C) 3,5–4 years;
D) 4,5–5 years.

5. How is the root with an unformed apex projected in the X-ray?
A) shorter than normal length, the root canal is wide, it is wider at the apex;
B) normal length of a root, with a pointed and narrow apex;
B) normal length of a root, with a pointed and wide apex;
D) normal length of a root, the periodontal slit at the apex is wide.

6. How is the root with an open apex projected in the X-ray?
A) normal length of a root; with a pointed and wide apex;

B) normal length; with a pointed and narrow apex;
In) shorter than the normal length; the root canal is narrow;
D) normal length; a narrow apex; the periodontal slit at a root apex is wide.

7. What pulpitis of deciduous teeth is often detected in children during oral sanitation?
A) chronic fibrous pulpitis;
B) acute diffuse pulpitis;
C) chronic gangrenous pulpitis;
D) chronic hypertrophic pulpitis.

8. What teeth are first affected in a 6-year-old child?
A) deciduous molars;
B) deciduous incisors;
C) deciduous canines;
D) permanent canines.

9. What indications for treatment of pulpitis by vital amputation do you know?
A) a fracture of the tooth crown with the pulp chamber opening at the first 48 hours after an injury;
B) a fracture of the tooth crown with the pulp chamber opening in 48 hours after an injury;
C) chronic gangrenous pulpitis in a permanent single-rooted tooth with an unformed root;
D) any form of pulpitis in temporary single-rooted teeth with formed roots.

10. What indications for treatment of pulpitis by high amputation do you know?
A) a fracture of the tooth crown with the pulp chamber opening in 48 hours after an injury;
B) a fracture of the tooth crown with the pulp chamber opening at the first 48 hours after an injury;
C) the planar form of medium or deep caries of deciduous teeth; excluding the fixation of the filling;
D) chronic fibrous pulpitis in permanent single-rooted teeth with an unformed root.

Final control is carried out at the end of training, students pass the final state certification in the form of state final examinations after the 5-th course in 3 stages: certification of practical skills, test tasks, interview on clinical situational tasks.

Test tasks.

1. An index is used to assess oral hygiene in children under 5-6 years of age:
1). CPITN .
2). Green-Vermillion
3). PMA
4). Fedorov-Volodkina

2. Teeth 55, 65, 75, 85 erupt at:
1). 9-10 months
2). 10-12 months
3). 12-18 months
4). 18-20 months
5). 20-30 months

3. Prevention of dental caries in children includes:
1). teaching rational oral hygiene
2). supervised tooth brushing

3). remineralizing therapy
4). fissure sealing
5). all of the above

4. The alveolar bone in children is characterized by:
10. A sharper ridge, thicker lattice plate, greater degree of mineralization.
11. a flatter ridge, thinner lattice plate, less mineralization than in adults.
12. Not different from that of adults.

Situation task № 1

A patient, 8.5 years old, applied to a dental clinic with complaints of dryness in the oral cavity, pain when swallowing, appetite disorder, which appeared two days ago against the background of a temperature increase to 38.5 C. Objectively, the oral mucosa was hyperemic, diffuse catarrhal stomatitis, "flaming pharynx". Tongue was swollen, covered with dense grayish plaque.

8.5 - deep cavity, thin white scars on the gum mucosa in the projection area of the roots. On X-ray: foci of bone destruction in the area of root bifurcation, vertical resorption of roots 8.5.

Questions:

1. Make a preliminary diagnosis of the disease.
2. Make a differential diagnosis.
3. Make a preliminary diagnosis 8.5.
4. What anesthetics, and in what amount, can be used in the treatment of a patient of this age.
5. Your tactics for treating 8.5 (in stages).

Situation Task № 2

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

Questions:

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

Situational task №3

A 6.5 year old child has been sick for 3 days. General state of moderate severity, body temperature 38.6 C. The child refuses to eat, sleep badly, is agitated. Skin was pale. Oral cavity: mucous membrane of gingival margin, alveolar process and transitional fold in the area of 6.5, 6.4 is edematous, with inflammatory infiltration.

Blood test: Hb 92 g/l, er. 3 - 1012/l, leukocytes 12 -109 /l, neutrophils: stabular - 8, juvenile forms - 1, eosinophils - 0, lymphocytes 52%, monocytes - 0, SLE 35 mm/hr. Urinalysis shows traces of protein.

On the vestibular surfaces 5.2, 5.1, 6.1, 6.2 - chalky spots, with indistinct contours, enamel dull, enamel surface rough. In the cervical area of all groups of teeth soft plaque is present. The IG according to Fyodorov-Volodkina 3.8 points.

Questions:

1. justify a possible clinical diagnosis.
2. Prognosis of the disease.
3. Physician tactics for treatment.
4. Make differential diagnosis of pathology 5.2, 5.1, 6.1, 6.2.
5. Your treatment tactics for 5.2, 5.1, 6.1, 6.2.

Situation Task №4

A 12-year-old child. On oral examination, Green-Vermillion hygiene index = 2.8. KPU = 5. 1.1, 1.2 discolored (gray shade of enamel), crowns intact, percussion painless. Mucous membrane in the area of 1.1, 1.2 with cyanotic tint. The anamnesis revealed that at the age of 8 years, there was an injury to 1.1, 1.2 (child fell from a swing), no doctor was consulted. EOD = 140 μA. On the radiograph in the apical 1.1, 2.1, bone destruction with indistinct boundaries, roots formed by 2/3, apical foramen is wide.

When the lower lip is retracted, the gingiva on the vestibular side in the area of 4.1, 3.1 is receding and does not adjoin the teeth. Plaque and tartar can be seen on the vestibular and lingual surfaces in the area of necks 4.2, 4.1, 3.1, 3.2. The gingival mucosa is bluish in color.

Questions:

1. Diagnose pathology 1.1, 2.1.
2. Method of treatment 1.1, 2.1 (in stages).
3. Provisional diagnosis of surgical pathology.
4. Make a plan for the surgical treatment of the child.
5. Dispensary follow-up of the child after treatment.
5. Justify the choice of filling material for treatment 1.6, 3.6.

Test Assignments:

1. The form of dental education depends on:
1. age
2. patient's oral hygiene status
3. dental status of the patient
4. dental morbidity of the population of the region
5. level of dental care for the population

2. CARS in children is differentiated with:
a). traumatic erosion;
b). chronic recurrent herpetic stomatitis;
c). secondary syphilis;
d). drug-induced stomatitis;

e). erythema multiforme exudative;
f). aphtha of Bednar's disease;
g). Behcet's syndrome;
h). all of the above.

3. ME in children is differentiated with:
a). vesicles;
b). acute herpetic stomatitis;
c). drug-induced stomatitis;
d). secondary syphilis;
e). Lyell's syndrome;
f). all of the above.

4. Oral manifestations in a child have:
a). measles;
b). chicken pox;
c). influenza;
d). all of the above;
e). none of the above.

ABSTRACT TOPICS

1. The caries of deciduous teeth in children. Clinical picture, diagnostics. Prevention and treatment of initial forms of caries of deciduous teeth and criteria of its effectiveness.

2. Caries of permanent teeth in children. Clinical picture, diagnostics. Prevention and treatment of initial forms of caries of permanent teeth and criteria for its effectiveness.

3. Endogenous prevention of caries in children.

4. Exogenous prevention of dental caries in children.

5. Antenatal prevention of dental caries.

6. Pulpitis of deciduous teeth in children. Etiology, pathogenesis, diagnosis, differential diagnosis. Features of the clinical picture. Prevention of complications.

7. Pulpitis of permanent teeth in children with formed roots. Etiology, pathogenesis, diagnosis, differential diagnosis. Features of the clinical picture. Prevention of complications.

8. Pulpitis of permanent teeth in children with unformed (not generated) roots. Etiology, pathogenesis, diagnosis, differential diagnosis. Features of the clinical picture. Prevention of complications.

9. Periodontitis of deciduous teeth in children. Features of the clinical picture, diagnostics, choice of treatment method. Prevention of complications.

10. Periodontitis of permanent teeth with unformed roots in children. Features of the clinical picture and diagnostics. Prevention of complications.

11. Periodontitis of permanent teeth with formed roots in children. Features of the clinical picture and diagnostics. Prevention of complications.

12. Acquired malformations of hard tooth tissues in children. Clinical picture, diagnostics. The role of a pediatrician in the prevention of non-carious lesions.

13. Hereditary malformations of hard tooth tissues in children. Clinical picture, diagnosis, treatment methods, prognosis of the disease.

14. Trauma of teeth in children: bruises, sprains. Etiopathogenesis, clinical picture features, differential diagnosis, prognosis. Tactics of treatment of dental injuries in children.

15. Dental Trauma: fractures of the crown and root of the tooth. Etiopathogenesis, clinical picture features, differential diagnosis, prognosis. Tactics of a dentist in the treatment of dental injuries in children.

16. Prevention of periodontal diseases in children and adolescents. The role of a dentist.

17. The main periodontal diseases in children. Clinical picture and diagnostics of periodontal diseases in children.

18. The main periodontal diseases in children. Methods of treatment of the main periodontal diseases in children.

19. Prevention of periodontal diseases in children and adolescents. The role of a dentist.

20. Diseases of the oral mucosa of various origins. Principles of prevention, the role of the dentist.

21. Manifestation of children's infectious diseases on the oral mucosa in children. Differential diagnosis, features of treatment.

22. Manifestation of common somatic diseases on the oral mucosa in children. Differential diagnosis, features of treatment.

23. Prevention of diseases of the oral mucosa in children and adolescents. The role of a dentist.

24. Modern methods and means for the treatment of viral diseases of the oral mucosa in children and adolescents.

25. Modern methods and means for the treatment of fungal lesions of the oral mucosa in children and adolescents.

26. X-ray diagnostics of diseases of the teeth and periodontal tissues during childhood.

27. Features of the choice of method and means for local anesthesia in children when performing outpatient interventions in the oral cavity. Complications.

28. Indications for the use of General anesthesia in children when providing medical care for dental interventions.

29. Emergency dental care for children. Tactics of a dentist.

30. Oncological alertness of a dentist when examining children with maxillofacial pathology.

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

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

The content of the assessment tool question for credit.

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

5.1.1. Questions for the discipline credit "Practical training in pediatric dentistry"

Question	Competence code (according to the WPD)
Prevention of caries; non-carious lesions of the hard tissues of the teeth, periodontal diseases and oral mucosa in children of different ages.	UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12.
Clinic, diagnosis of caries; pulpitis, periodontitis, non-carious lesions of hard tissues of teeth in children of different ages.	UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12.
Methods of treatment of diseases of hard tissues of teeth in patients of different ages	UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12.
Endodontic treatment of pulp and periodontal diseases in patients of different ages	UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12.
Features of the course and treatment of periodontal diseases in patients of different ages	UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12.

Features of the course and treatment of typical diseases of the oral mucosa in patients of different ages	UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12.
Anesthesia in the practice of a pediatric dentist.	UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12.
Trauma of the soft tissues of the face, organs, oral mucosa, teeth	UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12.
Tumors and tumor-like processes of the maxillofacial region in children.	UC-1, GPC-1, GPC-2, GPC-6, GPC-8, GPC-9, GPC-11, PC-1, PC-2, PC-5, PC-6, PC-8, PC-9, PC-12.

6. Criteria for evaluating learning outcomes

For the credit

Learning outcomes	**Evaluation criteria**	
	Not passed	**Passed**
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were bad mistakes.	The level of knowledge in the volume corresponding to the training program. Minor mistakes may be made
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills are demonstrated. Typical tasks have been solved, all tasks have been completed. Minor mistakes may be made.
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills in solving standard tasks are demonstrated. Minor mistakes may be made.
Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no willingness to solve the tasks qualitatively	Educational activity and motivation are manifested, readiness to perform assigned tasks is demonstrated.
Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve practical (professional) tasks. Repeated training is required	The competence developed meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) tasks.
The level of competence formation*	Low	Medium/High

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

For the exam

Learning outcomes	**Assessment of competence developed**			
	unsatisfactory	**satisfactory**	**good**	**excellent**
Completeness of knowledge	The level of knowledge is below	The minimum acceptable level	The level of knowledge in	The level of knowledge in the

Learning outcomes	Assessment of competence developed			
	unsatisfactory	**satisfactory**	**good**	**excellent**
	the minimum requirements. There were bad mistakes	of knowledge. A lot of light mistakes were made	the volume corresponding to the training program. A few light mistakes were made	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 some professional tasks	The formation of competence fully meets the requirements. The available knowledge, skills and motivation are fully sufficient to solve complex 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"

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